

HIDDEN BIOGRAPHIES
Dyslexia, Disability and Social Class

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A thesis submitted for the degree of Doctor of Philosophy
in the
School of Geography, Politics and Sociology
University of Newcastle upon Tyne
October 2006

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ACKNOWLEDGEMENTS

I would firstly like to thank Dr Tom Shakespeare and Dr Robin Humphrey for their hard work and invaluable support throughout this Ph.D. thesis. In addition, I would like to thank Claire Fawcett for her continuous emotional, academic and practical support. Finally, I'd like to thank my research participants for their time, knowledge and hospitality, which allowed me to complete this Ph.D. study.

ABSTRACT

The aim of this thesis is to establish a sociological understanding of dyslexia within adulthood. The research explores the effects dyslexia has on the life course of individuals within an educational and employment context. The thesis commences by examining both the historical and the contemporary medical and educational literature on dyslexia. This is in order to develop a general understanding from existing research of dyslexia as a label. A feature of this study is that it draws from literature within disability studies rather than employing the psycho-educational approach that dominates contemporary research. The study has placed dyslexia within the field of disability studies in an attempt to understand how this syndrome can be interpreted through the concept of disabling barriers, and has developed a critical realist perspective to broaden this understanding. As a result, the research has further developed the debate in relation to the medical and social model ideologies which are represented within disability studies. This approach has enabled a contribution to be made to current debates surrounding definitions of dyslexia within disability studies.

In order to explore dyslexia within the field of disability studies, as well as include the voices of dyslexic adults, the thesis employs a biographical narrative approach. This study primarily used a quantitative questionnaire method to locate dyslexic participants within four distinct populations, chosen through a theoretical sampling frame. However, the majority of the data was collected by using a qualitative biographical approach, which explored the experiences of 13 dyslexic participants selected via analysis of the quantitative data. These participants were selected according to a number of social variables including socio-economic positioning, age and gender to maximise a diverse range of experiences and approaches to living with dyslexia. The study discovered that disabling barriers were intensified by an individual's socio-economic status. By using a social class analysis, the research illustrates how dyslexia and social class affect both educational and employment possibilities within the participant's life course.

The thesis concludes by discussing the importance of identifying and supporting people with dyslexia within education and employment. By acknowledging that dyslexia is affected by issues of socio-economic status, the research has broadened the debate in relation to labelling individuals within education. The study has developed a pro-

labelling approach based on evidence from the social and educational perspectives in order to represent the voices of participants within this study. However, the research findings do not suggest that dyslexia is a social construct, but rather, the experience of dyslexia is produced through an interaction between the social and the biological embodied self. As a result of developing this pro-labelling approach, the research illustrates how socio-economic positioning, combined with issues related to dyslexia, restricts access to education and employment provisions. This develops into a discussion on how dyslexia is not just an educational issue but also has major ramifications within adult life. In order to overcome the negative aspects of dyslexia, the study suggests that by using a disability rights perspective the dyslexic community can positively transform social attitudes as well as enhance the status of a dyslexic identity. This will allow individuals access to vital technological support as well as allowing them to confront disabling barriers within society.

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CHAPTER 1: INTRODUCTION TO THE THESIS

Usually when people hear the word dyslexia they think only of reading, writing, spelling and maths problems a child is having in school. Some associate it ... with slow learners. Almost everyone considers it is some form of learning disability, but learning disability is only one face of dyslexia. Once as a guest on a TV show I was asked about the 'positive' side of dyslexia. As part of my answer, I listed a dozen or so famous dyslexics. The hostess of the show then commented, 'Isn't it amazing that all those people could be geniuses in spite of having dyslexia?' She missed the point. (Davis 1997: 3)

1.1 INTRODUCTION

Since the late 1800s, understanding of the condition of dyslexia has been a controversial issue, especially in relation to dyslexia's biological origins (Miles 1999). Studies of dyslexia have been carried out within the two influential disciplines of education and medicine. Predominantly, dyslexia is thought of within popular culture as an educational issue, with a medical connotation, which restricts learning (BDA 2006). Within the current literature on dyslexia the general focus has been on pupils'/students' experiences in education, with a minor acknowledgement of the social implications of particular impairment (Miles 1995; Davis 1997; Riddick *et al.* 1999; Dale and Taylor 2001; Elliot and Place 2004; Cole 2005; Elliot 2005; Kirby 2005). In the case of medical science, over the last three decades medical explanations of dyslexia have been extensively reported within academia (Stein & Talcott 1999; Snowling 2000; Olson 2002; Marino *et al.* 2005). Furthermore, there have been a number of publications in relation to dyslexia and its employment impacts (Bartlett and Moody 2000; Reid and Kirk 2001; Taylor and Walter 2003). However, these are from an educational perspective, with only a small number developing into a social comprehension (Morgan and Klein 2000). As public attention has focused on education, very little literature has discussed the social aspects of living with dyslexia (Riddick 1996; Morgan and Klein 2000; McNulty 2003).

Because of this lack of sociological coverage, the aim of this thesis is to redefine dyslexia within the field of sociology. In order to establish a sociological understanding of dyslexia the study has turned to the existing social literature within disability studies. Over the past thirty years, disability studies have represented the voices of disabled

people within academia and grassroots politics (Barnes 2003). However, the origins of disability studies were in representing individuals with physical disabilities (Shakespeare 2006). This could explain why certain specific learning disabilities have gone unnoticed within the disability movement. To date, only a small number of articles investigating issues of dyslexia have acknowledged social model politics within their research (Riddick 2001). Owing to the gap within the sociological literature, the aim of this thesis is to explore dyslexia using biographical research methods in order to represent these unheard voices. The study will develop an analysis that looks further than those educational and medical scholars who have claimed 'ownership' of defining this particular impairment. This thesis plans to locate dyslexia within a social context by developing a disability-rights-based approach (Oliver 1996; Finkelstein 2001; Barnes 2003). However, I will use the work of alternative disability theorists such as Crow (1996), Watson (2002) and Shakespeare (2006) in order to go beyond the medical and social model dichotomy to develop a grounded social theory of dyslexia.

1.2 TERMINOLOGY

As studies of dyslexia are situated mainly within the realm of education and medicine, a succession of labels have been used to refer to this syndrome over the past hundred years. Similarly, the biological/neurological causes have been somewhat unspecific (Elbeheri 2004), which has led to the labelling process being redefined on a number of occasions. These changes in medical terminology have ranged from 'Congenital Word-blindness' in the 1890s to 'Specific Learning Difficulties' in present-day writings. For this reason, I feel it appropriate to discuss the history of the label of dyslexia and the terminology that will be used within this thesis.

The most commonly used label for specific learning disabilities within mainstream media is 'dyslexia'. The original coining of the term appears to be the combination of Berlin's (1887) '*dyslexie*' and Orton's (1925–1946) 'Alexia' (meaning 'none' or 'without word'). The word 'dyslexia' is based on the Greek 'dys-', meaning 'bad or abnormal', 'lexis', meaning 'word' and '-ia' indicating a condition (Colman, 2001: 226). The term 'dyslexia' came into common use in the 1960s, adopted by both psychology and medicine, in order to describe individuals with a high IQ score and restricted literacy abilities. Dyslexia, as a medical label, replaced the traditional label of 'word-blindness', which was commonly

used between the late 1800s up until the mid 1970s. As German medical science was at the forefront of establishing the basis of what is known as dyslexia, the term '*Wortblindheit*' (the translation from German is 'word-blindness') had been accepted and widely used within medicine up until the 1940s (Critchley and Critchley 1978). The 'word-blindness' label became redundant with the closing of the Word-Blindness Centre in London in 1972 (Miles 1999). This was due to its misleading nature, as this particular neurological syndrome is not caused by a visual condition (see Chapter 2).

The contemporary term 'dyslexia' can be described as an umbrella word covering a range of specific neurological differences (see chapter 2). Two types of dyslexia, acquired and developmental are acknowledged within the psycho-medical literatures. Acquired dyslexia is a result of a head/neurological injury, whereas developmental dyslexia is hypothesised to be genetic in nature. Both of these types of dyslexia are categorised as having two sub-categories, referred to as 'surface (damage¹ to the lexical procedure) and phonological (damaged sublexical procedure)' (Manis *et al.* 1996: 249). As dyslexia is an umbrella term, this has led to the label being changed once more in the 1990s, to Specific Learning Difficulties. However, the label 'Specific Learning Difficulties' has been rejected within this thesis as the study's research participants' felt that it was too general a description, and prefer the conventional label 'dyslexia' (referred to in Chapter 5). As the central aim of this study is to incorporate the voices of participants rather than medical and educational professionals, the term used to refer to this syndrome in this thesis will be 'dyslexia'.

1.3 THESIS OVERVIEW

This thesis organises the research into two sections, consisting of secondary and primary data analysis. Section One starts with the secondary analysis of the literature review. The literature review elaborates on existing theories relating to current writings on dyslexia and disability studies. The theoretical perspective developed provides the foundation for the use of the biographical methodology, and was chosen to be in line with current disability studies ideology. The thesis draws on the (primary) qualitative phase of the research and reports on the study's data findings. This draws on narratives of the 13 dyslexic participants which focus on their life experiences concerning issues of dyslexia.

¹The description 'brain damage' is only used in the description of acquired dyslexia.

The thesis commences by developing a historical understanding of dyslexia by examining its medicinal and educational origins. It discusses early nineteenth century researchers' discovery of acquired and developmental dyslexia (Kussmaul 1878; Pringle Morgan 1896; Orton 1937). By developing a historical knowledge of dyslexia, the study subsequently moves to explore the contemporary biological and genetic characteristics of dyslexia. This expands into a critical discussion on the anti-labelling perspective which has currently emerging within education (Elliott and Place 2004; Ho 2004; Rice and Brook 2004). The study reviews both anti-labelling perspectives in contrast with the pro-labelling approach which is represented within the work of Riddick (2000). This approach examines issues of dyslexia and the construction of personal, collective and social identities. The aim is to develop a dialogue on issues of social class, disability and dyslexia in order to construct a foundation for the data analysis.

In addition to this, the study draws attention to the fact that dyslexia has received very little acknowledgement within contemporary disability studies. For this reason the research discusses the foundation of disability politics, relating it to issues of dyslexia. As dyslexia is classified as a hidden disability, I will discuss different forms of hidden disabilities. This leads into a discussion in relation to the importance of technological breakthroughs and disabling barriers. The study looks specifically at the work of Watson, and Woods' (2005) historical critique of the development of wheelchair technology. The thesis then looks at current issues within education and employment with reference to the general disability population. It examines how disability studies define issues of education and employment with reference to the social model politics approach. By examining issues of current employment a further analysis of legislation and its impact on the disabled population will be incorporated. An objective is to develop a theoretical understanding drawn from disability studies by defining dyslexia using the critical realist approach.

As the thesis has used a critical realist approach, the research has developed a biographical methodology. This aims to define dyslexia within disability studies, which have attempted to organise disabled people's experiences as a focal point for understanding dyslexia within a social context (Booth and Booth 1997). The research starts by discussing issues relating to the dyslexic population, with particular reference to who is classified as dyslexic within the study. This further develops the critical-realist

approach by using the French school of biography (Bertaux 2003) to analyse the life stories of participants interviewed. However, the methodology has used a combination approach by incorporating Humphrey's (1993) biographical quantitative sampling technique and Wengraf's (2001) biographical interview technique to maximise information collected from each participant. The central idea behind this methodology was to keep participants' experiences as central to the data analysis as possible in order to construct a narrative from the dyslexic person's perspectives.

Within the data analysis, issues are raised concerning dyslexia by interpreting participants' biographical narratives. I start by discussing why and how individuals were diagnosed with dyslexia. The study examines the anti-labelling perspective (Elliott and Place 2004; Ho 2004; Rice and Brooks 2004) and develops into a discussion about the implications of not diagnosing children and adults with dyslexia. The research considers issues concerning the separation of poor readers from people with dyslexia in order to discover the implications of diagnosing dyslexia. Again this highlights issues arising between socio-economic positioning and access to dyslexic assessment. I then discuss issues in relation to the participants' reactions after they were diagnosed as dyslexic to illustrate the different personal attitudes relating to the label. The aim is to discuss issues of social stigmatisation and then move to comprehend the positive aspects of being labelled as dyslexic from both a practical (disability right) and self-conceptualisation (personal, collective identity) perspective.

I will then move to discuss the educational experiences of dyslexic pupils to demonstrate how issues of dyslexia and socio-economic positioning both distort pupils' educational experiences. I examine the intellectual beliefs of participants with dyslexia and how this interacts with issues of social class within education. The research leads to a discussion about how teachers react to dyslexic pupils by examining certain assumptions made in relation to middle-class and working-class intelligence. The study will consider how personal relationships between pupils are affected by dyslexia, and draws on issues relating to bullying. The intention is to signify how identity is transformed through educational success or failure. This acknowledges how the identities of the dyslexic group within the study were affected by issues relating to their educational histories.

This will lead into a discussion of the implications of dyslexia and employment issues. It was in employment issues that the most apparent dissimilarities occurred in relation to socio-economic status. The study begins by discussing different occupational roles within a social class context. I examine the diverse experiences relating to dyslexia and employment during adult life, and compare disability and dyslexic inequalities in relation to constructed social barriers. The research then moves to examine issues of finance, which was especially relevant to the working-class participants. This, in a small number of cases, led to criminal activity as participants made an association between restricted employment levels and their own criminality. This will progress into a comparison between dyslexia and physical disabilities within the workforce.

The thesis will conclude with a discussion of the importance of including dyslexia within disability studies. This makes reference to understanding dyslexia through a disability-rights-based approach. The study considers how dyslexia has traditionally been defined through educational discourse. I discuss the implication of socio-economic status in relation to participants' experiences. This illustrates how disabling barriers are intensified by working-class socio-economic status. The research then leads into a dialogue examining the educational and employment implications of labelling (diagnosing) children and adults with dyslexia. I examine the implications of defining dyslexia through notions of a positive disabled identity. The study ends by illustrating areas of research which needs to be further developed from this Ph.D. analysis, with particular reference to issues of dyslexia and crime, social class, and the genetic implications of diagnosing this syndrome.

1.4 THE AUTHOR'S AUTOBIOGRAPY AND THE PH.D. HISTORY

The aim of this thesis is to define dyslexia, within a disability studies context, using biographical methods. Since many of the participants stated that they would not have agreed to be interviewed if I had not disclosed to them the fact that I am dyslexic, I think it important to acknowledge and discuss my own biographical journey. In using a disability studies approach to develop awareness of dyslexia, I believe it important to recognise, rather than dismiss, my own subjectivity in order to place myself within the research. However, it is also important to recognise that the reason I have placed my own biographical narrative within the thesis is not to claim some form of universal

knowledge about dyslexia, but rather to show an insider's knowledge in this field. To recognise my own place within the study I have separated, to the best of my ability, my own subjective experiences from the experiences of the research participants.

I will start my own story by stating that I myself am dyslexic and that, although this study indicates that dyslexia should not be measured on the medical classification of mild to severe (see Chapters 5 and 8), I was diagnosed within the severe spectrum. Nevertheless I was not officially diagnosed until the age of 21. I left mainstream education, without a diagnosis, with extremely limited reading and writing skills and with no real formal qualifications (GCSE passes). As with many individuals with dyslexia my experiences at school were not pleasant, but I became extremely talented at hiding my 'shameful' secret. After leaving school I joined the military. It was during my three and a half years in the military that I determinedly taught myself to read to a reasonable standard and by the age of 18 read my first full book (unfortunately my spelling has never improved). I left the military with the intention of attending art school, but by a twist of fate I ended up enrolling on a health studies course with one of my flatmates at the time. I discussed my 'shameful' secret with this person and he agreed to assist me during class. A family member also agreed to correct spellings and type any written assignments for college. Fortunately, within the first semester a college lecturer discovered my secret and I was sent for an assessment and then diagnosed with developmental phonological dyslexia.

This changed my educational experience (through support) and I successfully completed my college courses, which led me into university life. On a positive note, during university, a number of provisions and support strategies were put in place, and more importantly, I gained access to a personal computer and assistive software.² Unfortunately I was also introduced to stereotypical views and new forms of stigmatisation attached to my impairment. However, this was partly because I no longer felt the need to hide my impairment from the outside world. Like my research participants within this study, I have experienced countless misinterpretations of what dyslexia is, which has restricted certain opportunities within adult life. Nevertheless I progressed through education and finally completed my degrees.

² In effect, this entire thesis has been written with the assistances of voice recognition and read/write software.

I decided early on, within my undergraduate degree, to undertake a Masters of Science (in social research) as I felt I would need additional qualifications to compete with my non-dyslexic peers. This assumption turned out to be correct since at the end of my M.Sc., although I was the only student to achieve a distinction, I was also the only student not to find employment. However, it was during my M.Sc. that I discovered what was to become the start of this Ph.D. progression. During this period I was handed, by my partner, an article on dyslexia and crime in the *Times Educational Supplement* (29 October 1999). Up until this point I had only met one other dyslexic person and he had been diagnosed within primary school. I naively assumed that my experience was unique and that I was just one of a small number who had slipped through this highly professionalised educational net. This article suggested that this was not the case, and more surprisingly, reported that people with dyslexia were four times more likely to be processed through the criminal justice system than individuals without dyslexia (Williams 1999: 8).

As a social scientist I decided to investigate these claims within my masters' research thesis with the help of the Newcastle Youth Offending Team. The research confirmed issues of institutional discrimination experienced by dyslexic offenders. This study also discovered issues concerned with dyslexia diagnosis and socio-economic status. These findings indicated that it was not people diagnosed with dyslexia who were more likely to be processed through the criminal justice system, but rather undiagnosed ones. My Masters' laid the foundations for this Ph.D. study. It also led me to discover that contemporary academic writing on dyslexia only exists within areas of psychology or education, as sociology has almost entirely overlooked this area of disability.

Furthermore, the research Masters led me to discover, for the first time, the social model of disability by listening to an (early) interview with Dr Tom Shakespeare. As has been the case with other writers on disability studies (Barnes 1991, Crow 1996; Shakespeare and Watson 1997) the social model of disability transformed how I viewed myself. My diagnosis with dyslexia transformed my view of myself, but did not have a dramatic impact on my self-confidence. Like the rest of society, I constructed dyslexia through a medical model perspective of a dysfunctional learner. The discovery of the social model transformed my view of the world, as it was no longer my own dysfunctional brain which prevented me from participating within aspects of society, but it was actually society

creating disabling barriers that excludes and discriminates against me (and other dyslexic people). Because of this realisation I started this Ph.D. planning to critique dyslexia using the strong social model approach. However, as I discovered, within the research there are a number of problems in defining dyslexia through this strong social model perspective.

The social model does not incorporate issues of biology and gives the impression that dyslexia is entirely socially constructed. By using the social constructivist argument, it lays the foundation for the anti-labelling perspective which has recently emerged within the field of education (see Chapters 2, 3 and 6). Because of these theoretical issues the research has used a critical realist approach to comprehend and interpret dyslexia. This perspective emerged as a result of the issues and themes discussed by participants within the interview stage. However, the research has not abandoned the disability rights approach as this perspective is still significant to the study. Because of the nature of dyslexia, the study discovered it was important to include issues of impairment, but rather than putting forward an entirely medicalised view of impairment, it has attempted to understand impairment through a sociological approach (see Chapters 2 and 8). The theoretical perspective which I have used to understand dyslexia will be discussed in the following chapters.

1.5 THE AUTHOR'S PH.D. WRITING STRATEGIES

Since I have placed myself within this research project, I feel it relevant to discuss the process of writing this Ph.D. thesis from the perspective of a student with dyslexia. I have done this to acknowledge the importance of sharing 'coping strategies' with other authors, researchers and students with dyslexia (Stacey 1997). This approach was initially suggested by Ginny Stacey in an article entitled 'A Dyslexic Mind A-Thinking'. Stacey (1997) suggests:

It has been suggested that I write about my experiences of using a dyslexic mind. It is hoped that what I write will start a discussion among dyslexic people. I am fascinated by other dyslexic people's experiences because they are so different from mine. Even the way language goes wrong varies from one of us to the next. Research articles about dyslexia often seem to miss many of the

most important issues as far as living with dyslexia is concerned. Some dyslexic people can describe some of their thinking patterns quite well; others can't at all. Some thinking seems to go so fast from beginning to end that it is impossible to describe any steps. However, I am sure we need to give as much information as possible about the variety of ways we think and deal with everyday situations. (Stacey 1997: 112)

This article was published in the *Journal of Dyslexia*, but unfortunately the dialogue did not develop into its full potential and for this reason I have continued the discussion that Stacey (1997) started almost ten years ago. In order to broaden Stacey's (1997) dialogue, which was based on her own experiences as an academic writer with dyslexia, I have decided to share my own experiences and strategies that I have developed during the Ph.D. process. I feel it is important to continue this analysis of my personal strategies from a dyslexic person's perspective rather than use an educationalist approach. Discussing knowledge in the context of our lived experience should only enhance an understanding of this syndrome from a dyslexic person's perspective.

To start this discussion, I feel it is important to consider issues of self-confidence since before starting this Ph.D. journey issues of self-confidence were central to this study's data analysis (see Chapter 7). From my own perspective, issues of self-confidence within education have always been a major psychological barrier. Even after enrolling for a Ph.D., especially within the initial six-month period, I questioned my own intellectual capability. Fortunately during this period I was immersed in readings on the social model of disability and, as I discussed earlier, this transformed my perception of dyslexia from a dysfunctional to a disabling barriers model. With this in mind I would like to acknowledge that the first strategy I developed was to adjust my own self-perception in relation to my intellectual ability. This was not an easy process, as the incompetent inner view of myself was embedded within my psyche. I feel this inner view of myself could be hypothesised to be a result of my early educational experiences. Fortunately, by reading the writings of academics such as Mike Oliver, Colin Barns and Vic Finklestein gave me a political understanding of disability that allowed me to reposition my sense of 'self'. The social model ideology empowered me, no matter how frustrating my experiences, to continue within education. My rationale was that if people with dyslexia

do not confront issues of disablement we will continue to be a segregated and oppressed group.

The second barrier, and the most publicised aspect of dyslexia, relates to reading. Reading obviously became a problem as Ph.D. students are expected to complete a large amount of reading within a relatively short space of time. I realised in the initial stages of the Ph.D. process that I would have to develop some form of strategy to enable me to process large amounts of academic reading quickly. In order to do this I discovered that instead of reading academic books supplemented by journal articles I would reverse this process and structure my reading around journal articles. During this progression I discovered that many academic writers who publish academic books additionally produce a shortened version for an academic journal. Engaging initially in journal articles allowed me to examine far more information than by using book lists. Yet this does not imply that reading quality was neglected, as journal articles offer far more current and up-to-date research findings than published books. However, it should also be noted that even when focusing on reading journal articles the process of reading for people with dyslexia is extremely tiring and time-consuming. This was overcome by obtaining journals in an e-journals format, which allowed the use of Read & Write software to assist my reading. In addition to this, in a number of cases it was still important to read certain key books. However, these were kept to a minimum as a large amount of printed publications could be obtained in an audio, or more recently in an e-book, format.

In addition to issues concerning reading there were further problems relating to note taking. As my symptoms of dyslexia primarily affect my handwriting, I have always found it particularly difficult when taking notes. This has led me to decide that when in lectures I will not take notes as I cannot listen and write. I made this decision because I find it far more productive to listen and comprehend information instead of writing down notes. Fortunately, for the most part I find that lecturers/speakers produce some form of handouts, and if they do not I ask the speaker for a copy of their overheads. What is more, it is important to acknowledge that note taking is an important part of the Ph.D. supervision. To overcome this barrier I found it extremely important that my supervisors took brief notes, especially when suggesting books or articles. The most effective way for me to understand supervision notes was through a 'brief' list of things for the next supervision.

In addition to note taking for lectures and supervisions there were also issues created by note taking when reading. When using the Read & Write software I found it essential to print a hard copy. This was in order to pencil a line down the margin of the printed text at key points instead of writing notes. In order to organise my thoughts I numbered the key points in sequence of importance relating to my research. Furthermore, I categorised each printed article into sections and subsections of readings. To give an example of this, I divided my sections into categories such as dyslexia, physical disability, social class, education, etc. Within each section I separated subsections of research relating to the parent sections. For example, within the dyslexia section I included genetics, social labelling, dyslexia and education, etc. Again, each article was ranked in order of importance from top to bottom. I used a similar approach when note taking with printed books. However, instead of writing on the book I used post-it notes in a similar way to mark out the most relevant points numbered by rank. This system of organisation built into the relevant areas of my research, which developed into the sections of each chapter and finally into this thesis.

Nevertheless, even after using this structured reading approach to develop my Ph.D. I still found thinking about writing my thesis chapters extremely overwhelming. I overcame this daunting experience by not thinking about writing an entire chapter from start to finish, but convincing myself that I was just jotting down some ideas. Once I got my thoughts down on to the computer I would keep referring back to the articles and add any relevant references to strengthen and enforce my ideas. As my thoughts were influenced by my reading I could quickly refer back to the relevant articles in order to reference and check my own writings. By doing this I would choose direct quotations from the numbered key points within the articles and books. At the end of this process I would restructure my ideas into subsections and chapters. Since my reading was organised in piles of literatures next to my desk (by reading-sections) the restructuring of my writings were relatively straightforward. The process of tricking myself into writing large sections of the thesis might seem like a trivial exercise, but it was an extremely important process when overcoming my writer's block.

I used a similar technique when writing up my data analysis. As I will discuss in the methodology chapter, I used radio editing software to analyse my research data (refer to

Chapter 4). After defining my data themes I would organise these data themes into data sections and subsections. When writing the data sections I would refer back to the data analysis to structure these data sections as I would write them down on my PC. To reinforce the research themes I would refer back to my earlier chapters (and usually restructure my reading piles on the floor as the analysis was emerging). These data subsections of analysis were developed into chapter sections and therefore grew into the data chapters of this Ph.D. thesis. Nevertheless, it must be recognised that during this process I discovered quite early on that issues of structuring chapters became an issue. It was pointed out on a number of occasions within my supervision that my chapters were difficult to read as I jumped from one point to another without signposting. On one occasion it was pointed out that my chapters did not follow a logical path.

The restructuring and editing of my thesis took far longer than I had originally contemplated. However, during this period I realised that my supervision team interpreted information in different ways from my own. When I was editing my theory and data chapters I organised them to correspond with the detailed images relating to the overall analysis which I had constructed in my mind. To try to explain my thinking processes, the start and the end of each chapter were the centre-point in my mind's picture. The explanatory subsections branched out and circled these key sections. Each section interlinked, creating, from my perspective, an in-depth chapter which was circularly constructed. I discovered (and this could be an assumption) that my non-dyslexic peers had difficulty following and even comprehending this form of writing structure. In order to redefine my writing style I had to separate each subsection and lay the chapter out in a very two-dimensional straight line. This for many people reading this thesis might seem like a logical path; however, in my opinion my analysis formed a very complicated interlinked picture and it was extremely difficult to separate these interlinking sections into a single path.

Yet, on the basis of my own experience of working with a small number of people who have been diagnosed with dyslexia, I feel that this writing difference could relate to dyslexic thinking in general. I have noticed, and recently discussed, this issue with another dyslexic Ph.D. student – that in conversations and debates in groups, when the majority of people are dyslexic, non-dyslexic members of the group often find it difficult to follow the line of conversation. I have noticed that dyslexic people (in a group

dynamic) often jump from one point to another then back to the original point, which for me seems completely logical. However, non-dyslexic members often suggest that we have missed information out, or they find it difficult to understand why one point is related to another point within a discussion. In my experience these conversations relate to how I naturally try to structure my work with a circular interlinking model rather than a pathway model. By stating this I am not proclaiming that this circular model is in any way superior or inferior to the traditional pathway model. Furthermore, I am not suggesting that I should not have engaged in defining my work using the pathway approach as this has been a successful standardised process for everybody engaged in understanding literature and writings to date.

However, I have made reference to this difference in thinking to illustrate the different ways of approaching writing which researchers and academics with dyslexia have to comprehend and manage. This is because I have spent a considerable amount of time attempting to transform my interlinked structure into a pathway form of writing. In the end, the most effective way of separating my interlinked sections was simply by using a coloured highlighting pen system. I would read through each section and highlight it in a different colour. For example, in sub-section one, I might discuss issues of severity, which moves on to reading difficulties and issues of social class. I would subsequently (for example) highlight green for issues of severity (within the margin), orange for reading difficulties and yellow for social class. I would then move on to the next section, locate each issue discussed and highlight then in a different colour. After working through each section within a chapter I would create a table with each variable included in the chapter (severity, literacy, social class) and restructure each point into new headed sections. Surprisingly, this did not increase the number of sections within any chapter. In order to discover which sections were the start and which sections were the end, I would refer back for guidance to the original research themes which I had developed within the data analysis. This approach to restructuring allowed me to recognise whether I had repeated any points throughout the chapter.

The final issue which had an impact on the writing of this thesis was proofreading. During the period of my Masters and Ph.D. studies a number of proofreaders have assisted me with my writing. I think it relevant to point out a number of issues relating to how a people with dyslexia see written text. For instance in my experience I cannot

physically see the difference between two words which look similar (e.g. 'from' and 'form' or 'consequently' and 'consecutively') in a sentence. When I confuse basic words like 'from' and 'form' the reader often recognises that this is a product of my impairment. Nevertheless with words like 'consequently' and 'consecutively' people often, instead of making the same connection, presume that it is a lack of literacy comprehension. This, from my perspective, is untrue: it is actually simply a visual symptom of dyslexia which prevents me from recognising a mistake within a sentence. This, especially, causes me a problem, as dictate software and spell-checkers often makes these mistakes and place the wrong word within a sentence. In addition to this, when using my Read & Write software I find it is difficult to hear these word variations as the voice is very mechanical and often difficult to follow. Finally, I have found on a number of occasions that proofreaders correct the words to the best of their ability but have misinterpreted my meaning. This can have a dramatic impact, especially relating to specific disciplinary terminologies. Throughout this Ph.D. process it has filled me with dread to send work away to be marked (after it has been proofread) and have it returned with circles and suggestions that should have been picked up during the proofreading process.

This is something which I have not entirely overcome as this is an area relating to my impairment over which I have little control. This area of my Ph.D. can be related directly to the concept of disabling barriers, as it is access to adequate services which has an impact on the outcome of my work. In order to minimise the impact of my impairment on my writing ability it has been suggested that I obtain a proof reader who has worked with international/dyslexic students as well as within the field of psychology/sociology. In any event, if there is a reversed word or a comma out of place I urge the reader to look past this in order to judge the thesis on its theoretical understanding/analysis knowledge rather than its contribution to literacy standards.

CHAPTER 2

UNDERSTANDING DYSLEXIA

Do you suffer daily embarrassment or humiliation? I do... The feelings can rear its ugly head when you least expect it ... it can happen at absolutely any time or in any place. To trigger it off only requires a situation that calls for me to write. The more unexpected the situation, the more public the time, the greater will be the humiliation ... No one can really know how I feel when I cannot carry out what is considered by most as a simple adult task, to write a word using the correct letters in the right order (40-year-old dyslexic female).
(Osmand 1993: 11)

2.1 INTRODUCTION

Literacy ability is considered to be a fundamental requirement of late modernity. In effect, reading and writing skills are frequently used as an indicator of an 'advanced societal system'. Gray (2002) implies that the ability to record thoughts gives humankind the capability to develop thoughts over long periods of time. This belief essentially links individuals' intellectual capabilities to the ability to read and write. Pumfrey and Elliot (1990) confirm this assumption by suggesting that the capacity to produce 'thoughts' is considered to be linked to the ability to acquire literacy skills. According to Gray (2002), literacy is central to our understanding of what it is to be 'human' (Gray, 2002: 56). Seen in these terms, the above statement of a 40-year-old female illustrates how dyslexia is comprehended as an indication of intellectual ability. If restricted literacy is understood in relation to intelligence, therefore, social stereotypes are constructed which associate dyslexia with restricted IQ levels (Osmand 1993). As a result of these social assumptions the term dyslexia becomes a 'discredited' stigmatisation (Goffman 1963) within contemporary society.

Within this chapter I will attempt to interpret and understand issues of dyslexia in relation to both disability (disabling barriers) and impairment (functional differences). I have developed an in-depth analysis of existing literature in relation to current theories on dyslexia within the social (disabling barriers) and the natural sciences (impact of

impairment). In order to understand dyslexia I have evaluated historic and contemporary literatures to form an in-depth understanding of current thinking within the field. The study will illustrate how historic theories have now developed, within contemporary literature, into a complex neurological and genetic theoretical insight (Miles 1999; Snowling 2000; Olson 2002). The chapter will develop into a discussion on current educational policy to discover what impact it has had on contemporary experiences of dyslexia in education, with an additional focus which compares dyslexia with other intellectual disabilities (Farmer *et al.* 2002; Siegel and Smyth 2005). This moves to summarise and critically investigate current debates, which dismissed the existence of dyslexia, that have arisen within the field of education (Elliot and Place 2004; Rice and Brooks 2004; Elliot 2005). It will discuss issues concerning adult life and employment, with particular reference to current workplace legislation, and conclude by summarising current research in relation to socio-economic positioning and its effect on dyslexic adult life (Perin 1997; Siegel and Himel 1998). Overall, the purpose of this chapter is to develop an understanding of ‘meanings’ behind the label, to acquire a theoretical and practical understanding from contemporary academic studies.

2.2 THE DISCOVERY OF ‘WORD-BLINDNESS’

The critical approach to dyslexia often refers to it as being a ‘social construct’ (Elliot 2005) of late twentieth century education. This sees developmental dyslexia as a form of over-medicalisation which has developed owing to a small minority of children experiencing difficulties adjusting to modern educational expectations (Phillips and Phillips 2005). However, historically, the term ‘dyslexia’ first emerged in the late nineteenth century as a result of researchers studying the effects of brain injury on the cerebral hemispheres. Early research in the nineteenth century, which led to the discovery of dyslexia, focused on the occurrence of ‘aphasia’ (Miles 1999; Elbeheri 2004). Aphasia arises from an injury to the cerebral hemisphere, through accident or illness, and develops into a type of language ‘disorder’. This manifests itself as a loss of speech and/or of abstract understanding. Early research into aphasia (Broca 1861) led the way for restricted language ‘disorders’ (Elbeheri 2004); this research led to dyslexia first being discovered within Germany. This was due to the publication of two articles, entitled ‘Word-deafness and Word-blindness’ (Kusmaul 1878) and ‘A Special Type of the Word-blindness (Dyslexie)’ (Berlin 1887). These studies made reference to patients who were

diagnosed as having aphasia but who demonstrated unfamiliar symptoms such as the ability to express themselves through oral language (Kusssmaul 1878). What was significant about Kusssmaul's (1878) research was that, in some of these cases, patients had alternatively lost their ability to understand written words while their hearing, eyesight and context knowledge was completely unaffected. In his study Kusssmaul makes reference to a particular patient who indicated symptoms that he referred to as word-blindness:

A very intelligent and energetic man, after suffering from cerebral symptoms (headache, vomiting, delirium), lost entirely the power to read print and write (without prompting). He saw the text, but did not understand it. (Kusssmaul, 1878: 776)

Research by Berlin (1887) define these symptoms as being neurological in origin. It was Berlin (1887) who first used the term 'dyslexie', as he stated that word-blindness was misleading owing to dyslexia's neurological, rather than visual, basis. Both studies referred to dyslexia as a form of brain injury (acquired dyslexia), although it was not until an article was published within the *British Medical Journal* A Case of Congenital Word-blindness, by Dr Pringle Morgan (1896) that developmental dyslexia was first acknowledged. Pringle Morgan (1896) discovered that a student, of above average intelligence, seemed to show similar symptoms to those Kusssmaul (1878) had described as 'word-blindness' caused by head injury. Dr Pringle Morgan reported on a 14-year-old student who had attended a well-respected school where he had been a pupil since the age of seven. The article states:

He [the student] is the first son of intelligent parents ... [and] is bright and of average intelligence in conversation. His eyes are normal, there is no hemianopsia, and his eyesight is good. The schoolmaster who has taught him for some years says that he would be the smartest lad in school if the instructions were entirely oral. (Pringle Morgan 1896: 1,378)

Pringle Morgan states that the boy had not been subject to any serious head injuries, (which was central to Kusssmaul's 1877 and Berlin 1887 findings), and concluded that this form of 'word-blindness' must be congenital. This led to the term 'congenital word-

blindness', a phenomenon which was researched in more depth by Hinshelwood, a Scottish ophthalmologist. Hinshelwood (1917), like Berlin (1887), dismissed the theory that congenital word-blindness was due to a visual impairment, but stated that it was due to defects in both the right and the left hemispheres of the brain. The research hypothesised a direct link between symptoms produced from both acquired and congenital word-blindness. Hinshelwood (1917) suggested that acquired word-blindness occurred owing to damage after birth, whereas congenital word-blindness was hereditary damage before birth.

