

The Dyslexified World

by Paul Madaule, ~Translated from French by Paula Kacher PhD

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This paper is addressed to specialists, teachers and parents who seek a better understanding of dyslexia and who want to find new solutions to the problem.

The main objective of the paper is to consider the person hidden behind the phenomenon known as "dyslexia", the label which designates the child with reading problems, in particular, and poor academic adjustment in general. It is to focus on the dyslexic youngster himself. In the eyes of many, dyslexia might appear to exist only in the classroom. Yet, the dyslexic child lives with it all the time: at recess, at home, with his friends, alone, asleep and in his dreams. The dyslexic is dyslexic every second of his life.

Parents of dyslexic children know, better than anyone, the difficulties involved in understanding these youngsters and in being understood by them. Yet these same parents are often unable to detect the connection between the child's behavior at home - whether the child is very aggressive and contrary, or absent-minded and distant, or moody and unpredictable, or even too well-behaved - and his poor academic performance. The dyslexic child is difficult to grasp because he does not have a grip on himself. He disorients others because he, himself, is disoriented. In fact, he projects onto others his own inner world, which we will describe as "dyslexified." Without meaning to, and unknown to those around him, he "dyslexifies" his relationships with others and with the real world.

Parents are not only ones who feel at a loss with these youngsters. Specialists, too, can feel confused by their behavior. Recently, a psychotherapist commented that he often felt helpless in face of the behavior of adolescent dyslexics. He did not know how to handle them. In treatment, he perceived them as being superficial and unmotivated. They seemed to be playing a role with no clear idea of what they wanted. A direct and open relationship with them was often impossible. This therapist sometimes found working with some of them so discouraging that he had to terminate his intervention. These adolescents had, in a certain way, "dyslexified" the therapeutic relationship so that its effects were neutralized.

In the classroom, teachers also find themselves quickly disoriented or "dyslexified" by these youngsters. Even some of the most conscientious teachers eventually surrender, battle-weary, and end up ascribing to the dyslexic youngster all the traditional labels: idle, lazy, stupid, rude, inattentive, "out of it", having a bad influence, to mention just a few. Because these students transmit their inner malaise to those around them, they often serve as scapegoats for their peers. They become the victims, the nuisances, the marginal members of their class. Any attempts to be accepted by others frequently end up in total failure.

A dyslexic myself until the age of 18, at which time I began to benefit from a listening training program developed by Dr Tomatis and was able to "cross over" the wall to effective communication, I would like to speak for those youngsters who are still behind that wall. I am referring to those who are tired of getting their schoolwork back week after week with the same red-penciled comments: "poor work," "poorly expressed," "worthless," "belongs in the trash, "; for those children who have to keep their thoughts and feelings to themselves because they are unable to "translate" them adequately into words.

Let me begin by describing what it feels like for a child with learning problems, to live in the world he creates for himself and from which he cannot escape. This will help illustrate how this common learning problem known as dyslexia can have lasting effects on the personality and in certain cases, can develop into serious psychological problems such as delinquency, depression, withdrawal, or in extreme cases, suicidal tendencies.

A better understanding of the dyslexified world will lead us to ways and means of better communicating and supporting dyslexic youngsters. To help illustrate this world of inner turmoil, I would like to draw an analogy between the dyslexic state and the experience of visiting a foreign country. Why this particular analogy? Because during extended stays in foreign countries, I have sometimes felt reminiscent twinges of my own former dyslexic state.

Imagine a foreigner alone in a country where the language is unfamiliar, and yet he is obliged to communicate using the meager linguistic resources at his disposal. The foreigner knows what he wants to say, but is able to express it only in an incomplete or imperfect way. The inadequate vocabulary and poorly constructed sentences he uses to express his thoughts are only approximations. Nuance is impossible. And when the other replies, the foreigner grasps only part of the reply. Thinking he has understood, or because he is weary of asking the other to repeat his words, he acts on his partial comprehension rather than the actual meaning of the other person's words. Obviously, this type of conversation soon turns into a series of mutual misunderstandings that distort the real subject matter and can, in some cases, be responsible for the deterioration of the relationship between the two speakers.

