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*The school  
as a possible risk factor*

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## The school as a possible risk factor

It was about 2010 when I started to outline my research hypothesis, thanks to a 50-year-old patient who came to my psychotherapist office with quite severe depression which had altered his physiological parameters in terms of nutrition and sleep/wake pattern. A few meetings were enough to understand that the man in front of me had unacknowledged SLD, due to my long term experience with SLD, a competence that until now had not been part of the clinical psychologists' background. My hypothesis that his deep feelings of inadequacy stem from an extremely frustrating school system allowed me to examine his school story and finally, together with him, elaborate on the origin of such frailty, thus redrafting a new sense of himself, more stable and more cohesive. The therapeutic success of this process has slowly led me to investigate in this direction with a number of patients who exhibited a similar psychological condition. Over time, I discovered that as many as 30% of my patients had experienced such difficult and painful schooling that it could be considered a traumatic enough event to form the basis of their disorders. In order to assess my hypothesis, I decided to use the adult SLD tests; they were standardised tests able to objectify the various difficulties in studying, thus they would make my work more scientific. If the tests were positive, they would give objectivity to the individual

and subjective memories of the difficulties encountered at school by the analysed subjects.

Therefore I wanted to prove how much school could represent a risk factor, which many families kept telling me, and I slowly devised an experimental plan with which it would be possible to identify the potential risk in the context of psychological discomfort. I started thinking that if the estimates indicated a distribution of specific learning disorders equal to 5% of the population, and considering that in Italy we have been talking about this disorder for only a few years, there would be at least 5% of adults who were absolutely ignoring their SLD. Very likely, this 5% of people exhibited the emotional conditions of an SLD profile during their childhood, and if the hypothesis was validated, must have shown some form of psychological disorder over time. Furthermore, if it is true that psychotherapists are consulted by people who are experiencing a period of psychological distress, it was during that period that I had the possibility to test how a highly frustrating school life could be responsible for full-blown disorders in adulthood. If this hypothesis had been real, the distribution of SLD among the population going to a psychologist, a psychiatrist or to a residential home, would have to be much higher than 5%. Starting from this assumption, at the conclusion of my experimental research, this percentage proved to be higher than 30% in my office, while in the rehabilitation centre for drug addicts it exceeded 40%, thus highlighting a far from irrelevant datum. Therefore, the aim of this work is to give us an awareness of how far schooling inadequately geared towards individual characteristics could indeed be a risk factor. The experimental plan was easy: to summarise, my research was structured as follows:

1. administration of diagnostic tests to a sample of 17 patients showing psychological distress which we thought stemmed from a previously undiagnosed SLD;
2. once having verified the actual presence of SLD in the sample patients, I prepared a chart reporting the

identified behavioural indicators, considered as indices of a psychological distress due to previous and unrecognised SLD;

3. administration of diagnostic tests to a control group of 17 further subjects, proposed to me by other specialists, and identified on the basis of the criteria explained in the chart I had prepared;
4. dissemination of the data upon verification of the hypothesis and confirmation of an SLD diagnosis in the control sample.

For identifying the presence of real SLD in adult patients, we worked in collaboration with the Centro diagnostico per adulti di Reggio Emilia, the first public centre in Italy, managed by Dr. Enrico Ghidoni, whom I sincerely thank, together with his staff.

The first sample of 17 cases, of different ages and sexes, was made up entirely of patients who had come to my office for counselling, between 2010 and 2014, for various psychological disorders. The main characteristics they exhibited, to varying extents, were the following: state of depression; anxiety crises; performance anxiety; sense of estrangement; being-misunderstood profile; sense of loneliness; pathological insecurity; deep self-disesteem; repressed or acted-out anger; phobias; deep fears, i.e. of inadequacy and consequently of abandonment; pathological need for being appreciated and/or being the centre of attention; affective dependence; dependence on psychotropic substances or compulsive behaviours; self-destructive behaviours; sleep and/or eating disorders; somatisation; etc. All these traits were then gathered in the developed chart as indicators of possible unrecognised SLD.