It was not until 1937 that Orton (1925–48), a professor in neurology and neuropathology, published research which developed the foundation of the contemporary term. Orton (1937) studied both acquired and congenital word-blindness with particular reference to children's literacy problems. The research made a distinction between the terminology of 'congenital' and 'developmental' by stating that congenital word-blindness gives the impression that the condition is solely hereditary and that environmental factors play no part in the syndrome. Orton (1937) suggested that congenital word-blindness is the product of both environmental and hereditary factors, and referred to 'Congenital Word-blindness' as 'developmental Alexia'. Interestingly, the study demonstrates one of the first examples of IQ testing to detect dyslexic children. Orton (1937) used this method to illustrate levels of intelligence and compared them with literacy difficulties. This was to indicate an IQ and a reading age discrepancy, which redefined the diagnostic process and is (in some cases) still in use today within contemporary education:

[The student] was reading almost nothing and spelling less, after three years in school. He passed [an] intelligence test with a quotient of 145 and gives every evidence in other fields except his reading, spelling and writing of being a near genius. (Orton 1937: 73)

Orton's assessment process was designed to include all children, not just those from an upper-middle-class or intellectual background. Prior to this, children were assessed in relation to their parental intellectual heritage (see Pringle Morgan, 1896, Hinshelwood 1917). Orton suggested that Alexia was not the product of one inferior neurological functioning, but should be 'recognised as a pure syndrome' (Orton 1937: 99). He

concluded by hypothesising that Alexia is the production of both neurological and environmental processes which will respond to and could be treated through specific training methods aimed at dyslexic learning needs. As a result of Orton's (1937) research, dyslexia passed from the medical to educational ownership. This led to it being 'treated' by educational development rather than medical intervention. Orton (1925-48) can be recognised as a forefather of contemporary research into theories of dyslexia, both from a medical and an educational standpoint. After his death, a group of colleagues formed the Orton Dyslexic Association (1949) in his memory. This has now developed into an international non-profit organisation which supports the development of medical and educational research into dyslexia within the USA.

2.3 EDUCATIONAL RECOGNITION OF DYSLEXIA WITHIN THE BRITISH SCHOOLING SYSTEM

The implications of these early research findings have had a dramatic effect on contemporary educational policy. As has been mentioned, research led by Orton (1937) placed dyslexia under educational ownership because of his development of specific teaching methods. These teaching methods have been further enhanced throughout the twentieth century, establishing new levels of success which have had a direct impact on improving the literacy abilities of many dyslexic children (Critchley and Critchley 1978; Fawcett and Nicholson 1994; Riddick 1996; Davis 1997; Miles and Miles 1999; Lynch *et al.* 2000). As a result of these successful teaching methods there has been a noticeable change in contemporary educational policy. However, and surprisingly, prior to the Disability Discrimination Act (1995) dyslexia was not recognised as an impairment within education. For this reason, dyslexia's place within educational policy needs to be discussed separately from the traditional special educational schooling policies established in the 1940s (which will be discussed in the next chapter).³

The earliest referencing to dyslexia within social policy can be seen within the Tizzard Report (1972). This report stated that the term 'dyslexia' was unhelpful within education and should be replaced with the label 'specific reading retardation' (Phillips and Philips

³ However, it must be acknowledged that prior to the DDA legislation many people with dyslexia were labelled as having learning difficulties rather than dyslexia.

2005: 7). Although the Chronically Sick and Disabled Persons Act (1974) categorises dyslexia as an educational disability, was not compulsory by local council provision. It was not until 1995 that dyslexia was officially recognised by local government within the Disability Discrimination Act. This was reinforced by the Education Act (1996), which gave people with dyslexia educational rights equal to those held by people with other disabilities, since it stated that children with special educational needs were entitled to 'assessment, statement and placement' (Konur, 2006: 53). Because dyslexia has been defined within the Disability Discrimination Act, a number of educational definitions have been produced. The most commonly used within education is the British Dyslexia Association (BDA) classification of the label, which states:

Dyslexia is a complex neurological condition which is constitutional in origin. The symptoms may affect many areas of learning and function, and may be described as a specific difficulty in reading, spelling and written language. One or more of these areas may be affected. Numeracy, notational skills (music), motor function and organisational skills may also be involved. However, it is particularly related to mastering written language, although oral language may be affected to some degree. (BDA 1997)

As we can see, this educational definition is firmly situated within a medical discourse which focuses on neurological dysfunctions. This medical/educational definition of dyslexia has been reinforced by recent legislation (Special Educational Needs and Disability Act 2001) making it illegal for educators to discriminate against individuals on the basis of their disability if they have been diagnosed with dyslexia by a psychological professional. Local education authorities now have a responsibility, by law, to identify specific learning disabilities as well as to provide adequate support within mainstream education for all disabled pupils, including people with dyslexia.

2.4 THE BIOLOGY OF DYSLEXIA

As dyslexia is a neurologically based impairment and not physically recognisable, contemporary psycho-medical classifications have played an important role in defining the term outside education. Many dyslexic individuals refer to medical science in positive terms, which is in direct conflict with the social model (of disability) politics. From a

social model perspective, disability refers to disabling (social) barriers and dismisses the medical understandings of dysfunctional biologies (Finkelstein 1980; Barnes 1992; Oliver 1996). However, from a dyslexic viewpoint it is medicine that confirms that dyslexia is an actual impairment rather than an educational learning restriction. This allows people with dyslexia to view themselves as a minority group with experiences similar to those of the wider disabled community. The importance of medical confirmation is a result of a number of educationalists' dismissals of its biological origins (Elliott and Place 2004; Rice and Brooks 2004; Elliot 2005). In order to redefine dyslexia within disability studies it must first be defined as an actual impairment. This medical confirmation is less important to individuals with visible physical impairments; however, since dyslexia is a hidden disability, access to educational and employment rights (Disability Discrimination Act 2005) is only achieved after access to a medical diagnosis. As Riddick (2000) points out, in order for a social understanding of specific learning difficulties to be created people with dyslexia must first receive an acknowledgement that their impairment exists:

In the case of hidden impairments such as dyslexia, autism and dyspraxia, one of the first functions of a label is to prove the legitimacy of the impairment by demonstrating its constitutional origins to those who are sceptical of the construct. (Riddick 2000: 664)

To acknowledge the impairment aspect of dyslexia, we must refer to its biology. When discussing its biology, we are actually referring to the neurological difference (usually described as dysfunctions) that occurs between dyslexic and non-dyslexic 'brain types'. As Reiter *et al.* (2005: 289) state, 'there is general agreement [within medicine] that the brain structure of children with dyslexia differs from that of non-dyslexic children'. Yet Snowling warns:

Understanding of the biological bases of dyslexia is at a relatively early stage and significant questions remain both about its molecular genetic basis and the brain mechanisms that are involved. However, there seems little doubt, given existing knowledge, that the cognitive difficulties that categorise dyslexic readers stem from inherited differences in speech processing mechanisms located in the left hemisphere. (Snowling 2000: 157)

Research into cerebral hemisphere variations has been essential in understanding dyslexia. For adults in general, the recognition of letters and language skills has been hypothesised to be situated in the left cerebral hemisphere (Galaburda *et al.* 1978; Snowling 2000; Hugdahl and Heiervang 2003; Reiter *et al.* 2005). This has led to medical research focusing on the left hemisphere of brain development in order to understand dyslexia as a syndrome.

Early research executed in the late 1960s by Geschwind and Levitsky explored the evolution of speech and its relationship to phonological development. This made particular reference to the Planum Temporal (PT), which is situated within the left hemisphere of the brain (figure 1). Albert Galaburda *et al.* (1978) first carried out this type of research on both deceased dyslexic and non-dyslexic subjects, and discovered that a dyslexic brain structure had a number of differences in the left PT area (Hugdahl and Heiervang 2003: 174). A later study carried out by Brunswick *et al.* (1999) verified the left Planum Temporal hypothesis by using brain scan technology. Brunswick *et al.* (1999) recruited both dyslexic and non-dyslexic young adults who had scored relatively similar IQs. The study revealed that dyslexic participants showed far less brain activity within the left temporal cortex region than non-dyslexics.

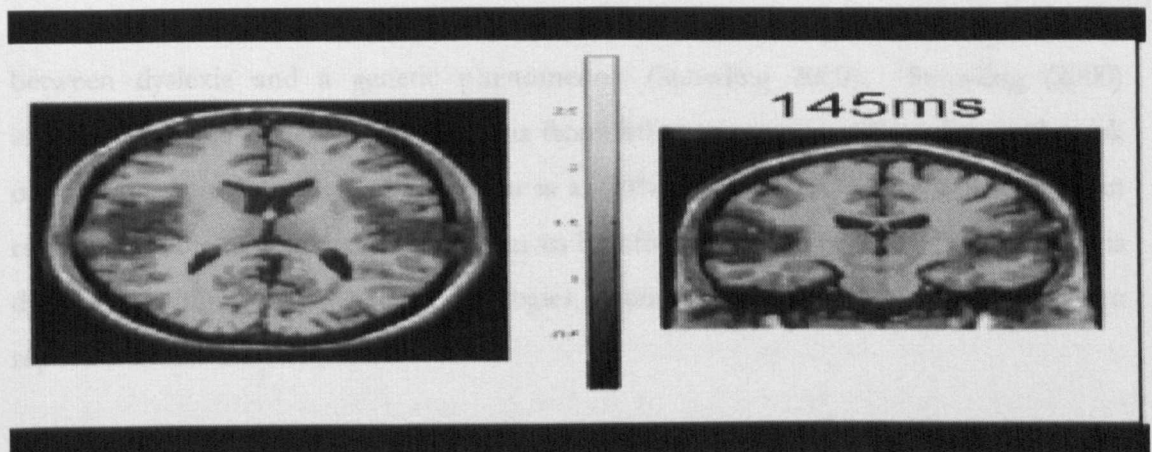


Figure 1 The heat signature of the (right and left) planum temporal areas of the brain (Mills 2005)

A further accredited analysis of the Planum Temporal theory has been developed by Hugdahl and Heiervang (2003), who have attempted to pinpoint the exact neurological differences by using Magnetic Resonance Imaging. They discovered that the Planum

Temporal was '10%' smaller in people with dyslexia than it was in non-dyslexic participants (Hugdahl and Heiervang, 2003: 180). Their study suggested that a 'phonological decoding dysfunction' occurred within the neurological structures when processing language through the PT. Snowling (2000) furthers this hypothesis by suggesting that differences also occur within the right PT hemisphere. Snowling's (2000) studies correspond with Hugdahl and Heiervang's (2003) left Planum Temporal hypothesis, but expands it by noting a larger right hemisphere Planum Temporal. The right Planum Temporal is primarily used for three-dimensional interpretation. Her research suggests that the left Planum Temporal is compensated for by a larger and more developed right Planum Temporal within dyslexic subjects. This could explain the developed 3D visual ability which has been reported within a number of dyslexic studies over the past decade (Davis 1997; Wolf and Lundberg 2002).

To discover why these neurological differences occur within developmental dyslexia (which is similar to acquired dyslexia without an injury), geneticists have attempted to establish evidence that dyslexia is a genetically based syndrome. Early genetic research by DeFries *et al.* (1987) examined monozygotic (MZ) twins who share 100% of their genes and dizygotic (DZ) twins who share only 50%. The research concluded that a definite correlation was made between the numbers of MZ twins that were both affected by the syndrome and the number of DZ twins. This implied that there is a relationship between dyslexia and a genetic phenomenon (Snowling 2000). Snowling (2000) estimates that the risk of passing dyslexia from father to son is at 40%, whereas the risk of it being passed from mother to son is at 36%. Lesser risk (20%) is estimated in relation to daughters and does not seem to be affected by the particular parent who is dyslexic. Owing to new genetic technologies a number of genetic discoveries have been reported within the literature.

Olson (2002: 155) reports that dyslexia is probably situated within the region of chromosome six and suggests that this chromosome has been connected to the 'phonological decoding, phoneme awareness, and orthographic coding'. These are symptoms that have played an important factor in locating a neurological difference within neuro-psychology. This unfortunately does not pinpoint a dyslexic gene, as additional claims have been made with reference to other chromosomes. These additional genetic studies have reported links between chromosomes one, two and three

(Nopola-Hemmi *et al.* 2001; Nopola-Hemmi *et al.* 2006). The most recent reported study within the media (BBC 2003) referred to a geneticist team which located the candidate gene 'DYX1C1'. The research investigated 20 families who had a (diagnosed) dyslexic person within their family unit. The study states that a 'fault' in a single gene DYX1C1, the central purpose of which is to help cells deal with stress, could be the cause of dyslexia, but further tests are needed to confirm these findings (Marino *et al.* 2005). However claims of the discovery of additional gene combinations, 'KIAA0319' (Cope *et al.* 2005), '5HT1F' (Nopola-Hemmi *et al.* 2006) 'DcDc2' (Schumacher *et al.* 2006), have also been reported within the field of genetics, highlighting little consensus.

As we can see, medical research has a long way to go before determining and classifying the neurology and genetic implications of dyslexia. From a strong social model perspective, understanding the classification of impairment is of no importance in understanding disability within society. Nevertheless, establishing its neurological/genetic origins can be observed as an important dimension of defining dyslexia as a disability. The reason for discussing the biology of dyslexia is not to identify it under the (bio)medical model approach, but to understand one of the many aspects of this complex phenomenon. This is not to say that we should not be critical of the medical approach, as it becomes obvious that, within medicine, dyslexia is defined as a neurological dysfunction. This dysfunction is transformed within the literature into a physical abnormality. From a medical perspective, it is this abnormality which is seen as the disabling factor behind dyslexia. However, by acknowledging the biology of dyslexia this study suggests that a greater medical understanding can be both empowering (as a tool) and oppressive (as an ideology). Acknowledging dyslexia's biological nature can actually broaden an understanding surrounding the social barriers experienced by individuals. In fact, a lack of understanding about the biology of this impairment can be seen as a significant social barrier confronted by participants (relating to access to support). However, it must be remembered that biology is just one aspect of exclusion within a wider social context (refer to Chapter 7).

2.5 DEBATES ABOUT DYSLEXIA

As was discussed earlier, it has now been over a hundred years since Pringle Morgan (1896) first published his article categorising symptoms of developmental dyslexia.

Nevertheless, dyslexia has continued to be a controversial term and is still disputed, particularly within the field of education (Riddick 1995; Miles and Miles 1999; Phillips and Phillips 2005). The critical approach to dyslexia has developed into three lines of enquiry, which are often interlinked. The first theme of enquiry raises concerns over the reliability of research defining dyslexia as a 'valid' neurological disorder (Presland 1991, Sternberg 2000; Rice and Brooks 2004). The second theme attempts to deconstruct dyslexia in order to highlight how (like any other neurologically based disability) it is a social construct resulting from over-medicalisation (Ho 2004). The third raises concerns over labelling in order to discover how useful the term 'dyslexia' is within contemporary education (Elliot and Place 2004; Elliot 2005). All three approaches enquire why dyslexia has been isolated from general learning disability discourse. These approaches are especially critical of the separation between poor readers and people with dyslexia.

The first line of enquiry critically investigates the neurological origins of dyslexia on the basis of an assumed lack of 'scientific' evidence (Presland 1991; Rice and Brooks 2004). Rice and Brooks (2004) state that contemporary educational research has often exaggerated the dyslexic problem by stating that there is at least one child with dyslexia in each classroom. Their research suggests that there is no scientific basis for the current diagnostic process or estimations. They claim that therefore no distinction can be made between poor readers, especially those from lower socio-economic backgrounds, and people with dyslexia. This traditional view is illustrated by educationalists such as Frank Smith (1986), who suggests:

To learn to read, children need to be helped to read. This issue is as simple and difficult as that. Dyslexia is a name, not an explanation. Dyslexia means, quite literally, being unable to read. Children who experience difficulty learning to read are frequently called dyslexic, but their difficulty does not arise because they are dyslexic, or because they have dyslexia; they are dyslexic because they cannot read. To say that dyslexia is a cause of not being able to read is analogous to saying that lameness is a cause of not being able to walk. We were all dyslexic at one stage of our lives and become dyslexic again whenever we are confronted by something that we cannot read. The cure for dyslexia is to read. (Osmand 1993: 90)

This implies that it is the child's inability to learn to read rather than a neurological condition that restricts literacy levels. By taking this viewpoint we can hypothesise that if a child does not learn to read this is due to their intellectual abilities rather than a neurological dysfunction. Farmer *et al.* (2002) suggest that a limited IQ is generally accepted within education as having an impact on learning, especially in relation to literacy and numeracy. She states that the general educational consensus acknowledges:

Low intelligence makes it difficult to learn the alphabet, to learn the rules of regularities that link the spellings of words to their sounds, and to learn the many idiosyncrasies of English spelling. In addition, their low intelligence also impedes their abilities to derive the meaning of a sentence from the component words, to combine meaning of sentences, and to draw in references from sentences and text. Their limitations in this regard extend to reading and understanding written language. Their general intellectual impoverishment extends across the board to more general cognitive abilities such as problem solving and the concept of formation to other academic subjects. (Farmer *et al.* 2002: 3)

Supporters of the label 'dyslexia' have always been quick to separate intellectual abilities and dyslexic tendencies (Miles 1991; Miles and Miles 1999; Riddick 1995; Riddick *et al.* 1999; Farmer *et al.* 2002; Siegel and Smyth 2006). However, the anti-labelling (educational) perspective has questioned this separation, especially in relation to poor readers (Presland 1991; Sternberg 2000; Rice and Brooks 2004; Elliot 2004; 2005). The medical definition of learning disabilities predominantly makes reference to restricted intellectual ability. In this definition, individual intelligence is represented by an IQ test and a learning disability is identified where the score ranges from 70 to 75 or below (Harris 1995: 345). Goodley (2001) suggests that the majority of individuals diagnosed with a learning disability fall into the mild classification (75–85% of the overall population). As the majority of people diagnosed with learning difficulties fall into the mild category, and education generally assumes that intellectual disabilities are associated with literacy restrictions, an easy (commonsense) association can be made between dyslexia and intellectual restrictions.

Supporters of dyslexia as a neurological syndrome have traditionally referred to the concept of the IQ discrepancy model. This makes a distinction between poor readers and dyslexic readers based on an IQ measurement. People with dyslexia were referred to as having an average or above-average IQ score (90+) and as presenting signs of restricted literacy ability based on a reading age measurement. This would highlight a discrepancy between a person's intellectual ability and their restricted literacy abilities, indicating if the person is dyslexic rather than a 'poor reader'. Farmer *et al.* (2002: 2–3) state that this theoretical perspective made a clear distinction between recognising children with dyslexia and children who are 'GBR'⁴ (general backward readers) owing to learning disabilities. This perspective reports that the difference between moderate learning difficulties and dyslexia is fundamentally based on IQ measurements. This approach is reinforced by the medical classification of intelligence, which defines different types of 'learning difficulties'. From a medical standpoint, intellectual ability is governed by genetics and neurology can map these differences using IQ measurements. Plomin *et al.* (1997) report that the approximate measurement relating to the nature of intellectual ability is 50% genetic and 30% environmental. Their analysis of 'reared apart' MZ twins suggests:

Shared environment has little influence on specific cognitive abilities ... This adoption study found evidence for genetic influence, in that non-adoptive relatives showed greater resemblance than did adoptive relatives. (Plomin *et al.* 1997: 157)

However, this form of assessment has come under general criticism from both supporters and critics of dyslexia. Research by Siegel and Himel (1998), who are generally supporters of the term dyslexia, has suggested that a number of social variables disrupt IQ measurements. Their study indicates that socio-economic status has a direct impact on the overall IQ scores of children. Children who were classified as coming from a low socio-economic background were 27.4% more likely to gain a low IQ score of 80–94 than who were classified as coming from the high socio-economic group (Table 1). There was also a 14.8% difference within the middle and the low section

⁴ This is educational terminology for poor readers, which can be seen as an example of the derogatory discourse which still exists within contemporary education. Another example of this form of discourse is 'special educational needs'.

within the study (Siegel and Himel 1998: 95). This led Siegel and Himel (1998) to dismiss the biologically determined medical model approach to intellectual ability.

Socio-economic Status	IQ Scores			
	80-94	95-104	105-114	≥115
Low	20 (41.7%)	11 (22.9%)	11 (22.9%)	6 (12.5%)
Middle	21 (26.9%)	22 (28.2%)	15 (19.2%)	20 (25.6%)
High	5 (14.3%)	6 (17.1%)	8 (22.9%)	16 (45.7%)

Table 1 IQ levels and socio-economic status (adapted from Siegel and Himel 1998: 95)

This research is reinforced by Capron and Duyme's (1991; 1992) studies focusing on the socio-economic backgrounds and IQ levels of adopted children (similar to Plomin *et al.*'s). The study presented evidence in direct contradiction to Plomin *et al.*'s (1997) research. Capron and Duyme's (1991; 1992) studies indicate that children's IQ levels are adapted from the socio-economic positioning of their adopted (rather than their biological) parents. This is reinforced by earlier work from Siegel (1992) which implies that general intelligence tests very rarely correlate with reading age measurements (for all readers, including people with dyslexia, non-dyslexics and children with learning disabilities). Siegel indicates that dyslexia in itself can restrict an IQ score because dyslexic children are not engaging with, or are unable to gain knowledge through, the reading process. This demonstrates a paradox which appears in relation to IQ levels and dyslexia's claim of a neurological condition. Supporting one perspective (nature or nurture) over another does not undermine the fact that if dyslexia is a neurological condition it will surely affect people from a range of intellectual abilities, not just a select group (average IQ or above). No matter which approach we use, both acknowledge environmental issues, which suggests that IQ measurements could be an inadequate test when attempting to diagnose dyslexia.

This dispute has led to both education (Elliot and Place 2004; Rice and Brooks 2004; Elliot 2005) and disability studies (Ho 2004) referring to dyslexia as a social construct. From a social constructionist viewpoint, learning disabilities are a product of a

medicalised structured society. Medicalisation produces binary opposites in relation to normal and abnormal intelligence levels. Indeed, learning difficulties are a product of early IQ classification from a particular narrow medical model perspective. From a strong social modelist perspective, disability is the product of social barriers and over-medicalisation. Harris (1995) states:

The first intelligence tests were originally designed to segregate learners according to their degree of learning difficulty, but in the move toward integration IQ level no longer has a useful function to play in demarking group boundaries ... Abandoning the IQ criterion will assist the move toward integration by softening the boundaries between disabled and non-disabled people. (Harris, 1995: 350)

This argument states that learning difficulties are defined through medicalisation, which constructs a social process that shapes an individual's (often stigmatised) identity (Gillman *et al.* 2000). Labelling of learning disabilities can provide individuals with extra resources, but often 'leads to disrespectful and dehumanising treatment' (Maureen *et al.* 2000: 389). On this basis, education should move away from a discriminatory medical model approach and look for alternative solutions to labelling. Ho (2004) and Paradice (2001) suggest that there is very little consensus on what dyslexia is and how this is separated from alternative classifications of learners. Ho (2004) states:

These scientific or medical labels are not value free and objective observations ... diagnoses are often based on our biased or even erroneous assumption that all children learn the same things at the same pace ... diagnosis is not merely a clinical observation. Rather it is a social construction. (Ho 2004: 89)

Both Ho (2004) and Gillies (2005) claim that parents actively seek a diagnosis to redefine their child as impaired but deserving. Ho (2004) states that a diagnosis takes blame away from the parent in relation to the child's difficulties. It also allows access to technology and support which otherwise would be refused if the child were seen as a low achiever. Gillies (2005) suggests that dyslexic diagnosis is directly linked to middle-class cultural capital. This is in order to define middle-class children as 'special' rather than delinquent,

which consequently separates middle-class children and working-class children who have similar educational difficulties. Gillies (2005) reports:

Katherine (middle-class participant) places emphasis on Zoe's 'very, very' high IQ in order to conceptualise the problem with literacy, thereby establishing that her daughter is 'bright', able and deserving. Throughout the interview, Katherine also stresses how Zoe's 'uniqueness' and 'maturity' can be challenging to teachers and other children, causing difficulties in the classroom. (Gillies 2005: 847)

This perspective is not new within education, as earlier studies by Riddick (1995; 1996) report that the general consensus is that children are labelled as dyslexic for reasons such as over-anxious or neurotic parents or the reluctance of the majority of middle-class parents to accept that their child is slow. Additional arguments suggest that children should not be labelled because this encourages the child to view a problem within itself as well as distancing the middle-class child away from a learning disabled classification (Riddick 1995: 459). This has led to recent educational studies drawing similar conclusions (Elliot and Place 2004; Rice and Brooks 2004; Elliot 2005). However, this perspective could be understood via Giddens' (1991) notion of individualism. The individual perspective states that there is no need for group labels, which only stigmatise and alienate children. This perspective refers to Goffman (1963), and suggests that the education system should not single out children with dyslexia from poor readers but aim its resources at targeting and improving mainstream teaching methods. Teaching should focus on developing a system of inclusion rather than labelling children with impairments.

At the centre of this new approach is the work of Jo Elliott (2005). Similarities can be made between Elliott's approach and Rice and Brooks' (2004) study which dismisses dyslexia because of a lack of reliable medical or educational evidence. Elliott (2005) believes that dyslexia is a social construct in spite of it having a genetic and neurological basis (but this is for all poor readers, not just children with dyslexia). Elliott (2005) states that there is little distinction between individuals labelled as dyslexic and poor readers. Elliott and Place's (2004) work also dismisses other symptoms of dyslexia such as short-term memory defects, clumsiness, speech and language difficulties and letter reversal.

Elliott and Place (2004) suggest that these are symptoms which can be found in any group put under scrutiny. Elliott (2005) firmly believes that the label of dyslexia has no use within contemporary education as interventions between dyslexic pupils and poor reader pupils are the same. He highlights this by referring to his educational psychologist training:

While training as an educational psychologist (EP), I had occasion to talk with a very experienced EP colleague [who] told me that he had spent a considerable amount of time that day trying to assess whether the child he was screening was dyslexic... he replied that he thought she was. I then asked him what his treatment recommendations had been. He replied that he had placed her on a DATAPAC precision teaching programme in which phonic knowledge and skills are closely assessed and weekly objectives established. I then asked him what he would have suggested if he had concluded that the child was not dyslexic. Grinning sheepishly, he confessed that he would have made the same recommendations anyway. (Elliott 2005: 19)

Elliott concludes that dyslexia has little meaning within education as there is no individually based intervention after a child has been labelled. He suggests that parents actively attempt to have their children labelled as dyslexic because of stereotypes that dyslexic individuals are exceptionally bright. This allows children and parents a confidence boost and creates an elite group of poor readers within education. Consequently, this alienates and further stigmatises poor readers who do not have a diagnosis. Elliott's (2005) solution is to tailor education for the individual as children learn at different rates. He proposes that the label of dyslexia should no longer be used within society to refer to poor readers. This on the surface seems like a revolutionary proposal to redefine teaching methods to suit individual learning. Unfortunately, this form of education would need one teacher (or an advanced teaching support worker) for every one to three children within the classroom. Again, this is not a new concept as Riddick (1995; 1996), who supports dyslexic labelling, refers to an individually based education system approach in her earlier studies. However, she notes certain realities about this method in the current education climate stemming from a lack of financial support and educational resources within the contemporary school system.

2.6 EDUCATIONAL IDEOLOGIES AND SOCIAL LABELLING

When discussing the three social constructivist perspectives distinct ideological differences become apparent between the educational (Elliot and Place 2004; Rice and Brooks 2004; Elliot 2005) and the social (Ho 2004) positions. Contemporary educational ideology, represented by Elliot and Place (2004) and Rice and Brooks (2004), is based on supporting the current market-based system. In order to maintain the market-based hierarchical system, education produces both educational winners and educational losers. As Gillborn and Youdell (2001: 65–6) state, contemporary education is constructed around the myth of ‘New IQism’, which maintains and constructs an ‘A–C economy’. Their research highlights how educationalists make assumptions about fixed abilities, especially in relation to educational achievement. They note that assumptions are made in relation to ability, which is not evenly distributed. Academic ability is associated with a higher socio-economic positioning and works against minority groups:

At the school level this IQist notion of ability provides an opportunity for teachers (and especially senior management) to identify the winners and losers at the earliest possible stage, allowing continual checks to ensure that those predicted success ‘fulfil’ their potential ... These inequalities have grown as A-to-C economy provides the impetus for schools to pursue increasingly frequent and final forms of internal selection. The notion of ‘ability’ that informs such decisions is powerful and dangerous. (Gillborn and Youdell 2001: 65–6)

This ideology is maintained by assumptions made about fixed measurements of academic achievement. The educational profession constructs this through the notion of an equal educational setting. This maintains that individuals start at the same point within education, and that it is dedication and natural ability which allow children to succeed in education and in adult life.

If we examine the social model argument, represented by Ho (2004), medical labelling creates binary opposites in relation to normality (non-disabled) and abnormality (disabled). According to this social model approach it is society that disables in the form

of social organisation, institutional discrimination and disabling barriers (within both education and the workplace). Ho (2004), when arguing against the label of dyslexia, suggests that it is society which needs to be radically transformed in order to make labelling redundant, not the individual. This, he suggests, will create an inclusive education/society that does not segregate pupils on the basis of their abilities and inabilities. Ho's (2004) research focuses on the barrier removal rather than on educational fairness. The study recommendations are to improve and to establish inclusive teaching techniques, assisted by technology or support when needed, in order to create equal opportunities rather than use the labelling process as an excuse for failing students:

However, just because assumptions about learning difficulties are problematic does not mean that we should stop acknowledging and understanding learning difficulties altogether. The problem with our educational and social system is not that we recognise differences. Rather, the problem is that we often make *erroneous* assumptions about *causes* of differences and difficulties, and we either *ignore* differences or *stigmatise* those who are considered different. (Ho 2004: 90)

This statement illustrates that Ho (2004) recognises the idealistic nature of the label removal proposal in contemporary education. His study proposes a radical transformation of education (and society) rather than the current 'one size fits all approach to teaching' (Ho, 2004: 91). Unlike the work of Elliott (2005), Ho (2004) suggests that label removal, at this time, could result in further inequalities instead of education of improvement.

One problem with Elliott's (2005) approach is that removing the dyslexic label would not radically transform an unequal society, but instead would reinforce the existing educational hierarchy structures. Elliott and Place (2004) believe that to diagnose children with dyslexia gives them an unfair advantage, in relation to access to technology, which would benefit all children in education. Alternatively, Ho's (2004) approach looks to extend access to technologies to improve the current system. Where Elliott (2005) is concerned with maintaining fairness, Ho (2004) is concerned with developing inclusion.

Elliott (an educational psychologist) is not calling for a radical change in labelling, but is repeating a well-established argument about intelligence within a hierarchical institution.

2.7 THE DIAGNOSING DYSLEXIA DEBATE

If we are discussing the concept of labelling individuals with dyslexia, the reality of this debate is transformed into issues of diagnosis. Riddick (2000), who argues for the diagnosis of children and adults, states that labelling individuals with dyslexia is not a straightforward process. The consequences of labelling or not labelling are often thought of as either positive or negative, but in fact they have positive and negative outcomes. Riddick's (2000) research, like Ho's (2004), argues that the labelling process can lead to stigmatisation. Nevertheless, owing to the nature of dyslexia, which is a hidden disability, many of her research participants report that it was not the label of dyslexia which they felt had stigmatised them but their actual literacy problems. Having the label 'dyslexia' in itself helps to explain why people with dyslexia are having difficulties redefining their individual identities. For many, however, the label has helped to transform their concept of 'self' and deconstruct their original assumption in relation to them having a low IQ. Morgan and Klein (2000) discuss the importance of an adult being diagnosed with dyslexia by stating that people with undiagnosed dyslexia have always had dyslexic symptoms. Their study reported that many people with dyslexia already had a view of themselves as having a deficit. People with undiagnosed dyslexia often ask the question 'What is wrong with me?' or 'Why can't I do this?', which often causes psychological or self-esteem problems. Earlier research produced by Riddick (1995) argues:

A valid concern of educationalists is that using a label like dyslexia gives 'a within child view' of a problem. But in response it can be argued that in many cases 'a within child view' had already been in operation. Fifty percent of parents thought that at an informal level the child had already been labelled as slow or thick by the school. At the same time when schools offered an environmental explanation for a child's problems these were all focused on parents' deficiencies such as: lack of discipline; adverse emotional climax; insufficient help at home [and] changing schools. (Riddick, 1995 467)

These psychological or self-esteem problems are often amplified by traumatic schooling experiences, which served to label people stupid, disruptive, slow, etc. (Morgan and Klein 2000). The process of diagnosing dyslexia helps a large percentage of individuals to come to terms with 'years of confusion, frustration and failure' (Morgan and Klein, 2000: 21). Diagnosis of dyslexia often improves a person's self-perception, which in many cases gives confidence in the way of achieving certain educational goals. On this note, diagnosis leads to certain rights and to access to support and equipment which can enable achievement and educational success. From a disability rights perspective, the identification of dyslexia also means that individuals with this particular impairment can potentially organise themselves politically within the disability movement. For people with dyslexia, a diagnosis could identify them as a collective group that faces disabling barriers as a result of social exclusion constructing a new type of social identity.

2.8 DYSLEXIA, DISABILITY AND IDENTITY

Contemporary sociology has been preoccupied with the concept of identity within recent years (Giddens 1991; Mac an Ghail, 1994; Shakespeare 1996; Jenkins 1996; Shilling 1997; Woodward 1997; Skeggs 2005). The term 'identity' in itself bridges the gap between individual symbolic interaction and social structuring. Woodward (1997: 2) states: 'identities are produced, consumed and regulated within culture-creating meaning through symbolic systems.' In recent studies, identity politics have been used as the basis of political movements such as disability, gender or class (Skeggs 1997; Woodward 1997; Watson 2002; Gillies 2005; MacDonald *et al.* 2005). Woodward (1997) suggests that identity is, and can be, produced by a number of sources such as nationality, ethnicity, social class, community, gender, disability and sexuality. Within sociology, identity studies has developed into a theoretical discourse used to determine and understand the relationship of the individual and the social. However, the concept of identity has been widely ignored within studies on dyslexia. Even though identity is reported to be central in shaping self-perception, educationalists have focused on debating the 'meanings' of dyslexia within the education system rather than establishing how dyslexia is understood, represented and consumed by the dyslexic person.

As I have discussed, debates on labelling individuals with dyslexia have been the main topic of interest (Morgan and Klein 2000; Riddick 2000; Ho 2004; Elliott and Place 2004; Rice and Brooks 2004; Elliott 2005). The general argument has been based on the anti-labelling perspective (Elliott and Place 2004; Ho 2004; Rice and Brooks 2004; Elliott 2005) developed from the work of Lemert (1950), Goffman (1963) and Scott (1969) and widely used within disability studies. However, within these educational studies no attempt has been made to move from labelling into an understanding of dyslexic identity. From Giddens' (1991) perspective, institutions shape our understanding of the social world and produce a number of social identities. If we relate this to society's understanding of dyslexia it is medicine and education which shape an understanding of the term 'dyslexia'. Giddens states that the construction of personal identity is 'an action system' (Giddens, 1991: 99), which is a tool for personal interaction and the display of particular social identities. This is not to say that social institutions control our identity, as Giddens argues for the individualised approach of self-reflection. This suggests that society has become individualised, which allows individual control over personal identity. From this perspective, dyslexia is not a product of institutional categorisation but a constructed reflection of self which is re-established under personal control.