In addition, the effort of searching for the right words and trying to understand what the others are saying requires so much concentration that the foreigner soon loses the thread of his ideas and quickly feels tired and worn-out.

After a few experiences like this, motivation starts to wane, and the foreign visitor feels discouraged. Before long, he begins to lose his self-confidence. He feels uncomfortable, irritated or inhibited around other people. There are times when he actually dreads facing the new surroundings; then he may even reject the new environment or feel rejected by it. All this culminates in that ill at ease feeling which we call nostalgia or homesickness, a feeling which builds up inside the foreigner little by little and results in longing to be home again, back in one's own country. These unpleasant feelings might also be called the "neurosis of the foreigner". This neurosis is what the dyslexic tries to live with, or what he gives up trying to live with, or what he refuses to live with.

The phenomenon of dyslexia is generally associated with reading and writing handicaps. Dr. Tomatis has shown that dyslexia is caused by a dysfunction of the auditory receiver, this dysfunction results in difficulties in reading and reproducing written symbols, since these symbols are graphic translations of the sounds of language. In other words, what we hear and the manner in which we hear it forms the basis for how we speak, how we read, and how we write.

Drawing an analogy with the telephone will further illustrate Tomatis' explanation of dyslexia. The telephone is not designed to reproduce the entire vocal spectrum; rather, it transmits only the bare minimum required for comprehension of the verbal message. When someone speaks into telephone in good working condition, his message is clear as long as the vocabulary he uses is familiar. If the speaker introduces an unfamiliar word, his listener may ask to have it spelled out in order to clarify his perception of the sounds. Imagine the sound distortions that can occur while using a defective telephone receiver. This is similar to the way most dyslexics perceive sounds. It is as if the dyslexic were always listening through a defective telephone receiver, without

the benefit of prior points of reference to help him make an acoustic correction of the message. Every letter and every word is perceived and analyzed in a distorted way because of his deficient listening skills.

Furthermore, many of these children have a highly unreliable, inconsistent auditory perception. Fluctuations in their perception of sounds constitute an additional source of confusion for the dyslexic child searching for points of reference in the sphere of language, since such points of reference are indispensable for the integration and memorization of new knowledge. When one thinks of the sound distortions which interfere with language reception, it becomes easier to understand the serious problems these children encounter in trying to permanently eliminate their spelling mistakes. It also explains the great diversity of their spelling mistakes over time.

Just as a foreigner finds it difficult to communicate because he has not yet adapted his listening to the frequencies characteristic of the new language, so it is with the learning-disabled child, whose own language comes to him through his own poorly-adapted auditory perception. Language remains outside his experience. He does not know how to internalize it and to let it permeate his being. For this reason, language remains for him nothing but "dead letters." The dyslexic is a stranger in the world of verbal communication. The best proof of this can be found in the dyslexic's verbal expression, which is an indicator of his auditory self-monitoring or in other words, of the way he hears his own voice. The dyslexic in most cases mumbles his words, with a monotonous, unmodulated, and dissonant voice as if he were speaking "off-key." His vocabulary is also impoverished, approximative and imprecise. The words and intonations he uses do not always correspond to the situations he is describing. Speech is hesitant, badly structured and confused. Sentences are poorly constructed. The dyslexic often has to be asked to repeat the same thing in order to be understood and this adds to his frustration.

In contrast to the dyslexic, the foreigner with the communication difficulties, despite his feelings of discouragement, will find within himself enough strength to counter a temporarily negative experience. His proven capacity to deal successfully with many previous situations is a source of self-confidence. He is on solid ground. The dyslexic, on the other hand, has never been able to realize his potential. He is lacking the successful experiences which provide a solid foundation to combat self-doubt and hesitation.