First of all, I would like to give an idea of the immense blow to self-esteem that is caused by a failing school system. To do that, I will avail myself of my extensive experience with SLD-affected children. They have, of course, a history of continued school frustrations and a psychological profile presenting quite common

traits that soon start to distinguish them and I mainly deal with that. I accompany hundreds of children and teenagers, and their parents with them, towards their diagnosis. Sometimes too many things are taken for granted, sometimes the health care staff forget that the patient they are talking to doesn't understand the problem, which is, on the contrary, a routine issue for specialists in the sector; they ignore the image that people have of diversity, the deep fear it involves. The need for creating nosographic categories can protect on the one hand, and stigmatise on the other. In our society, the readiness to penalise "difference", confining people to a particular medical category in order to evaluate their behaviour means giving one a sort of pass, but also defines one as sick or ill. Excessive medicalisation of differences has high risks, made even higher by the possibility of the economic speculation it involves. If the choice is between being identified as having SLD or defined as a dunce, we will choose the first, in order to have the opportunity of an education suited to our own characteristics where we can obtain the desired outcome, rather than being branded as a person who doesn't care about studying, before abandoning it all and our dreams with it. But then you have SLD, you are someone suffering from a disorder, someone who is different because you are missing something. Obviously, this "something missing" terrifies parents and even more the persons concerned. Therefore, accompanying someone towards diagnosis means first of all explaining what this disability is, what it takes to achieve the same results, after having understood the mechanism of thought, accompanied and led with the right methodology and targeted educational paths. A picture speaks a thousand words: I myself have SLD, and I have three degrees and several specialisations. Since the vision of diversity is not that of opportunity, it is commonly defined as a disorder, a disease. In the present century, those persons who are or have been classified as having SLD (which already in its definition of Specific Learning Disabilities makes us think of difficulties in learning rather than the use of the means commonly employed for transferring content), have had the feeling of being lacking, insufficient, or even

mentally impaired.

What comes out in these cases is a weak structuring of the self, ready to feel inadequate and guilty. In fact, the first thing people do is make the victims feel guilty: it's their fault if they are not skilled in reading, it's so easy! They are responsible for all the problems they encounter because they don't apply themselves, because they pay no attention, the same goes for the multiplication tables they are not able to memorise, or mistakes of fusion, double letters and elisions, not to mention spelling mistakes. It's their fault and theirs alone.

Thus, the present work aims to stress how much school can be a risk factor in the structuring of a steady and cohesive self, and can be a really traumatic event. Let it be clear that I am not knocking the school, which I consider leading and fundamental, rather it is an acknowledgment of its great potential: as any powerful tool, it is able to shape deeply, for better or for worse. Rather, this is an attempt to further improve the precious system that I feel part of, having been teaching in a secondary school for more than thirty years. As I said, I have availed myself of SLD diagnostic criteria to support my hypothesis with verifiable data, but I think that any non-performing educational path, whatever the reasons, can originate the same psychological profile which, according to the personal story of each one, will either evolve or not towards several pathologies.

In our society, between 3 and 18 years of age (but also later for those who attend university) the most important factor of the social esteem of the self, if not the only factor, is represented by success at school and, as Pennac says, a poor school achievement is always a great pain for everyone, even for those who don't reveal it. In fact, maybe for them it is even greater.

The self is not a datum, it is built up over time depending on the external signals, and if they show us our continued failures the image we will build of ourselves will surely be disastrous. Like a mir-

ror where we can see our face reflected, the external environment reflects the children's image of themselves in development, and through this will they start to recognise themselves.

Going back to the hypothesis that, for some, school can be a traumatic event, I have to briefly explain how psychology defines a trauma. The word comes from Greek and indicates a serious wound with permanent effects; in psychology, it indicates a wound but not meant as a lasting tissue laceration but as a break in the emotional and psychological equilibrium of the individual. Also, based on the results of the present research, I personally prefer the definition which considers the trauma as a break of a link: with oneself, with others, and with reality.

Anyway, traumas originate in an event which cannot be translated into words: s/he who deals with it cannot narrate it. It forms in two moments: when the traumatic event occurs, and in the non-recognition by the surrounding environment which, through this denial, makes it pathogenic.