Jenkins (1996) expands on this concept and hypothesises that social identity is the key concept in what makes us human. Without social identity individuality would not exist, and therefore neither would society. Jenkins (1996) rejects the concept of personal and social identity being separate and asserts that they are fundamentally the same concept and separation is impossible. The definition of social identity is that it is the interaction between individuals and collectiveness which recognises and establishes similarities or differences when people are interacting with one another. The term 'social identity' relates to any constructed identity within society, whether it is individually, collectively or politically motivated. Jenkins (1996) emphasises that individuality is about differences and collectiveness is about similarities, but they both interact and construct one another:

Individual identity – embodied in the selfhood – is not meaningful in isolation from the social world of other people. Individuals are unique and variable, selfhood is thoroughly socially constructed. (Jenkins 1996: 20)

This demonstrates that the biological, economic and cultural indicators of identity are constructed separately, but are fundamental elements of social identity. This meaning of identity must be interpreted at two different levels. Jenkins (1996) states that social identities are interpreted as having a collective meaning, for example the disabled or dyslexic community, which has the potential to become politically mobile. They are also interpreted in an individual context where being dyslexic or a disabled person is just one of a multitude of identities which define us as being individual. If we use dyslexia as an example, individuals with dyslexia share a collective identity owing to their experiences within society, which is shaped by other personal identities (class, gender, ethnicity, etc.).

This does not mean that the individual, collective and biological are separate identities, but that all are sub-categories that simultaneous and constantly interact and construct social identities. Once this labelling process has taken place the original label is transformed into a collective understanding by the people who have been labelled. Because of, this ownership is no longer in the hands of the medical professional but within the labelled community. Recent debate from the anti-labelling perspective (Elliott and Place 2004; Ho 2004; Rice and Brooks 2004; Elliott 2005), which makes reference to the usefulness of the label, is produced within education. This approach must recognise that dyslexia has now been reproduced and consumed by the dyslexic community as a form of identity. To discover if dyslexia has a use within society, research must refer to how useful it is to the dyslexic individual's notion of self rather than refer to it only in terms of the education system. As the term 'dyslexia' has been passed into the social arena it has now become politicised and is representative of a particular group. The debate around dyslexia should not focus on diagnosis or even the labelling process, but on the production of social identity from the dyslexic's point of view rather than from the educationalists' perspective.

From a disability studies viewpoint, identity politics has been central to the development of the disability movement. The social model politics has transformed both the individual and the collective identities of disabled people (Shakespeare 1996). Before this, the disability rights movement was understood through personal tragedy (the medical model) shaping disabled people's identities through notions of dysfunction, inadequacy and abnormalities (Barnes *et al.* 1999). According to this social model ideology, disability is no longer about dysfunction but rather about social oppression.

This form of disabled identity is founded on the recognition that disabled people are socially excluded because of restrictions within general life. The social model approach set out to redefine disability identity, transforming it from the personal tragedy of the dysfunctional body to a bodily functional difference which should be celebrated by disabled people within their communities:

Disabled peoples self organisation challenges the myths of passivity and the objectification of disabled people. Disabled people, like children, are meant to be seen, and not heard; they are meant to be grateful, not angry; they are meant to be humble, not proud. In challenging all these preconceptions and discriminatory ideologies, the movement is making progress every day, even before attaining its central political objectives ... which in turn has been a catalyst to a more positive disabled identity. (Barnes *et al.* 1999: 178)

Until the mid 1990s, the disability movement accepted social model politics in order to implement change, not only in relation to how disabled people think about their own personal identity, but so as to establish a political identity. Like other oppressed groups, disabled activists are recognised, politicised and challenged. The social model of disability has been fundamental in constructing positive identities controlled by disabled people that disconnect from current medical (or in the case of dyslexia educational) and political scrutiny. The disability movement was particularly relevant in relation to the construction of social identity, which is highlighted in relation to its confrontational terminology. The notion of positive disabled identities has led to disability being relocated from a personal tragedy into a minority status. By recognising disabled people as a minority group it has illustrated levels of institutionalised discrimination experienced by such people in general. Identity politics has radically transformed public attitudes as well as social policies concerning education, leisure and the workforce. This will be discussed further in Chapter 3.

2.9 DYSLEXIA EMPLOYMENT TRENDS

The construction of a positive disabled identity not only has individual ramifications in relation to self-perception but has also transformed external social perceptions. From a disability rights movement perspective, a key aim was to transform individual and social

attitudes relating to disability. This was to establish equal rights and access to areas such as education and employment. Disability politics has acknowledged equal citizenship gained through access to education as well as the attainment of employment within adult life. Adequate education and workplace training are vital in developing life skills, which have an obvious impact on adult employment (Abberley 1999; Barnes *et al.* 1999; Reid and Kirk 2001; Roulstone *et al.* 2003). Within disability politics, issues of education and access to employment are central to the social barriers approach to disability. However, in relation to dyslexia this barriers approach has not been fully recognised within the academic literature. As with disability studies, recent studies concerning dyslexia have acknowledged distinct differences in occupational choices which have occurred between the dyslexic and the non-dyslexic population (Morgan and Klein 2000; Taylor and Walter 2003). However, these have been from the deficiency model rather than a social barrier perspective. This is demonstrated in the writing of Morgan and Klein (2000: 94), who suggest that dyslexics' choice of careers tend to be 'right hemisphere orientation'. These 'right hemisphere'-oriented occupations are categorised as 'design, architecture, music, drama, painting, and other creative arts' (Morgan and Klein 2000: 94). The research provides evidence that:

[m]any dyslexic people choose careers that place limited demands on language skills as a conscious strategy to avoid jobs with heavy requirements for reading and writing. (Morgan and Klein 2000: 94)

This approach is confirmed by Taylor and Walter (2003), a study which also reported on a distinct pattern in employment trends within the dyslexic population. Their research indicates that people with dyslexia are far more likely to choose careers in sales, construction or nursing rather than managerial or financial employment (Taylor and Walter 2003: 184). Individuals with dyslexia, as in this study, chose employment in relation to the amount of literacy requirements needed.

Taylor and Walter (2003) and Morgan and Klein (2000) highlight differences within occupational choices between people with and without dyslexia. However these studies have the tendency to medicalise the career differences. Taylor and Walter (2003) draw on the deficit argument as assumptions are made about dyslexics' strengths and weaknesses. Their hypotheses state that people with dyslexia are more likely to seek a

career in 'people orientated professions' than professional roles (Taylor and Walter 2003: 184). Unfortunately the study fails to include any external social factors to explain this phenomenon such as limited education, socio-economic positioning, issues of discrimination and disabling barriers within the workforce. The employment roles, referred to in both studies, which are preferred by individuals without dyslexia are employment with high economic benefits and increased social status, (computer/natural scientist, medical doctor, financial management). Nevertheless Morgan and Klein's (2000) study does recognise educational factors and suggest, that many individuals with dyslexia leave school with limited formal education at the age of sixteen. This limits job opportunities, which could result in choices restricted to manual skills or unskilled labour; this especially relates to people with undiagnosed dyslexia.

Within the majority of studies that referred to dyslexia and employment, educational issues are considered (Morgan and Klein 2000; Reid and Kirk 2001; Taylor and Walter 2003). Nevertheless there is a gap in the literature investigating restrictions owing to disabling barriers preventing people with dyslexia from obtaining high-status employment. Existing research focuses on employment trends, with assumptions made about inabilities (medical model brain-hemisphere approach) rather than disabling barriers. However owing to a lack of literature acknowledging social issues further studies must focus on levels of educational achievement and the socio-economic status in relation to employment levels within the dyslexic population. Nevertheless, current literature has referred to issues of changing work practice within the workplace. A US study by Perin (1997) makes reference to expectations of basic literacy skills which are required within all contemporary employment, even the traditional working-class roles. Perin (1997) revealed that contemporary employers' expectations were that all their employees had to have basic literacy skills. In addition to this, Perin (1997) notes that many employees did not have the basic skills needed to perform the necessary duties and tasks within their particular employment roles. This was due to a new focus on literacy tasks which employees were now expected to complete as part of their professional role.

These new roles were traditionally allocated to professional staff, but had gradually become part of the low-level role. Staff reported feeling pressured by senior management to take on more literacy roles, which included report writing, message taking and reading tasks. Perin (1997) notes that contemporary employments emphasise

the need for paperwork and computer skills, which subsequently alienates individuals with restricted literacy abilities. Owing to this growing need for improved literacy skills, people with undiagnosed dyslexia who do not have access to specific equipment are sidelined, not only within education but, now, within contemporary employment. It must also be recognised that these limited employment opportunities could be an explanation of the disproportionate amount of people with dyslexia who are processed through the criminal justice system (Morgan 1997; Kirk and Reid 2001; Svensson *et al.* 2001).

2.10 EMPLOYMENT AND LEGISLATION

Implications concerning equal opportunities for individuals with dyslexia in the workforce have dramatically changed over the past ten years owing to the Disability Discrimination Act (1995) and the further amendments with the more recent Disability Discrimination Act (2005). The first DDA came into practice in 1996 and gave people with dyslexia certain legal rights within the workforce, which was in accordance with other impairments. The legislation was based on the Americans with Disabilities Act (1990), which incorporated a section on 'learning disabilities' in the workforce. This, in America, established legal rights, in relation to equal opportunities, for individuals with (specific) learning difficulties within employment. It ensured that employers, by law, were responsible for reasonable adjustments to the workplace. This incorporated disabling barriers removal in order to create an inclusive working environment. In relation to dyslexia, this meant that US workers were entitled to access to 'appropriate technology, such as computers with voice recognition software, or secretarial support' (Morgan and Klein, 2000: 106). Furthermore, the workload of disabled people can be reduced if their disability affects their work rate. In America this has been reported to be revolutionary and has raised the profile of issues of disability within conventional employment. However, as both Morgan and Klein (2000) and Reid and Kirk (2000) highlight UK legislation (the Disability Discrimination Act 1995) did not attempt to take such radical steps as the US Act.

The main difference between the US's and the UK's Act is that if the workforce needs adjusting it is not up to employers to make these adjustments, but up to the disabled person to apply for a grant (access to work scheme) through their local employment agency when gaining employment. The DDA only requests employers to pay up to 20%

of the total cost. This in theory allows individuals with dyslexia to gain access to the much-needed software and technical support needed for them to be able to compete within the workforce. However, the legislation does not go as far as limiting workloads if this is needed in cases of severe dyslexia. Also, access to technology is made more difficult when applying through the local employment agencies, which are only offered if the employment agency believes the type of employment requires technical assistance. This is where the legislation fails to protect, especially in relation to lower socio-economic employment. Legal entitlement obviously also does not incorporate any entitlement for people with undiagnosed dyslexia in relation to attaining a diagnosis (Morgan and Klein 2000; Reid and Kirk 2001). In order to gain a private dyslexic diagnosis an individual will pay around £300 (Singleton 2001: 3). Without an official diagnosis individuals are not protected under the Disability Discrimination Act (2005), rendering them without any support whatsoever within the workforce. This creates a Catch-22 scenario, especially for individuals who have been in long-term unemployment or are from a low socio-economic background. Bartlett and Moody (2000) report:

There is still a long way to go before the majority of employers know about the full range of dyslexic difficulties and understand the way in which these can affect performance in the workforce. (Bartlett and Moody 2000: 185)

The implications of the Disability Discrimination Act (2005) in relation to dyslexia are unclear. However, there is an acknowledgement of disabling barriers within the workplace, which could increase working flexibility within the employment sector, but until this comes into effect it is impossible to hypothesise about the outcome for the dyslexic community. Nevertheless, like the previous Disability Discrimination Act (1995), the 2005 Act has aimed to provide support to employment teams or disability units within education (Piggott *et al.* 2005). Even if these amendments dramatically changed the workforce environment, problems would still remain in relation to the management of hiding dyslexia. Morgan and Klein (2000) note that strategies among dyslexic employment applicants include a reluctance to admit that they have an impairment. Bartlett and Moody (2000) report that many people who have been diagnosed with dyslexia are very reluctant to inform their employers owing to stereotypical views about their abilities and inabilities. They also report:

Some [employees] worry that their employers will interpret their dyslexia as lack of intelligence. And others feel that their employers will not understand about their dyslexia and think they are just making excuses. (Bartlett and Moody 2000: 95)

There is also a fear of unofficial discrimination when trying to obtain employment. This could be down to the fact that, once an individual has obtained employment, reporting discriminatory practices is not an easy or a straightforward process. In reality individuals are usually reluctant to report discriminatory practices and take on a lengthy and sometimes expensive legal confrontation in order to gain equal rights within the workforce. Reid and Kirk (2001) report:

In the UK the Disability Discrimination Act (1995) impacts on a wide range of groups in education and in employment ... In employment it is unlawful for employers with 20 or more employees not to make reasonable adjustments for adults with dyslexia. It is estimated that 25% of disabled employees are not catered for under the terms of the Act. (Reid and Kirk 2001: 11)

This is highlighted by Morgan and Klein (2000), who state that legislation does not suggest that employers have to ask their employees whether they have a disability. If employers do not have a responsibility to discover if employees have a disability, and employees are reluctant to inform them because of stigmatisation, many individuals with dyslexia become excluded from legal representation under the legislation. There is also an issue in relation to cultural capital, as many people with dyslexia from a low socio-economic background do not have the legal knowledge of existing legislation required for them to obtain equal rights (Morgan and Klein 2000; Reid and Kirk 2001). Individuals in higher socio-economic positions are more likely to have knowledge of employment rights and existing legislation than their working-class counterparts. It is therefore unlikely that the new Disability Discrimination Act (2005) will have a considerable impact on individuals with dyslexia from a lower socio-economic background. As with the previous Disability Discrimination Act (1995), it will be people in a position of (status) power who will benefit from the change in policy rather than the overall dyslexic population.

2.11 DYSLEXIA AND SOCIAL CLASS

As has been discussed already, examining issues of employment inevitably raises issues of social class. However, within the literature there is a noticeable gap in relation to how social structures affect disabled people's experiences within adult life. There is a minimal amount of research which acknowledges the impact that socio-economic positioning has in shaping the experiences of the dyslexic/disabled community. However, research has acknowledged literature establishing a relationship between social class and dyslexia (Perin's 1997; Siegel and Himel 1998; Duncan and Seymour 2000; Kirk and Ried 2001). Nevertheless, this has either focused on the diagnostic process (Siegel and Himel 1998) or on the impact literacy restrictions have within general employment (Perin 1997). Further studies have been done in relation to crime and dyslexia (Hutching 1992; Ann-Day 1999; Kirk and Ried 2001); however, very little has been reported in relation to its linkage with social class.

To develop an understanding between socio-economic positioning and dyslexia, it is important to examine the literature within disability studies on social class (Pfeiffer 1991; Vernon 1999; Demark *et al.* 2000; Hernandez 2005; Rautio *et al.* 2006). Surprisingly, as with dyslexia, very little conclusive research has been done investigating relationships between social class and disability, again highlighting a gap within the literature. The focus within the literature related to the experiences of impairment through violence (within the USA) (Hernandez 2005) or the implications of gender, class and/or ethnicity when understanding disability (Demark *et al.* 2000; Rautio *et al.* 2006). Nevertheless, social class implications were discovered which appeared to transform and intensify the experiences of disabled people (Pfeiffer 1991; Vernon 1999; Hernandez 2005). Vernon (1999) suggests that social class differentially affects individuals with similar disabilities, owing to economic power which allows access to current support techniques and enabling technologies. Individuals with access to finance have more control over disabling barriers within contemporary society. Vernon (1999) reports:

Hence, class privilege is a powerful diluter of discrimination both economically and socially. For some, their higher social class status may modify their experiences of disability. For example, a disabled person who has access to financial resources to pay for such necessities as a personal reader or taxi will

experience less the effects of institutional discrimination manifested in such policies as inaccessible transport and information compared with someone of the low class status. (Vernon 1999: 394)

From this perspective, social class influences the experience of disability through constructing or removing disabling social barriers. This illustrates that disabling barriers differ considerably between social groups, defining levels of social oppression. Earlier research by Pfeiffer (1991) shows that access to employment and education by disabled people is determined in a similar way as within non-disabled society. Pfeiffer (1991: 111) suggests that social structures allow white middle-class males increased access to 'education, employment and higher income' compared with 'disabled minority' groups. This demonstrates the role that social class plays within individuals' life stories. To develop the impact social class has on disability further, the thesis will discuss the concept of cultural capital in Chapter 4.

2.12 HEALTH, ILLNESS AND SOCIO-ECONOMIC STATUS

As has been discussed disability studies have somewhat overlooked the impact socio-economic positioning has on disabled people's lives. This is to some extent unexpected owing to the fact that the social model of disability is based on a Marxist ideology. Yet reasons for this can be hypothesised as being a result of disability activists' claim that disabling barriers are the ultimate form of discrimination within contemporary society. From this perspective, disability overshadows any other alternative social variables when a relationship between discrimination and oppression is being constructed. However, in order to locate a more in-depth social class analysis of disability we must turn to medical sociology (Illsley 1955; Townsend 1982; Wilkinson 1986; Phillimore and Beattie 1994; Stronks *et al* 1996; Bury 1997; Blane 1999; Pilgrim and Rogers 1999; Graham 2002; Scambler and Blane 2003; Imrie 2004). In doing this, however, we must recognise an ideological shift when discussing issues of disability. When debating the concept of disability within medical sociology there is not the clear division between disability (disabling barriers) and impairment (biological difference) which arises within disability studies (Thomas 2004). Michael Bury (2006) reports that, rather than working from a social model of disability, medical sociology locates both disability within the medical and the social. He refers to this perspective as the 'socio-medical model of health' (Bury

2006:6). He states that this approach refers to disability and illness being directly connected:

In such an approach, morbidity refers to measures of illness, and disability to measures of activity restrictions and functional limitations, together with measures of quality of life. (Bury 2006:6)

As this approach does not separate disability from illness, the majority of research has focused on rates of general healthiness or comparative studies of mortality in relation to socio-economic positioning (Townsend *et al* 1986; Wilkinson 1986; 1994; Phillimore and Beattie 1994; Blane 1999; Graham 2002; Bury 2006). The relationship between the socio-economic positioning and disability is explained by medical sociology using a number of theoretical perspectives. First, the link between disability and ill health is explained using a materialistic perspective. This hypothesises that illness and high mortality rates increase the lower the socio-economic positioning of a person; since 'exposure to health threats is inherited in society over which people have little control' (Pilgrim and Rogers 1999: 28). The second approach is the behavioural explanation, which focuses on individual lifestyle choices such as eating habits, alcohol consumption and cigarette smoking (Scambler and Blane 2003). The third refers to a psycho-social stress approach where restrictions within adult life (with particular focus on economic positioning) have a psychosomatic impact rendering certain populations at risk of illness or disability (Wilkinson 1994).

However, as we can see, the above three perspectives all referred to disability occurring during childhood or adult life. As a result these theories can only relate to issues of acquired dyslexia rather than developmental dyslexia. As the majority of the dyslexic population occurs through developmental dyslexia we can hypothesise that these theories are of little use in trying to understand the relationship between socio-economic positioning and issues of dyslexia within this study. Yet the fourth theoretical perspective within medical sociology could be of some use to this study, as it reports that disability and illness are more prominent within the working classes owing to a social slippage/selection hypothesis (Blane *et al.* 1999; Pilgrim and Rogers 1999; Scambler and Blane 2003). As Blane *et al.* (1999) report:

Medical sociology and social medicine have an equally long but to some extent separate tradition of interest in social mobility. The focus of interest in these disciplines has been the extent to which social class differences in health are due to health-related social mobility; the upward mobility of the healthy and the downward mobility of the sick. (Blane *et al.* 1999: 170)

What is consistent within medical sociology research is that there is a strong association between high levels of impairment and illness within the lower end of the socio-economic scale (Townsend *et al.* 1986; Wilkinson 1986; 1994, Phillimore and Beattie 1994; Blane 1999; Graham 2002; Bury 2006). This is illustrated by Townsend *et al.*'s classic 1986 study, which presented evidence to suggest:

The ward with poorest health had three times as many people unemployed, more than 10 times as many households without a car, more than 15 times as many overcrowded households and 12 times as many households not owning their homes as in the ward of comparable size with the best health. (Townsend *et al.* 1986: 179)

As socio-economic status is associated with disability and illness, on the basis of the above data a hypothesis could be developed which suggests that dyslexia will affect more individuals from a lower socio-economic position owing to social slippage. As reading and writing could affect the economic position of an individual, an assumption could be made that dyslexia will be more commonplace at the bottom of the class scale. Unfortunately, firstly, the social selection theory has been widely accepted as having a primary impact on disability and social class positioning. This is generally because social class mobility usually occurs early on in a person's life. In general, movement between the working and the middle classes occurs on average in individuals' mid-20s, whereas illness and impairment generally occur within later life (Scambler and Blane 2003: 118). However, this is not the case when examining issues of dyslexia as the most common form of this syndrome is developmental, which occurs from birth. For this reason, issues of dyslexia could actually affect an individual's social mobility within their mid-20s.

Unfortunately, the current literature does not support this hypothesis as dyslexia is generally thought of as a middle-class disorder (Riddick 1996; Elliott and Place 2004).

Nevertheless, I will suggest later in this study that this is due to assumptions in relation to intelligence (see Chapter 5), as dyslexic working-class participants were generally assumed to have a behavioural problem/restricted intelligence rather than receiving a diagnosis within education. Nevertheless, when examining the current literature more research needs to be undertaken in order to prove or dismiss this social selection hypothesis. However, judging by contemporary research this theoretical approach is likely to have a secondary rather than a primary impact on social mobility, as no contemporary study to date has made a definite linkage between social slippage, social class and disability (Wilkinson 1986; West 1991; Blane *et al.* 1999).

2.13 CONCLUSION

Within this chapter I have illustrated a number of gaps within the current literature on dyslexia. The first gap has occurred within the fields both of dyslexia and of disability studies. As very little research has been produced aimed at understanding the implications of social class on disability, and currently no literature exists which discusses the social implications of dyslexia and socio-economic positioning. As a result, this thesis will seek to develop the relationship between issues of socio-economic status, dyslexia and disability within the data analysis. This will expand on how socio-economic positioning affects dyslexia, both within childhood and in adult life. The second gap within the literature has highlighted a distinct lack of sociological theoretical understanding in relation to dyslexia. The majority of the research focuses on either a medical or a educational approach. Only a small number of educational researchers have applied some form of sociological explanation (Riddick 2000; 2001; 2002; 2003; Morgan and Klien 2000; Ho 2004; Cole 2005). This is highlighted by a distinct lack of research exploring dyslexia within disability studies. To date only one article, on dyslexia, has been defined using a social model (of disability) perspective (Riddick 2001). Because of this literature gap this chapter has highlighted the need for further sociological investigation in order to understand dyslexia from the dyslexic person's perspective. In the next chapter I will use a disability studies approach to define dyslexia within social theory as well as discussing the implications of disability politics.

CHAPTER 3

DISABILITY RESEARCH

In Greek mythology, the robber Procrustes would invite travellers to spend the night in his wonderful bed that fitted everyone. If they were too short for the structure he would stretch them, if too tall, cut off those portions of their anatomy that were deemed excessive; they rarely survived the ordeal, but in this way the reputation of his sleeping arrangements was preserved. In addition to this, and most significantly, he was now able to make off with the property of his overnight guests. (Abberley 1991: 1)

3.1 INTRODUCTION

In the above passage Paul Abberley (1991), one of the early writers in disability studies, compares the Greek story of Procrustes with contemporary medical practices. Abberley suggests that both rehabilitative medicine (for some) and statistical medicine⁵ (for all) manipulate the experiences of disabled people. Modern medicine reinforces a personal tragedy ideology where disability is attributable to illness or abnormality. This medical ideology enables the State to restrict financial support and reinforces 'its failure to provide disabled people with the necessary resources to exercise our human rights' (Abberley 1991: 1). Until the mid-1970s academic understandings of disability were predominantly situated within medicine or its affiliated disciplines. As a result of the rise in disability activism within the late 1970s and 1980s, which was generally ignored by academia, disability politics and disability studies began to emerge (Oliver and Barton 2000). This redefined thinking on disability, focusing on social oppression rather than medicine's perception of biological limitations (Barnes 2003). During the 1980/90s, disability has been redefined through the voices of a disabled community, which has led to the emergence of disability studies as an academic discipline (Oliver and Barton 2000). The disability movement has changed the political thought within Britain concerning people's lived experiences of impairment.

⁵ 'Statistical medicine' refers to the quantification of disease and disability. The use of quantitative methodologies was/is fundamental to the professionalisation of modern medical practice.

The aim of this chapter is to establish the theoretical foundation with reference to disability studies. Its purpose is to situate issues of dyslexia within a social context using disability studies ideology. Drawing on existing literature within disability studies (Oliver 1998; 2003; Barnes 2003; Thomas 2004), the chapter will discuss dyslexia's relationship between the medical and the disability rights movement. By discussing the disability rights movement I will use this approach to understand hidden disabilities. After establishing dyslexia within disability studies, the chapter will critique the implications of technology within disability history. It will illustrate the importance of technology which has been central to the disability movement on both a practical and an ideological level (Watson and Woods 2005). The chapter will then discuss issues relating to education and employment rights. Reference will be made to the macro processes of education and employment structuring in order to discuss issues of unemployment within the disability population. The chapter aims to define a sociological and medical understanding of disability. By doing this, the study will develop the foundations of a socio-theoretical understanding of dyslexia from a disability studies perspective.

3.2 THE RISE OF THE DISABILITY MOVEMENT

The development of the academic field of disability studies can be seen as resulting from the grassroots politics of the 1970s, when was due to a number of political groups consisting of disabled activists recognised themselves as a minority group who were socially excluded (Campbell and Oliver 1996; Oliver 1996; Barnes *et al.* 1999). The contemporary disability movement in itself is often referred to as being born out of the Union of the Physically Impaired Against Segregation (UPIAS) (Oliver 1996). The formation of this political group was primarily due to the publication of a letter by Paul Hunt (1972) in the *Guardian* newspaper. Hunt was a disabled person who had been institutionalised himself because of his disability, and his letter prompted disabled people to take direct political action:

Severely physically handicapped people find themselves in isolated, unsuitable institutions, where their views are ignored and they are subject to authoritarian and often cruel regimes. I am proposing the formulation of a consumer group to put forward nationally the view of actual and potential residents of these

successors to the workhouse. (*Guardian* 1972, cited in Campbell and Oliver 1996)

This letter led to the union between Paul Hunt and Vic Finkelstein and the establishment of UPIAS's radical disability approach based on Marxist politics (Campbell and Oliver 1996). The central aim of UPIAS was to exclusively represent the voices of disabled people, which would in succession result in forcing radical social change (Oliver 1996). However, as Campbell and Oliver (1996) point out, this was not the only political group to represent disabled people within Britain during this period.

Prior to the formation of UPIAS there were a number of disability groups, such as the Royal Association for Disability and Rehabilitation (RADAR) and the Disability Income Group (DIG), which had already established political recognition. Unfortunately these unions were generally led by 'professionals speaking on behalf of disabled people rather than democratically representing a mass directive' (Campbell and Oliver 1996: 64). However, there were also other organisations that were generally managed by disabled people, such as the Disabled Drivers Association (DDA) and the National Union of the Deaf (NUD), as well as local organisations such as the Greenwich Association for Disabled People (GAD) or the Derbyshire Coalition for Disabled People (DCDP). However, these groups did not develop a distinct political ideology when compared with UPIAS. Nevertheless, after the establishment of UPIAS a number of alternative groups broke from this union to establish their own groups such as, the Liberal Network of Disabled People (LNDP). The founders of LNDP criticised UPIAS as being 'male dominated' and of failing to incorporate a voice concerning disabled women, so they decided to form their own political group (Campbell and Oliver 1996):

LNDP was a woman-led organisation and it embodied female values, although it included men right from the beginning ... we began to challenge the traditional view of disability as an individual health problem. (Campbell and Oliver 1996: 69)

Unlike UPIAS, whose militant focus only incorporated and represented individuals with physical disabilities, LNDP also includes issues relating to learning and hidden disabilities. However, similarities can be made between the two groups in relation to their

stance on representing the voices of disabled people. It can be hypothesised that the reason UPIAS, as opposed to these other disability groups, has been referred to as the organisation that established the disability movement was its generation of a text illustrating its demands for social change. The UPIAS document was entitled 'The Fundamental Principles of Disability' and set an agenda which referred to disabled people as an oppressed group who experienced discriminatory practices to a greater level than any other minority group within Britain (Oliver 1996):

The social problem of poverty and physically impaired people requires for its solution the same intellectual rigour as any other problem which is approached scientifically, not less. The approach of the Union of the Physically Impaired clearly demonstrated that disabled people do not need to be talked to in 'lay terms' ... Our approach helps to clear the confusion that the 'experts' introduced into what is basically a straightforward issue, requiring the application of Fundamental Principles, drawn from the actual experiences of disability, rather than the adoption of 'a very complicated provision'. (Oliver 1996: 21-2)

The Fundamental Principles suggested that the only way to overthrow these oppressive social structures was to incorporate the voices of disabled people within the political decision-making of Britain. However, by the end of the 1970s the number of disabled political groups with their own agendas had increased dramatically, and there was a general recognition by disabled activists that a national reorganisation was needed to represent the newly emerging political ideology on a national level (Campbell and Oliver 1996). This political reorganisation brought together the major local and national radical disabled groups and established the British Council of Organisations of Disabled People (which later changed its name to the British Council of Disabled People). Vic Finkelstein has suggested that it was essentially UPIAS which was the force behind organising the existing disabled groups into BCODP under its theoretical ideology (this however is often disputed by other political groups such as the International Year of Disabled People (IYDP)). Nevertheless, in retrospect the political ideology within the Fundamental Principles did develop into the leading ideology of these disabled groups, represented by the BCODP.

3.3 THE DEVELOPMENT OF THE CONCEPT OF DISABILITY WITHIN ACADEMIA

Owing to the grassroots politics of the disability movement the ideology of the Fundamental Principles gained academic recognition in the form of the social model of disability. This was through the writings of Mike Oliver (1983), who first coined the term to assist him in teaching social work, and the ideology was further developed by Colin Barnes in the 1990s. However, rather than develop into a theory of disability, the social model has stayed the dominant ideology since it was first developed (Shakespeare 2004). From a disability rights perspective, the social model developed out of a conflict with the medicalisation of disability which can be observed within the early disability movement. Indeed, this rejection of medicalisation can be seen as the root when developing the social model approach within academia.

If we use Mike Oliver and Colin Barnes's academic perspective in order to understand the social model approach, we find that disability is not the result of a biological impairment that restricts social participation, but rather of institutionalised discrimination that creates disabling barriers. Barnes (2003: 7), when reporting on contemporary disability studies, suggests that disability research deliberately shifted attention from 'functional limitations' to 'problems caused by a disabling environment'. Barnes (2003) states the social model does not deny the importance of medical techniques, but focuses on the empowerment of disabled people to create an inclusive society. The ideology behind the social model can be clearly seen when referring back to the Fundamental Principles document (1975):

Impairment: lacking part or all of a limb, or having a defective limb, organ or mechanism of the body. Disability: disadvantage or restriction of activity caused by a contemporary social organisation which takes no or little account of people who have physical impairments and that excludes them from participation in the mainstream of social activity. (UPIAS, 1976 cited in Barnes *et al.*1999: 28)

Contemporary understandings of disability, based on the Fundamental Principles, suggest that medical discourses are attached to individuals with impairments which devoured their sense of 'self' (Barnes *et al.* 1999). The disability rights movement within academia has developed an ideology that separates impairment from disability, allowing a political stance for social change. From this perspective the Fundamental Principles, and the creation of the social model of disability within academia, have transformed the relationship between disabled people and social institutions and policy within Britain. (Oliver 2006)

However, as the social model was created to represent the voice of disabled people, the traditional individual approach to disability has been defined as the medical model approach. Before the disability movement, Barnes and Oliver suggest, the medical model was/is the dominant ideology behind disability. As Crow (1996) points out, applying the medical model approach, impairment is at the centre of generating all personal disadvantages within society. The medical model defines disability as a physical dysfunction which alienates and denies access to 'normal' social functions. Oliver (1996) suggests that, as the medicalisation is dominant within contemporary culture, the concept of disability becomes the notion of 'personal tragedy' within the non-disabled community. The 'personal tragedy' ideology is illustrated by Vic Finkelstein (2002), discussing his own biography in 'Whose History???:

On a warm sunny afternoon in Durban, South Africa, I took one of those decisive steps in life that we are not often privileged to make at an early age... At the age of 15 it never occurred to me that ... I was not supposed to defy the destiny that was mapped out for me by my parents, the community and culture into which I was born. My life should have ended that eventful day, or as everyone in my family thought, 'my life was ruined', because on that day I broke my neck while Pole vaulting at my school sports ground; on that day I left the world as I was and re-entered as a 'disabled person'. (Finkelstein 2002: 1–2)

Vic Finkelstein's autobiography illustrates how, after he became defined as disabled, the relationship between his family, friends and local community automatically became dominated by the personal tragedy model. According to a medical model of interpreting

Finkelstein's (2002) transition into the world of disability, it was his bodily dysfunction that restricted his social participation and his wheelchair became a symbol of tragedy. However, as Finkelstein (2002: 2) notes, the personal tragedy approach is socially constructed, as the wheelchair becomes a stigmatised mark of inferiority which is 'only the sanitised prejudice of able-bodied bigots'.

In spite of this, criticisms of this approach have been made by a number of academics from within disability studies (Crow 1996; Corker 1999; Goodley 2001; Shakespeare and Watson 2001; Shakespeare 2006). In discussing the emergence of the social model of disability, Shakespeare (1999: 25) illustrates similarities between early feminist separation of 'biological sex and social gender' and disability studies, separation of 'biological impairment and social disability' (disabling barriers). In more recent work, Shakespeare (2006) criticises disability studies by stating that unlike feminism and sexuality studies, which have developed their own in-depth theoretical interpretations, disability studies have stayed relatively unchanged since the initial UPIAS document. He goes further and suggests that for this reason the disability movement, with its social model ideology, has become stagnant and redundant:

The social model was first devised in the 1970s. It was developed in academic form in the publications of Vic Finkelstein (1980) and Michael Oliver (1990). It was promoted through the work of Colin Barnes (1991) and successive waves of disability studies scholars. Yet at no point in the past thirty years has the social model been developed or revised or rethought ... Alone amongst radical movements, the UK disability rights tradition has, like a fundamentalist religion, retained its allegiance to a narrow reading of its founding assumptions. (Shakespeare 2006: 44)

There has also been criticism in relation to the theoretical nature of the social and medical model's structural association with Marxism. This is illustrated by Corker (1999), who suggests that the medical and social models of disability are structural ideologies which are entirely produced within the 'social'. Examining disability rights discourse produces binary opposites which position a 'person's value system' within a particular approach which is either medical or social (Corker 1999). This form of structural analysis gives the illusion that a particular ideology becomes dominant over the other at

different points in time/history. However, Corker (1999) states that the models' approach to disability produces a false ideological impression owing to its structural nature, as neither the social, or the medical approach can exist without its opposite. With this in mind, we can see that the structural nature of social and medical models cannot be resolved as both ideologies are socially constructed forms of discourse (Corker 1999: 638).