Many dyslexics live with a virtually constant feeling of uneasiness within their body, this instrument they can neither control nor master. Language, which is produced by the body, allows for encounter with the self, and for physical and psychological harmony. If what Tomatis calls the "structuring dynamic" of language is not well integrated, disharmony and inner dissonance occur. With this dissonance comes a pervasive malaise which the child, in turn, projects onto others. This state of ill-being then acts as a filter, distorting the dyslexic's own perception of others. Dyslexics are dyslexified throughout their entire body. They are often awkward in their physical movements and seem hampered or constricted by their bodies, as if they were wearing clothing which was too new or too tight. They do not know what to do with their legs and arms, and particularly their hands. Their posture, whether it is slumped or tense, lacks flexibility and naturalness. This poor relationship with the body explains in part the timidity which is so often characteristic of dyslexics and the body-related complexes they develop at the onset of puberty.

The dyslexic is dyslexified even in his thought processes. A foreigner may have trouble expressing his ideas, but these ideas are still clear to him in his own mind. The dyslexic, lacking a well established linguistic framework, has never had the chance to clearly formulate his thoughts and feelings. His ideas, like his poorly-structured language, remain unclear, even confused. They are buried within him, untranslatable.

The homesick foreigner can find an easy cure for his nostalgia. He can, thanks to his return ticket, escape from this homesickness by going back to his native country. The dyslexic also suffers from the nostalgic yearning for a lost haven and would like to escape to a place where language is not necessary for communication. For the dyslexic, however, there is no native land to return to; and so he internalizes the refuge he is seeking, by creating an imaginary world of dreams, reverie, and fantasy. Absent-mindedness can be a discreet and effective way of escaping reality. As adolescents or young adults, dyslexics may try to find a "return ticket" in alcohol, drugs, music, by joining fringe movements, or escaping to exotic places. Dream merchants of all kinds make a fortune at the expense of these confused young people.

But escapism always ends with the brutal return to reality. What does the dyslexic child think about in the morning when the sound of the alarm clock breaks into his dreams? He thinks about school and the bad grades waiting for him there. He imagines coming home in the afternoon and showing these grades to his disappointed or angry parents, or perhaps finding some way to hide these reports. This cycle of home and school failure "pollutes" his entire existence. It is understandable that this type of child often refuses to get out of bed in the morning. Like a prisoner in his cell, he counts the days separating him from his next holiday-escape. When that time finally arrives, the dream turns into an unpleasant reality. The child's inner uneasiness is transformed into boredom and inertia, which lead to feelings of anxiety and apprehension. He thinks about the start of the new school year, approaching relentlessly day by day. He thinks about the accumulated failures of the past: repeating a grade, changing schools, attending special classes, boarding away from home, and so on. His world is dyslexified even on vacation. It is not surprising that, in many instances, children with poor academic records are also children who do not know how to play or enjoy themselves.

The dyslexic, like every psychologically normal person, needs to communicate with others. But his difficulties make him resent language as a mode of communication. The only form of communication open to him is non-verbal, that is, an empathetic and affective mode. A dialogue like this once existed at its fullest when mother and child were not yet two distinct entities, when they were still united as one: in utero. The regressive attitude of the dyslexic, a foreigner in the land of symbolic language, is the result of his homesickness for the long-lost prenatal "mother-country".

The development and modification of a dyslexic's problems depend upon several closely overlapping factors. One important element is the individual temperament of the child. A second factor is the influence of family dynamics: especially the roles played by the mother and father. Other significant factors are the sociocultural environment of the dyslexic and traumatic life experiences such as a difficult or premature birth, illness, undue stress, fears, deaths in the family, marital discord between the parents, and jealousy towards siblings. These factors can provoke, at a certain point in the child's development, an attitude of withdrawal from the world. This withdrawal, according to Tomatis, takes the concrete form of disengagement at the level of the auditory receiver, and thus at the level of the primary sensory bridge to language. It is as if the child were refusing to develop his listening ability.

Later, when the child attends school, he finds himself caught in a trap created by his own defense system. He is no longer able to adapt his ear properly to "aim" at sounds. He does not know how to begin to listen. Caught in this situation, he suffers inside an unreal world of his own making. What will become of him? In light of a better understanding of the dyslexic world, it is possible to imagine how the child who is left without intervention will go through puberty, adolescence, and arrive at adulthood. There are several possible paths that he may follow, depending on his temperament, on his experiences and on the degree of his difficulties.