Due to a series of circumstances, these elements can all be found in those who, even if supported by good intellectual abilities, are not successful at school: their difficulties are usually considered to stem from their poor commitment and bad will. Humiliations and punishments they will undergo daily at school will be deemed as fair by everyone, schoolmates and families included (non-recognition of the trauma). They will be trapped in a difficulty they don't understand which is denied by everyone, but which they experience and cannot defend against except through dissociation, displacement, distortion of reality, and ends with identifying with the aggressor and thus in some way feeling guilty themselves.

The present work, apart from supporting the need for a teaching which is more inclusive of diversities and takes away the individual differences from medicalisation, proved itself a valid tool in my psychoanalytic practice: verifying the hypothesis that,

Referring them to the origins of their own feelings of inadequacy, reassuring them about their intellectual abilities, showing that they just have non-acknowledged SLD, has immediately produced a reassuring effect. If we do not identify the traumatic event in reality, and take it back to the intrapsychic reality only, we could risk "traumatising once again the patients under therapy, just through the repetition of that denial of reality by an adult in an authoritative position who, in their past, should have been a witness and instead preferred not to see" (Clara Mucci, *Trauma e Perdono. Una prospettiva psicoanalitica intergenerazionale*).

Working on the real traumatic event allowed me to rewrite, together with those patients, a story that was made by continuous recalls to ineptitude. The first element that jumps out at me, while assuming my hypothesis in the interpretation of the cases, is the removal of the traumatic event itself. When I asked them about their school history, most of them defined it as "normal".

In the cases of school drop-out, they answered that in fact school had never raised their interest, except that they had tears in their eyes at the very moment they were saying that.

Those who, on the contrary and with a huge effort, had concluded their education, may be contenting themselves with subjects different from those they had wanted to study, and needed a long time in order to become aware of the highly traumatic events of their school years.

Thus, once having verified my hypothesis with the first 17 cases, I started to elaborate the chart with the psychological indicators that I deemed able to lead to an examination of the hypothesis of a frustrating school system as a traumatic event that patients have pushed out of their mind. Then I showed it to some specialists, more precisely to Doctors Marilena Bencivenga, Mimmo Maggi, Giuseppe Ruggiero and Nadia Sanza, who all deal with different psychological approaches, some with specific relational competences, others with neuropsychiatric skills, and others

with a multidecennial experience as for psychotropic substances addiction.

All the subjects identified by these specialists according to my chart, and tested on their advice, resulted in SLD, some of whom were severely affected. I want to take this opportunity to thank them for their precious participation in this study. Special thanks go to Dr. Sanza for some precious suggestions for the scheme I have developed.

The following chart aims to be an indicator of signs and symptoms which could connect to unacknowledged SLD.

Even just one item of the following, if it causes discomfort which is clinically significant, and/or severely threatening the social and working area, can lead us to investigate in this direction. We may not necessarily find ourselves confronted by a story of school failure, since the cognitive capacity of the subjects is always average or above average, nor may we necessarily find ourselves immediately confronted by memories of a difficult and frustrating school life, for the traumatic event has been removed.