3.4 PARALLELS AND DIFFERENCES BETWEEN DISABILITY AND DYSLEXIA

Certain theoretical problems have arisen when applying social model ideology to issues of disability. Nevertheless, a key aim of this study is to characterise dyslexia within a disability rights perspective. Traditionally, dyslexic academic literature has not integrated the work of disability studies, not because of its theoretical problems, but because the disability movement was predominantly intended for issues associated with physical impairment.⁶ To date, only Barbara Riddick has engaged in defining dyslexia using a (strong) social model approach. Riddick (2000), a supporter of the social model, illustrates that if one applies the social model to issues of dyslexia, disabling barriers play a principal role in restricting dyslexic lives. Indeed, dyslexia as a disability is produced as a result of social and economic processes similar to those relating to physical disabilities. For people with dyslexia, these have been exemplified by the rise of a text-based information society. Like physical disabilities, a lack of support within institutions such as education and employment intensifies disabling barriers. These disabling barriers restrict a dyslexic's economic position, and are justified under the pretence of an individual's inabilities being caused by their impairments, rather than being due to social inequalities. Riddick (2000) suggests:

Although at one level dyslexia can be seen as a relatively trivial impairment at another level it poses a strong challenge to society. (Riddick 2000: 664)

These educational and economic restrictions generate social inequalities which become apparent when examining the disproportionate level of people with dyslexia being processed through the criminal justice system (Kirk and Reid, 2001). However, unlike in

⁶ By the late 1990s, issues of learning difficulties had begun to be incorporated into disability studies: see Goodley (1997), Goodley and Lawthom (2006).

the case of physical disabilities, the criminal justice system has become an indicator of dyslexic people's experiences in relation to segregation and poverty. Riddick (2000), using Oliver and Barnes's disability rights approach, concludes by stating that dyslexia, as a result of disabling barriers, prevents full social participation. Riddick states that it is time for dyslexia scholars to look to disability studies and incorporate a social model ideology within their analyses. Nevertheless this raises questions in relation to identifying and removing social barriers. According to Oliver and Barnes's approach to social barrier removal it is society's reliance on literacy which disables people with dyslexia. As Shakespeare (2006) states:

The visibility and salience of impairment depend on the expectations and arrangements in a particular society: for example, dyslexia may not become a problem until society demands literacy of its citizens. (Shakespeare 2006: 47)

However, Shakespeare (2006b) reports that not all disabling barriers are oppressive, as literacy has been extremely beneficial in the evolution of modernity. This approach also acknowledges that the removal of literacy from society is an idealistic aim. In line with this perspective, I would suggest that rather than using a strong social model perspective, overcoming many disabling barriers can be accomplished through access to enabling technology and an adequate education.

Another problem which arose from this social constructivist/creativist approach was that the studies which followed did not develop into Riddick's social model intentions. Instead of representing the voices of dyslexic people, the social model approach has been used to dismiss the usefulness of the label (Elliott and Place 2004; Ho 2004; Elliott 2005). As was discussed in the previous chapter, this anti-labelling approach is in opposition to the medicalisation of the education system (or with disability studies). These particular academic writers conclude that dyslexia is a social construct, which draws similarities to the disabling barriers argument. This approach does not seem to represent the voice of the dyslexic community (within this study), as neurological differences were recognised by dyslexic people in addition to issues of social labelling (see Chapter 6).

The (strong) social model approach dissolves dyslexia entirely within the social. Nevertheless, as disability studies have indicated, if we draw entirely on the biological/medical interpretation of dyslexia, dyslexia becomes a biological restriction and personal tragedy. In a later article, Riddick (2005) recognises this paradox and suggests that on one level dyslexic restrictions' are produced entirely by the social (literacy-based), while on another level these issues cannot be confronted until a biological difference is recognised. It is this recognition which allows access to support and legal representation within contemporary society. As was discussed in the previous chapter, labelling disability can be a positive aspect of self-recognition which allows access to the disability rights legislation and the removal of disabling barriers (refer to Chapter 2).

3.5 THE DISABILITY MOVEMENT, TECHNOLOGY AND DYSLEXIA

Within this chapter I have discussed what is meant by disability politics. To further an understanding of disabled people as a community, however, it is important to understand its rise within a historical context. The disability movement initially gained momentum through the establishment of the Union of the Physically Impaired against Segregation (UPIAS) in the 1970s. Shakespeare (2006) refers to this period as 'Year Zero' in disability politics (Shakespeare, 2006: 13). According to Watson and Woods (2005), owing this focus on the establishment of social model politics the history of disability has been generally overlooked. They suggest:

Disability studies in the UK have, to a large extent, ignored the history of disability. Emphasis has been placed on social policy, responses to disability, the sociology of disability, the politics of disability, and, more recently, on how disability is represented culturally. (Watson and Woods 2005: 97)

Watson and Woods (2005) suggest that technological advances have been the foundation of the development of disability activism and the political movement. Watson's (2004) studies use the wheelchair as an example to demonstrate the importance of issues of technological development. Before the emergence of the wheelchair in 1916, people with physical impairments were very rarely seen by the public owing to a lack of mobility. Individuals with physical impairments spent most of their life indoors as a

result of restricted access in the outside world. Watson and Woods (2005) suggest that, in post-war society, access for disabled people, especially people in wheelchairs, became a central point in the negotiation for the disabled movement. This was due to architectural features which excluded individuals with physical impairments who needed the assistance of certain technologies. This became the focal point for the disability movement in relation to disabling barriers, thus establishing a separation between disability (disabling barriers) and impairment (biology). The wheelchair in itself has become the symbol for the disability movement and was hailed as 'a declaration of independence' by the Paralysed Veterans of America (Watson 2004). Watson and Wood (2005) state that if it were not for technological advances within wheelchair technology the disability movement might never have emerged:

If wheelchair access is taken as an element of social justice, then our historical approach has illustrated the relationship between disability, disability politics and technology. Access to the built environment certainly emerged from political mobilisation and political activism of disabled people. Yet technology played an equally important part: not just the technology of the ramps, etc, but also the wheelchairs themselves, which afforded a new means of independent mobility outside of the institutions. This, in turn, created political awareness and political pressure to transform the physical environment. (Watson and Wood 2005: 103)

Nevertheless, this approach does not suggest that disability can be overcome entirely by technological advances. To suggest this would be to position the research within a 'rehabilitation or defect model' (Roulstone 1998). To imply that the relationship between impairment and disability can be entirely overcome by using technology is to advocate a form of technological determinism. As Roulstone 1998 reports:

[T]he role of new technology can usefully be termed a *defect* model, as its premises are based upon the notion that technology would not be significant except for its impact on the deficits of the disabled person. Technology, then, has a corrective function, one that corrects an individual's personal shortcomings. (Roulstone 1998: 11)

Yet Roulstone (1998) suggests that although technological advances have been rooted within a medical model ideology, the disability movement should not abandon the importance technology has for the disabled community. Roulstone's (1998) research suggests that technology can be used from a social model perspective. In doing this it must be recognised that technology does not change the relationship between individuals' impairments and society. However, new technologies can assist in the reduction of disabling barriers present in the environment, education and the workforce. In using a technological approach to disablement it is important to recognise that new technologies can only assist in changing the social environment:

The research, in exploring the exact functions of new technology, has discovered that the enabling process has *not* changed their impairment objectively, and that the real function of new technology lies in the potential to reduce the wider barriers faced by disabled workers. (Roulstone 1998: 132)

It should be recognised that these new technologies have not developed outside the social realm. These new technologies have come into existence as a result of individuals' relationship with the social. An example of this can be seen in relation to the design of the tubular steel folding wheelchair. This was predominantly developed by Herbert Everest, who recognised that the existing wooden design created disabling barriers which were as restrictive as his individual impairment (Watson and Woods 2005). As disabled people have been at the centre of developments in new technologies, it could be suggested that enabling technologies have advanced simultaneously with the disability movement in the UK and the USA.

As Watson and Woods (2005) suggest, there is a close relationship between the disability movement and technologies designed for disabled people. As we have already mentioned, the disability movement within Britain has generally focused on disabling barriers for people with physical disabilities. It could be suggested that this relationship has led to a surge of developments in technologies for this particular group (from an early post-war period). Yet even with the inclusion of people with learning difficulties in the 1990s, the voice of individuals with dyslexia has been generally overlooked within the disability movement. This could suggest that the relationship between technologies and

people with dyslexia has developed at a different pace from that between technologies and physically disabled people.

It is noted within the literature that the disability movement and the dyslexic movement have occurred at different points in time (Riddick 2003). In fact, academic writings by people with dyslexia in the field of dyslexia are a fairly recent occurrence. It was not until 2001 that Barbara Riddick, in a paper entitled 'Dyslexia and Inclusion: Time for a social model of disability perspectives?', argued that dyslexia should be critiqued using a disability rights ideology. As Riddick (2001) suggests:

A social model of disability perspective which challenges peoples' negative assumptions and mis-attributions towards children and adults with specific literacy difficulties may have an important role to play in achieving both high literacy standards and high tolerance. (Riddick 2001: 234)

Unfortunately, neither dyslexic activism, or academic research have developed this approach into a political community. When comparing dyslexia with disability politics, we found that it is disability politics that has become well-established and has gained a strong voice, both within academia and in British politics. The dyslexic movement, on the other hand, has gained very little momentum, with very little political stability. Some media coverage has occurred, owing to the workings of the Dyslexic Institute, a charitable organisation established by parents of (middle-class) dyslexic children, but has gained only a small amount of political recognition. It could be suggested that only a small minority of individuals with dyslexia have been involved in the recognition and political mobilisation of a dyslexic community (if a community exists at all). This might indicate that the majority of academic research in the field of dyslexia has been completed by non-dyslexics.

If we call upon Watson's (2004) argument, which draws upon the importance of technology in relation to the disability movement, we can make a comparison. The technology of the wheelchair was developed in, and in use by, the mid-twentieth century, whereas dyslexic technology (the personal computer) did not come into general use until the end of the twentieth century. The personal computer in a sense can be described as the dyslexic wheelchair, as it has enabled people with dyslexia to participate within a

highly literate society. In the 1990s, the Notepad (laptop) and the PC became more affordable and developments emerged with read/write and dictate software which have minimised educational, commercial and social barriers for people with dyslexia.

The development of the personal computer has allowed access to reading and writing and organisational facilities, which in turn allows access to educational qualifications and economic opportunities (Seale 2004). Until the birth of the computer, many individuals with dyslexia found it difficult to take part in literacy-based academic debates. Until they gained the assistance of the personal computer, and this is especially true of those at the severe end of the spectrum of dyslexia-educational barriers would have prevented a dyslexic person's progression through education. Laptop technology has reduced these barriers even further and has been revolutionary for dyslexic individuals who have gained access to this facility:

Information communication technology can provide immediate feedback, automaticity and encouragement as abilities improve through repetition of skills and processes... Learning with the aid of a computer can be a multi sensory experience tapping into many different learning styles and for dyslexics, technology can provide ... [assistance to] enhance written work. (Draffan 2002: 24)

Owing to the assistance of technological support, similarities can be drawn between the autistic movement⁷ (Walz 2005) and the current dyslexic mobilisation through internet forums (www.jiscmail.ac.uk/dyslexia, www.beingdyslexic.co.uk). For people with autism the development of the internet was crucial in bringing together a representative collective voice with a limited amount of physical contact. As Parsons *et al.* (2002: 164) suggest technological breakthroughs such as 'interactive multimedia computer programs' not only assist communication for people with autism and Asperger syndrome but have also been used as a successful tool in assisting children with language, literacy and general learning. As with Asperger syndrome, technology has played a crucial role in developing learning for people with dyslexia as well as bringing them together by giving them a political voice through dyslexic internet forums.

⁷ An example of the autistic political movement which has developed in cyberspace can be seen by visiting the Autism Liberation Front website.

From a political point of view, the dyslexic movement can be viewed as being in its initial stage of development. If we refer this to the work of Watson and Wood (2005) we can hypothesise that this early development has been brought about by the social interaction of people with dyslexia and technological development. It could be suggested that these new technologies are as a result of dyslexic people's social relationship to education and employment (Teare 2001). This highlights comparisons between the disabled movement of the late 1960s and the emergence of a dyslexic 'movement' during the early twenty-first century as a result of technological mobilisation. Furthermore, this draws attention to issues of disablement and the importance of assistive technology in overcoming barriers within social institutions such as education and employment.

3.6 HIDDEN DISABILITY

In order to ground dyslexia using a firm theoretical knowledge it is important not only to compare it with academic writings on physical disabilities, but also to discuss how it compares with other neurologically based impairments. Recent developments within disability studies have incorporated what is often referred to in the literature as hidden disabilities. This identifies disabilities such as autism, Asperger's syndrome, epilepsy, intellectual learning disabilities, etc. (Goodley 2001, Molloy and Vasil 2002, Walz 2005). Yet only a small amount of literature has included dyslexia within this hidden disability category (Morgan and Klein 2000, Riddick 2003). Dyslexia in itself can be defined as an ideal representation of the term 'hidden disability'. This is because there is no obvious physical sign of an impairment, which can be hidden, to a certain extent, from general interaction. Unfortunately, as was discussed in the previous chapter, the lack of visibility of dyslexia, from a diagnostic point of view, has allowed an ongoing debate in relation to its existence (Snowling 2000), and even a dismissal of the syndrome (Elliot and Place 2004).

'Hidden disability', from a medical perspective, is defined as a neurological dysfunction which is educationally specific and located within childhood development. The medical terminology defines hidden disabilities as specific learning disabilities, incorporating a number of impairments such as Attention Deficit Hyperactivity Disorder, Dyspraxia (Developmental Co-Ordination Disorder), Acquired and Developmental Dyslexia,

Autism Spectrum Disorder, Asperger's Syndrome, etc. 'Hidden disabilities' can also refer to neurologically based syndromes which come under a wider label of learning difficulties. These incorporate moderate and severe learning disabilities based on an IQ measurement. The majority of the literature focuses on the mechanisation of the syndromes referring to a neurological dysfunction.

From a disability studies perspectives the established hidden disability discussions refer either to intellectual learning difficulties (Goodley 2001; Gillman and Hayman 2000; Boxall *et al.* 2004) or to autistic spectrum (Waltz 2005; Barker 2006). As both of these impairments are classified, in medical terminology, as belonging to the severe end of the specific learning difficulties spectrum, there has been little reference to them within the literature, which dismisses their existence. Harris (1995), when referring to learning disabilities from a social model viewpoint, suggests that learning disabilities are just a form of neurological difference. If we use this understanding of learning difficulties, the medicalisation process is inappropriate as there is no illness to treat. According to a Goffman (1968) approach, hidden disabilities symbolise discreditable stigmatisation as there are no obvious physical signs of stigma. It is the stigmatisation which causes the key disabling barriers rather than the impairment itself.

However, the social model approach to learning difficulties has generally been criticised for ignoring the reality of being defined as having learning disabilities (Boxall *et al.* 2004). Goodley (2001), using the post-modern approach, argues that in the case of learning disabilities it is the social construction of impairment which also restricts individuals in addition to disabling barriers within society:

The starting points outlined in this paper constitute a challenging epistemology that takes seriously the sociological core of living with the label of 'learning difficulties'. The aim now is to move from the social model of disability to mutually inclusive social theories of disability and impairment that are open and inclusive to people who have been labelled as having 'learning difficulties'. (Goodley 2001: 225)

This perspective does not define impairment as a dysfunction, but rather a social construct. From this perspective, even though recognising and removing social barriers

will dramatically improve the standard of living for people with a learning disability, complete removal of social barriers will not produce an entirely inclusive social system owing to the social interpretation of this type of impairment.

Comparisons can be made between the literature on learning difficulties and autism. Historically, autism, like learning disabilities, has generally been medicalised and, like dyslexia, is seen as a neurological dysfunction (Walz 2005: 427). Before the medicalisation of this syndrome, similarities could be made between autism and dyslexia as both were assumed to be the result of bad parenting (Riddick 1995). As with dyslexia, to overcome the 'restrictions' of autism a number of treatments have been integrated within education to normalise this developmental syndrome as much as possible. By its nature, the impairment of autism, which entails disengagement with social interaction, has restricted the physical development of a political movement:

Rachel [was] unable to contribute actively to the group as a consequence of her impairment (in this case Autism). However ... without Rachel's apparent 'inactivity', a chance for inter-dependence would have been lost... Their (in)actions are understood as the behavioural consequence of some embodied 'impairment'. 'They' are split-off from culture, 'us', considered a homogeneous, infected group. However, in recognising the social relations of (dis)ablement, we review the collective resilience of people with 'learning difficulties' that seemingly emerge against the odds. (Goodley 2001: 220—1)

However, as was stated above, an autistic movement has developed within both the United States and Britain owing to advances in technology. In particular, individuals with autism have developed their own political understanding owing to the internet. This has led to what is referred to in the literature as autistic individuals coming out, as in the early sexuality politics of the 1960s and 70's (Walz 2005). In the United States, autistic identity has been understood through the notion of disability versus difference. This has developed a separate model for understanding neurological difference/disability. First, a discourse has been constructed around neurological diversity (Walz 2005). The political language dismisses a concept of neurological normality (non-autistic) and abnormal (autistic/learning disabilities) which has classified and labelled people. In order to deconstruct the notion of normality the autistic community refers to non-autistics

(without a neurological impairment) as 'neurologically typical', hence transforming the classifications of 'normality and abnormality' into autistics and neuro-typicals. This has been taken a step further through an understanding of autism using the concepts of 'neurodisability' and 'neurodiversity'. Baker (2006) explains:

Neurodiversity described features of neurological difference associated with individuals or community identity that is more or less the elective choice of persons experiencing neurological difference. Neurodisability refers to impairment of socially determined major life functions caused by observable, diagnosable differences in an individual's brain structure. (Baker 2006: 15)

From this perspective, neurodiversity establishes itself as being a fundamental neurological difference rather than a disability. This takes on a social model perspective, by dismissing the medical model approach to dysfunction and establishing disability as essentially an ethnicity.⁸ Neurodisability represents a focus on the disabling barriers within society which discriminate against people within a social context. However, one of the disabling barriers experienced by people with autism is that autism is defined as a disability. The removal of the term 'disability' attempts to establish autism as a difference rather than an impairment. Neurodiversity uses a social model critique; however, it also separates the autistic community from disability politics and the wider disabled community.

3.7 HIDDEN DISABILITIES COMPARED TO DYSLEXIA

The hidden impairments that are understood in a similar social context to dyslexia are dyspraxia and attention deficit disorder. Recent medical studies have collectively focused on dyslexia, dyspraxia and attention deficit in relation to dietary deficiencies in 'highly unsaturated fatty acids' (Richardson 2002: 1), making a correlation between all three syndromes. Nevertheless, politically, there has been virtually no social model critique of these impairments. As with the other disabilities, the majority of the research has been produced from a medical model perspective, incorporating writings from disciplines such as education and neurology/genetics. Similarities between dyslexia, dyspraxia and

⁸ An example of disability becoming a form of ethnicity can be seen within the literature on Deaf culture (refer to Lane 1995).

attention deficit disorder have come under the same scrutiny in relation to their neurological existence. This critical voice is represented by Dr Jan Strydom, discussing the myth of attention deficit disorder:

If enough people start spreading the rumour that children suffer from mysterious 'brain dysfunctions,' very soon almost everybody will believe this story and that is all it is, a story ... One can barely believe that people could have fallen for such an obviously ridiculous notion. Just think logically about it: if it were so that a child, who cannot concentrate – the most important 'symptom' of the so-called 'disease' – suffers from 'Attention Deficit Disorder', then another child, who cannot ride a bicycle, surely suffers from Bicycle Riding Deficit Disorder. (Strydom 2000: 1)

From a sociological perspective, attention deficit disorder in particular has also come under scrutiny in relation to its medicalised treatment. What sets this specific learning impairment apart from the others is the way it is treated. Often the solution is to prescribe drugs like methylphenidate (Ritalin) in order to treat this syndrome. The medicalisation of attention deficit has been widely criticised in the field of disability studies. The treatment of children with strong psychiatric drugs has obviously attracted voices of concern, especially because the impairment is being increasingly diagnosed both within Britain and in the USA (Oak 2004).

This medicalised treatment of attention deficit has assisted the anti-labelling perspective within education, which has generally been supported by the disability movement. Attention deficit is often used, by both education and disability studies, as an example against the medicalisation of the education system and its labelling of children. Using attention deficit as a dispute against medically labelling children, within education, it has had an unforeseen effect on the labelling of children with other specific learning disabilities such as dyslexia. However, recognition of educational disabilities should not be about the labelling of children with specific impairments, but rather about medicine's dogmatic view in treating what is classified as dysfunctional with medication, which reverts back to the disability movements' ideology.

3.8 DYSLEXIA'S EDUCATIONAL IMPLICATIONS

The concept of education has an effect on both physical and neurological impairments. A key issue for the disability rights movement has been the removal of disabling barriers within contemporary social institutions and this has recently incorporated learning impairments. This has led disability research to examine the concept of disabling barriers within an educational context (Barton 1996; Oliver 1996; Barnes *et al.* 1999; 2005; Goodley and Lawthom 2006; Pitt and Curtin 2004). The importance of education within Britain can be viewed as the key to economic success, which is embedded within the 'social'. Education is a social institution that permits and denies access to economic requirements within the contemporary workforce. As Vanderstraeten (2006) suggests, owing to the Enlightenment, educational reforms of the eighteenth-century developed into a new world order. The concept of education has now become inseparable from socialisation; educational ideology is based on a system of inclusion where everyone has access to a standardised education. Nevertheless, it is also used to define certain social groups through an individual perspective of a 'non-educated person' (Vanderstraeten, 2006: 131). Aldrich (1996), writing on the purpose of education, states:

Education is the most important shared experience in our lives ... [and] has two key properties. The first is that it is concerned with the development of knowledge, and skills and values which are generally considered to be worthwhile, or at the very least not harmful to others ... the second is that education's allowance for participation by the person being educated, both in the process and the outcomes ... is the best single means of promoting intellectual, moral, physical and economic well-being. (Aldrich 1996: 1)

As education attempts to develop an inclusive system, which maintains the socialisation process, the recognition of special educational needs has been developed through social policy. In order to promote the 'intellectual, moral, physical and economic well-being' of society and individuality (Aldrich, 1996: 1), inclusion has become the key word within education (Corbett 1997: 161). Corbett (1997) states that individuals who are categorised with special educational needs are made up of a diverse group of individuals having a range of different needs. In recent years mainstream education has become 'increasingly concerned in relation to civil rights and individual entitlement' (Corbett 1997: 161).

However, both dyslexia and disability studies have made considerable reference to the separation and exclusion of disabled people within the special educational needs approach to schooling (Barton, 1996; Oliver 1996; Barnes *et al.* 1999; 2005; Boxall *et al.* 2004; Pitt and Curtin 2004; Cole 2005). Yet a difference can be observed in relation to the type of schools disabled pupils and dyslexic pupils attend. In relation to dyslexia education is usually carried out within mainstream schooling, where children with dyslexia have to attend special educational needs classes. It is only pupils with dyslexia who are defined as severe who are relocated within a special needs schooling system. This is not necessarily the case for people with physical disabilities or learning difficulties, as many of these pupils have historically attended special needs schools. Since the Labour government came to power government figures (2001) have reported a decrease in the result of pupils attending special educational needs schools from 1.39 % (88,793 pupils) to 1.32 % (86,942 pupils) (CSIE 2003). This is due to recent government initiatives promoting specialised unit and care facilities within mainstream education to establish a schooling system of inclusion. Although this was the first decrease in over twenty years, for the majority of disabled children segregation and exclusion is still a reality of their school life (CSIE 2003).

This special educational schooling system was first developed after radical government reforms introduced as a result of the Education Act (1944). The Act stated that all children, including children with disabilities, should be educated in mainstream schools where possible. Unfortunately, assumptions in relation to children's abilities led to the educational segregation of disabled children. As Oliver (1996) notes, by the 1960s it became obvious that special education was failing children, both within education and in terms of their personal/social development. By the mid-1970s special educational needs had hit crisis point and in 1974 the government appointed a committee to develop and improve the current system. The committee produced the influential Warnock Report (DES 1978), which later developed into the Education Act (1981). The Warnock Report in itself supported inclusion, which was referred to at the time as integration. It concluded by recommending that mainstream schooling develop a system of inclusion which incorporated both disabled and non-disabled pupils.

Unfortunately, these recommendations were never truly developed since no actual additional financial support was made available, by government to develop a model of inclusion (Oliver 1996; Cole 2005). In order to access finance for special educational classes within mainstream schooling, teachers had to compete with other curriculum subjects which almost always took priority. By the mid-1980s the Conservative government set out to reform educational ideology within British education. As Cole (2005: 333) suggests, education was transformed from a system of 'equality' to a system of 'quality'. The educational objectives were to further develop a market-based workforce. This was no longer 'just' about the education of children, but also about producing a future workforce which would strengthen Britain's economic position within a future global market. This ideology led to the development of the 1988 Education Reform Act which restructured and professionalised the teaching profession. Teachers were legally bound to teach the National Curriculum, creating an 'A-to-C economy' (Gillborn and Youdell 2001), hence rendering children 'winners and losers' within mainstream education. This ideology in itself has developed into a hierarchy system within mainstream schooling, which in turn has further alienated and segregated the special needs system. Although the 1988 Education Reform Act clearly stated that all schools had to teach the National Curriculum, it allowed a get-out clause for teachers working in special needs institutions. Instead of creating a system of special needs education which would incorporate and compete with mainstream education, this loophole produced a wider gap between social segregation for disabled people and mainstream education (Oliver 1996).

As Cole (2005: 332) indicates, over the last two decades education has seen major policy changes to support 'children with special needs in mainstream education'. Educational policy in the 1990s saw the implementation of the Further and Higher Educational Act (1992) and more importantly, the Disability Discrimination Act (1995; 2005), in addition to the Special Education Needs and Disability Act (2001). It is now illegal for schools, colleges and universities to discriminate against any pupil on the basis of their disability (Pitt and Curtin 2004). As Pitt and Curtin (2004) report:

Legislation in Britain now makes it unlawful for schools and colleges to discriminate against disabled people. All educational establishments are now legally obliged to take reasonable steps to amend any policies, practices or

procedures that may discriminate against disabled pupils. (Pitt and Curtin 2004: 388)

Nevertheless, the disability rights movement has suggested that policy concerning the educational model of inclusion has not come close to reducing segregation, owing to assumptions made about disability (Barnes 2003). As Oliver (1996) states, educational special needs ideology has contributed to the individualistic (medical) approach to education. Children have been and are segregated on the basis of narrow medical categorisations of what disability means (Oliver 1996). Disability studies have generally seen special educational schools as a form of inequality and segregation. These schools provide a type of holding environment for disabled children which does not prepare them for a market-based society. The commonly held views within disability studies are that the schooling system needs to be restructured so that mainstream schools unconditionally include both disabled and non-disabled pupils. As Barton (2005) suggests, the schooling environment should be a place that encourages a strong model of inclusion rather than the current weak model outlined in contemporary educational policy. Government funding should be redirected to provide adequate resources which allow mainstream schooling to produce a satisfactory model of inclusion. An inclusive schooling system would incorporate the needs of all pupils, which would establish not only equal education but also an inclusive culture. Oliver (1996) suggests that special educational needs schools not only fail disabled children but also have wider social implications:

The educational system has failed disabled children in that it has neither equipped them to exercise their rights as citizens nor to accent their responsibilities ... The special education system has functioned to exclude disabled people not just from the education process but from mainstream social life. (Oliver 1996: 79)

Surprisingly, however, as Pitt and Curtin (2004) note, in the aftermath of contemporary legislation focusing on inclusion many disabled pupils (and their parents) are choosing to attend special educational needs schools rather than mainstream schooling. This is because mainstream schools are not equipped to deal with disabled children. As Shakespeare (2006) notes:

Often, it is disabled people themselves – or their families – who are promoting forms of segregated provision. People who have lived in residential institutions all their lives may not want to move into the community, or may feel unable to manage independently. Parents may campaign for special schools for their children, believing that their needs will not be met in the mainstream, (Shakespeare 2006: 210)

This is where similarities and distinctions appear between dyslexia and disability discriminations in relation to mainstream schooling's ability to educate disabled/dyslexic pupils. Education policy states that people are entitled to attend mainstream schooling but that schools are only expected to make 'reasonable adjustment':

It would seem, from the findings of this study, that the participants felt their local further education colleges had not embraced the full process of inclusion. Although they might claim to be inclusive, it would appear that these colleges do not openly embrace diversity in difference ... as long as this remains the case, then many disabled students may not have a real choice in deciding where to go for further education. The only choice is a specialist college. (Pitt and Curtin 2004: 572)

This often allows schools to make the minimum of changes within its teaching environment, whereas special educational needs schools and colleges have adequately designed buildings, access to equipment and teaching staff who are quick to deal with a multitude of impairments. As Pitt and Curtin (2004) indicate, many local schools and colleges are not equipped to deal with disability. This illustrates that current mainstream educational policy does not create a culture or an adequate system of inclusion. Unfortunately for pupils with dyslexia, these specialist colleges do not exist and these students are forced to attend inadequate institutions which do not embrace a strong model of inclusion. As Cole (2005: 342) points out, inclusion is not just about allowing disabled children into mainstream classrooms, but about meeting the additional needs of 'all' children. In order to build a system of inclusion, schools have to focus on the small 'detail of everyday lived experience' which incorporates knowledge from parents, community and educational professionals. Mainstream schooling needs to be focused on

the needs of all children, which rewards and encourages its pupils, rather than concentrating on pupils winning the academic race. As Konur (2006) suggests, the development of existing legislation is needed to strengthen and create an inclusive education for both dyslexic and non-dyslexic children. This will allow dyslexic and disabled children access to educational provisions in order for them to compete in a non-disabled system.

Being categorised within the special needs group allows segregation to occur between educational populations. With the rise in 'new IQism' (Gillborn and Youdell 2001), and its assumptions about ability and intelligence has come a rise of new discriminatory factors. This is because high-ranking league table schools exclude what they consider 'undesired populations'. Cole (2005) suggests that the Government is sending out mixed signals in relation to special educational needs reforms. On the one hand, contemporary education is based on the system of inclusion where inclusion:

refers to the education of all children, particularly those with SEN, in mainstream schools and requires schools to consider their structures, teaching approaches and use of support in order to respond to the needs of all children'.(Cole 2005: 334)

As well as a system based on league tables of schools winner and losers 'with a zero tolerance of failure' (Cole 2005: 342), issues of inclusion within the education system are based on a system of 'risk'. Officially schools must promote a system of inclusion in accordance with existing legislation. However, the reality is that schools which achieve within the league tables are less likely to recruit children with special educational needs and incorporate them in the mainstream schooling system (Cole 2005: 342). Similarities can be seen between pupils with physical disabilities and dyslexic pupils' restricted educational choices. For physically disabled pupils disabling barriers arise from environmental access and segregation, whereas for pupils with dyslexia these barriers are created by league table scores, inadequate teaching methods and limited schooling choice. This inevitably provokes debate in relation to the quality of mainstream schooling on offer to individuals diagnosed with physical, learning or specific learning disabilities.

3.9 DISABILITY AND EMPLOYMENT

It is not just issues of education which produces disabling barriers, however. The disability movement has also outlined institutional discrimination existing within the current workforce. Nevertheless, examining contemporary research on issues of employment reveals a noticeable difference between disability studies and the literature on dyslexia. If we refer to the previous chapter, we find that the majority of research focuses on the micro analysis of dyslexic work experiences. Very little research in the field of dyslexia has focused on the macro social structures which discriminate against individuals within the contemporary workforce. From a disability studies point of view it is social structures that discriminate against disabled people. This form of analysis, when it is applied to dyslexic studies, becomes useful in understanding dyslexia within a social context.

Using a disability studies approach the concept of employment can be understood in a multitude of ways. Employment forms the basis of 'social class, status, influence, social relationships and personal identity' within present-day life (Barnes *et al.* 1999: 100). Unfortunately, because of industrialisation disabled people have found themselves disadvantaged in the contemporary workforce (Barnes 1992; Barnes *et al.* 1999; Russell 2002). The rise and growth of capitalism have been significant in marginalising disabled people and rendering them powerless both economically and politically, owing to disabling barriers (Russell 2002). This is not a new concept, as Barnes (1992) reports that institutional discriminations are firmly rooted within the British labour market, which significantly disables and limits lifestyle choices. Traditionally, inequalities have existed owing to assumptions made in relation to the medical model of disability. Within the medical model, disabled persons' alienation from contemporary employment is understood as a product of their physical limitations (Barnes 1992). As Barnes suggests:

Clearly, institutional discrimination against disabled people is particularly evident in the British labour market. Disabled people's participation in the workforce is severely limited by a range of factors both social and environmental. As a consequence disabled workers are far more likely to be out of work than non-disabled peers ... and when they do find employment it is usually low paid. (Barnes 1992: 23)

As Pope and Bamba (2005) point out, there has been a strong historical association between disability/long-term illness and social exclusion owing to the levels of poverty caused by unemployment. Statistical analysis produced by the General Household Survey (1999–2001) indicates that only 49% of the (18–65) disabled population (including people with dyslexia) are in employment, as against 81% of the (18–65) non-disabled population (Pope & Bamba 2005: 1261).

Because of the growing acceptance of the social model of disability, governmental and public attitudes have changed their focus from physical limitations to recognising and removing disabling barriers within the workforce. This has become apparent within new government legislation targeting disability inequalities (Disability Discrimination Act 1995, Special Educational Needs and Disability Act 2001, Local Public Service Agreement 2003, Disability Discrimination Act 2005). Since New Labour came to power in 1997 there has been an increase in government initiatives to encourage disabled people into employment.

However, as Pope and Bamba (2005) indicate, since the Disability Discrimination Act (1995) was passed it has had little impact on increasing the number of disabled individuals within the workforce. Indeed, the study by Pope and Bamba (2005) indicates that the gap has actually widened. Comparing employment levels within the UK between 1990 and 2001 shows that employment had risen from 78.3% (1990) to 82.4% (2001) for the non-disabled population. For people with disabilities, employment rates have declined from 54.3% (1990) to 45.9% (2001) (Pope and Bamba 2005: 1263). By 2001, employment rates for the non-disabled population increased by 4.1%, compared with a decrease of 8.4% for the disabled population (including the dyslexic population). This research illustrates that the DDA (1995) had had an insignificant impact on preventing the widening gap of unemployment between the disabled and non-disabled populations by 2001.

Nevertheless, in 2005 an amended Disability Discrimination Act (2005) was passed by the British Parliament. For the first time, a British parliament established a policy which focused on monitoring both impairment and disability barriers within UK employment (Roulstone and Warren 2006). However, although the implications of this policy are yet

to be seen, Roulstone and Warren (2006) have already suggested difficulties in implementing and monitoring the new act:

The overall picture remains a complex one. In this scoping study, a majority of employers and stakeholders hold favourable views of the idea of barriers-based monitoring. However, the perceived workability of this approach to monitoring was unclear ... A minority felt a barrier approach is simply not workable. (Roulstone and Warren 2006: 128)

In trying to establish the level of success due to the Disability Discrimination Act (2005), it is important to look at an earlier study by Piggott *et al.* (2005). This research reported that the widening gap of unemployment rates is not being halted or reversed by the Disability Discrimination Act, precisely because of its focus on local government support teams. The research criticises local authorities, organisational structures and the lack of professional understanding of disability within local government. The research focuses on New Labour's regeneration initiative and its Green Paper entitled Local Public Service Agreements. This encourages local governments to improve employment access in order to empower socially excluded groups. However, Piggott *et al.* (2005) found that these initiatives did not incorporate the social model of disability within their approach. The study reported that these approaches were firmly rooted in the 'individual model' of disability (Piggott *et al.* 2005: 600). The key difficulties were that local councillors and employees had very little contact with disabled members of the community. This constructed disabled people as 'other', which consequently led to their views and experiences being disregarded. In response to the governments Pathways to Work Green Paper Piggott *et al.* state:

The report states that the myth that disabled people are unable to work should be dispelled, but also recognises that there is a need for disability awareness training in job centres in order to prevent what it calls 'further dissolution' on the part of disabled people. This is a heavily under-resourced and poorly understood area ... in our study, the key players were entirely unwilling to provide disability equality training; rather, they preferred to find justification for their view that disabled people need to change. (Piggott *et al.* 2005: 609)

This research indicates that although local government initiatives are being put in place in order to include the disabled population within the workforce, institutional discrimination still exists. This arises from the stereotyping and stigmatising of disabled people in relation to their abilities and inabilities. If government agencies are failing to understand disability equality, this will have a direct impact on inequalities within the general workforce. This subsequently renders government legislation ineffective, allowing a widening gap of disempowerment between the disabled and the non-disabled population. From a disability studies perspective, a lack of understanding in relation to the disabled population, by both government organisations and people in the workplace, generates institutional discriminations. Recognising these institutional discriminations within the general disability population also allows a form of macro analysis in understanding inequalities experienced by the dyslexic community. Defining dyslexia through disability studies illustrates the importance of forming a sociological understanding of institutional discriminations within a social approach, rather than within a psycho-individual approach as discussed in the previous chapter.