The dyslexic with only mild problems may succeed, by his own, or more often, his parents' sheer determination, in climbing the academic ladder, even though the climb is a painful one. Many obstacles can get in the way. Having to repeat a grade in school will wound his pride and reinforce his defeatist tendencies. Changing to another school will deprive him of his friends and sharpen his sense of being an outsider, rejected and unloved. The dyslexic's efforts seem out of proportion to the results he obtains. He wastes most of his potential in compensating for his language handicap. There are some dyslexics who compensate so well that they actually appear to be good students with effective study skills, but they pay a great price. When the mildly-handicapped dyslexic has somehow or other completed the thankless task of going through high school and sometimes even college, his troubles are far from over. The problems continue into his professional life. The adult dyslexic is at a disadvantage because of his poor memory, concentration difficulties and short attention span. Other people have difficulty fully understanding his muddled statements. Because he is not accomplished at the art of repartee, he can feel inadequate at meetings, where contests of eloquence are the norm. If he feels undervalued by his peers, he can end up by disassociating himself from his fellow workers. The ongoing discrepancy between his real potential and what he appears to be is one of the reasons his integration into professional circles is so difficult.

Some dyslexics are advised to enter professions where language may be of secondary importance: for example, sports, or skilled labor. But since a considerable degree of psychomotor agility is required in such fields, the opportunity for many dyslexics with poorly-integrated body-image, is often limited. Even the dyslexic who does succeed at this type of career usually carries within him a sense of uneasiness, a relic of his past defeatist outlook. It is as if he is forever dissatisfied.

Then, there is the dyslexic who enters adulthood unwillingly. With this individual, all desire to "become," to direct the course of his own life, is absent. Refusing to be the master of his own existence, he allows himself to be carried along from day to day, from encounter to encounter, in a haphazard manner. His lack of self-confidence makes him highly susceptible to the influence of other people. He is continually seeking reassuring maternal images, as a way of unburdening his immature affections, and strong paternal images with which he can identify. The direction of his life depends on the nature of his chance encounters. With good luck, he will find himself in a warm and structured environment where he can find a modicum of self-confidence and enjoyment of life. Or, he may meet up with people who take unfair advantage of his lack of self determination and lead him into marginal or even criminal behavior. The newspapers occasionally cite cases of people who actually seem surprised to find themselves accused of a misdemeanor, as if reality had suddenly interrupted a dream. These "irresponsible actions" can be seen as part of the pattern of behavior of youngsters or adults with a history of dyslexia.

In general, adult dyslexics are plagued by strong neurotic tendencies, which can affect their professional and personal lives. These tendencies frequently break out into the open in the form of depressive states or other emotional or behavioral disturbances.

The reaction of many dyslexics to their communication problems is one of fierce opposition to family, school, and later on, society in general. These youngsters become troublesome and argumentative, and sometimes violent. In short, they display all the signs of a character disorder. Yet, the listening assessments used in the listening training often indicate that these dyslexics have sensory "filters" which actually result in a perception of sound that is highly unpleasant, if not intolerable. For this reason all verbal communication is experienced by them as a blow, an act of aggression, against which they in turn react defensively and aggressively. This means that even the most violent of dyslexics has, as a rule, only a pseudo-character disorder and should not, under any circumstances, be confused with a psychopath. His violence is a counter reaction to the lack of

tenderness in his life. His aggressiveness is an attempt to free himself from the suffering deeply rooted inside him. Rebellious, destructive and even delinquent behavior are the tools he has forged to break out of his cruel reality. They are just so many forms of escape.

Another alternative is to escape into the self, a schizoid withdrawal, a complete introjection of the dyslexified world. In this situation, the aggression, hatred and violence are locked up inside the dyslexic's core being. He cannot break out of the hard, protective shell built up as a defense. He has been unable, for a very long time, to express himself, to confide in others, or to find even momentary comfort with another person. Such internal conflict leads to unbearable anxiety. Suicide is one possible way out; another is psychotic disintegration, a kind of putting to death of one's consciousness. Fortunately, it is rare to find such extreme cases. Nevertheless, they should be kept in mind.