| Psychological signs/indicators   | Descrizione   |
|--|---|
| Critical relationship with parents: often incomprehension from fathers – strong symbiosis with mothers in a greatly dual-purpose relationship  | <i>Father: "I cannot recognize this child".<br/>Mother: "My son needs me, I cannot leave him alone"</i>   |
| INFANTILE DEPRESSION:<br>hyperactivity, inclination to distraction, sleep disorders, eating disorders, somatisation, school phobias<br>GUILT TYPICAL OF THE MECHANISM OF "BLAMING THE VICTIM"  | <i>"I cannot stand still"<br/>"I am confused"<br/>"I am tired of all these challenges"<br/>"I am the one to blame, always"</i>  |
| ADULT DEPRESSION:<br>sense of emptiness and uselessness, sleep disorders, eating disorders, somatisation,<br>GUILT TYPICAL OF THE MECHANISM OF "BLAMING THE VICTIM"  | <i>"Everything is too difficult"<br/>"I cannot do it"<br/>"I am the one to blame, always"</i>   |
| ANXIETY:<br>phobias, somatisation, sleep and eating disorders  | <i>"I am feeling bad"</i>   |
| Attitude towards addictions to persons, psychotropic substances or compulsive habits, in order to confront with the sense of alienation. Risky or self-destructive behaviours: from too frequent accidents to accidental self-harming, to voluntary self-harm, inconsiderate driving, up to attempted suicide.   | <i>"I am a stupid! A stupid!"<br/>"My life has no meaning!"<br/>"It's pointless to continue living"<br/>Inclination to gambling, excessive use of TV, FB, video games, use of music to dull senses<br/>Spasmodic search for a relationship and/or sex, Need for distracting from oneself, Search for self-consolation.</i>                |
| DISESTEEM:<br>deep sense of inadequacy and inferiority, intimate and harmful certainty of being somehow defective, wrong, lacking, which remains despite all the positive judgments and the positive affirmations and outcomes that could have been achieved, both at school and outside;<br>attitude towards addiction behaviours, anxiety, performance anxiety | <b>Shame</b><br><i>Fear originating from an inexplicable sense of inferiority<br/>"There is something wrong with me, something deeply wrong, unacceptable";<br/>"My real self is incomprehensible and faulty", thus: "I deserve to be refused", "I am a waste!"</i>   |
| DISORIENTATION<br>space – time and vulnerability:<br>deep sense of personal frailty, weakness and inability; lack of autonomy;<br>fear, which can be extreme, of getting lost; running from exploration;<br>attitude towards emotional dependence;<br>scarce memory of personal past events  | <b>Anxiety</b><br><i>"I am afraid of such an unintelligible world", "I am in danger",<br/>"I have an absolute need to find my reference points in the space where I live and in my life",<br/>"I cannot get by on my own", "I am lost without you", "I cannot face changes", "To be safe I must rigidly organise the world around me"</i> |

INCOMPETENCE or  
HYPER - PSEUDO SELF-CONFIDENCE:  
failure or excessive search for success and  
outcome

*"I have never done anything really good"*  
*"I am, I must do and become better than  
everyone else I know"*

SYNDROME OF THE MISUNDERSTOOD  
Estrangement

*Sadness, fear, anger*  
*"Nobody understands me"*  
*"I feel like an ALIEN FROM OUTER SPACE"*  
*"I don't feel comfortable, I am not able to  
integrate" "I don't belong, I cannot belong  
because I am essentially different from  
everyone else"*

**SOCIAL DIFFICULTIES vs. WILLINGNESS TO  
BE ALWAYS UNDER OTHERS' FEET:**  
*embarrassment, inhibition or tendency to  
isolation or verbosity, attention-seeking  
behaviour – more or less subconsciously  
seeking for confirmations;  
opposing behaviours, antisocial behav-  
iours, bullying.*

*"It's better if I stay out of the way, it's bet-  
ter not to be seen"*  
*"Tell me I am OK"*  
*"I'm not less than, and I'll prove it"*  
*Once refused, he/she refuses.*

*(Hyper-compensation: the awareness, the  
experience of diversity – felt as inferiority  
– is both hidden and fought to the extent  
of being an only apparently successful de-  
fense from a facade of great competence  
and/or highhandedness)*

**EMOTIONAL INHIBITION vs. ANGER:**  
*lack of spontaneity, little sense of free-  
dom; apparently unmotivated outbursts  
of anger and impulsive behaviours;*  
**FRAILITY OF THE SELF:**  
*difficulty – inability to choose, inability to  
say "no"*

*"I don't know if what I am feeling is right",  
"I'm not like others see me... I'm not OK...  
I don't know who I am"*  
*A steady and cohesive "I" is necessary to  
say No. "No" is the precursor of the "I" in  
the development of the self, those who  
never say No don't actually say Yes, they  
simply don't choose.*

The surprising outcome of the study is the almost perfect correspondence of the results with the starting hypothesis: just one case out of the 34 studied in all resulted in a negative, and even then although the SLD-test was negative it was not negative for the hypothesis of a highly penalising school experience, confirmed by its historical reconstruction. Before analysing the data, obtained with the support of Dr. Ghidoni and speech therapists Rossella Greci and Antonella Spota, whom I warmly thank for the love and passion they dedicated to this research, I would like to highlight some elements which caught my attention during my work.