3.10 CONCLUSION: UNDERSTANDING DYSLEXIA THROUGH DISABILITY THEORY

The purpose of this chapter has been to understand dyslexia using a disability studies perspective. As dyslexia is neurologically orientated rather than physical in nature, as has been seen, the medical model has been the dominant ideology when defining dyslexia. Unexpectedly, the medical model (Defries *et al.* 1987; Miles and Miles 1999; Stein & Talcott 1999; Snowling 2000; Olsons 2002) has been positively acknowledged, both within the literature and by the general dyslexic population, as it establishes dyslexia as a 'real' impairment. Many people with dyslexia turn to a medical classification as a beneficial definition, whereas the alternative social construction description is viewed as particularly stigmatic (Riddick 2000). The medical model approach has on a practical level led to general recognition of dyslexia and has laid the foundation for certain educational innovations specifically geared towards dyslexia and dyslexic learning. In numerous cases this has led to educational inclusion (through treatment), which has enabled these individuals to achieve some level of academic success.

In actuality, it can be argued that the failure of dyslexic individuals is not due to the limitations of medicine, but to a failure in education intervention. Riddick (2000) makes this point by stating that those with hidden impairments such as dyslexia, autism and dyspraxia rely on medical legitimisation before establishing themselves as a minority group that experiences social exclusion (Riddick 2000: 664). Separating the medical and social implies that they have a different ideological approach to the meanings of dyslexia. Medicine plays a crucial role in defining the biological differences so as to further technological support as the disability rights movement is crucial in establishing equal rights for people with dyslexia. In addition to this, as has been discussed, an understanding of disabling barriers, both within education and employment, is paramount in establishing a society founded on inclusion. This produces a paradox when attempting to define dyslexia in relation to disability studies, as the social and the medical model are seen as opposing models (social versus the medical model of dyslexia).

As we mentioned earlier in this chapter, certain theoretical problems occur when applying the social model approach to dyslexia and disability in general. This is not to say that the disability rights movement is obsolete, as its goal is to represent disabled people, through their own voices and opinions, to create a society which includes and incorporates the rights of all disabled people (Oliver 1996). In order to do this Riddick (2000) suggests that the primary focus must be on disabling barriers. Nevertheless, as this chapter has illustrated, there should also be a secondary recognition of the restrictions produced by individual impairments. A number of academics within disability studies agree with this approach, that the recognition of impairment should be incorporated within the disability rights movement (Crow 1996; Shakespeare and Watson 2001; Watson 2002; Shakespeare 2004; 2006). This is illustrated in the work of Liz Crow (1996), who acknowledges the importance of the social model politics:

For years now the social model of disability has enabled me to confront, survive and overcome countless situations of exclusion and discrimination ... it has enabled a vision of ourselves free from the constraints of disability (oppression) and provided a direction for our commitment to social change. (Crow 1996: 55)

However, Crow also suggests that the disability movement must 'bring back impairment' to fully understand the nature of disability. Dismissing the impact impairment has on individual lives allows critics to dismiss the social model as unrealistic and idealistic (which we have discussed). This is not defining impairment under the medical model of disability, but making sense of it through a disability perspective. Crow (1996) states:

In fact, impairment, at its most basic level, is a purely objective concept which carries no intrinsic meaning. Impairment simply means that aspects of a person's body do not function or they function with difficulty. Frequently this has taken a stage further to imply that a person's body, and ultimately the person, is inferior. However, the first is fact; the second is interpretation. If these interpretations are socially created then they are not fixed or inevitable and it is possible to replace them with alternative interpretations based on our experience of impairment. (Crow 1996: 60)

Therefore, in order to define dyslexia within an adequate social context the study must look beyond the social and medical models. In the Nordic approach to disability, dyslexia is more suitably defined through the critical realist approach. Within the Nordic literature dyslexia is often used as an example to explain the critical realist approach (Gustavsson 2004). If we refer to the work of Danermark (2001), we find that dyslexia is socially constructed, but it is also produced within the physical world (outlined by neurology). From this perspective biology shapes the embodied experience, but it is how the embodied experience is defined within society that constructs disability and processes the fundamental experiences of impairment. Danermark (2001) states:

In order to be able to speak of dyslexia, we need to live in a society based on reading and writing. In this sense, Gutenberg can be said, not only to have invented the art of printing, but also conditions for dyslexia. However, this does not mean that dyslexia is merely a social construct. Both the brain dysfunctions and the characteristics of our society constituted necessary conditions for the phenomenon we call dyslexia. (Danermark 2001, translated in Gustavsson 2004)

For Danermark (2001), impairment in general has four different levels, which are referred to as the 'social, the psychological, the biological, and the molecular' (Gustavsson 2004: 64). This form of theoretical analysis, maintains that dyslexia is a social construct (defined through disabling barriers) which is produced by social conditions. Nevertheless it also recognises that dyslexia has a biological and a molecular level, which interact to produce the phenomenon of dyslexia. As dyslexia is a hidden impairment, labelling occurs with or without a diagnosis because of the interaction between the social and the biological.

However, in the current literature within disability studies individuals who have been identified as critical realists (Williams 1999; Bury 2000) have been critically identified from within the discipline of medical sociology (Oliver and Barton 2000; Thomas 2004). This particular type of critical realism, represented by Williams (1999) and Bury (2000), has directly criticised disability studies as a discipline as unrealistic, maintaining it does not include the physical limitations associated with disability. From Williams's perspective, disability is defined by the body:

The body in short, disease or otherwise, is a real entity, no matter what we call it or how we observe it. It also, like all other social and natural domains, has its own independent generative structures and casual mechanisms ... Humanity, in short, is never simply a 'gift' from society. We must not therefore conflate 'human beings' and their capacities with social beings ... underpinning this ... is an attempt to rethink the biological in terms which do not only reduce it to the social. (Williams 1999: 807)

Williams (1999) argues that disability studies focus only on the social interpretation of experience. He suggests that the body defines, as well as interacts with, the social which shapes the experiences of disabled people. Like Crow (1996), Williams (1999) has called for the body to be brought back into disability research, since if there is only a focus on social barriers this removes any understanding of the physical body. Carol Thomas (2004) suggests that the critical realist approach uses a socio-medical model to understand disability. The socio-medical approach does not recognise the social model claim that disability is primarily a form of social oppression. Disability is defined through physical limitations, which are shaped by the social, causing disadvantages. From this

approach it is the impairment which disables and it is the social which disadvantages (Thomas 2004).

However, critical realism has also begun to emerge within the ranks of disability studies itself. The most prominent scholars are Tom Shakespeare and Nick Watson. Nevertheless, this approach differs from those of Williams (1999) and Bury (2000), as it does not dismiss the disability rights movement but looks for a theoretical standpoint in order to enhance current disability studies thinking:

I find the critical realist perspective to be the most helpful and straightforward way of understanding the social world, because it allows for this complexity. Critical realism means acceptance of an external reality: rather than resorting to relativism or extreme constructivism, critical realism attends to the independent existence of bodies which sometimes hurt, regardless of what we may think or say about those bodies. Critical realists distinguish between ontology (what exists) and epistemology (our ideas about what exists). (Shakespeare 2006: 71)

This brings together the importance of understanding the body as a biological entity as well as its social construction. Shakespeare (2006), when re-evaluating the social model's separation of disability (disabling barriers) and impairment (biology), asks the question, 'Where does impairment stop and disability start?' (Shakespeare 2004: 17). For Shakespeare (2004), disability academics should not focus on developing a 'theory of disability' which incorporates all disabilities, but rather a 'theory of embodiment'. This should acknowledge the problems of social arrangements' effects, both within a physical and social context, as well as the reality of the body (Shakespeare, 2004: 20). As Shakespeare (2006) suggests:

... it is not evident that a barrier free environment eliminates disability and equalises non-disabled and disabled people ... Disabled people have less flexibility and fewer choices than non-disabled people ... an ability cannot be turned into a disability, just as no change of values turns a disability into an ability. An accessible environment minimises the inconvenience of impairment,

but does not equalise disabled people with non-disabled people. (Shakespeare 2006: 68)

In this approach, there is a primary focus on the social construction of disability; however, there is also a secondary motivation to acknowledge how the psychological, biological and molecular processes interact and contribute to the universal theory of disability. Not only does critical realism, for the first time, construct a logical theoretical approach to disability but it also allows dyslexia to be fully incorporated from a disability studies perspective. Because of these issues this study suggests that dyslexia should be understood using a critical realist approach. This is in order to further academic knowledge in relation to disability barriers, which restrict people with dyslexia within contemporary society, as well as the implications of having a neurological impairment. The dyslexic community, instead of turning to a medical dysfunctional model approach, should recognise the impact disabling barriers have when creating social inequalities and exclusion within contemporary society. This is not to suggest that individuals with dyslexia are inevitably dysfunctional compared with people without dyslexia, but rather to demonstrate that impairment, as well as social barriers, disable.

CHAPTER 4

EXPLORING DYSLEXIA THROUGH LIFE HISTORIES

4.1 INTRODUCTION

Disability cannot be abstracted from the social world which produces it; it does not exist outside the social structures in which it is located and independent of the meanings given to it. In other words, disability is socially produced. In the past 100 years or so, industrial societies have produced disability first as a medical problem requiring medical intervention and second as a social problem requiring social provision. Research, on the whole, has operated within these (medical) frameworks and sought to classify, clarify, map and measure their dimensions. (Oliver 1992: 101)

The above statement represents Mike Oliver's critical voice in relation to pre-disability studies methodologies. Oliver's critical attitude has been central to disability studies' methodological approaches, as previously researchers' methods were seen to represent the voices of the medical profession rather than a disabled community (often using a qualitative format). Oliver (1996), when discussing pre-social model attitudes, refers to his own experience when starting his career within the social sciences. He states that he was discouraged from taking part in research on disability because of the current thinking in relation to issues of objectivity. It was/is thought that disabled persons' personal experiences lead to data contamination owing to their personal subjectivities. This illustrates the objective versus subjective debate which has been raging for decades within the social and natural sciences. The objective approach argues that a non-disabled researcher can achieve an objective understanding of disability superior to that of their disabled researcher colleagues. This draws on the assumption that a disabled person's knowledge of disability will continually be subjective because of their own personal interests and experiences.

However, the rise of disability studies has challenged these assumptions and encouraged disabled people to become researchers in order to contribute within the field of disability

(principally via qualitative methods). Oliver (1992; 1996) suggests that the best way to include the voices, and experiences, of the disabled community is by disabled people carrying out their own research. Excluding disabled people from social research allows medical professions to reinforce their personal tragedy ideology. The rise of disability studies, and its encouragement of disabled researchers' subjectivities, has generally been celebrated because of its developing into its own academic field. These subjectivities can add in-depth knowledge and a broader understanding of disability from a disabled person's perspective (Oliver 1992; 1996; Barnes *et al.* 1999; Barnes 2003). As was discussed earlier, I am a dyslexic researcher conducting research into the social understanding of dyslexia. By acknowledging this fact I am placing myself within the study and recognising my own subjectivities. Jacqui Gabb (2005) states:

I use my 'insider status', as both researcher and the subject of research, to access respondents and ease the hierarchical interview relationship through empathetic listening. I have tried to ensure that my 'knowledge', as far as possible, did not infect the data and/or my analysis of this material. (Gabb 2005: 587)

In order to define dyslexia within disability studies, the research has developed a methodological approach which is consistent with disability studies ideology. The aim of this chapter is to discuss the methodological approach used to collect and analyse data within this Ph.D. thesis. I will discuss both practical and ethical issues in relation to locating, interviewing and analysing data from a sampled dyslexic population. The chapter will illustrate how this study has classified individuals as dyslexic when designing the sample frame. The methodology will be primarily qualitatively orientated; however, a quantitative element is also employed within the study. This quantitative element has been used to locate and construct a sampling frame in order to screen participants for interviewing. The qualitative method has used a biographical methodology with particular reference to a critical realist epistemology. A key aim of this chapter is to discuss the importance of using biographical research methods when collecting data on disability/dyslexia. The chapter will clearly document the theoretical approaches used in order to interview and analyse the sampled dyslexic community. This methodological design has also been used to evaluate the social implications of dyslexia defined by socio-economic backgrounds, gender, age and geographical areas. In addition to this, the

chapter will clearly outline the distinctive interviewing and analytic techniques used in both the pilot and the central study. The chapter will conclude by describing the data analytic process using radio editing software in order to create a methodological approach designed for dyslexic researchers without the disabling barriers of literacy.

4.2 THE CLASSIFICATION OF A DYSLEXIC POPULATION

Because of the current controversy around dyslexic diagnosis (Elliott and Place 2004; Rice and Brook 2004; Elliott 2005), it is important for me to acknowledge who was classified in the study as having dyslexia. Contemporary research has not ascertained the full extent and multitude of people who are affected by dyslexia within Britain. The generally reported figures, based on research undertaken by the Dyslexic Association (Miles and Miles 1999), are that 10% of the population have some form of dyslexia. Within this population, 4% are estimated to experience forms of severe dyslexia (Miles and Miles 1999). If these figures are a reliable measurement of the dyslexic population, this would suggest that in every classroom around Britain there are between 1 and 2 children with dyslexia. This is a considerably larger percentage than is currently diagnosed within Britain. If these estimations (Miles and Miles 1999) are accepted, this would indicate that the majority of the dyslexic population are not officially diagnosed. This created an ethical dilemma concerning who the study should categorise as having dyslexia. If this study only incorporated participants with an official (psychological) diagnosis, this would exclude the experiences of individuals with dyslexia who have never been diagnosed.

A number of options were explored in order to overcome this methodological problem. As a social researcher I have access to certain research techniques that enable me to discover undiagnosed dyslexia (Bangor Dyslexia Test, Reversed Adult Dyslexia Checklist, Quick Scan-Insteins, etc). The most accurate is Quick Scan (Insteins), which is a relatively new technique developed by Teare and Thomas (2003). This is designed to assist psychological and non-psychological professionals in screening individuals for dyslexia using basic computer technology. This assessment process works on anyone above the age of twelve and claims a 98% accuracy rate (Miles, cited in Teare and Thomas 2003). Teare and Thomas (2003) state that the assessment process is unique, in that 'it uses artificial intelligence to learn from thousands of examples of dyslexics', non-

dyslexics' and partially dyslexic individuals' scores, in order to categorise a given score' to produce a diagnosis (Teare, 2003). However, this form of assessment is surrounded by controversy and has been dismissed by certain members of the psychology and education professions, including the Department for Education and Employment. This is illustrated within the DfES government regulations produced for the Higher Education Student Support within England and Wales (2003). The guidelines state that institutions of further and higher education can only accept a student's dyslexic diagnosis from a registered educational, clinical or occupational psychologist. This report states:

Screening for dyslexia usually precedes a diagnostic assessment and the purpose is to determine whether a full psychological or diagnostic assessment would be warranted ... The Bangor Dyslexia Test ... and Quick Scan are examples of screening tests. Screening for dyslexia does not constitute a diagnostic assessment of dyslexia and therefore LEAs should not accept a screening for dyslexia as the sole evidence of dyslexia ... A diagnosis of dyslexia should include an assessment of literacy skills, intellectual functioning and cognitive processing ... These tests may be administered by a qualified psychologist only (i.e. chartered psychologists, educational psychologists and clinical or occupational psychologists). It is recommended that diagnostic reports provided by chartered, educational, clinical and occupational psychologists are accepted as evidence of dyslexia. (DfES 2003: 34-35)

Although this current legislation makes it extremely difficult for people with dyslexia to get official diagnoses because of the costs involved, for the purpose of this study I have decided, owing to lack of resources (i.e. an educational psychologist), not to include people who have not been officially diagnosed with dyslexia in my research sample. I feel the study had to ensure that only diagnosed people with dyslexia were included within the sample for practical and ethical reasons. The Ph.D. research sample has only included people with dyslexia who have been diagnosed by an educational, clinical or occupational psychologist. To include undiagnosed dyslexia would only undermine the validity of my research thesis and enable professional bodies (within the field of psychology and education) to dismiss the research findings as problematic. In doing this, I am not stating that people with undiagnosed dyslexia are not part of the overall dyslexic

population, but seek simply to maintain a certain level of validity within my research. Nevertheless, in order to incorporate these unheard voices I have included individuals who have only recently been diagnosed as dyslexic (in adult life).

4.3 THE IMPORTANCE OF USING A (SOCIO)-BIOGRAPHICAL METHODOLOGY WHEN COLLECTING DATA ON DISABILITY

The importance of choosing an appropriate methodology was crucial when investigating issues of disability. Traditional methodologies have often been criticised by disability studies for not including the voice of disabled people (Barnes 1992). Zarb (1997) illustrates this perspective by suggesting that new methodological approaches must be developed to unmask existing 'disabling barriers' within British society. These disabling barriers are constitutionally based and embedded in the social structure of contemporary society (Oliver 1996; Barnes 2002). When developing this research project it was important to recognise that disabling barriers were not incorporated in methodologies outside of disability studies. With regard to the nature of dyslexia, as an impairment (restricted literacy abilities), it was crucial that a qualitative interview method was used when collecting the majority of data. For this reason it was important to establish a methodological approach which was consistent with disability studies ideology.

In order to establish an adequate theoretical framework, Booth (1995) reported on the significance of using life history narratives to investigate disabled people and their families. Booth's research highlights the significances of using life history methods, by means of a 'multitude of biographical techniques, such as photographs, documentations, autobiographies', and life story narratives (Booth and Booth 1997: 134). The intention in using a biographical approach is to include disabled people's knowledge of disability, from their perspective, within the data analysis. Beazley *et al.* (1997) suggest that placing the disabled person at the centre of the research is paramount because this 'gives disabled people as much control as possible over the [research] questions asked' (Beazley *et al.* 1997: 142). Biographical research methods not only give complete control to the disabled person, in relation to the questions asked, but acknowledge the importance and relevance of the person's own understanding of their lives within a social and historical context. In this approach:

Analysis, by definition, is person centred, and perhaps for this reason the tendency to link research to applications and to establish a connection with social policy outcome should not be unexpected. An approach which seeks to understand the links between individual agency and wider social structures and processes has relevance for professional practice, highlighting as it does the lived experience of empowering policies or of poverty and social exclusion. (Chamberlayne 2000: 22)

However, using biographical methods and acknowledging people's experiences as central to uncovering social structures opens the debate relating to objectivity and subjectivity. Issues arise such as, can a single person's experience be relevant to understanding disabling structures within a social context? Using the Bertaux (2003) critical realist approach the answer is yes as 'life stories' are not understood from an individualistic perspective but in conjunction with a group (of stories) that develops analytically into a social comprehension. Bertaux (2003) states:

Life story interviews appear to be a very powerful tool of observation ... Life stories, as collected through interviewing, [which are] about the structuring forces behind a given set of social phenomena ... [make it] possible to reach, if not entirely objective descriptions and explanations of such phenomena, at least high-quality level of thick description. (Bertaux 2003: 40-41)

From the Bertaux (2003) perspective, these are the crucial factors when conducting biographical research, and they lead the researcher into the social dynamics of understanding biographical data. From this perspective, socio-biography is not concerned with the life events of one particular person (unlike psychobiography), but rather the life events of social groups. Socio-biography compares and analyses data to produce an in-depth eye-witnessed account relating to people's experiences, interactions and interpretations of events, thus making it ideally suited to operate alongside disability ideology.

4.4 BIOGRAPHY AND CRITICAL REALISM

As has been discussed, because of the nature of dyslexia, it was important that the data collection stage was qualitatively based. (However, a minor quantitative sample was used to generate a simple frame.) In order to develop a methodology that was best suited to researching disability a biographical epistemology was developed to centralise disabled people's experiences with society (Beazley *et al.* 1997; Booth and Booth 1997). However, when using biographical methods it is important to recognise that a number of theoretical approaches can be adapted to this research discipline (Rosenthal 1993; Chamberlayne 2000; Miller 2000; Wengraf 2001; Humphrey *et al.* 2003). For the purpose of this study, the biographical methodology used was defined by a critical realist perspective (Bertaux and Thompson 1997; Humphrey *et al.* 2003). This form of biographical methodology is often referred to as the French school of biography. The French school of biography emerged in 1981, attributable to the efforts of Daniel Bertaux in an investigation of the French baker's trade (Bertaux 1981). This approach materialises as a result of Bertaux's disillusion with the traditional positivistic sociological methodologies in use at the time. Bertaux's (2003) methodology was designed to replace a quantitative approach, but unlike with post-modern/post-structural methods, there is still a motivation to generate some form of representative population sample.

Bertaux (1981) asserts that sociologists are not just confined to a mathematical framework of traditional positivism, but can obtain a representative sample using qualitative methods. This is established through what Bertaux described as reaching the point of saturation:

[To obtain the] Saturation of knowledge ... for instance, the first life story taught us a great deal; so did the second and the third. By the fifteenth we had begun to understand the patterns of socio-structural relations which make up the life of a bakery worker. By the twenty-fifth, adding the knowledge we had from life stories of bakers, we knew we had it: a clear picture of this structural pattern and of its recent transformations. New life stories only confirmed what we had understood, adding slightly individual variations. We stopped at thirty:

there was no point in going further. We knew already what we wanted to know. (Bertaux 1981: 37)

This type of methodology produces a new structured form of qualitative analysis in comparison to other methods such as discourse analysis or action research. It attempts to overcome certain criticisms (by positivist methodologists) of qualitative methods as being unrepresentative of 'real life' populations. By using this structured qualitative method, in accordance with the French school of biography, it has essentially used the effectiveness of Bertaux's (1981; 1997; 2003) approach in order to locate dyslexia within a social context in accordance with disability studies.

4.5 RESEARCH AIMS

In addition to the theoretical perspective used in this study, it is important to recognise the general research aims and objectives. The general research aim was to develop a sociological understanding of living with dyslexia and its impact on individuals' life courses. This is critically important, as it could be suggested that there is a lack of sociological insight into understanding of this particular 'community' (Riddick 1996; 1999; 2000; Morgan and Klein 2000). Nevertheless, as sociology is such a vast discipline it was important to narrow the research net in order to focus on specific social variables. On the basis of a vast amount of background reading and my own experience as a social researcher, I decided to prioritise the effect a single social variable has on the experience of living with this syndrome.

As was discussed in Chapter 2, there is a noticeable gap within the literature that investigates the impact socio-economic status has on disability and disabling barriers (Pfeiffer 1991; Vernon 1999). In addition to this, there is a wealth of literature within general sociology which illustrates the impact social class has within historical and contemporary British culture (Marx 1848; Orwell 1937; Townsend *et al.* 1979; 1982; 1989; Wilkinson 1986; Giddens 1991; Beck 1992; Phillimore and Beattie 1994; Skeggs 1997; Blane *et al.* 1999; Demark *et al.* 2000; Savage 2000; Sullivan 2001; Whitty 2001; Van De Werfhorst *et al.* 2003; Ball *et al.* 2004; Bury 2006). Given this vast wealth of research I found it surprising that studies into dyslexia and disability have overlooked the

implications social class might have on issues of disablement (Perin 1997; Siegel and Himel 1998; Duncan and Seymour 2000; Kirk and Ried 2001).

This is not to say that social class is the only social variable which would have an impact on issues of dyslexia. There are other obvious social variables which have received additional attention within a sociological framework. These variables include issues of gender and sexuality, ethnicity, physical disability, etc. We can hypothesise that each of the social variables will have some form of impact on living with dyslexia. An obvious issue arises when examining levels of dyslexic diagnosis and assumptions made in relation to gender. It has been hypothesised that dyslexia affects three males to every female (Snowling 2000). I feel that further sociological investigation into social attitudes relating to femininity should be considered before this analysis is considered factual. Nevertheless, for the purpose of this study I decided it would be impossible to develop an accurate framework which included all primary social variables.

As a result of this reasoning, for the purpose of this study I have chosen not to include issues such as gender and ethnicity. This is not to suggest that these social variables are less important than issues of social class, but rather that they should be considered in their own right. On this note, I feel that future sociological studies should develop alternative research projects investigating the impact these social variables have within the dyslexic community to work alongside this research. However, although I have hypothesised that social class might have an impact on issues of dyslexia, if in analysing the data it were to have been discovered that an alternative social variable (such as gender) had had a greater effect, the focus of this study would have changed (Figure 2). In conclusion, my aim was to establish a sociological understanding of dyslexia which included some form of social class analysis.

4.5.1 Research Objectives

Having these aims in mind, the objectives of this thesis are to:

1. Determine if there is any evidence which suggests that socio-economic status transforms the overall experience of dyslexia.

2. Examine if there is a relationship between socio-economic positioning and issues of diagnoses.
3. Discuss the implications of being labelled with dyslexia within contemporary society.
4. Establish the impact restrictions in early education have on the general life course of dyslexic participants.
5. Investigate the impact that social class has on levels of support received from social institutions such as education and employment.
6. Represent the voices and identities of dyslexic participants using a disability studies critique.

4.6 QUANTITATIVE RESEARCH TECHNIQUES

In order to achieve these research objectives the majority of the data analysed within this study were derived from a qualitative biographical methodology based on the Bertaux (1981; 1997; 2003) approach. However Bertaux's approach can be criticised in relation to time, access, and locating different social groups. To use the French school approach, a researcher needs access to a significantly large number of research participants. These research participants must be willing to spare a substantial amount of time with a researcher. Alternatively, this approach tends not to locate less prominent populations or subcultures, because of its focus on understanding specific populations (e.g. working-class bakers). This presented a methodological problem within the study whereas a key rationale was to compare issues of dyslexia with different social variables (social class). Owing to restricted access to dyslexic participants, the study did not have the resources (research team) and the substantial number of participants to follow the Bertaux (1981; 2003) method completely. In order to complete this research process the study would need anything from between 10 and 50+ participants spread equally within the three socio-economic subcategories. To overcome these practical restrictions the research incorporated Humphrey's (1993) biographical quantitative screening technique to develop a sample frame before interviewing. The advantage of using a questionnaire is

that it can produce a sampling frame from a range of dyslexic people which will gather demographic data, including socio-economic data, educational background, and information regarding their experiences. However, as has been discussed, information is limited owing to the nature of dyslexia (refer to Chapter 2).

Surprisingly, the use of a combined qualitative and quantitative methodology within a socio-biographical context has received very little attention within the research literature. Nevertheless, this combined method has been used by Humphrey (1993) to examine the social exclusion of elderly people's life history narratives. Humphrey (1993) designed a questionnaire-based study to screen elderly people for a qualitative project. This questionnaire used a random sample gained through a General Practitioner in order to locate and interview elderly participants. Humphrey (1993), using a screening questionnaire, collected basic quantitative data on potential participants to locate this hidden (socially isolated) population. As a result of using Humphrey's (1992) research design the screening questionnaire process gave the study access to diverse groups within the dyslexic population in order to choose key participants to interview. As for Humphrey (1992), the aim of the initial stage of this study was to collect basic quantitative data on a hidden (dyslexic) community. This, as with Humphrey's (1992) study, was to form a sampling framework designed to find a substantial spread of participants to contribute in the qualitative biographical stage. This consequently allowed access to a detailed analysis when locating individual participants with dyslexia from different socio-economic positions.

Unfortunately, unlike Humphrey's research, owing to the Data Protection Act (1998) institutions which have access to a dyslexic population cannot legally allow researchers outside their own organisations to access personal information. In order to overcome this methodological restriction I contacted a number of organisations which have records of dyslexic individuals, so they could administer the study's questionnaire. Each questionnaire had a covering letter and questionnaire inviting members of these communities to take part within the research of their own accord (Appendix B). This questionnaire sought to identify a range of dyslexic participants in order to develop a representative sample frame and locate key informants who represented particular subcategories. In total I received a 39% response to the postal questionnaires. These were relatively evenly spread across the groups. When prospective participants agreed to

take part in the research they filled in a simple questionnaire (designed for people with dyslexia: see Appendices), which had a section asking for permission to interview them at a later date. This was sent to the Department of Sociology, University of Newcastle in a pre-paid envelope. As a result of using Humphrey's quantitative sampling frame method fewer participants were needed to obtain the 'saturated knowledge' that is central to the critical realist approach. However, in addition to the quantitative sample, in order to achieve saturated knowledge, given the small number of participants the study also combined a biographical in-depth interviewing technique.

4.7 BIOGRAPHICAL-INTERPRETIVE INTERVIEWING TECHNIQUES

The majority of the data used within this thesis were collected using a biographical qualitative methodology. Although quantitative methods can successfully be used to collect biographical information (Golofast 2003), this would not be appropriate for a dyslexic population. If the research used a quantitative-based questionnaire method of data collection, this could actually construct disabling barriers and exclude research participants from the study. This hypothesis was made because of the nature of dyslexia, which is commonly associated with restricted literacy ability (Miles and Miles 1999). Within the research findings the study discovered that literacy restrictions had been overcome by a number of dyslexic participants; however, this was as a result of technological assistance. As regards to people with dyslexia without access to specific supports or technologies, many would have been excluded owing to the nature of completing a detailed biographical questionnaire. In addition to impairment restrictions, a questionnaire survey could also have added the additional psychological pressures some experienced when confronted by complex literacy tasks (Pumfrey and Reason 1991). For this reason, the biographical approach reduced disabling barriers by engaging participants with the minimum amount of literacy (a questionnaire designed for people with dyslexia), and focused on a qualitative biographical methodology. As Booth (1996) suggests, existing research methods often work against people with learning difficulties:

Relying on reading and writing or abstract reasoning may effectively exclude ... [people with learning difficulties] from the role of respondent or informants. (Booth 1996: 253)

Booth (2002) reports that qualitative biographical methods are a crucial tool in data collection when dealing with learning disabilities, because the stories are transmitted in oral form. This is the practical justification for the research remaining primarily qualitatively based. To transmit this oral form of data collection, an interview approach was used in conjunction with Bertaux's (1981) and Humphrey's (1993) methods. As has been discussed, Humphrey's (1993) approach was used to select a target sample and limit the amount of interviews (because of a restricted population) to gain 'a point of saturation'. However, in addition to Humphrey's (1993) methods it was also decided that a more detailed interview approach would be needed to gain the maximum data from each participant.

If we used the general Bertaux (1981) and Humphrey (1993) approach, interviews would be administered one per participant and last up to one hour (often structured). To maximise the amount of data from each participant, and also reduce contamination, the study administered a biographical-interpretive interview technique (Chamberlayne 1999; 2003; Wengraf 2001). This form of interviewing concentrated entirely on individual life stories using personal experiences to investigate social situations, interactions and the implication of social structures from historical points. The Interactionist technique differs slightly from the more traditional biographical research approach and has been developed by Pru Chamberlayne and Tom Wengraf. This uses the Rosenthal (1993: 62) method to investigate what is referred to as a participants' 'gestalt' (Rosenthal 1993: 62). The 'gestalt' refers to discovering the 'entire' life story at a particular point in time. In order to discover a participant's gestalt the interviewer encourages the participant to produce a narrative of their life. Central to Wengraf and Chamberlayne's (1999) methodological design is their interview technique, which is conducted in three separate interviews per participant. Using this method the average amount of interviewing time with each participant is approximately three hours.

The first stage of this interviewing technique is referred to as the 'Single Question Aimed at Inducing Narrative (SQUIN)' (Wengraf 2001: 111). This approach confines the interviewer to asking only one crucial question. The importance of this research method is highlighted by Wengraf (2001), who states that interviews, produced by a two-way evenly run interaction of conversation between interviewer and interviewee, always produce a structure of hierarchy which unintentionally leads the interviewee into the

structured hypothesis of the researcher's theoretical approach. Producing a biographical narrative gives complete control over to the participants and does not allow the interviewee to be drawn into this structure of hierarchy (Wengraf 2001). The importance of this form of interviewing is that participants are allowed to start their life story at any historic point they choose. This enables them to speak freely about their position in relation to the research issue raised:

The idea is to encourage the person to explore, reconstruct and relive experiences within his or her one frame of reference. Much of the time, the person will be rationalising and legitimating their activities, as well as reporting actions and events and describe situations, and in doing [this] they will shift between past, present and future perspectives. (Chamberlayne 1999: 5)

This form of interviewing complies with a social model approach by entirely including and acknowledging the disabled person's voice within the research. When using a 'SQUIN', the initial question is constructed within a narrative form. Stage one of 'SQUIN' begins with this opening question, which gives unlimited control of the interview structure to the research participant. This is demonstrated by the first question that was asked of each dyslexic participant:

Can you please tell me your life story, with all the events and experiences which you feel relevant, concerning your life? Please feel free to start whenever you like and take as much time as you need. I will listen without interrupting you and I might take a few notes when you're talking. Please feel free to start when you're ready. (Wengraf 2001: 119)

This allowed participants to translate their own events, themes and meanings within their own biographies to produce a narrative form. It was crucial, when administering this form of interviewing, that a participant's narrative was not interrupted by further research questioning. The research participants were encouraged to start and finish at any historical point within their life story they thought relevant. At no stage within the interviews was this question discussed with the participants, and it was up to the participants to decide what was relevant and where to start.

When using the Wengraf and Chamberlayne approach, it is recommended that the second interview takes place (approximately) fifteen minutes after the first interview (Wengraf 2001). Within the first interview, brief notes should be made by the interviewer which highlight the structure of the life story (however, the note-taking task evidently created disabling barriers, which I will discuss later in the chapter). The second stage of the 'SQUIN' takes place after the initial notes have been analysed and the interviewer produces a set of questions created from these notes. The second set of 'SQUIN' questions investigated language, keywords and phrases in terms of discourses that were used by the participant within their biographical narrative (Wengraf 2001). When analysing the data from interviews one and two, it is important that the researcher does not introduce any issues that were not raised by the participants within their biographical narrative. The study also did not ignore or dismiss any part of their stories that seemed irrelevant to issues concerning dyslexia. This is to place dyslexia within the overall life history of the participant interviewed. If a participant did not mention dyslexia within the first two interviews it could be hypothesised that dyslexia did not have a major impact within that individual's life.

The final stage of the 'SQUIN' is undertaken when both interviews are analysed to produce a third question schedule (this was completed in the same manner as when analysing interview one). However, within interview three questions were asked outside the participant's constructed biographical narrative. Within this stage of the study participants were questioned about why certain issues were not raised within the first two interviews. This was in order to investigate whether the issues reported in the literature had any relevance to the participant's life. This combined the first two interviews to produce a detailed understanding of a participant's life in order to understand dyslexia within a social context. The aim of this approach, combined with the quantitative approach, was to collect uncontaminated detailed data and reach the point of saturation with a minimum of interviews.

4.8 PILOT QUESTIONNAIRE AND INTERVIEWS

Before administering the research questionnaires and biographical interviews within the four chosen organisations (the University of Newcastle and Northumbria University's Disability Centres, Northeast Disability Employment Agency and Nottingham Probation

Service), the study produced a small pilot survey administered to fourteen people who belonged to two of my social class classifications. Within these 14 piloted questionnaires, 6 people were diagnosed with dyslexia, one had mild learning difficulties and 7 were non-dyslexics. Out of the 6 people with dyslexia that piloted the questionnaire, 2 were female and 4 were male; all were aged between 20 and 30 years old. The females' literacy abilities and education skills were at different levels (one had just completed her A levels, the other was in the final stages of her Ph.D.). Both females could be classified as belonging to a middle-class socio-economic background outlined in the Register General's Classification (one from upper- middle and the other from lower-middle-class categorisation).

Out of the four males who took part in the pilot study, two could be classified as working-class (one from a skilled working-class and the other from a semi-skilled working-class categorisation). Once again, the working-class males' literacy abilities and education skills were at different levels. The two other males could be classified as belonging to a middle-class socio-economic background (both were from a lower-middle-class categorisation), having literacy abilities and education skills at the same levels and both with developed careers within Art and Design. Unfortunately, at the particular point in time when my pilot study was being undertaken, the study had no access to an offending population as Northumberland Probation Service was still in the process of granting access. As the questionnaire was designed to minimise handwriting, piloting the questionnaire was crucial in discovering if all dyslexic participants could complete the questionnaire in full without any specialised support or help. This is important because the study cannot be certain that the members of the dyslexic community which the research project has targeted have any support facility available to them. The research pilot was extremely successful since no dyslexic participants had difficulty in completing the questionnaire. I was also able to extract the relevant data that I needed to produce a sampling framework for the interview stage of the research study.