This brief description of the far-reaching consequences of the dyslexified world demonstrates the importance of early detection of the problem. It is preferable that dyslexia should be identified at school before the youngster begins to suffer its ill effects. The school setting is also the most appropriate one for planning and implementing remedial education programs.

Most dyslexic children are immature. Having fallen back into a make-belief world, they have settled into the realm of the past and neither want nor are able to emerge from it. Before any remedial efforts to assist language integration can be made, the child must be motivated to face reality by taking, for the last time, that return trip to the lost paradise. The pre-natal memorization using the filtered mother's voice that is a part of the listening training can help the child accept his awakening to the reality of the here and now. The sign of this awakening in the child will be his desire to learn how to grow, develop and "become". The teacher can fulfill this desire by supplying the child with the "structuring dynamics" of language.

If applied on mild cases of dyslexia during the earliest school years, learning methods such as Montessori can free the child of his handicap. Not only must these methods be active, concrete and motivating, but they should also facilitate the integration process by taking advantage of every aspect of the child's sensory-motor activity. In addition, these approaches should treat letters and words as graphic representation of sounds: the mechanisms of spoken language must be associated with those of written language, thus giving the ear primary importance as the main agent for linguistic integration.

It has already been pointed out that the dyslexic, because of a dysfunctional auditory receiver, is a stranger to his own language. Any educational method used with dyslexic children must deal with the fact that the sound information they perceive, regardless of its original quality, is always distorted. This difficulty can be alleviated by the corrective action of the Electronic Ear, which is an apparatus designed by Tomatis to improve listening ability and language-related problems. In an academic setting, the Electronic Ear becomes an instrument at the service of the educator, enabling the teacher to make himself truly heard and understood by the child. And to the child, it offers an opportunity to use language to encounter his own self as well as to reach out to other human beings. Once listening ability has been properly trained, both student and teacher will be "tuned in" to the same wavelength. Now the message gets through, and its integration becomes not only possible, but also pleasant.

However, how do we best handle the problem of dyslexia in children from the ages of 12 to 15 years or older? Most specialists believe that, beyond this age range, the child had better learn to live with it - implying it is a permanent condition. It is with the onset of puberty, that the dyslexified world completely closes in on itself, preventing any further effective educational or remedial action. It is, at this moment, that the "homesickness" of

the dyslexic stands out in a striking fashion. What had been a learning problem up to then begins, little by little, to slip into the realm of neurosis. When this happens, psychotherapy in many instances is recommended. Yet, psychotherapists often react to these cases with the same dismay as the therapist mentioned earlier.

Why do psychotherapists appear to be at a loss in dealing with dyslexic adolescents? Because their principal therapeutic tool is verbal communication, which is itself the heart of the dyslexic's problem. What can the dyslexic do with verbal communication? Translate his disability into words and phrases, define the problem and express it? He does not know how to do it. Two of the main tools of psychotherapy - introspection and verbalization - can only open up the dyslexic's old wounds. His immediate reaction is to flee, and the dyslexic is an old hand at the art of escape.

The dyslexic's neurotic behavior presents very special problems for the therapeutic process. Tomatis has developed a methodology to overcome these problems. Mention has been made already of the therapeutic effect the Electronic Ear and pre-natal memorization. Yet, auditory training alone is not sufficient. During the course of his listening training, the dyslexic also needs psychotherapeutic support in a form which does not follow the path of traditional techniques.

Rather than a lengthy discussion about this aspect of dyslexia, I would like to offer some memories and thoughts about the course of my own therapy, under the guidance of Dr. Tomatis. I believe the type of support he offers to his patients is, in fact, the kind most ideally suited to the dyslexic adolescent.