The first concerns the appearance, in the mothers tested, of a correspondence between the early blow to self-esteem, inflicted by a failing school system, and the possibility of their postpartum depression. Among the 7 mothers tested, 5 presented a similar condition: two were seeing a psychiatrist as a consequence of this problem, whereas three described it in their own medical history. So, more than half. Of course the small sample examined cannot be considered representative of the population, but this extremely high correspondence cannot be ignored, so that it can be used as a possible variable for investigation in the future. It is well known that some removed events, some personal frailties, can be reactivated in especially crucial moments of one's life. From the viewpoint of developmental psychology, rather than from that of solely childhood or adolescent development, by means of analysing the whole life, each phase of the life cycle is considered susceptible to crises and changes (life span). For a woman, maternity represents exactly one of this cruxes.

Conversely, the second datum which slowly emerged from the several stories collected concerns the acknowledgment in the tested sample of a particular attitude towards addictive behaviour, both emotional and psychotropic. This is also confirmed by some research which noticed a similar correlation, the former with respect to SLD (for example: Scott, "Drug Abuse Amongst Dyslexics", 2004), the latter with respect to those who have suffered from traumatic events (like those collected in the Substance Abuse Prevention and Treatment Block Grant Technical Assistance Program, which dedicates the whole of chapter 3 to the effects of alcohol and other drugs in traumatised patients).

Therefore, these studies all come together in the hypothesis which sees in a highly frustrating school experience the possibility of a traumatic event. As I said at the beginning, I tend to mean the trauma as the breaking of the original link as we grow older, which inevitably in turn breaks the link with oneself, with one's own case of parental introjection. To this end, addictive behaviour

can be meant as an attempt to create a substitute link through substances, things, behaviours and people, which fatally becomes addiction. As for emotional addictions, the datum derived from this study showed that they affect the female population the most. I think this can be ascribed to socially learnt cultural factors, but the analysis of this variable, which I have dealt with in my publication "Lo zoo al piano di sopra, quando al piano di sotto l'amore fa male" (Serarcangeli Editori), has not been examined in this present study. Having said that, such a tendency is still found in the male population, though by a lesser percentage. Apart from the learnt model of identification with the tormentor, in emotional addictions the perception of being valuable, precious and lovable that we were never able to have of ourselves, is finally reflected in the eyes of those who love us. Unfortunately, however, our sense of worth cannot be put into another's hands for we would inevitably become slaves to it, willing to do anything not to lose it: if we lost that, we would lose our sense of self again. In addictions, whatever they are, we are always facing an external locus of control, we could say a sort of attempt to substitute an external link with an excessively rigid, judgemental, devaluing and punitive internal one. This link inexorably becomes a snare, a chain, a noose.

Once the initial traumatic event has been recalled, then the work has to go on towards a new awareness of our own intrinsic value: those who don't learn to love themselves for what they are by rebuilding that inner image, which events have strongly undermined, may find difficulty in loving or being loved. On the contrary, there will exist a high probability that they will create emotional traps based on need, or even to wear themselves out with self-destructive behaviour. The extremely high percentage of dependent behaviour, which confirms the strong correlation between a school inflicted blow to self esteem and a particularly fragile adult personality who is therefore prone to cling to others, finally led me to show my chart to the two psychologists responsible for a drug addicts rehabilitation centre. Once having administered the diagnostic test to the guests of the centre, whose

characteristics, according to my colleagues, corresponded to the chart, all the subjects involved received positive results on the SLD test. The correlation between a frustrating school experience and drug addiction was extremely high: more than 40% of the guests of the centre were positive to the administered batteries of tests.

Among the several chapters of this research, this one was the most demanding for me, not only because of the necessary workload required by the numerous cases to test, but also because of the stories of grief and degradation these young people had to relive, stories that perhaps could have been prevented with better understanding. When the school expels someone who comes from a family with few cultural and economic means, it delivers a definite conviction. When a person of more than 30 years of age confesses that he has learnt to tell the time only in recent months, without anyone ever understanding that behind this was a difficulty with space-time awareness, and not idiocy, it is a painful defeat for us professionals, too.