This was not the case in relation to the one participant who had mild learning difficulties. The research participant was female, aged 59, and belonged to a working-class socio-economic background. She had a confirmed IQ of below 70, and literacy problems relating to written words, but was a surprisingly strong reader. The reasoning behind carrying out this particular measurement within the pilot survey was to discover if the

questionnaire could be completed by participants with a low IQ (which was medically defined as having an intellectual disability). Unfortunately, this method was unsuccessful, not because the participant could not read the questionnaire, but because of her lack of understanding of the questions being asked. This has led me to exclude all participants who have been medically classified as having an intellectual disability within the research study. The remaining seven questionnaires were completed by non-dyslexics, which allowed access to a more diverse age range within the pilot study. This was so as to discover information about the design, terminology and categories that were included within the questionnaire. On completing the pilot questionnaire I combined the research findings and made the necessary changes to questions 4 (categorisation of ethnicity) and 9 (added children and partner categories) (Appendix E).

Changes were also made to the questionnaire structure aimed at the offending population. This was as a result of advice from the Dyslexia Institute working within Nottingham Probation Service, which requested that I change questions relating to socio-economic background and educational information relating to participants and their families (Appendix D). The study was informed by Nottingham Probation Service that almost all its dyslexic population, who were serving on a probation order, had very limited reading abilities. The probation staff counteracted this problem by agreeing to read and complete the questionnaires for their targeted dyslexia participants.

Finally, I completed two pilot interviews, chosen for the questionnaire sample, to demonstrate the effectiveness of the biographical research methodology. Two research participants were interviewed. One was male, aged 27, from a middle-class background; the other was female, also aged 27, from an upper middle-class background. They represented different educational backgrounds, cultural structures and employment abilities. Each participant was asked a slightly different SQUIN. The female was asked:

Can you please tell me your life story, with all the events and experiences which you feel relevant, concerning your life [and dyslexia]? Please feel free to start whenever you like and take as much time as you need. I will listen without interrupting you and I might take a few notes when you're talking. Please feel free start when you're ready. (Wengraf 2001: 119)

The male was asked:

Can you please tell me your life story, with all the events and experiences which you feel relevant, concerning your life? Please feel free to start whenever you like and take as much time as you need. I will listen without interrupting you and I might take a few notes when you're talking. Please feel free to start when you're ready. (Wengraf 2001: 119)

As can be seen, the phrase 'concerning your life and dyslexia' was changed and the words 'and dyslexia' were taken out during the second interview. This was to investigate whether, if I did not ask directly about dyslexia, the participant's life story would nevertheless be primarily structured around issues concerning dyslexia. It was also designed to discover if the participant attempted to conceal their disability within the structure of their life story. Both interviews were very similar, in the sense that participants discussed dyslexia in great detail within their life histories. After the pilot study my supervision team decided not to include dyslexia within the initial question. It was felt that if the study mentioned dyslexia it could prompt participants to include dyslexia within their overall biographical narratives, which could contaminate the data. For this reason question 2 (without dyslexia) was used within the main study.

4.9 GEOGRAPHICAL POPULATION

Initially, the research was planned as a regional study within the city of Newcastle upon Tyne. Unfortunately, at the beginning of the research I discovered that issues of access to dyslexic participants from the offending population were going to prove too difficult as the initial research was to be carried out within Northumbria Probation Service. Contact was made through the regional manager of Northumberland Probation Service's Pathfinder Scheme, who offered help and showed considerable interest in the issues raised within the research. Unfortunately, Northumberland Probation Service informed me that it only had one dyslexic offender within its entire north-east service and concluded that, judging by past records of offenders within its establishment, it did not expect their numbers to increase to a feasible sample size within the next year (2003). What it could offer was a contact number for a member of staff from the Dyslexia Institute, that was running a current Pathfinder scheme in association with Nottingham

Probation Service. This scheme was aimed at offenders who showed signs of having Specific Learning Difficulties. The project was developed by the Dyslexia Institute in order to screen Nottingham probation clients for dyslexia and offer support in relation to literacy difficulties. This project, which is called The New Positive Action Learning Support (PALS), took three and a half years to develop and was initially established in 1999. Nottingham Probation Service informed me that, on average, about ten dyslexic clients per month were processed through their scheme. I was granted full access to its dyslexic probation client population, which in turn prompted a change within the methodology from a regional to a more widely based geographical study.

4.10 MEASURING SOCIAL CLASS

As the concept of socio-economic positioning is central to this study's analysis, I feel it is important to discuss what is meant when the study refers to the term. Over the past hundred years, socio-economic status has been measured using a number of different methodological approaches. The most widely used approach is the Register General or the Goldthorpe Classifications. However, recent research has suggested an end to the concept of social class (Holton and Turner 1989; Giddens 1990; Beck 1992; Clark and Lipset 1996). This is illustrated in the work of Anthony Giddens (1998), who suggests that the creation of a global market has ended industrialisation and that with it the concept of social class is now no longer a useful term. This individualistic approach suggests that industrialisation was central to the traditional social class system and that society is now in the period of what Giddens refers to as 'late modernity'. From this perspective the traditional capitalist structures which primarily controlled society now only play a secondary role within individual biographies. This has led to the renegotiation of social class as social structures no longer have the same defining power in post-industrial society. This is due to the ability of individuals to reflect and take control over their life course. As Gillies (2005) suggests, this individualistic perspective has led to social class being replaced by the concept of social exclusion.

However, as has discussed within this thesis, the concept of social class has been widely used to define the study's epistemology. This was due to social class structuring the biographical narratives of the participants in the study. However, in accordance with this study, and in contrast to Giddens' perspective, Crompton (1993) has suggested that the

historic structures which were produced by classical sociology still have relevance when examining macro levels within society, especially in relation to occupation and education. Nevertheless, this study does not suggest that we should return to the traditional social class measurements (Registrar General's classification) which are defined through employment levels. The study recognises the end of the traditional social class system in 'late modernity', and by doing this I have turned to the work of Beverley Skeggs (1997; 2004; 2005). Skeggs agrees that social class has been redefined by consumer society; however, she suggests that it has been reproduced in the form of social identities. Nevertheless, Skeggs does not believe that identities are defined by the individual, but that they are produced and reproduced through the concept of socialisation:

Class is not just a representation, nor a subject position which can be taken off a discursive shelf and worn at will or a social position which can be occupied voluntarily. Rather ... class is structural. It involves the institutionalisation of capitals. It informs access to and how subject positions such as respectability and caring can be taken up. There is not a free fall or 'choice' over subject positions ... but rather circumstanced access and movement between subject positioning ... At birth we are allocated into these spaces [which] ... enable access to differential amount of capital. For ... working-class [individuals]... capital is limited. (Skeggs, 1997: 94)

To explain how social class is defined in contemporary society Skeggs, draws upon Pierre Bourdieu's (1990) cultural capital theory (Skeggs 1997; 2005; Sullivan 2001; Walkerdine 2001; Gillies 2005). Central to the cultural capital theory is the idea that, as society is now defined by consumerism, it is consumption patterns which now allow access to social groups. Using this approach, access or denial to cultural capital is defined through the traditional structures of social class inequalities.

However, not everyone has access to different types of cultural capitals owing to issues of social class. Skeggs (1997) suggests that British society is controlled by middle-class cultural capital, which dominates other social class cultural capitals. Access to middle-class capital is learned by middle-class children through the interaction between parents, peers and education. This capital is transformed into what Skeggs refers to as symbolic capital (Skeggs 1997; 2005). This symbolic capital is traded within society by individuals

with ownership of middle-class capital. As Lawler states, 'It is only when cultural capital is sufficiently legitimated [that] it can be converted into symbolic capital' (Lawler 2000: 29). These individuals have the power of middle-class membership, which includes and excludes other class cultural capitals. This suggests that because of structural factors within society, social class identities are constructed through the concept of a person's cultural background. In using this approach, when the study refers to the concept of middle-class and working-class individuals it is not just referring to their employment roles but to their cultural background.

4.10.1 Advantages and Disadvantages of Defining Class Groups by Cultural Capital

As has been discussed, this study defines social class as a cultural concept rather than an economic measurement. Nevertheless, using this cultural capital approach created a number of methodological complications. The first difficulty was how to define individuals within a particular cultural setting. This is not as simple as asking someone to define their cultural origins from their own personal perspective, as people can often dissociate themselves from with their class identity (refer to dis-identification, Chapter 8). Using this cultural approach does not define class as an identity which can be chosen or changed by an individual. This approach defines class as a 'learned process' which is developed through childhood and adolescence (Skeggs 1997; Sullivan 2001).

In order to define a cultural capital definition of social class, this thesis located key areas where cultural capital is developed within people's biographies. Using this perspective allows individuals to achieve social mobility within their biographies; however their class position is defined through the process of early socialisation. This explains how an individual's childhood and adolescent class position is still recognisable after social mobility is achieved (for some) within adulthood. This approach also accounts for how social mobility is still restricted, for the majority of people within a consumer-based society, by restricted cultural positions (Skeggs 1997; 2004; Lawler 2000; Sullivan 2001).

In order to select social class definitions an attempt was made to locate key areas of cultural capital within the questionnaire stage of the research (Appendix C). This selection process focused on a number of social variables: for example, participants'

childhood/current addresses, employment types and levels of personal/family education (Appendix C, questions 5–10). This allowed information to be gathered on participants' (immediate) families' educational history which was comparable with their own educational achievements. In addition to this, information could be collected on participants' employment status and their living arrangements (working-class or middle-class areas). By combining these social variables the questionnaires indicated the social class position within childhood/adulthood.

As an example of how the data was analysed, if a person grew up and lived within a working-class area, and their close family members had not received a university education, it could be hypothesised that they belonged to a working-class cultural background. Alternatively, if a participant grew up and lived in a middle-class area and both their family and they themselves were educated to university standards, it could be hypothesised that they belonged to a middle-class group. Obviously, a high proportion of participants did not fit such a simplistic model. However, other social variables could be used: for example, many of the working-class participants who attended university were mature students or did not follow the traditional university path. No variable on its own would indicate a participants' class position; however, using a combination of variables this gave a firm indication of social class. This does not rule out some margin of error; nevertheless, for all 13 participants interviewed the quantitative (social class) analysis was accurate.

This form of analysis was made easier as the overall population could be seen as artificially selected. In explaining this point the difficulties in locating a population of people diagnosed with dyslexia should be recognised. Difficulties in locating this population stems from the fact that there is not a standardised list or database which has information on people who have been diagnosed with dyslexia. In order to gain this population sample I needed to identify organisations that would hold information on their members diagnosed with dyslexia. The organisations I identified (explained further in section 4.10) were local universities, local employment agencies and the probation service. By using these three types of organisations the analysis presented a diverse set of social class groups.

When examining the general biographies of participants interviewed, it was recognised that many of the working-class participants came from a standardised or lower-working-class background. In relation to the middle-class sample the majority of participants came from the upper-middle-class group. This illustrated distinct cultural differences which might not have been so obvious with a more representative population. For instance, it would have become far more difficult to define a lower-middle and upper-working-class population. Owing to the type of population sample obtained within this study the distinct social class differences might not be a representative measurement of social class within contemporary culture. However, comparing these two groups, which in some way represent opposite ends of the class spectrum, I believe illustrates distinct issues between the social groups. As a result of this, it must be recognised that the issues raised within this study might not have been as prominent within a more staggered socio-economic sample.

4.11 ORGANISATIONAL ADMISSIONS TO THE POPULATION SAMPLE

In order to develop an understanding of dyslexia within a social context, the research was interested in discovering if certain key social variables (socio-economic status, age and gender) had an impact on life experiences. The two key groups which were analysed within the study consist of individuals belonging to a middle-class socio-economic background and a working-class socio-economic background, with a sub-group that was classified as 'socially excluded' (Young, 2002: 457–60). The social class structure was derived from a cultural capital perspective (Skeggs 1997; 2005; Gabb 2005). Participants from the socially excluded category have been defined on the basis of their involvement in criminal activity. This is not to say that everyone from a socially excluded subculture is involved in criminal offending, but because of issues of access, contacts within this group were made through the British Probation Service.

In order to gain access to a varied dyslexic population, questionnaires were administered, to a selective sample of 200 participants, drawn from four diverse organisations (the Universities of Newcastle and Northumbria Disability Centres, Northeast Disability Employment Agency and Nottingham Probation Service). The methodology was divided into two stages; stage one was a short, simply-worded questionnaire designed specifically for dyslexic people, and was administered to 200 individuals with dyslexia in

each of the three chosen sub-groups (Appendix C). Apart from allowing contact to be made with dyslexic people, this survey gathered demographic data (including on socio-economic and educational background). Each participant completed a questionnaire was asked permission to be approached for a personal interview at a later date. Stage two used a biographical unstructured interview approach which gathered data, generated by stage one, in a series of individual interviews that were undertaken with thirteen participants selected from the three sub-groups within the research. This was in according to criteria such as class, gender, age of diagnosis and severity. Thirteen participants were interviewed three times, in line with current recommendations concerning the conduct of biographical interviews (Miller 2000; Wengraf 2001).

The rationale behind recruiting individuals from a diverse range of historical environments (including an offending population) was to discover if dyslexia was affected by alternative social variables. This was crucial to the methodological structure, since previous research has concentrated entirely on the 'middle-class experience' of dyslexia. This has been carried out within establishments such as specialised secondary schools or the Dyslexic Institute (Edwards 1994; Miles 1995; Riddick 1996; 2003). Riddick (1996) argues that socially disadvantaged children or children with a slight learning disability are often over looked in research on dyslexia. This has led to the misconception that dyslexia is a 'middle-class disorder' (Riddick, 1996: 2). Criticism can be made of these past projects in relation to them being unrepresentative of the overall dyslexic population (Riddick 1996). This study therefore aimed to examine different meanings and constructions of dyslexia in relation to individual's personal understanding of 'self' defined through social structures. The data gathered were designed to contribute to an understanding of the sociological dimensions of dyslexia with the potential for people with dyslexia to be understood in a social context.

4.12 QUANTITATIVE DATA ANALYSIS

Within the first year of the study contact was made with the four chosen organisations (Universities of Newcastle and Northumbria Disability Centres, Northeast Disability Employment Agency and Nottingham Probation Service), and all agreed to administer the research questionnaires. However, these organisations' access to dyslexic populations differed considerably. The universities had the largest access to a population sample, as

they had approximately three hundred students with dyslexia per university (Appendix C). This was followed by the Probation Service, which dealt with approximately a hundred clients per year (Appendix D). The smallest population was the Northeast Disability Employment Agency, which only had access to approximately fifty clients with dyslexia in total. It was negotiated that 50 screening questionnaires per organisation would be administered to their dyslexic populations.

Each organisation used a slightly different method to administer the questionnaires. The University Disability Units used a 'random sampling technique' to administer the questionnaires to their dyslexic student populations (Bryman 2001). This was done both by post and by e-mail. In addition to this random sample, members of staff from Newcastle University administered questionnaires (by hand) to colleagues, family members and friends who they knew had been diagnosed with dyslexia. This used a snowball method; 'with this approach to sampling, the researcher makes initial contact with a small group of people who are relevant to the research topic and then he uses these to establish contact with others' (Bryman, 2001: 98). This was to confirm that a middle-class professional population was located and included in the research. This snowball method was used on a small scale and only ten questionnaires were administered via this technique. In addition to this, the Probation Service administered their questionnaires through face-to-face interviewing. As they had a limited population sample and restricted resources these were administered on a first-come-first-served basis. The final organisation (Jobseeker Plus) only had the resources to post questionnaires to their dyslexic population. As its entire population was approximately fifty, questionnaires were sent out to each of their clients. In all cases a hard copy of the questionnaire was completed and sent back to the researcher by post. The questionnaire also sought permission and contact details from the organisation's clients for a further interview.

In total, 210 questionnaires, the majority (160) in the north-east, were sent out by all four organisations to locate a diverse dyslexic population. A total of 77 questionnaires were received back from the targeted populations, with only one participant refusing to be interviewed further. The population analysis was generated using SPSS and was categorised into three stages. The first stage, represented in Table 2, illustrates the general population within this study. The second stage, represented in Table 3, focuses

on social and educational issues in order to classify the population into general social class groups. The third stage of analysis (Table 4) highlights general issues concerning dyslexia, with a focus on diagnoses, severity and support. Stage one concentrates on a wide-ranging population analysis.

General population of people with dyslexia	Variable categories	n	%
Sex	Female	40	51.9%
	Male	37	48.1%
Age Groups	18-24	41	53.9%
	25-34	15	19.7%
	35-44	14	18.4%
	45+	6	7.9%
Ethnic Group	White	69	92%
	Non-white	8	8%
Disabilities (other than Dyslexia)	Additional Impairment(s)	15	20%
	No Add-Impairment(s)	60	80%
Total =	Population	77	100%

Table 2 General population of people with dyslexia

In general, there was a relatively even spread of participants in relation to gender (male = 48.1% and female = 51.9%). However, in relation to age groups these differed considerably, with the majority of participants categorised into the 18–24 (53.9%) group. This can generally be explained by the fact that the majority of questionnaires (100) were administered within universities and generated a younger population sample. As suspected, as Newcastle is a predominately white area of Britain, the majority of the sample was classified as belonging to a white ethnic group (92%). There was also a fairly low population of individuals with dyslexia with additional impairment, which was reported at only 20%.

The second analysis was produced to discover different social variables in relation to participants' social and educational characteristics.

Social characteristics	Variable categories	n	%
Social Class	Middle-Class	30	39%
	Working-Class	35	45.4%
	Socially Excluded	12	15.6%
Current Educational Qualifications	Degree or Equivalent	10	13%
	A-Level	39	50.6%
	GCSE or Work Based Equivalent	17	22.1%
	None	11	14.3%
Employment Status	Employed	19	24.7%
	Unemployed	14	18.2%
	Student	44	57.1%
	Population	77	100%

Table 3 Social characteristics of people with dyslexia

This table shows that the majority of participants (at 61%) could be classified as belonging to a working-class socio-economic position. Within this group 15.6% can also be defined as socially excluded owing to their association with the probation service. In addition to this, the middle-class population was 39%. In total, three distinct groups (middle-class, working-class and socially excluded) emerge from the data analysis. Analysing employment status, we see that 57.1% classify themselves as students, compared with 24.7% who were in some form of employment and 18.2% who were currently unemployed at the time the questionnaire was administered. This further illustrates the fact that a large percentage of the population sample was collected from the University Disability Units.

The final stage attempted to highlight certain issues concerning dyslexia. This table generally focuses on levels of severity, support and issues of diagnosis.

probability that participants were representative of diverse social groups. Initially, individuals were chosen by selecting from three different socio-economic backgrounds. Once individuals had been recruited, socio-economic groups (middle-class, working-class), these groups were divided by an additional social variable (gender, age, severity, employment, diagnosis and treatment). The relative ratios are represented in figure 2.

General characteristics of dyslexia	Variable categories	n	%
Levels of Severity	Severe Problem	29	38.2
	Problem	35	46.1
	Minor Problem	10	13.2
	No Problem	2	2.6
Receiving Support	Yes	50	65.8
	No	26	34.2
Year of Diagnosis	1970-1980	1	1.3
	1981-1990	10	13.2
	1991-2000	28	36.8
	2001-2004	27	48.7
	Population	77	100%

Table 4 General characteristics of dyslexia

As we can see, the majority of the research participants (84.3%) describe their dyslexia as causing problems in their life stories, as against only 15.3% who reported dyslexia as causing only minor difficulties. The final category indicates for how long a participant had been diagnosed with dyslexia. As we can see, the majority (48.7%) have only recently been diagnosed, and thus is especially the case for working-class people with dyslexia. In using this multi-method approach to locate a dyslexic population the study cannot claim to be representative of a universal dyslexic population (Bryman 2001). The aim of the quantitative stage was simply to locate a diverse dyslexic population in order to discover key participants to be interviewed for the qualitative stage. After the data from the quantitative phase of the study had been analysed, 13 participants were chosen to represent a continuum of individuals from different socio-economic backgrounds. This was in conjunction with other social variables that were used to maximise the probability that participants were representatives of diverse social groups. Initially, individuals were chosen by selecting them from different socio-economic backgrounds. Once individuals had been seen in different socio-economic groups (middle-class and working-class), these groups were divided by six additional social variables (gender, age, severity, employment, diagnoses and impairments). The selection process is represented in figure 2.

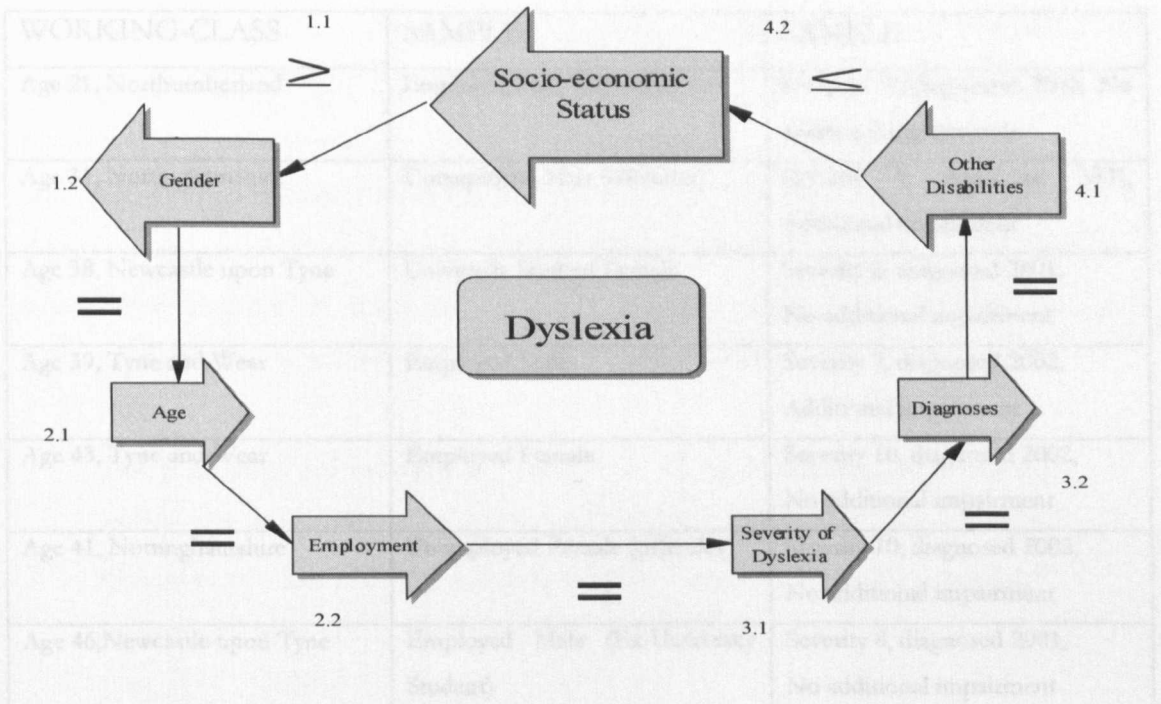


Figure 2 sampling frame used to locate key informants to represent this study's dyslexic population

In summary, the groups were primarily defined by dyslexia, and then social class. The sampling frame then took into account gender, age and employment status. This was further defined by severity, age of diagnoses and additional impairments. Altogether, there were six participants within the middle-class group and a further seven within the working-class group. In addition to this, within the working-class group three participants were defined as a sub-group of offenders. The research sample outlining the individuals who were chosen to be interviewed is represented in Table 5

WORKING-CLASS = 7 MIDDLE-CLASS = 6 TOTAL = 13 participants

Table 5 The basic quantitative information of the 13 participants included within this study

4.13 INTERVIEWING PARTICIPANTS WITHIN THE MAIN STUDY

After the 13 participants from the quantitative stage had been selected, each individual was contacted within a personal interview. Every one of the participants selected from

1. Severity of dyslexia was calculated using a reading age test (reading age 10 years = 100% reading difficulty)

WORKING-CLASS	SAMPLE	SAMPLE
Age 21, Northumberland	Employed Male (offender)	Severity ⁹ 8, diagnosed 2000, No additional impairments
Age 31, Nottinghamshire	Unemployed Male (offender)	Severity 5, diagnosed 2001, Additional impairment
Age 38, Newcastle upon Tyne	University Student Female	Severity 8, diagnosed 2001, No additional impairment
Age 39, Tyne and Wear	Employed Male	Severity 7, diagnosed 2002, Additional impairment
Age 43, Tyne and Wear	Employed Female	Severity 10, diagnosed 2002, No additional impairment
Age 41, Nottinghamshire	Unemployed Female (offender)	Severity 10, diagnosed 2002, No additional impairment
Age 46, Newcastle upon Tyne	Employed Male (Ex-University Student)	Severity 8, diagnosed 2001, No additional impairment
MIDDLE-CLASS	SAMPLE	SAMPLE
Age 19, Kent	University Student Female	Severity 6, diagnosed 1993, No Additional impairment
Age 21, Surrey	University Student Female	Severity 3, diagnosed 1998, No additional impairments
Age 27, Newcastle upon Tyne	Employed Female (Ex-University student)	Severity 4, diagnosed 1985, No additional impairment
Age 27, Gateshead	Employed Male	Severity 7, diagnosed 1985, No additional impairment
Age 41, Hexham	Employed Female (Ex-University Student)	Severity 6, diagnosed 1968, No additional impairment
Age 54, Tyne and Wear	Employed Male a (Ex-University Student)	Severe 2, diagnosed 1972, Additional impairment
WORKING-CLASS = 7	MIDDLE-CLASS = 6	TOTAL = 13 participants

Table 5 The basic quantitative information of the 13 participants' interview within this study

4.13 INTERVIEWING PARTICIPANTS WITHIN THE MAIN STUDY

After the 13 participants from the quantitative stage had been selected, each individual was contacted within a period of two weeks. Every one of the participants selected from

⁹ Severity of dyslexia was calculated using a ordinal range (1 = no difficulties, 5 = some difficulties, 10 = server difficulties).

the quantitative sample agreed to be interviewed further. (However, a number of participants admitted that they would not have taken part within the study had the researcher not been dyslexic.) Each research participant was interviewed three times, and no individual withdrew from the study at any time. The interviews took place over a three-month period from April to June in 2004. As has already been mentioned, an interpretive biographical interview approach was used (Chamberlayne 1999; Wengraf 2001), and all participants were each asked the same SQUIN:

Can you please tell me your life story, with all the events and experiences which you feel relevant, concerning your life? Please feel free to start whenever you like and take as much time as you need. I will listen without interrupting you. Please feel free start when you're ready. (Wengraf 2001 119)

The length of these interviews ranged considerably, as the shortest life story was only five minutes, while the longest was 1½ hours. The interviews were only stopped when participants made it clear that they had nothing else to say concerning their life story.

The second interview differed slightly from the standard Wengraf (2001) approach, as it was administered one to two weeks after the initial interview. As has been discussed, when using the Wengraf (2001) technique the second interview is carried out approximately fifteen minutes after the first. The reason the study altered this method was my own impairment restrictions. As I am dyslexic, the study was unable to produce written notes that were necessary for stage two of the 'SQUIN'. In order to overcome this barrier I used an electronic digital recorder and personal computer with voice recognition software. Instead of using brief notes to construct questions for interview two the study analysed the entire interview that same day. This was then written up using voice recognition software to construct the schedule for interview two. The second interview was crucial within the research as the two initial interviews were designed to discover if participants placed dyslexia within their life stories. Only two participants (both middle-class females) did not mention dyslexia within their first narrative. However, all research participants had discussed in-depth issues surrounding dyslexia by the end of the second interview. The length of this interview again ranged considerably, as the shortest interview was only half an hour whereas the longest was two hours in total.

This technique of recording and analysing was repeated after completion of the second interview. After the second interview was analysed another set of questions were produced. The analysis from interview one and interview two was re-examined and related to issues that were discussed within the academic literature. If the participant had not discussed dominant themes that appeared within the academic literature, they were asked if these themes had any relevance to their particular life histories. The final length of these interviews again varied from only half an hour to 1½ hours. The overall interviewing time for each participant ranged between two and four hours. This interview approach achieved its relevant goals and highlighted fundamental differences between socio-economic positioning and dyslexia. It also achieved a reasonable point of saturation by the final thirteenth interview. After the interviews had been conducted a research grant was used to employ an administrative researcher who transcribed the interviews of each participant in full.

4.14 BIOGRAPHICAL INFORMATION

This biographical approach kept dyslexic persons' narratives, experiences and understandings of living with this condition central to the thesis. As the thesis is structured around the narratives of participants I feel it is important to give a brief outline of each participant's biographical experiences to help construct a picture of the diverse sample used within this study. The order which is used will start with Kevin,¹⁰ the youngest working-class person in the study, and end with Christopher, the oldest middle-class person. This provides a general introduction to each individual's narrative analysed within the research project. This uses the same arrangement as in Table 5.

4.14.1 The Biographical Narratives of the Working Class Group

The first member of the research group is Kevin, a 21-year-old male who described his dyslexia as causing severe problems within life.¹¹ At nineteen he was the youngest working-class member of the group to be diagnosed with dyslexia following an assessment obtained through his local employment agency. Kevin has received no

¹⁰ All participants' names have been changed for ethical reasons to protect the identities of each individual interviewed.

¹¹ Participants' descriptions of how great a problem dyslexia caused within their life stories were recorded within the questionnaire phase of the research.

educational support or technological equipment to assist him in overcoming his impairment. He lives in the Northumberland area, which is within travelling distance of Newcastle upon Tyne. Kevin grew up in an area which can be described as working-class with high unemployment rates. His parents also came from a similar working-class background. He attended a mainstream school with a generally working-class peer group. Since leaving school he has enrolled at college on two occasions, but left within the initial periods. He has been in and out of manually based jobs throughout his adult life, and reports finding it extremely difficult to obtain employment due to his literacy restrictions. At the start of the research Kevin was in full-time employment; however, during the six-month period of interviewing he became unemployed. Kevin admitted within the interviews that he has taken part in criminal activities throughout his life.

Dean is a 31 year old male who described his dyslexia as causing him general problems within adult life. Within his biography he discussed being involved in crime and had served two years in the prison system. After prison he obtained his dyslexic diagnosis through the Probation Service (PALS), the age of 28. Attending the PALS project was part of his probation order, where he has acquired educational support (which does not include assistive technology). Dean lives within the Mansfield area, which is in travelling distance of Nottingham. He grew up in an area which can be described as traditionally working-class and attended a mainstream school, which can also be classified as working-class. Since the demise of industrialisation, the Mansfield area has witnessed a rise in unemployment rates like other post-industrial areas. Dean has had a number of manual jobs, but owing to a back injury he became unemployed. His physical impairment has prevented him from obtaining manual labour, and his dyslexia has further restricted him in finding other forms of employment. He was unemployed during the interview stage, but was in the process of becoming a househusband as his partner was in full-time (professional) work.

Claire is a 38-year-old female, who described her dyslexia as causing fairly severe problems within her life. She was diagnosed with dyslexia at the age of 35 and obtained an assessment through a University Disability Unit. She has obtained full educational and technological support via her local educational authority, since she has been in higher education. Claire lives in a semi-rural working-class area within Newcastle upon Tyne. She lives in the same area as her family, who are also described as working-class. Claire

portrays her school as being predominantly working-class; however, the school withheld a large proportion of middle-class pupils, being in a traditional village setting. Since leaving school Claire has worked in a number of traditional working-class roles and trained as a nanny, which was the most prominent employment within her biography. This employment led her to move from Newcastle to the London area. Claire decided to become a full-time student after moving back to Newcastle upon Tyne, where after successfully graduating from college she secured a place at university. During the course of the data collection Claire was a part-time university student.

Jim is a 39-year-old male, who described his dyslexia as causing fairly severe problems within his life. He was diagnosed at the age of 38; the diagnosis was obtained through his local employment agency. Jim has received very little educational support, and no technical assistance, since having been diagnosed. He lives in the North Tyneside area, which is within travelling distance of Newcastle upon Tyne. He grew up on the outskirts of a traditional working-class area where he has lived all his life. His parents can also be categorised as working-class as they grew up in similar areas of Tyneside. Jim was misdiagnosed with a restricted IQ as a child and attended a special needs school within his local area. Since leaving school he has worked all his life within manually based employments. Although Jim has found it difficult to find suitable employment, because of his literacy restrictions, he has only spent short periods of time claiming unemployment benefit. Unfortunately, he experienced serious physical health issues before taking part in the research, however, during the interview period he was in full-time employment for the entire duration of the study.

Sandra is a 43-year-old female, who described her dyslexia as having caused severe problems throughout her life. She was diagnosed at the age of 40, via the Probation Service (PALS). Attending the PALS project was part of her probation order, and she has obtained educational support (which does not include assistive technology) for her impairment. Sandra lives in the Nottingham area and has done all her life. However, she spent the majority of her childhood in government care institutions. She attended a working-class school, but left at the age of eleven after being moved to a care home. After leaving school early she successfully attended college and completed a trade qualification. Sandra has worked in a number of traditional working-class roles, but

unfortunately has found herself unemployed for long periods of time during her life. She was unemployed for the entire duration of the interview period

Diane is a 43-year-old female, who described her dyslexia as causing her severe problems within life. She obtained a dyslexic diagnosis by means of her employment agency at the age of 40. However, this was due to a second dyslexic assessment, when she herself had requested as she had first been assessed when in her 20s. The first assessment, which was carried out by a different local authority, misdiagnosed her with an intellectual disability. Diane has never received any educational or technological support since having been diagnosed with dyslexia. She lives in a traditionally working-class area of North Tyneside which has high unemployment rates. Diane described her parents as also working-class and as coming from this same area of Tyneside. She attended a local working-class school, and left with no formal qualifications. She has worked the majority of her life in working-class manual roles' nevertheless, for a short period of time she worked in the media. During the interview period of the research, Diane was initially employed but unfortunately by the last session she had found herself unemployed.

Richard is a 46-year-old male, who described his dyslexia as fairly severe;¹² he was diagnosed while attending university at the age of 43. Since Richard was a university student, he received full educational and technological support in overcoming his impairment. Following his graduating with a degree his professional employment acknowledges his impairment and allows him access to technological support. Richard lives in the Newcastle upon Tyne area. He grew up in the Newcastle area, within a working-class mining community. He describes himself and his parents as working-class, and attended what can be considered as a mainstream working-class school. Richard worked in a manual trade for 25 years of his adult life before seeking higher education and still describes himself as working-class although he is currently working in a middle-class role. After completing a degree in construction science Richard gained employment as a civil servant. This employment continued throughout the interview stage of the research.

¹² However, within the interviews J does refer to his dyslexia as mild in comparison to that of other people.

4.14.2 The Biographical Narratives of the Middle Class Group

Elizabeth is a 19-year-old female, who described her dyslexia as causing general problems within her life. She was identified with dyslexia at the age of ten in primary education. However, she was not officially diagnosed until the age of fourteen, within secondary school. When attending university she discovered that her Local Educational Authority had not used a specialised psychologist to perform the assessment, and this led her to be reassessed during her first year at university. Elizabeth received educational support within secondary, as well as gaining full access to educational and technological support during university. She grew up in what can be described as a rural area within Kent. She lived on a farm which has been in the family for two generations and attended a traditional rural middle-class primary school. She reported that her secondary education was at an all-girls school, which was within travelling distance of her home. After leaving mainstream school Elizabeth was accepted in university (studying agriculture) which required her to move into the north-east area of England. During the interview phase of the research Elizabeth was a full-time student.