Dr. Tomatis was not the first specialist I had encountered. My parents had already taken me to be "seen" everywhere: the result was dismal failure. I dropped further and further behind in class, reaching the point where the school wanted nothing more to do with me. No further attempts were made to send me to school. The alternative of doing a technical apprenticeship was not feasible: I was unable to hold a tool properly and I showed no interest in manual activities. In spite of this series of failures, my first meeting with Dr. Tomatis immediately rekindled my hopes.

For the first time in my experience, someone understood what was wrong and was able to put into clear and precise words what I had very indistinctly sensed deep within me but had never been able to define, let alone express clearly to others. In contrast to the other specialists, Dr. Tomatis did not ask me to explain my problem; instead, it was he who told me about myself. The picture he drew of me was accurate in every detail - a vivid portrait of my true self. What was left aside was the mask I wore. I could, in this portrait, recognize myself very well, but free of confusion. In short, Tomatis anchored in me a non-dyslexified image that became the Ariadne's thread guiding my therapeutic journey.

Dr. Tomatis asked me no questions about my problems, my past, or my academic record. All he had at hand were the results of my performance on the Listening Test, administered just before our meeting. He spoke to me as though he had always known me, as if we had seen each other the day before. He told me what kind of person I was capable of becoming and lifted, in the most natural way, the fog in which I had been drifting for so long. His authentic manner and calm attitude confirmed for me the truth of what he was saying.

He finally suggested that I come to see him at his center in Paris, so that we could work "in tandem" on those "annoying little problems" that were bothering me. Little problems I had built my whole world out of, little problems that we had not even discussed! He told me that I, and not my parents, would have to make the decision to undergo treatment. I accepted on the spot.

I remember asking him, just before his departure, whether the treatment was going to "change my dreams". The world I had constructed on my own, even though it caused enormous suffering, was going to be difficult to leave behind. This was the first sign of resistance on my part, and it was not to be the last!

Although that first interview with Dr. Tomatis, vivid still in my mind, was actually very brief, its effect on me was in sharp contrast to that of my previous encounters. Far from finding myself crushed under the weight of all the problems I still had to solve - a feeling I had experienced following visits to other specialists - I now felt somewhat relieved of my burden. Tomatis, instead of stressing all that was not going well, knew enough to detect and address himself to all the good in me. He was not speaking to the dyslexic, but rather to the human being that dyslexia had little by little overshadowed.

This initial interview illustrates the main principles of the therapeutic dialogue as practiced by Tomatis. It must, however, be kept in mind that, although this initial interview has a very specific character and can provide guidelines for treatment, a therapeutic approach can never be completely standardized. It must fit in with the temperament of the individual therapist, and here, a natural manner is an indispensable asset. Therefore, the spirit, far more than the style, of this therapeutic strategy has to be retained. What is being discussed here is simply a rough outline of the approach.

A deep and total understanding of the hidden world of the dyslexic is indispensable when one is attempting to engage him in a true dialogue. Knowledge of the symptoms alone is insufficient and can even be misleading. Naturally, the therapist who has personally experienced being last in the class, with all its implications, is - providing his difficulties have been overcome - in the best position to understand the full force of dyslexia. It is to be hoped that this article has shed some light on the dyslexic's world, and on this state which can seem so impenetrable to those who have not experienced it directly.

The first meeting with the therapist - the first verbal exchange - is the crucial determining factor for the progress of therapy; it is the first impression that counts. How, then, to avoid the ordeal of interrogation that constitutes the initial interview? Often, the dyslexic has already been subjected to such questioning many times before. The therapist, despite all his smiles, comes across as a judge who will eventually hand down a sentence: so many hours of remedial training or other types of treatment are necessary. Nevertheless, before a program of remediation can be planned, the details and dimensions of the dyslexic's problem must be clear; and for this, a full case history and test results are necessary. Tomatis' solution is simplicity itself: the person in charge of taking the case history and administering the tests is not the same as the person in charge of the treatment. Already armed with the essential information, the therapist can, without a transition period, establish a dialogue from the first encounter, talking to the adolescent as though he had always known him, leaving his client with a feeling of spontaneity, a positive impression of the first contact.