What pushed me even further in this work was the hope of preventing other boys and girls from undergoing similar experiences, but also continued results of immediate relief and better perception of self, in all the tested subjects, with no exceptions.

This was, therefore, action research in the fullest sense of the phrase, having become the first targeted and effective intervention for the patients who underwent it.

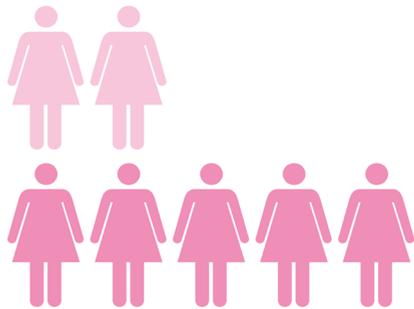
With respect to the psychological disorder, the most relevant data were the following:

- effect of highly frustrating school years on the psychological disorder in general, which can account for more than 5% (bearing in mind the number of SLD-test positive cases in the drug addicts rehabilitation centre);
- high correlation with addictive behaviours in general. Out



The sample included only women who became mothers. The incidence of postpartum depression is clear: 5 out of 7 women with children were suffering from this problem.

FIGURE 1  
Postpartum depression



The pictures below concern the gender specificity in response to traumas.

FIGURE 2  
Emotional addiction

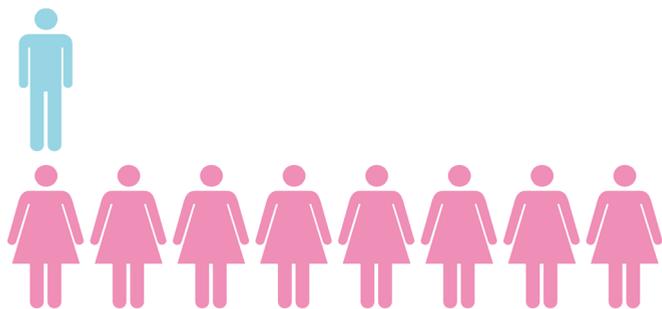
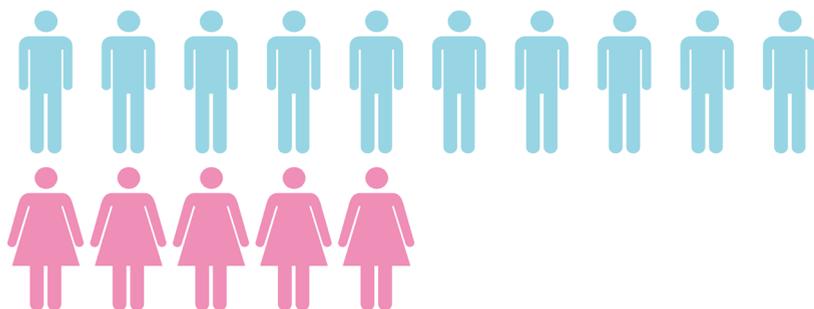
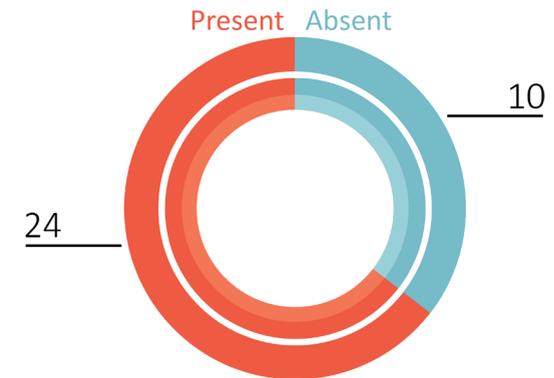