Jane is a 21-year-old female, who described her dyslexia as causing only mild problems within her life. She was diagnosed with dyslexia at the age of fifteen, during her secondary education. Jane received educational support (including private tuition) within secondary school. She received educational and technological support in adult life, owing her attending higher education. Jane grew up within the Surrey area of England; however, she spent long periods of her childhood living abroad with her grandparents. Jane describes her childhood as quite a privileged middle-class upbringing. She attended a typical middle-class primary school, but moved to a private all-girls school. This school was specifically designed for pupils of above-average intelligence where students were required to pass an entrance test. Since leaving mainstream education Jane has been accepted at medical school where she is completing her medical doctor training, and now lives in the north-east of England. During this period she has also completed a degree in Chemistry.

Fiona is a 27-year-old female, who described the impact of her dyslexia as causing her general problems within her life. She was diagnosed with dyslexia at the age of nine within primary education. Fiona has received specialist educational support, both in

mainstream schooling and through private tuition. She has also received educational and technological support within university. Fiona grew up in the south of England but now lives in the north-east. She reported growing up within a middle-class area and described her family as middle-class. She attended a middle-class primary school and an all-girls secondary school. After leaving mainstream education she was accepted at university where she studied in the social sciences. She successfully progressed through university and graduated with a doctorate in Philosophy. During the interview period of this research Fiona completed her doctorate (she was also a university teaching assistant) and had secured employment as a university lecturer by the end of this study.

Adam is a 27-year-old male, who described his dyslexia as causing him fairly severe problems within his general life. He was diagnosed within primary school at the age of nine. Within primary school Adam received private tuition from the Dyslexia Institute; however, this was withdrawn in secondary school owing to the financial cost. After attending secondary school Adam never received any specialised educational or technological support to overcome his impairment. He now lives in a traditional working-class area within Newcastle upon Tyne. Adam grew up in a mixed middle-class and working-class environment; nevertheless his parents can be described as middle-class. He attended a mainstream religious school, which was predominantly working-class, within his local area. During mainstream schooling Adam withdrew from his A levels and enrolled on a college course, which he failed to complete. Adam differs from other middle-class participants in that after leaving college he has found employment within a working-class role. During the interview stage Adam had developed his employment role into what could be classified as a working-class managerial post. Unfortunately, owing to external circumstances he became unemployed and was re-employed in a manual working-class role.

Megan is a 41-year-old female, who described her dyslexia as causing general problems within her adult life. She was diagnosed with dyslexia within primary school at the age of seven and was the earliest-recognised dyslexic within this study. Megan received private educational support throughout her school life. However, she has never had access to any technological support through the education system. She grew up in the south of England but moved to the Hexham area with her partner. Megan describes her parents as middle-class, who have lived their life within a traditional middle-class area of

England. She attended an all-girls private school and on leaving education started working in the fashion industry within this country and abroad. On returning to Britain she enrolled at a London art school where she successfully graduated with a degree. During her adult life Megan has become a successful artist, which includes art work relating to dyslexia. Many of these exhibits have illustrated issues of living with dyslexia. During the interview stage of the research Megan was preparing for a new exhibition in the north-east.

Christopher is a 54-year-old male, who describes his dyslexia as having a mild impact on his life. He obtained his assessment while he was at university at the age of twenty-two. Christopher received no educational or technological support during school or university life. He grew up in the north of England and now lives in the Tyne & Wear area. Christopher is unusual in relation to his general social class stratification. He identifies himself as middle-class because of his own occupation and his educational experiences. However, he describes his parents, who unfortunately died when he was still in full-time education, as working-class. Christopher started his school life within a general working-class primary school nevertheless he was accepted into a religiously-run boarding school. The boarding school can be categorised as having a traditional middle-class ethos. This particular boarding school had a considerable impact on Christopher's cultural development and social class positioning. After leaving school, Christopher moved to London to attend university, where he graduated as an electrical engineer. Throughout his adult life he has been instrumental in developing computerised technology which is in wide use within the dyslexic community. During the duration of the interview stage of the research Christopher was a professor in Engineering at a north-east university.

4.15 THE REALIST THEORETICAL APPROACH TO BIOGRAPHICAL ANALYSIS

When it came to choosing a biographical methodology, the study had to take into account not only the different biographical interview techniques, but also the diverse methods of biographical data analysis. As has been mentioned the theoretical approach used throughout this study has been defined through 'critical realism' (Bertaux 1981; 2003; Humphrey 1993; Miller 2000). The study used a realist analysis which was firmly positioned within grounded theory, in the sense that it is a theoretical concept which was

produced by solid qualitative data (Miller 2000). This approach authenticates objective truths; however, it also recognises the importance of including individual's subjectivities. To illustrate this critical realist approach, Danmark (2001) stated that reality is experienced on four levels (molecular, biological, psychological and social). However, individual understandings of reality are produced through the process of social constructions. This is not to say that reality is only socially constructed, since from a critical realist approach a physical reality exists outside the subjective human mind. This was the theoretical ideology which structured the data analysis (Gustavsson 2004).

4.16 DATA ANALYSIS

When analysing the data I had to consider a number of practical issues owing to restrictions imposed by my impairment. Although reading text is not a primary barrier, reading a large amount of literature is for me extremely tiring/draining. Also, as a researcher I find it extremely difficult to keep my concentration when reading for more than approximately one hour (owing to letter movement). After the interviews were transcribed, which took me 43 hours in total, I realised this would have a considerable psychological impact on me, as the process of analysing data involves reading and rereading interview scripts for long periods of time. This process would also considerably slow down the research owing to the nature of my impairment (I am a slower than average reader). A solution was established, within my supervision team, of developing a form of data analysis using radio editing software (Figure 3). Instead of reading and rereading interview scripts I recorded and downloaded interviews on to a PC in wave file format. The interviews being in electronic format allowed the study to be analysed using Sound Forge 4.0 software.

This created an alternative method to reading and organising interview scripts within the research. Radio editing software allowed me to cut and paste sections of interviews and put them into separate files, like using text, to construct audio (wave file) research themes. This meant that the research themes could be listened to as they were in an audio file format. After developing the studies themes I then listened to each theme and developed the data chapters. In addition to radio editing software, Nudist software was used to locate participants' quotations in text form. This was achieved by entering distinct phrases or sentences within the text search. In general, combining these types of

software allowed me, as a researcher, to successfully overcome the disabling barriers which I confronted as a Ph.D. student. In addition to deconstructing disabling barriers I feel, as a researcher, that listening to themes in an audio voice format has allowed me to listen and interpret the micro interactions (within participants' voices) which would benefit all researchers. This form of the micro analysis would have been lost if the study had analysed the interviews using the standard text method. However, alternatively this approach also caused disadvantages in relation to the data management of the sub-themes. As the sub-themes were the combination of either working-class or middle-class participants' narratives, to locate an individual's attitude in relation to a particular issue I had to listen to the entire sub-theme until I located the relevant data. When locating individual participants' data within the sub-themes, managing the data in a text format would have made this a quicker process than this form of audio analysis.

The larger data chapter (6) discusses the importance of dynamic within an observational

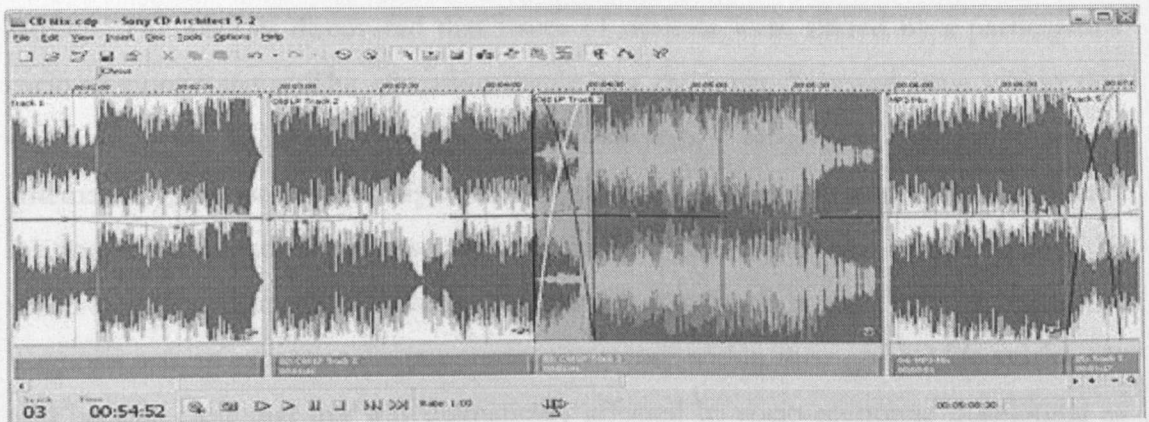


Figure 3: Pictorial representation of a research theme when using the Radio editing software to analyse the research data

Nevertheless, using this form of data analysis still allowed the study to successfully develop research data into biographical themes and sub-themes. The themes were organised using a grounded theory approach as the data was coded into emerging research themes after I had listened to the interviews. As Miller (2000) explains, when a realist biographical approach is used there are no fixed hypotheses when conducting the research. Bryman (2001) illustrates this by stating:

The key process in grounded theory [is] that whereby data are broken down into component parts, which are given names. It begins soon after collecting of the initial data. As Charmaz puts it: 'we grounded theorists

code our emerging data as we collect it. Unlike quantitative research that requires data to fit into preconceived standardised codes. (Bryman 2001: 391)

This form of evolutionary hypothesis, which was created during the duration of the data breakdown, was produced entirely within the interviewing phase of research. After coding of the data, three parent themes materialised, relating to education, diagnosis and employment. All three themes were considerably affected, not only by dyslexia, but also by issues of socio-economic status. These parent themes represent each chapter within this Ph.D. thesis. Within these three parent themes there are between four and six sub-themes, which are represented as sections within each data chapter.

The largest data chapter (6) discusses the experience of dyslexia within an educational setting. The analysis discovered that issues of dyslexia were altered by a participant's socio-economic status. The education theme was the most discussed issue within this study and can be seen to structure an individual's biography and life chances. Alternatively, the themes in Chapter 5 emerged when participants were discussing issues relating to the diagnostic process. This was the least discussed theme compared with the other two data chapters. Nevertheless, participants made it clear that the issue of diagnosis was an exceptionally important occurrence within their general life stories. It also became clear that this was dramatically affected by socio-economic positioning as assumptions were made in relation to intelligence by a range of educational professionals. The final theme is represented within Chapter 7 and focuses on the implications of dyslexia within employment. Interestingly, when comparing social groups, middle-class participants focused more on the impact of dyslexia within education, whereas the working-class group discussed issues of dyslexia within an employment setting more. In general, the data analysis illustrates how disabling barriers in relation to dyslexia are intensified owing to socio-economic status and often restrict access to educational and employment rights. In summary, this multi-method approach of locating, interviewing and analysing the experiences of a diverse dyslexic population has enabled a range of themes to emerge, which form the basis for the discussion in the following data chapters.

CHAPTER 5

THE IMPLICATIONS OF BEING DIAGNOSED WITH DYSLEXIA

After the first awareness campaign, over ten years ago, dyslexics appeared to become the butt of a spate of cruel jokes. We should not be surprised if the word 'dyslexic' eventually goes the way of 'spastic' and for much the same reason. Science and the world of literacy teaching and learning might be no poorer if it did. (Rice and Brooks 2004: 87)

5.1 INTRODUCTION

Very few academic disciplines would associate the well-documented twentieth century stigmatising label of 'spastic' (no matter what its medical origins) with specific learning disabilities, let alone encourage a comparison. Such an association, however, is precisely what emerged in the concluding chapter of Cambridge University's *National Research and Development Centre for Adult Literacy and Numeracy Research Review* (2004). As was discussed in Chapter 2, the research's key aims were to investigate consistent adult traits associated with developmental dyslexia (Rice and Brooks 2004). The study, adopting an educational perspective, reports that dyslexia is over-diagnosed within Britain as the diagnosis process has no coherence. Rice and Brooks's (2004) findings question inconsistencies within medical, psychological and educational research in an attempt to clarify what the term 'dyslexia' means. Their view is that the symptoms that classify dyslexia are far too varied to be categorised under one umbrella term.

This way of thinking has subsequently prompted debate in the field of education concerning the importance of diagnosing children with dyslexia, and has led to an anti-labelling perspective. As was discussed in Chapters 2 and 3, at the forefront of this anti-labelling movement, which has lain dormant for over a decade, is Professor Joe Elliott (2005). Elliott has recently questioned the concept of developmental dyslexia by appearing in and promoting a Channel Four documentary entitled *Dyslexia: The Myth* as well as organising a conference entitled *The Death of Dyslexia*. Professor Elliott, speaking in the national media, states that dyslexia 'does not exist in a way that is of help to anyone' (Elliott 2005). He believes that labelling children with dyslexia only constructs an

élite group of ‘poor readers’, which in turn stigmatises children without the label (non-dyslexic poor readers) who are described as having universal learning difficulties.

In this chapter, I will argue that Elliott (2005) and Rice and Brooks’ (2004) anti-labelling interpretation of dyslexia is fundamentally flawed. The chapter examines both the social models of disability and educational ideology to determine the effects of labelling an individual with dyslexia within bourgeois society. This is to discover if dyslexia is a social construct, which has been suggested by the anti-labelling movement. I will use the experiences of participants to highlight differences between people with dyslexia, individuals classified as ‘poor readers’ and individuals without dyslexia in order to discover if the labelling process has any importance in relation to restrictive developments within participants’ biographical narratives. A primary focus of the chapter is on assessing the issue of the medicalisation of the education system. The aim is to discover what effect medicalisation has on state education as well as to evaluate structures of power. The chapter will conclude by discussing the importance of labelling people with dyslexia along with the impact of dyslexia on their self-perception and their construction of social identity. To explain the relationship between dyslexia and education adequately, within this chapter I will draw upon Shakespeare and Watson’s (2001) critical realist approach which suggests that disability (disabling barriers) and impairment (biological differences) are inseparable.

5.2 WORKING CLASS DIAGNOSES

To examine Elliot and Place’s (2004) claim that the label of dyslexia is used by parents in order to redefine their ‘poor reader’ child as academically bright, but impaired, the research examines how dyslexia was identified within this study’s research sample. When investigating issues of diagnosis distinct discrepancies become apparent between working-class and middle-class participants’ narratives. A key difference is that working-class participants’ parents’ knowledge of dyslexia was extremely limited before a diagnosis was made. Only two participants (Richard and Diane) reported having any knowledge of what dyslexia was before they were diagnosed with this impairment. Similarities can be drawn between Richard and Diane (although Diane’s experiences were outside mainstream education), as in both cases educational professionals dismissed the fact that they might be dyslexic. This dismissal within education is represented within Richard’s life story. Richard’s parents first discovered the term ‘dyslexia’ by reading a

media report on the effects dyslexia has on children in education. They immediately recognised distinct traits within their son relating to this impairment and contacted teachers within Richard's school. Unfortunately their suspicions were dismissed, as teaching staff reassured Richard's parents that Richard did not have dyslexic tendencies, which they accepted without questioning the school's authority. This highlights the power relations disadvantaging working-class parents. As Richard reports:

They [my parents] read a magazine article... and it was on dyslexia. And they recognised symptoms in me that were absolutely typical... But obviously nobody took any notice of them, you know... teachers took no notice... I don't know, maybe 'cos my father was a miner. Maybe they thought you know that it [dyslexia] was [of] no importance. (working-class male)

This led Richard to be classified as a non-dyslexic poor reader rather than an individual with dyslexia. This, just as Elliot and Place (2004) suggest, had very little to do with the diagnostic process, as Richard did not get past the teaching staff who monitor the gate-keeping process in relation to a diagnosis. For the majority of working-class participants (6), the problem was not issues relating to the assessment process but gaining access to an assessment within education. This can be directly related to working-class limitations upon choice within mainstream education. Education constructs assumptions of intelligence which define the different social classes, which is described as parental cultural capital (Bourdieu 1990; Skeggs 1997; Sullivan 2001).

5.2.1 Dyslexia, Poor Readers and Intellectual Learning Difficulties

When examining, as with Diane's narrative, we find that she did not encounter the concept of dyslexia until adulthood. But Richard, this possibility was consequently dismissed by a professional organisation. However, the dismissal took place within a medical rather than a classroom setting. Diane first discovered the concept of dyslexia when working as a supervisor in a local technological outlet. This was because the company owner of the technological outlet recognised dyslexic traits within her written work, which was discussed within a work context. Her employer suggested that she should think about being assessed in order to confront her difficulties and to arrange for adjustments to be made so as to compensate for her impairment. Diane took this advice

and arranged for an assessment through her local education authority to discover if her employer was correct. Unfortunately, this resulted in her being misdiagnosed with mild learning difficulties (and as having an intellectual age of 13). Diane never felt that the original diagnosis, of a restricted IQ, was incorrect; however, this did have a dramatic impact on her self-confidence. Consequently, it took Diane another ten years before she had the confidence to place her trust (for a second time) in her local employment agency. A successful diagnosis of Diane was made after she moved to a different region when receiving unemployment benefit. She reports that this particular agency was far more supportive than her last, and she was again put forward for a reassessment. After this assessment the previous misdiagnosis of learning difficulties was identified, and Diane was informed by the educational psychologist, who assessed that she was actually dyslexic.

Similarities can be drawn between Diane and Jim's narratives as Jim was also misdiagnosed with mild learning disabilities within his life story. However, this took place at the end of junior school and led to him attending a secondary school for children with 'educational learning difficulties'. This school included children with mental health issues, personality disorders and specific/mild/moderate learning impairments. Jim reported that at school a number of pupils diagnosed with dyslexia and provisions were made to overcome their impairments, but unfortunately this was not the case for him. Like Diane, Jim was not diagnosed with dyslexia until his early 40s. Because of this recent diagnosis Jim feels that his school experiences were supportive and positive, but in retrospect he believes they did not prepare him for life outside education as his inabilities were not confronted. Unfortunately Jim, feels that he has had no support since the diagnosis was made, and he views the label of dyslexia very negatively. However, it must be noted that Jim was labelled as having global learning difficulties and left school completely illiterate. It was not until he gained support from his partner that his literacy improved. If we compare Jim's narrative with those of middle-class participants who were diagnosed with dyslexia, and received educational support, we find that this entire group left school with some level of literacy skills. Jim's experience could give us some indication of the reality of what could happen if the education system took up Elliot and Place's (2004) and Rice and Brook's (2004) suggestion of discarding the dyslexic label.

5.2.2 The Identification of Working Class People with Dyslexia within Education

Within this study, only two working-class participants (Richard and Claire) were diagnosed with dyslexia within education. However, unlike with their middle-class counterparts, this was during higher education as mature students. If we refer back to Richard, who was identified by his parents during mainstream schooling, he was not officially diagnosed with dyslexia until after enrolling on a degree course at a local university. This took place twenty years after he had left state education. Shortly after starting university Richard started to struggle and decided that he was going to leave his degree course. After informing his personal tutor he was asked to contact the disability unit, which assisted in assessing and diagnosing him with dyslexia. If a diagnosis had not taken place Richard would have withdrawn from his academic studies. Episodes like this contradict Elliot's (2005) and Rice and Brook's (2004) claims that the label of dyslexia has become obsolete owing to it having little impact on educational support.

Claire's experience was parallel to Richard's, as after she started studying for a degree she began struggling with literacy difficulties. She was also referred to the disability unit, which discovered that she was in fact dyslexic. Both participants were recognised in the early stages of their degree courses, which has had a considerable impact on their self-confidence and their personal identities by redefining them as dyslexic and not low educational achievers. Neither Elliot and Place (2004), or Rice and Brook (2004) make reference to the positive impact that the label of dyslexia can have in reconstructing personal identity. In addition to identity formation, both participants gained access to levels of support and technologies which enabled them to complete their studies successfully, which probably would not have happened had they not been labelled:

I talk to the computer. Well, you know-I talk, so I need to be completely by myself to work. And this computer reads back to me ... I just highlight what I want it to read and it's the same with the journals ... 'cos sometimes I read stuff and it doesn't make any sense to me ... And the computer reads it to me ... I [also] take my Dictaphone everywhere ... I've heard what they [the lecturers] said, started writing it down, and I've got maybe four, five, words-he's already starting to talk about something else and it's completely gone out

of my brain ...With the Dictaphone, I can listen to him [the lecturers], what he's saying, and I think, oh ya, of course, ya ... Without this equipment, there's absolutely no way [I would complete my degree] (working-class female).

However, it must be noted that Richard and Claire are the only two working-class participants who received both educational support and technological enabling equipment. The only other working-class participants who received educational support, though without access to technological enabling equipment, were participants who were on a probation order (PALS).

5.2.3 Dyslexia Crime and the PALS Project

The two participants who were diagnosed with dyslexia, due to a probation order, raises issues of dyslexia and its association with crime. The association between crime and dyslexia has been documented as far back as the late 1970s (Critchley and Critchley 1978). Furthermore, throughout the 1990s a number of research projects indicated an over-representation of individuals with dyslexia in the prison system (Osmond 1993; Klein 1998; Ann-Day 1999; Kirk and Reid 2001). This research has led to a dyslexic inmate prison population estimation of between 17% and 52% (Ann-Day 1999; Kirk and Reid 2001). This estimation is five times higher than that for the general population of people with dyslexia outside of the prison system. It must be observed that this population does not refer to individuals who have previously been diagnosed with dyslexia, but rather inmates who were diagnosed within the prison system or probation service (Kirk and Reid 2001; Macdonald 2002).

Three research participants within this sample (Dean, Sandra and Kevin) had been involved in some form of crime. Two attended the PALS project, which is a joint project between the Dyslexia Institute and the Probation Service. These two working-class participants (Dean and Sandra) both reported receiving support before and after diagnoses were made. Nevertheless, this was only after they were put on a probation order, after having been prosecuted for a criminal offence. Consistent with a previous research project (Osmond 1993; Morgan 1997; Klein 1998; Ann-Day 1999; Kirk and Reid 2002), literacy difficulties were central in the life events of these participants before they were prosecuted by the criminal justice system. This is illustrated in Dean's life

story, where literacy inability caused problems when he was being interviewed by the police. These problems were stemmed from the fact that he could not read the police statement to discover if the police officer had correctly noted down his statements for future court proceedings. Even more worrying was the fact that he could not check police statements when attending court. Dean notes:

I'd just stand there for a couple of minutes with this paper in me hand and, you know, pretending to look [at it] but not knowing what I'd put [in the police report] or what it said. ... You're thinking, I don't really know 'cos I'm not-I can't read what you're on about, so it was really silly because it was in front of everyone else [in court]. And at that time it was like nobody really knew that I couldn't [read], so it was like, it'd have been embarrassing. (working-class male)

Eventually, in his final court case before being diagnosed with dyslexia a magistrate realised that he was not following the court proceedings and asked him to read his statement out for the court. When the magistrate realised that he could not do this, the court sent him for evaluation by his local probation service, where he was diagnosed with dyslexia. This example highlights the length to which individuals go to hide the fact that they cannot read or write. Dean reports on the impact that he thinks not having literacy skills and qualifications has had on his life. Keeping his literacy inability concealed from society, which could have resulted in a miscarriage of justice, was more important to him than admitting he was illiterate. His attitude reflects the common view that literacy levels have a direct association with intelligence (Davies 2001). Dean reports that when he was originally sent to the Dyslexic Institute for an IQ test he was extremely angry, as he felt that this would just confirm what he already knew, that he was of low intellectual ability, which is something he had been trying to hide throughout his school and adult life. However, after this initial period, and owing to the fact that his dyslexia was explained to him, he feels this was a turning point within his life:

I didn't go to school and, basically [the probation] did an IQ test on me, and found out I was dyslexic. I couldn't read a bloody word really and that was 2 or 3 yrs ago. And since then I felt, I don't know, a big weight off my shoulders. I've passed my, level 1 and level 2 literacy tests. I can read normally now, but I still have trouble obviously writing through my dyslexia. That's something that

I can't get over it, its there, I've just got to get around it. But I feel like, had I known [about dyslexia] that probably, I don't know 15 yrs ago, I'd have done something then, ... if I'd been going to school and knew that there was a problem and I got help then, I don't think I'd have been wagging it, getting into the wrong company, getting to know the people that I do now and I'd have done it all the right way. I don't regret it though its something that has happened, I've took control of it now and I feel 100 % better for it (working-class male).

Sandra's experience of diagnosis reflects similar circumstances to Dean's as she was not diagnosed with dyslexia until after she had been prosecuted for a criminal offence and put on a probation order. Via the Pathfinder project at Nottingham Probation Service which works very closely with the Dyslexia Institute, Sandra was put forward for an assessment. This was a very negative experience for Sandra as she had no prior knowledge of what dyslexia was. She reported negative feelings about being diagnosed later on in life, and stated how a diagnosis has repositioned her personal identity, since before that time she, like Dean, had felt that she was of low intelligence because of her limited ability compared with her peers':

I know I'm not thick, but I use to think probably I am ... I'm ok with it [being diagnosed with dyslexia] now, [but] I wasn't at first. Its [dyslexia] just sort of strange to get used to but then things started fitting into place...I was living on low income and ... used to take cleaning jobs because I thought I just, I mean I used to think I wish I could earn a good income ... I've got nothing against cleaners but I did feel a bit demeaned in myself (working-class female).

Like Dean, after a diagnosis was made Sandra received additional support from the PALS project and reported how this has transformed her life. A dramatic improvement has been made in relation to her literacy levels and she has also been able to develop coping strategies to overcome the restrictions of her impairment. Sandra welcomes her encounter with the criminal justice system, since if this had not happened she would not have been diagnosed with dyslexia and she would not have received the support and help she needed to overcome her impairment:

No, it been a really positive thing, it really has been a good thing, ya, because, somebody shopped me [reported her to the authorities]...And the day I meet that person again I'm going to shake their hand because they did a really good thing for me. (working-class female)

Recognition, for both Dean and Sandra, has led to practical support from the PALS project and has been central in redefining their personal identities. This has allowed both of them to develop coping strategies in order to function within a literate society, which shows the importance of receiving a diagnosis (Riddick 2005). To highlight this success, neither participant has been involved in any criminal activity since having being diagnosed with dyslexia three years ago. Unfortunately this was not the case for the third offender (Kevin), who was not part of the PALS project because of his geographical location.

5.2.4 Negative Experiences After Being Diagnosed With Dyslexia

Kevin's life story shows that not all working-class participants thought being diagnosed with dyslexia was a positive experience. Kevin, like Diane, received a diagnosis while claiming unemployment benefits. Kevin was not part of the PALS project because Northumbria Probation Service does not provide a similar service (PALS is a pathfinder project in only two probation services in the UK). Kevin had realised that there was something different about himself and wanted to find out why he could not learn or complete 'simple' literacy tasks as his peers could. This, he felt, restricted his employment opportunities and he discussed his worries with Jobseekers Plus. This led to him being diagnosed through his local employment agency. Unfortunately, a diagnosis did not improve his job opportunities as he feels that no support or advice was given to him in order to overcome or understand this impairment. He admitted:

I find it harder to keep myself straight [out of a criminal career] ... 'cos if there was a opportunity that comes along, like you know. [That] could be my big score, that will sort us out, but it could land you in jail ... [I'd] hedge that 50-50 risk ... [It's] good, you can get away with it, its bad if you get caught, so its 50-50. (working-class male)

Because of restricted employment levels and lack of support Kevin, unlike Dean and Sandra, openly admits that there is a strong possibility that he will become involved in criminal activity in the near future. A diagnosis for Kevin allowed him to construct his personal identity through the notion of abnormality. He reports that a diagnosis has already led to negative feelings and self-esteem problems, which is a common trait found among people diagnosed with dyslexia (Edwards 1994; McNulty 2003):

[Dyslexia is] negative, I've been it's been like a roller coaster and that. One day up and next day you're down, you're up down, up down, up down and you just get sick man. (working-class male)

5.3 IDENTIFICATION OF MIDDLE CLASS DYSLEXIA

When comparing middle-class narratives with the working-class group distinct assumptions by educational professionals became apparent in relation to the intelligence levels of working-class participants owing to the nature of their diagnoses. This became apparent in that the entire group of working-class participants were diagnosed in adult life, whereas the middle-class participants received a diagnosis during education. The stereotype of dyslexia being a middle-class disorder has existed almost as long as the label itself. Elliot and Place (2004) refer to this stereotype when discussing inconsistencies within the diagnostic process and how socio-economic division can directly influence the diagnostic process of dyslexia (Elliot and Place 2004: 221). The data could demonstrate a discrepancy within the diagnostic process as middle-class participants were diagnosed almost entirely within the school environment. All middle-class participants, after initial concerns were raised, were assessed and diagnosed as dyslexic and none misdiagnosed as having a restricted IQ. However, it must be observed that the majority of middle-class participants were diagnosed through the private sector. This can illustrate the cultural capital argument (Skeggs 1997; Sullivan 2001) as middle-class parents had knowledge and financial capital to challenge and control educational discourse. When analysing the middle-class group three distinct categories emerged in relation to the period when dyslexia was discovered and diagnosed. This consisted of a diagnosis occurring during primary school, at the beginning of the GCSE period within secondary school, and during university life.

5.3.1 Primary School Recognition of Dyslexia

The participants who were diagnosed in primary education consisted of three middle-class individuals; Adam, who was diagnosed at the age of eight; Fiona, was diagnosed at nine; and Megan, who was diagnosed at ten. All three participants reported that they had little memory of the actual diagnostic process. Osmond's (1993) biographical research into dyslexia reports that children who are diagnosed during early life are often categorised within the more severe spectrum of dyslexia. Early diagnosis has led Adam to permanently construct the concept of 'self' through the notion of dyslexia as he has little memory of pre-diagnosed life. He reports a vague memory of falling behind in class which led consecutively to his parents taking him to the Dyslexic Institute where he was officially diagnosed. Adam's memories of attending the Dyslexic Institute during the early period of schooling were extremely pleasant, as these classes had very little impact (at this stage) in relation to the feelings of isolation:

I really enjoyed the lessons [at state school], but they weren't giving us enough education in that class. And when I got this tutor, this dyslexic tutor ... then things started to really happen, like, I wasn't getting my d's and my b's mixed up, and I was learning how to say vowels and basically getting to grips with the English language. [But] really and having fun with it as well, that was the main thing. (middle-class male)

Similar experiences were reported by Megan in relation to the initial period of diagnosis as her parents recognised certain dyslexic traits in her owing to her older brother also being dyslexic. Megan also reports some memory of attending the educational psychologist, who explained to her what dyslexia meant in relation to her educational abilities. Her mother later explained that dyslexia was something children had and that she would grow out of it. This is not the case, but Megan held this belief until late in her school career. Like Adam's, Megan's first memories of the diagnostic process were also quite happy in early life, as they gave her an explanation of her literacy problems at school. Both Adam's and Megan's early experiences of professionals and educational support were reported to be productive and positive during the initial diagnostic period.

However, this was not the case for Fiona. Fiona is the only participant who had had private tuition in primary school and reported it as a negative experience. For Fiona the majority of the support was in relation to extra English classes. Her being diagnosed with dyslexia only intensified the number of English lessons, which she disliked because of the nature of her impairments. Fiona is the only participant whose experience relates to Edwards's (1994) study 'The Scars of Dyslexia' examining a specialist dyslexic educational environment. She feels these classes had very little positive impact in relation to literacy improvement:

I was diagnosed with dyslexia when I was nine which then led to a lot of special English classes. Which I'm not sure if that was even worse. I remember being made to read through a lot of plastic folders and things like that. It was just, it made things even harder. So I got some help when I was nine and then I went to secondary school with the reading age of nine (middle-class female).

On the one hand, this confers a level of validity on Elliott's (2005) research, which highlights the fact that certain dyslexic teachings do not focus on an individual's strengths and weaknesses. It also illustrates that dyslexic lessons might not work for every pupil with dyslexia. However, it must be considered that Fiona's reading age gap could have improved during this extra tuition later in her school life, as we can see considerable improvement and achievement within her academic career. This is highlighted by Fiona successfully leaving university as a Doctor of Social Science. However, Fiona's life story does relate to previous research (Osmond 1993; Edwards 1994; Riddick *et al.* 1999; McNulty 2003) on psychological issues relating to emotional and self-esteem problems caused by the label of dyslexia.

5.3.2 Secondary School Recognition of Dyslexia

Within the study, a further two middle-class participants (Jane and Elizabeth) were diagnosed during secondary school at the age of fifteen, just before the GCSE assessment period. According to Osmond's (1993) research, thirteen is the average age for dyslexic detection within school children. Both these participants struggled with literacy in relation to their reading speeds and spelling abilities, here literacy tasks would

take four times as long for these pupils to complete as they would for their peers. Both felt that they worked twice as hard as other pupils and struggled to obtain a competitive mark. Jane, especially, reports on frustrations in relation to the educational examination process as she would correctly complete the first half of the exam but could not keep up with the rest of her peers within the given time limit.

Both Jane and Elizabeth were approached by their class teachers, who discussed concerns about their literacy abilities in relation to their verbal reasoning and stated that they thought that there was a possibility that they might experience dyslexia. Jane reports that before she was diagnosed with dyslexia she had a very negative perception in relation to the impairment. This led to her obtaining an assessment without informing her parents, as she saved up £300 in order to acquire an assessment without their knowledge. Jane states that this upset her mother:

She was quite angry at me because I went behind my parents back because I was too scared to talk to them about it. So when my teachers suggested that I, you know, got these tests done I saved up my pocket money and I went out of school one day, got the train, all sorts of things and I think that hurt their feelings a little bit, but I don't, even though I've had certificates and I've failed all the tests, you know, I've talked to them about it, they're not totally convinced (middle-class female).

Jane reports that she did not want to inform her parents that she was dyslexic until she had a definite yes-or-no answer. Her feeling of anxiety in relation to informing her parents was due to the fact that she thought her parents would no longer see her as 'perfect'. This highlights a distinct impact that socio-economic positioning and cultural capital have on gaining access to dyslexic assessment. However, Elizabeth, when discussing her thoughts of being told she might be dyslexic, stated that before her diagnosis she believed that 'dyslexic' was just another name for people with a low level of intelligence. Fortunately for both participants the explanation given by their class teacher helped them to come to terms with and understand the meaning and impact of dyslexia, which reassured and prepared them for the assessment. Both participants referred to a certain level of stigmatisation based on the stereotype of dyslexia, which contradicts Elliott's (2005) notion of dyslexia being a label which is related to high academic

achievement. Nevertheless, owing to the teacher explaining the nature of dyslexia the assessment reassured both Elizabeth and Jane that their literacy inabilities were due to biological reasons and not caused by low intellectual ability. This in turn led to educational support, which the participant reported, enables her to compete with the non-dyslexic students.

Unfortunately, access to support was not always straightforward, as can be seen in the case of Elizabeth. When she enrolled at university she was informed that she would need another reassessment. This was because her local education authority had not paid for an educational psychologist to complete the assessment. Universities and colleges (Britain and Wales LEAs) will only accept an assessment completed by an educational, occupational or clinical psychologist (DfES 2004). Elizabeth reports:

Last year I sent my assessment from school up here but it wasn't good enough so I had to have a re-assessment here, [with an] educational psychologist when I came up here last year and it pretty much took the whole year for me to be tested. I had to go home and have an interview with the local Kent Council for an assessment of needs to improve myself. So, last year I actually relied on the computers [within the university halls of residence]. (middle-class female)

This took almost one year, during which Elizabeth was left without adequate support or equipment. The outcome of the assessment, even though it was far more in-depth, only confirmed what Elizabeth already knew (that she had dyslexia) and sequentially increased the stress levels of university study.

5.3.3 University Recognition of Dyslexia

Only one of the middle-class participants was recognised after leaving mainstream education. Christopher's experience of the diagnostic process differs from that of other middle-class participants as he attended secondary school in the 1960s when recognition of the syndrome was not fully accepted with the British education system. Nevertheless Christopher did complete an IQ assessment during school, in which he scored between 140 and 150 on verbal reasoning, compared with only 80 in relation to literacy ability. Unfortunately, this did not lead to him being put forward for a dyslexic assessment.

