Why do some adults still have to check their left and right?

“Turn left here.”

There is a pause. A flicker of hesitation. Perhaps even a subtle glance downward as both hands rise, thumbs and forefingers extended, quietly forming two L-shapes. One of them looks correct. Decision made.

For some adults, this tiny ritual has been part of daily life for as long as they can remember.

It sounds almost absurd. Surely knowing left from right is something mastered in childhood. Surely it is basic. And yet research suggests that persistent left–right hesitation under time pressure occurs in roughly 10–20 percent of adults (Hirnstein et al., 2010; Jordan et al., 2006). It is far more common than most people realise.

The question is not whether people mix up directions. Many do, occasionally. The more interesting question is why some individuals never fully automatise left and right at all.

Left and right are not natural sensory categories. Up and down are anchored in gravity. Front and back are grounded in the way our bodies face and move. But left and right are arbitrary linguistic labels. There is nothing inherently “left-like” about the left side of the body. The distinction exists because language tells us it does.

To respond instantly when someone says “left,” the brain must perform a rapid integration task. It must map the body in space, retrieve the correct verbal label, suppress the competing alternative, and execute the action without hesitation. Neurologically, this recruits language networks, spatial orientation regions in the parietal cortex, and executive

control systems in the frontal lobes. It is a cross-network operation requiring precision and automaticity.

For most people, this integration becomes effortless during childhood. For others, it remains subtly effortful.

Persistent left–right confusion is particularly common in individuals with Dyslexia. Dyslexia is widely understood as a reading difficulty, but at its core it reflects differences in phonological processing and in the automatic linking of symbols to meaning. Letters, sounds and written forms may require more conscious effort. Left and right are also symbolic verbal tags attached to spatial concepts.

Studies examining laterality discrimination in dyslexic populations suggest that approximately 30–50 percent report ongoing left–right confusion, particularly when phonological impairment is moderate to severe (Gérard et al., 2015; Whitehouse & Bishop, 2009). Some childhood studies report even higher rates. The same individuals may recall difficulty distinguishing letters such as b and d, confusion between east and west, or persistent hesitation with clockwise and anticlockwise. The underlying issue is not a lack of spatial understanding. It is a reduced automaticity in symbolic–verbal mapping.

Attention-Deficit/Hyperactivity Disorder presents a different picture. In ADHD alone, persistent lifelong left–right confusion does not appear to be dramatically elevated above general population rates, with estimates in the region of 15–25 percent (Hirnstein et al., 2010). When directional errors occur in ADHD, they are more often linked to impulsivity, inattention to instructions, or acting before fully processing information. That differs from someone reporting, “I have never instinctively known which is left.” When confusion is lifelong and requires a consistent checking strategy, it more strongly reflects symbolic processing differences than attention regulation alone.

Rates rise further when dyslexia overlaps with Developmental Coordination Disorder, a neurodevelopmental condition involving motor planning and body schema differences. Dyslexia and motor coordination difficulties co-occur in approximately 30–50 percent of cases. In individuals with both, left–right confusion may be present in as many as 50–70 percent (Wilson et al., 2013). Here the difficulty reflects both linguistic mapping and internal body representation. These individuals may describe childhood clumsiness, difficulty copying movements, aversion to physical education classes, or ongoing challenges with spatial orientation tasks such as parking.

Importantly, left–right hesitation has no meaningful correlation with intelligence. Highly accomplished professionals may quietly rely on cues such as wearing a watch on the left wrist, touching a ring, recalling their writing hand, or forming the familiar L-shape with their fingers. These are adaptive strategies. They demonstrate cognitive flexibility, not deficiency.

Anxiety can also amplify the phenomenon. Studies show that error rates increase under time pressure or social observation (Jordan et al., 2006). Being watched while giving

directions or taking a driving test heightens cognitive load. The fear of getting it wrong can make the brain less efficient in retrieving the correct label.

On its own, left–right hesitation is not diagnostic of any disorder. It becomes clinically meaningful only when it forms part of a broader pattern involving significant literacy difficulties, coordination problems, or functional impairment. For many people, it represents a benign variation in how the brain learned to integrate language and space.

We rarely talk about this because it feels faintly embarrassing. Adults assume directional knowledge should be instinctive. So those who hesitate compensate quietly. They check their thumbs. They glance at their watch. They pause before turning.

Yet that pause reveals something quietly profound. Skills we assume are universal are in fact learned through complex neural choreography. Not every brain performs that choreography in precisely the same way. Some of us learned left and right effortlessly. Some learned it cleverly. And some still, quite resourcefully, take a second to check.

Alan Cross
13 February 2026
Neurohaven.co.uk