The dyslexic is absorbed to such an extent in his problems that he often cuts himself off from the best parts of his own nature. His own image is reflected back to him in a deformed fashion, as if he were seeing himself through a trick mirror that makes everything look ugly. The therapist's role is to focus the patient's attention and interest on the healthy side of his being, to offset his distorted, dyslexified perception and to awaken him to the genuinely positive dimension within.

Existence, for the dyslexic, is like a winding and complicated route where he loses his way. If the therapist follows him down this path, they are both lost; the therapeutic relationship itself becomes dyslexified. To counter this negative tendency, the therapist must point out the straight and direct route. He must teach the dyslexic to recognize the essential features of his being, and to minimize the elements which make up his

dyslexic world. To minimize does not mean to ignore or take these preoccupations lightly. During my initial interview with Dr. Tomatis, the dyslexified world was reduced to a few "annoying little problems" that were hardly even mentioned. Later on, the most persistent and intractable of these annoyances were tackled, but with the goal of discovering lessons that could be drawn from them. The worst problems always have a positive aspect capable of being transformed into a strength.

If, from the very first moments of our meeting, Dr. Tomatis was able to gain my complete confidence, it's because I quickly sensed that it was reciprocated. I say "sensed" because he did not put the idea into words. This is one of the most important aspects of the interview: the therapist's firm belief in the eventual success of the treatment. Mechanically repeated statements like "I'm sure you can make it" are meaningless for someone who has suffered nothing but failure in the past. The dyslexic has heard such statements before. For him, words have lost all impact, and empty reassurances only make him bristle and become more defensive. Real confidence emanates directly from the therapist and invites the client into a dialogue of empathy. This message of faith and love is beyond words. The dyslexic, at odds with words but often avid for other forms of communication, is particularly receptive to this type of exchange. To arrive at this level of certainty, the therapist must have a large degree of self-mastery, a thorough knowledge of the therapeutic techniques, and, above all, absolute faith in the client's unawakened potential. Approaching another person in this way implies a belief in the existence of a spirit that inhabits every human being and awaits to be engaged in dialogue: the Greek concept of psyche. For Tomatis and his adherents, psychology and psychotherapy are firmly based on this concept. Therapy is an act of faith.

The fundamental aim of the therapist is to show the client how to become his own therapist. It is the client who must take charge of his own growth. The therapist has the task of guiding, explaining, and giving advice. Tomatis compares the role of the therapist to that of a midwife: she is there not to bring about the birth itself - nature takes care of that - but to intervene and intervene and lend assistance at critical moments in the delivery. The healing process, like birth, is the emergence of a being in answer to the call of Life. As the client's natural impulse to move out towards life emerges into consciousness, the therapist is there to channel the impulse. And although, like the midwife, he intervenes only at critical moments, he is present every step of the way.

One of the drawbacks in psychotherapy with dyslexics is that verbal communication is necessary. This explains Tomatis' practice of having very brief interviews. The dyslexic cannot, in general, maintain his attention for more than 5 or 10 minutes at a time. During the program of auditory stimulation with the Tomatis listening program, the client has only a few interviews: one or two interviews for every 15 hours of auditory stimulation are more than adequate to help the client make his way through the phases of the program and to attain higher levels of self awareness.

During the course of my therapy, I didn't consider better scholastic performance as an end in itself. Academic improvement is not the ultimate goal of the therapy. Its real objective is to increase the client's level of self-awareness and his/her ability to communicate with others. I was shedding my dyslexic skin so that I could feel reconciled with myself, and thanks to that, with the world I lived in. Academic success was only one among several ways of moving towards a future I now foresaw impatiently. I had established a psychological boundary between the present, still highly tainted by the past, and my future goal of attaining a high school diploma. Under the guidance of Dr. Tomatis, who helped me look with increasing clarity towards my future, I concentrated all my energy on preparing for this decisive passage. School work now had a purpose: it meant "becoming", making something of myself, and - as my thoughts became more precise - becoming a psychologist.

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The Listening Centre, 94 Harbord St., Toronto, ON, Canada M5S 1G6
Tel: (416) 588-4136, E-mail: info@listeningcentre.com; web: listeningcentre.com