FIGURE 3  
Acted on anger and antisocial behaviour



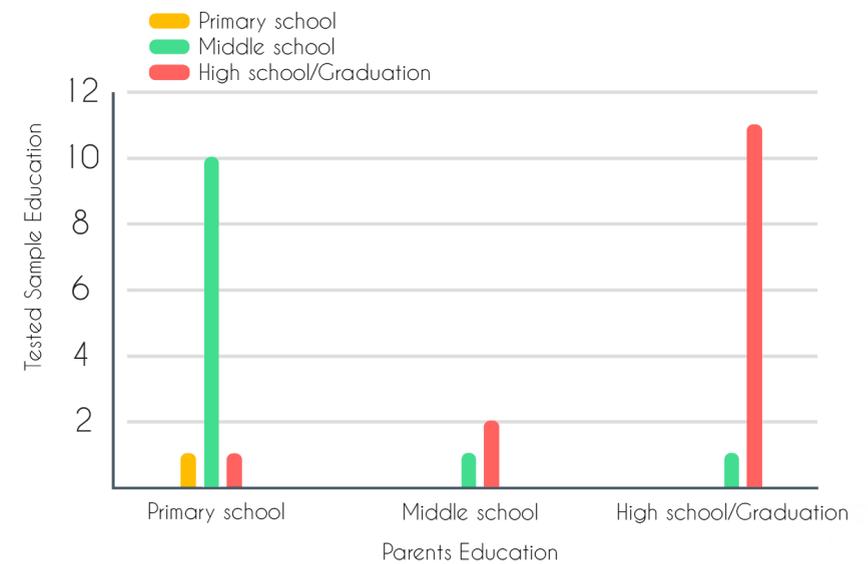
The diagram in Figure 4 includes the total sample. Thus we calculate the presence of addictions (emotional, substance, and other)

FIGURE 1  
Presence of addictions



The sample included only women who became mothers. The incidence of postpartum depression is clear: 5 out of 7 women with children were suffering from this problem,

FIGURE 5  
Correlation between parents/tested sample education



As highlighted in table 1, the concordance with the hypothesis was high. In order to make the sample more representative of the population, I want to enlarge such an investigation to all the centres for drug addiction treatment and detention camps existing in my region. I hope I can disseminate these further results as soon as possible. I would like to reaffirm how this work stresses the importance of the school in the well-being of individuals, its need for acquiring better and better skills, and being aware of the indispensable role it plays in training our youngsters and children. I pondered a lot before deciding to publish this research. It could become a useful tool for fellow psychotherapists, for psychologists and psychiatrists, but at the same time, in an age like ours, characterised by a dull and sterile witch-hunt, its content could easily be misunderstood and cause superficial and counterproductive conclusions. If we were to begin researching how many young lives have been saved by school, numbers would certainly be higher, but this does not exempt us from permanent research into saving them all. We need a cultural change capable of affording new dignity to the teaching profession, which has been treated badly in our country for too long, a profession on which everyone feels free to have a say, without understanding for example that teaching hours are only a part of the duties it requires. Teaching doesn't have to be a fall-back for professionals who failed in their field, but the choice of those who decide to take on the hard task of transferring their own knowledge. In order to do that in the best way, we also need to have specific and up-to-date psycho-pedagogical skills in neuroscience, thus it is necessary to supply lifelong training to those professionals. The school and its teachers must be helped: in this watershed moment, when skills multiply more and more a teacher's skills must be extensive and numerous. Teaching is one of those professions at risk of burnout, the sort of work-related depression which affects those who are engaged in support jobs and are under great demand by their users, while the body they work for, due to its organisation, does not enable them to face the numerous and varied requests. The

response, in such cases, can be an emotional separation which defends the individual from the frustration of not being able to intervene, or being stuck behind obsolete schemes, which are reassuring just because they are the old familiar ones.

Therefore, we ask for great competence from those who work, or aim to work, as teachers, but meanwhile it is important that they are acknowledged for their high social value: in Japan, the only people who do not have to bow before the emperor are teachers, those who can transfer knowledge. This research shows how deeply school can affect everyone's history, thus it must do so in a positive way. In my school experience, next to the inevitable pain of being a student affected by SLD, which in my time was totally unknown, I was lucky enough to meet great masters. They deserve all my gratitude, because I owe them the plenitude of my life. I hope my actions will always give them their just reward.

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