However, Christopher states that his primary school was predominantly working-class and he feels he also would have been categorised as working-class during this early period of his life (see methodology). This could explain why he was not diagnosed with dyslexia during this period after his first school IQ assessment. He was finally diagnosed during level 1 of university life owing to him volunteering for a research project, funded by the Rowntree Trust. The research was developing an improved diagnostic process aimed at discovering developmental dyslexia within adults. Christopher states:

I was diagnosed as being dyslexic ... at City University London, there was a study being done at I think Middlesex hospital, funded by the Rowntree Trust and they did an assessment ... And sitting there I thought shit ... So I had to re-establish where I was ... that was very mechanical. So this was, I suppose a bit of liberation, but in a sense, but, at that time it was still the case that I couldn't spell, I couldn't write and it really was a problem (middle-class male).

As Christopher reports, this diagnosis made little difference in relation to the support he received at university. However, he feels that this is due to dyslexia not being categorised as an official impairment. Not being diagnosed until university was a 'product of the times'. Christopher feels this would not happen in contemporary education, as he assumes that the diagnostic process is far more developed than in the 1960s. Christopher got through university because of the unofficial support of his partner; nevertheless being diagnosed with dyslexia was still liberating, as it explained why he had difficulties with literacy and other dyslexic traits. This gave a practical biological cause for his restrictions and confirmed what he already thought about his own intellect. Christopher states that the diagnostic tests allowed him to finally put the 'lid on the coffin' in relation to his literacy inability, which paved the way for an acceptance of his impairment. When asked if he thought the diagnosis of dyslexia was important within contemporary education he replied:

What I would say is that there's aspects of a developmental condition that, seems to me clearly to have associated with them a set of interventions. Which if they are appropriately deployed lead to far better results both at the individuals of the society [level] than if they're not. So what we're saying here

is that there is something that can be recognised, there's something that can be done about it and it's a crime not to do that about it. (middle-class male)

5.4 THE ROLE OF THE EDUCATIONAL PSYCHOLOGIST

Within this study the assessment process, for the entire group, was carried out by a relevant type of psychologist (see Chapter 4). Both working-class and middle-class participants reported that the general feelings were that these psychologists provided very little information about the effects, or symptoms, of dyslexia during or after the assessment process. Two middle-class participants highlighted this by stating that the educational psychologist was very clinical and 'matter-of-fact'. Neither group reported that the educational psychologist offered any explanation or support. No discussion took place about either the positive or the negative implications of being diagnosed with dyslexia. The only task their educational psychologist engaged in was to confirm the existence of dyslexia. Jane pointed out that if she had been a more emotional type of person the clinical nature of the assessment could have been upsetting, but she personally was quite pleased with the 'yes or no' type of assessment since her class teacher took the role of explaining issues in relation to dyslexia:

He [educational psychologist] was just very matter of fact. You know, went through all the questions, marked all the questions, kind of said oh, sign this form this means you're dyslexic, sort of thing. So his attitude was kind of seen it all before, you're one of those, not one of those. My form teacher who first told me was really sympathetic and lovely (middle-class female).

This was also the case for the entire dyslexic working-class group, who reported that no advice or explanation was given by the educational psychologist or support staff, leaving three participants with little understanding of dyslexia. Jim highlights this by demonstrating very little understanding of the assessment process or overall conception of what dyslexia means:

Well to me some, some of the things they done to me, I didn't need doing, like they were giving us a big square thing and [were] saying put that together over into there, for what? What's that got to do with dyslexia? To me dyslexia is

reading and writing, not doing these objects I can do that, or say, what's your left or your right, I say so what? ... Dyslexia is reading and writing, to me they should have sat us down with paper and says well, do something, like write a story or something and we'll correct [it]. (working-class male)

For two of the working-class participants, a diagnosis was about improving their literacy skills, and being labelled with dyslexia was no different from being labelled with any other learning disability. Both stated that being diagnosed with dyslexia only confirmed what they thought they already knew, that there was something 'wrong' with them which prevented them from competing with their peers. However, as two participants attended the PALS project and five attended university, these seven participants did in turn receive information on dyslexia after the assessment took place.

5.5 PERSONAL REACTION'S IN RELATION TO THE DIAGNOSIS

As was discussed in Chapter 2, a critical voice on dyslexia has also come from within disability studies (Ho 2004). Ho (2004), using an anti-medicalisation perspective, deconstructs the labelling process of dyslexia as problematic. In the opinion of Ho (2004), a dyslexic diagnosis is situated within a medical model discourse. The researcher makes the claim that the diagnostic process is in fact subjective and based on assumed biological distinctions between normal and abnormal brain function within medicine. As the diagnostic process is based on child performance as well as psychological assessments, Ho states: 'it seems that diagnosing learning disabilities is not totally a medical science but something of an art' (Ho 2004: 89). If we use this approach, it not only criticises dyslexia diagnosis but psychological procedures in general. This would suggest that the symptoms of dyslexia are not universal and are entirely socially constructed.

To reinforce this, all the participants referred to the impact social barriers, produced by literacy inabilities, had within their biographical narratives (refer to Chapter 7). However, within this study participants reported that dyslexia was more than just a label that described reading and writing difficulties. This was confirmed by participants reporting on the less well-known symptoms which are reported within the medical literature as separating poor readers from people with dyslexia (Miles 1994; Snowling 2000). Within

this group, seven participants reported difficulties in pronouncing words, which often causes more embarrassment than literacy inability. Literacy inabilities to a certain extent can be hidden, whereas language is part of everyday communication. Elizabeth states:

I used to get very frustrated with not, I mean, I still do get frustrated with not being able to say things. But I mean, I can say everything, it's just how I mean. Sometimes I can't get it to come out. Before I just used to get so frustrated at not being able to pronounce things properly ... I just get really frustrated with not being able to speak out sometimes in certain conditions ... I think its probably more embarrassment, associated with sort of my speech due to the fact its so much more obvious, when I do a piece of work it just goes to one person and they'll read it ... with speech, its like you're usually speaking to like a group of people and there's more of them ... my worst bits of my dyslexia is where it causes me to become embarrassed, not where it holds me up academically, so yes, it would definitely be either the speech or short term memory (middle-class female).

This has in turn had an impact on Elizabeth self-confidence, as she reports that she feels uncomfortable when drawn into a debate at university and with her peers. This has also caused her to be extremely self-conscious about speaking in public to a large group, as the stress of worrying about her forgetfulness or saying the wrong word often exaggerates her disability. Megan also reports having similar problems with speech and describes how her speech difficulty affects her general life:

My speech, I tend to turn words upside down sometimes, um, and, like now I'm quite tired and I'm probably going to fight for words, cause I forget the word, I forget names and I'd be in the middle of a sentence, you know try and get this word out which I know is there and I've forgotten what it is (middle-class female).

In addition to speech difficulties, the entire group described the impact their short-term memory difference/defect has within general life. This ranged from forgetfulness around the house or at work to the forgetting of individual names and telephone numbers. General forgetfulness in relation to phone numbers or names usually happens within

seconds of being told them. All participants reported difficulties in remembering dates and times, but only in relation to current events. However, participants reported that their long-term memory was extremely developed. New situations outside participants' daily routines were often difficult for them to adjust to, and on a number of occasions participants reported feelings of missing out sections of conversation when communicating with others. Richard reports:

Like I say, with the short-term memory thing ... It's a pain. Ya but really is beyond that it is inconvenient when I mean I try to organise myself at university and I found it very difficult to organise myself. Times and dates and things like that just don't seem to have any concept with me at all ... I sometimes find that when I'm listening to somebody in a conversation, somebody lets say lecturing, I'm concentrating most of the time, but because my concentration levels don't last that long I can miss valuable information. This isn't too bad for say a lecture you can pick it back up or you can read about it. But if that has to do with a change in scheduling for the next lectures, then it can be a problem, you've got the wrong time and just things like that. That'd be absolutely typical (working-class male).

Problems relating to speech and short-term memory were often more difficult to overcome and to hide from society, as these symptoms were far more obvious to the observer. These symptoms as they relate to education and employment are often overlooked, with very little adjustment being recognised or taking place. Participants who had discussed dyslexia with an educational professional found that very little time, if any, was given to focusing on these issues as they fall under the medial sphere.

In addition to issues of symptoms, the anti-medicalisation perspective also draws attention to the reasons why adults and parents of children with dyslexia positively seek to gain a diagnosis. Ho (2004) suggests that labelling assists parents socially, rather than confronting children's inabilities. She goes on to suggest that parents could have a child diagnosed with dyslexia to shift the blame from inadequate parental skills on to a neurological medical condition. This will consequently allow certain legal rights under the Disability Discrimination Act (2005) that will assist a child's and an adult's learning. It also allows individuals to be classified as having a certain intellectual ability where

otherwise they would have been considered a 'slow or less intelligent' student (Ho 2004: 87). As has discussed in previous chapters, Ho's (2004) dismissal of the dyslexic label is due to the medically unrealistic construction of 'normality and abnormality'. This medical model of 'abnormality' does not, according to Ho (2004), take into consideration the diversity of individuals other than labelling them as 'insiders' or 'outsiders'. Central to this theoretical approach is the concept of stigmatisation, which is associated with the disability label and its impact on people who have been labelled with learning difficulties.

To discover the legitimacy of this anti-medicalisation approach, the research focused on how participants internalised the concept of dyslexia. What became apparent within the data was that over half of all participants (working-class 5/middle-class 2) described dyslexia as a completely negative experience which had no positive or developmental aspects within their lives. This was reinforced by six out of seven participants who reported that dyslexia had restricted their lives considerably, which in turn denied them access to their chosen education and employment aspirations rather than positively improving their experiences. Within this theme, 5 belonged to the working-class group. It consisted of one participant who attended university, two who had been involved with the criminal justice process, and two that were classified as middle-class (one of these attended university and the other dropped out of college). Richard describes dyslexia as follows:

It is a problem there's no doubt about it. It's at best an inconvenience; it's at worst a pain in the backside at times (working-class male).

This highlights Jim's thoughts in relation to the restrictions caused by dyslexia within his life story, by comparing his employment role with that of other members of his family. Dyslexia has had only a negative effect within Jim's life story as he views dyslexia as a malfunction in his neurological abilities. Seven participants locate dyslexia within the neurological dysfunction theory. Their thoughts on dyslexia are firmly rooted in a medical discourse. Kevin, Diane and Jim all agree that they think that dyslexia has had a negative impact on their brain processes, which has in turn restricted their IQ ability and their life opportunities. Adam, Sandra, Fiona and Richard, a mixture of middle-and-working-class participants (including an offender) do not believe that dyslexia affects IQ but do consider it a brain dysfunction. Richard states:

I consider dyslexia, and no disrespect to yourself, I think it is probably something wrong with the brain, that [causes dyslexia]. So it's kind of the only thing that there is a negative. However, it's not such a problem that it makes you thick or it makes you incapable of living in the community, it doesn't do that, it's a different thing it's a much more subtle thing than that. So, yes, it is a negative but it shouldn't inhibit you too much. You shouldn't allow it to inhibit you (working-class male).

Fiona reports that, because of the 'dysfunctional' approach to dyslexia that she experienced in early childhood, she dis-identified with the label of dyslexia, and reports that she did not view herself as dyslexic or accept the label until she was 20 and attending university:

I didn't, I didn't think I even seen myself as dyslexic in a way until I was probably about 20, but obviously I was diagnosed with dyslexia when I was nine, so there's an 11 year period where I was definitely, where it didn't seem part of me at all (middle-class female).

Fiona describes this as being due to teachers', pupils' and parents' misinterpretation of how dyslexia affects individuals, which consecutively produced certain expectations in relation to her abilities. This on the one hand reinforces Ho's argument of over-medicalisation having a negative impact on participants' lives. However, recognising this point demonstrates that medicine unfortunately goes beyond its expertise by defining symptoms as dysfunctional rather than a result of biological differences. Once symptoms of disability are defined as dysfunctional, this constructs a medical model ideology which discriminates against rather than empowers individuals within society. Nevertheless, this does not suggest that research which sets out to understand dyslexia as a syndrome should stop completely; rather, there should be a focus on deconstructing the medical view that disability is a result of a dysfunction.

5.6 POSITIVE ASPECTS OF BEING DIAGNOSED WITH DYSLEXIA

In addition to the negative effects of dyslexia, four working-class and one middle-class participants described positive aspects of being diagnosed with dyslexia which had led them to accept their impairment. These positive differences between themselves and people without dyslexia allowed them to transform their identities from a negative label of low intelligence, before diagnoses, to a positive identity based on differences. For example, this has given Dean the confidence to confront his difficulties within social situations. He reports:

I must tell you its probably something every week, I probably have to say to someone, you know, I'm dyslexic ... cause obviously they're not going to say to you, you know, it makes them feel uncomfortable or anything like that ... I've never had anyone say well, tough you got to get on with it. I only got good thing if you can look at it that way ... they do help you more (working-class male).

Telling people that he is dyslexic is something Dean has come to terms with, and he feels that he has never been subject to any stigmatisation connected to the label. Before diagnosis, however, he would refuse to engage in any activity which involved him having to demonstrate a literacy skill of any sort. This restricted his social and employment opportunities severely. When asked to describe whether this notion of difference was a positive or negative experience Claire said:

It's definitely been positive in the sense that it makes us look at things a lot different to other people, where other people just don't see the same things as I do, and I don't know why, and I think probably it is to do with my dyslexia and because I have to, compensate for that, in the past when I didn't know I was dyslexic, so I had to see things slightly different to everybody else (working-class female).

Diane also views being labelled with dyslexia as extremely positive in relation to the original misdiagnosis of restricted IQ. Even though she too received no support after the diagnosis was made, the label was central to her redefining her own self-identity:

'Cos I'm dyslexic, [I] have me badge, so yes I'm labelled and I feel much better I'm labelled. I'm quite proud I'm dyslexic, cause I'm not thick, so I can tell everybody I'm not thick I'm just dyslexic, so just have patience with us (middle-class female).

The label of dyslexia confirmed what she initially thought and allowed her to redefine herself as intelligent but impaired, instead of as having a restricted IQ, which in turn had a positive impact on her self-confidence. Dyslexic identity, then, may be managed through the notion of difference.

As Watson (2002) points out in his research with regard to disability and identity, disabled people do not construct their identity through the notion of (medical) 'abnormalities' but through the notion of 'normality'. This approach rejects the biological determinist approach through a management process. Because of this management practice, impairment becomes a 'normal' part of life for people with disabilities. This management practice can be seen within the data in relation to the four participants who had accepted dyslexia as a positive label. However, the seven participants who chose to hide their impairment, owing to its association with low intelligence, might see the management of identity in terms of what they can or cannot do. These participants are more likely to construct themselves through a medical model notion of neurologically abnormality:

[Dyslexia] feels massively dis-apparent to me. Because it doesn't feel relevant but other people make relevant ... I think it's all about not being able to interpret written work; its phonological processing isn't it. [But] it feels a little bit embarrassing as well as it being misinterpreted and people tell me all sorts of things like (middle-class female).

No matter how participants manage their impairment, what becomes apparent within the data is the actual restrictions that a physical impairment has on individual lifestyles. Similarities can be observed between Elliott's work (2005) and that of Ho (2004), which both dismissed dyslexia as a social construction. In using Ho's (2004) social constructionist argument, which states it is the label that constructs social barriers within

society, the data highlight the fact that Ho does not take into account the reported physical aspects of dyslexia. By focusing entirely on the social construction of dyslexia no reference is made to how the impairment restricts the individual lifestyles. Using a social model approach dismisses the reported daily activities of participants and can be seen as 'disembodying' (Shilling 1997) individual experiences. This demonstrates limitations within the social model approach, which have been documented by Crow (1996), Shakespeare and Watson (2001), Shakespeare (2004; 2006), and Watson (2005). Dean highlights this in comparing his physical impairment to dyslexia:

My dyslexia's stopped me from doing what I wanted to do more than my back. My back obviously I, I'm still young, I still go out and do things, if its going to hurt, its going to hurt me you know I can't stop it. But I think now knowing that I'm dyslexic is stopping me ten times much more than the back (working-class male).

5.7 LABELLING AND STIGMATISATION

From an educational perspective (Rice and Brooks 2004; Elliott and Place 2004), the anti-dyslexic labelling approach's aims are to make the dyslexic label redundant and completely replace it with the umbrella terms (already in use) 'specific learning difficulties', 'global learning difficulties' or 'special educational needs'. From an anti-labelling perspective, using these labels without explicit reference to dyslexia should be encouraged within schools so as to describe all children who have extra learning requirements. This would prevent the formation of 'elite groups within special needs education, which, in Elliott's (2005) opinion, has happened in relation to children with dyslexia and 'poor readers'. Within the data, only one participant could relate to this standpoint. Jane, a medical student, stated that the actual process of labelling impairments is in itself unimportant as labelling should only refer to what type of medical intervention is needed for an affliction:

No, it doesn't make any difference to me, I think that society might see them slightly differently but that doesn't bother me ... you don't treat people with rheumatoid arthritis the same as you do with someone with a septic arthritis,

but that's both something under the umbrella term arthritis (middle-class female).

Jane felt that she has no problem in being labelled as having specific learning difficulties or special educational needs, as this only referred to her particular biological impairment. (It must be pointed out that Jane is one of only two participants who have never attended special educational classes/schools.) She has no problem with dyslexia being grouped together with other learning difficulties. The rationale behind this is that even when impairments are grouped together this does not mean they have a standardised treatment; but it is just a way of describing particular symptoms. However, Jane acknowledges that society might interpret these labels as different, which could have an impact on some dyslexic people's lives. This recognition of the social is what the anti-labelling perspective (Ho 2004; Rice and Brooks 2004; Elliott's 2005) had completely overlooked, as by removing the specific label of dyslexia you are removing a sense of understanding and identity. This, for the individual, is different from parental assumptions or the desire to attach a specific label within education.

When examining the work of Elliott (2005) and of Rice and Brooks (2004), I found their methodological approach used secondary analysis to collect their data. As an inevitable result of this, no attempt was made to discuss the impact removing the label, 'dyslexia' in relation to self-identity and self-understanding had. For the majority of the group (12), the term 'special educational needs' or 'specific learning difficulties' was inappropriate. This was partly due to their schooling experiences, which participants felt grouped them together with children with different learning disabilities as well as with children of lower ability. The label in itself was described as positive, as it did not group participants together with people with other learning disabilities. Adam highlighted this in stating:

I don't find the word dyslexic offensive and to be honest with you ... no, I just don't find it offensive at all (middle-class male).

In a sense this can be viewed as a construction of hierarchy within disability, which was central in singling people with dyslexia out from other, non-disabled children. This is not to say that the label of dyslexia is not stigmatised: Adam feels that dyslexia's being

classified as a 'special need' within education has led to it being misinterpreted. Referring to this stigmatisation Adam states:

When I was at primary school there was... further down the hill there was a school called Newcastle Road School which was for special needs kids. To be going into this special needs class, I think some of the other kids, just might have seen me, and [I] saw me-self, as one step above the Newcastle Road lot [pupils] ... It was always like 'are you going to the 'spastic' class?'.
(middle-class male)

It was not the actual labelling of dyslexia that caused Adam a high level of stigmatisation at school, but association with another stigmatised label/group. These attitudes were central to the stereotypical view of dyslexia. If Adam's interpretation is correct then categorising all children with additional needs together without individual labels, which the anti-labelling perspective suggests, would only increase the stigmatisation associated with dyslexia. Fiona expands on this in stating:

I probably use the language of like different needs or specific needs, or you know, a bit of support with certain things but, or maybe special needs is too generic. It makes you feel like everything, its everything, like you know, I've specific issues with spelling and reading and writing but it doesn't affect me playing sport or it doesn't affect me, I don't know, thinking about things. Or it doesn't affect my intelligence, or these things, so I think special needs always feels a bit like, maybe it's being used in this pejorative category. Anyone who doesn't fit this box of normal and I don't know, I definitely don't like the whole idea of being special needs. (middle-class female)

The entire group felt that they did not have special needs, only different needs from those of people without dyslexia. Again, this can be directly linked to Watson's (2002), research which demonstrated a normalisation process which is managed through the development of strategies. Nevertheless, three participants felt that in some severe cases of dyslexia individuals might actually have special educational needs. The label of specific learning difficulties was viewed as being less stigmatised than the special needs label. The entire group, however, preferred the term 'dyslexia' in relation to the

formation of their personal identities. Unfortunately, because of certain social class assumptions three participants reported a high level of stigmatisation produced through stereotypes within education. These stereotypes (even when they were meant to be positive) were reported as being counterproductive. Because dyslexia has been described as problematic within education (the dyslexia myth), an association has been made between middle-class children and low intelligence. Fiona reports:

If I say I'm dyslexic then you think oh you must be thick then, ya you come from a middle-class family, and there aren't, you know, oh right, dyslexia's just another word for thick. That's probably the main thing and I'm trying and untangling that is probably that people with my experience has been that dyslexia wasn't actually seen as very real (middle-class female).

This idea of dyslexia being perceived as a middle-class myth was also reported by Jane and Elizabeth, both middle-class females who attended university. Both reported being reluctant to discuss dyslexia with other students as both gained high marks at university, which in turn led friends to question their dyslexia and see it as a form of access to equipment and extra time in exams. This, they report, was reinforced by the stigmatisation that viewed dyslexia as a middle-class label for pupils of low intellectual ability. Fiona states: 'it probably does link back to [the fact] that there aren't thick middle-class kids just dyslexic ones'. This stereotyping of the middle-class group underpins the 'dis-identification' (Skeggs 1997) of dyslexia and was central in creating stigmatisation.

5.8 CONCLUSION: POOR READERS AND SOCIAL CLASS

In line with Elliott's (2005) research, fundamental differences can be noted between the assumed intellectual ability of the working-and middle-class groups, which could translate into the concept of 'dyslexic pupils' and 'poor readers'. Elliott suggests that the concept of dyslexia is scientifically unsound and one could ask the questions, why is one (small) group of 'poor readers' categorised as dyslexic with access to specialised teaching/technologies and another (larger) group categorised as 'poor readers' who in turn receive very little support (Siegel and Himel 1998; Elliott's and Place 2004; Ho 2004; Rice and Brooks 2004; Elliott 2005)? Elliott (2005) believes this is where the 'true' inequalities lie within education, as his research states that similar teaching techniques

work and improve both groups of learners, no matter what assumptions are made in relation to their IQ levels.

Within this study this point is highlighted by the fact that working-class participants were classified as 'poor readers' rather than as having dyslexia at school. This is also demonstrated by the age diagnosis within the data, as none of the working-class group received an official dyslexic diagnosis until after leaving their secondary school, whereas only one middle-class participant was not diagnosed within state education. An example of this age difference between social classes is shown by comparing the average (mean) age of diagnosis between the working-class and middle-class groups. The working-class group exhibited an average (mean) of 35 years compared with the middle-class group, which scored an average (mean) age of 11 years (this data was obtained from the quantitative analysis of 77 subjects; see Chapter 4). However, this only reinforces the concept of educational perceptions relating to socio-economic intellectual ability. This analysis shows that middle-class pupils are more likely to be defined as dyslexic than their working-class counterparts during education (Siegel and Himel 1998; Elliot and Place 2004). Nevertheless, this does not support the anti-labelling claim that the dyslexic label is becoming redundant (Elliott and Place 2004), but presents evidence that dyslexia is under-diagnosed, especially within working-class education. This is also in direct contrast with Rice and Brooks' (2004) conclusion that dyslexia is over-diagnosed within British culture, making the label meaningless. This also does not support the opinion that it is parents who push local education authorities into labelling children in order to define them as 'intellectually bright' as well as gaining access to support/equipment (Ho 2004; Elliot 2005).

This conclusion of over-diagnosis is not supported by evidence within this chapter. As we have discussed, the dyslexic diagnosis was only marginally improved within the middle-class schooling system as four out of the six participants were diagnosed by private means. Fortunately, diagnosis took place within the first six years of school life. This reveals that the middle-class group were also affected by issues of accessing dyslexic diagnosis and support. Nevertheless, a key difference between the social class groups was that middle-class parents had access to financial capital which gave them power to obtain support by private means. The majority of middle-class participants can be seen as surviving mainstream schooling, as they gained university entry (with the exception of

one). It can be hypothesised that this is as a result of five participants receiving private tuition outside school. However, in the middle-class participant who did not succeed in (middle-class) education gave an account of attending a predominantly working-class school. Like his working-class counter parts, he did not receive any private tuition and only attended mainstream special needs classes.

Alternatively, if we use Ho's social model anti-labelling ideology, which suggests that disability is completely socially constructed and that inequalities only exist through social barriers, this can be seen as disembodiment of the actual lived experience of having the biological impairment of dyslexia. Within this chapter, the embodied experience of dyslexia has been central in understanding and constructing the personal identity of the participants. The recognition and management of dyslexia were also central in participants constructing themselves as 'normal' within contemporary society. Using a disability rights approach (Ho 2004) to remove labels in order to recognise everyone as different and create a society of inclusion in reality only allows educational discourse to strengthen its power of exclusion over the dyslexic population. In reality, the removal of the label 'dyslexia' would not only result in the removal of dyslexia's recognition as a disability and people with dyslexia as a minority group, but also in the eradication of legal representation. This would end in the dyslexic population being removed from current disability legislation.

However, Elliott also states that 'we are however, familiar with accounts of many famous people such as Churchill and Leonardo da Vinci who, despite reading and writing difficulties, achieved greatness. From such individuals, perhaps, we should recognise the fact that reading difficulties are not necessarily barriers to success' (Elliott and Place 2004: 237). Nevertheless, as we have seen within this chapter, individuals who were either misdiagnosed with learning difficulties or labelled 'poor readers' consequently experienced educational failure. In reality, the average person with dyslexia will not become Prime Minister or even a revolutionary artist. This comparison has little relevance in relation to the management of literacy inabilities and is patronising to individuals who have to live with restricted literacy and memory abilities within contemporary society. This chapter has highlighted that the anti-labelling proposal to remove or eliminate the dyslexic label does not take into consideration the personal feelings of people with dyslexia living within society. Elliott and Place's (2004) research

demonstrates little understanding in relation to the construction of the personal and collective identity of people with dyslexia. Furthermore, the refusal to label people with dyslexia in order to categorise them together under the general term 'special educational needs' could only increase the level of inequalities and exclusion of this community. The data within this chapter has indicated that the question is not about the removal of the dyslexic label from education and society, but about the need to develop and improve the current assessment process. This will result in an increase in diagnostic levels so that the current undiagnosed population can access the support and acknowledgement required to enable them to reach their full academic, employment and social potential.

CHAPTER 6

SCHOOL LIFE AND DYSLEXIA

Bad blood, feeble mindedness, genetic inferiority, eugenics ... these terms are associated with another age: they are the discredited and disregarded language of a pseudo-scientific tradition that wrought incredible injustice during the twentieth-century and are widely viewed with contempt. Such terms are no longer used but, we [would] argue, the same underlying approaches continued to exert a powerful influence on the policy in practice of contemporary education. (Gillborn and Youdell 2001: 65)

6.1 INTRODUCTION

From Gillborn and Youdell's (2001) viewpoint, educational discourse categorises pupils by using an ideology worthy of a eugenic tradition. These educational assumptions are based on the notion of educational superiority/inferiority, which, depending on where a pupil is placed, determines the level of education obtained during school life. These experiences evidently have an impact on an individual's life course as the level of the education obtained often dictates the classification (manual, non-manual or professional) with which individuals enter the workforce in bourgeois culture. As Sullivan (2001) suggests:

[Educational] cultural capital is inculcated in the higher-class, and enables the higher-class student to gain higher educational credentials than the lower-class student. This enables higher-class individuals to maintain their class positions, and legitimates the dominant position that they typically go on to hold. (Sullivan 2001: 894)

The maintenance of a higher-class generational positioning is justified by an assumption of intellectual superiority which has been rewarded by educational achievement. However, educational ideology is structured by certain (illusionary) social and structural philosophies which draw on the concept of universalism. As was discussed in Chapters 2 and 3, educational philosophy asserts that every British citizen, regardless of their social

origins, has the right to a standardised and equal education. This universal educational ideology has constructed an educational discourse where educational failure is the fault of individuals rather than of the state or society. Cole (2005) and Biesta (2004) highlight (see Chapter 3) the transition between the 1960s–70s educational ideology of ‘welfarism’ (social change) and the culture of ‘new managerialism’ which has now replaced it within contemporary society (Biesta, 2004: 54). This has consequently led to an education system which encourages a culture of ‘winners and losers’ (Mac an Ghail, 1994: 16–18). ‘New managerialism’, when applied to the universal concept of an equal education, specifically implies that everyone within the education system starts at an equal point and that it is talent and hard work which allow individuals to become successful within the economic market.

Within this chapter, the research will show that this educational ideology is problematic on a number of fronts. The data directly contradicts assumptions made by an educational ideology in relation to the notion of universalism and its assertion of every citizen having access to a standardised and equal education. The analysis explores these assumptions by presenting certain discriminatory practices which prevent pupils with dyslexia from obtaining high levels of education. An essential theme will be to discover if socio-economic status affects the social construction of severity in relation to dyslexia. The chapter will investigate the implications of how intelligence is understood within an educational context. The analysis will highlight access to levels of (special needs) education within the schooling system. It will concentrate on the relationship between the pupil’s with dyslexia’s formal and informal labelling and how successful this has been in assisting the participants in gaining educational qualifications. The data will examine behavioural patterns of both pupils and teachers to examine certain power relationships through the process of social interaction, and investigate how this is reinforced by state influences corresponding to educational success (winning) and failure (losing). The chapter will conclude by examining the impact education has within individual life stories by shaping perceptions of success and failure in the early years of life. It will consider the impact thereafter by assessing how education constructs notions of personal and collective identities through self-confidence and self-perception and ask the question, are dyslexic perceptions reinforced by educational assumptions of normality?

6.2 INDIVIDUALISING INTELLIGENCE

The universal assumption of educational success is illustrated in the work of Gillborn and Youdell (2001). They suggest that education socially constructs assumptions in relation to the level of intellectual abilities of individuals. Gillborn and Youdell (2001) argue that the notion of ability within contemporary education has become confused with the idea of intelligence. When a pupil obtains an educational qualification there is an implication that students are of a high level of intelligence. This allows access to particular professional employments that are deemed successful. If an individual fails at the first level of assessment presumptions are made about the level of commitment and/or intellectual ability that the individual possesses. The 'individual model' (Oliver 1996) approach masks institutionalised inequalities and discriminations within the education system. This method prevents the shift from individual responsibility to state responsibility; in it, failure is due to individual intellect rather than state commitment to mass education. As Megan suggests:

If you're dyslexic in a class of 30 [you're never] going to be able to get individual tuition. I think if the class size was small, if there are no more than say 15 in a class... the child ... maybe able to be picked up [as dyslexic] ... But as it is, you've got 30 children half of which aren't going to learn anything. I think it's absolutely cruel and I think the problem is the educational system (middle-class female).

The educational discourse around intellect conceals the State's relationship with underfunding, which allows inadequate and discriminatory teaching practices within the schooling system. This concealment operates through the individualised nature for blame. The blame of educational failure is inevitably placed on the individual on account of their supposed lack of commitment or inadequate/abnormal IQs. The westernised educational view of intellectual ability translates into their notion of success (bourgeois acceptance) or failure (proletarian employment/unemployment) on a social level. Because of the nature of the disability, dyslexic pupils' literacy levels are transformed into assumptions of intelligence or commitment. Christopher (a middle-class male) reports:

Well, the soul-destroying experience of knowing that you've put effort into a piece of work and all you got back was a line through every 2nd or 3rd word. And the teacher hasn't actually read what you've written, but had just marked your spelling, it was soul-destroying. And you know, it leads you to not want to make any effort ... I think because they didn't understand, they thought I must be lazy, it must be you ... the assumption was it was my fault (middle-class male).

This statement illustrates the individualist ethos in education, where blame falls on the pupil rather than the system. As was discussed in chapter 2, assumptions about educational abilities are often mistaken for the ability to read and write. This assumption is illustrated by Davies (2001), who argues that 'literacy is seen as a universal good, and is an indicator of human development' (Davies 2001: 145). Literacy ability is often seen as a measurement of success in education's culture. Fiona reports:

I wasn't very confident about secondary school and stuff. And I think some of that came from problems with dyslexia and [some] being at school. Not being ... able to read and write very well meant that I wasn't very good I just didn't do very well (middle-class female).

The above statement highlights how educational assumptions in relation to abilities are not only accepted by the non-dyslexic population but are also internalised by dyslexic pupils. This individualised approach to educational failure has an unavoidable impact on self-perception and the construction of personal identity. When identity is developed within infancy and adolescence teaching discourses are central to a person's view of their own intellect, internalising this individual approach. However, dissociating ability and intelligence illustrates how educational ideology fails to compensate for differences in learning with regard to dyslexia and other learning disabilities reinforcing the 'individual model' within education (Oliver 1996). Revealing this individual ethos shows how the concept of intellectual ability constructs an effective cover to mask the institutional educational failings associated with specific learning disabilities.

6.3 SOCIAL ASPECTS OF LEVELS OF SEVERITY

The individual model not only constructs a link between literacy skills and intelligence, but is also affected by issues of dyslexia and socio-economic status. The data shows that middle-class dyslexic participants experienced far less painful memories in their biographical narratives than their working-class counterparts when discussing their intellectual abilities. As was discussed in the previous chapter, this suggests that certain institutionalised attitudes within education exist when dealing with pupils from alternative social class backgrounds (Siegel and Himel 1998; Maguire 2005). These attitudes translated, within the research, into certain assumptions in relation to the intellectual levels of working and middle-class pupils. The implications of intellectual ability seemed to manifest in categorisations of severity. Severity obviously plays a central role in forming self-perception in relation to dyslexia. The severity of developmental dyslexia is based on the assumption of the medical concept of neurological dysfunction, but this research analysis indicates that severity can have a direct link to the teaching provision of individual schools. This is revealed by comparing working-class and middle-class life experiences. Working-class participants reported themselves as belonging to the more severe end of the dyslexic spectrum, whereas middle-class participants reported themselves as belonging to the less severe side:

Well, a dyslexic person to me is somebody that cannot get on in society as good as somebody else because they can't read and write. You've got to, when I was brought up you've got to learn to read and write to get on in life (working-class male).

I actually see myself as advantaged I think because as I said I don't think that I've been disabled by my dyslexia. I've learnt how to cope with it, I perform well, I'm comparable to my peers (middle-class female).

Within the interviews, both socio-economic groups reported similar symptoms. However, middle-class participants had developed more detailed coping strategies (and had very much greater access to particular technologies) than working-class participants. This consequently played a fundamental role in producing restrictions, which in turn intensify personal experiences of impairments. These restrictions were understood

through the concept of severity. When participants spoke about severity it can be hypothesised that they were referring to the levels of disabling barriers they experienced within adult life. If we use this interpretation, similarities can be made between Pffeiffer's (1991) research on disabling barriers and social class (discussed in Chapter 2) and the concepts of social class and dyslexic severity. As with physical disabilities, disabling barriers relating to the severity of dyslexia were intensified the lower the socio-economic status. This indicates that disabling barriers are not universal, and are intensified or reduced according to the access dyslexic participants have to economic and social capitals.

6.4 SOCIO-ECONOMIC STATUS AND EDUCATION

Educational provision (or the lack of it) seemed to affect perceptions of severity and could be due to schools being generally more supportive of middle-class dyslexic pupils. This showed that dyslexia had a lesser impact on educational levels within the middle-class group than with the working-class one. These educational provisions transformed self-perceptions, as the working-class group defined themselves as academic failures whereas the middle-class group constructed their identity through the idea of being potential academic achievers. Generally, the middle-class dyslexic person's focus was relative to literacy inability, which had a direct impact on their self-understanding. This was primarily due to the pupils' realisation that they could not achieve the same literacy standards as their peers at school. In one severe middle-class case, a participant reported that they had not been able to read at all up until the age of ten. This indicates a level of failure within middle-class primary schools and could give an indication of diagnosis difficulties within early years education. Yet the research shows that middle-class secondary education has (within the last fifteen years) improved considerably, as schools provide extra lessons, plus parents were contacted about pupil's learning. Nevertheless, five middle-class parents still had to obtain private lessons outside school, and four parents acquired a private diagnosis for their child.

Controversially, this was not the case when comparing working-class experiences. As discussed in the previous chapter, no working-class participants were recognised with dyslexic tendencies during school life. Working-class participants who took part in the study indicated that in their opinion this was due to teaching staff being less tolerant in

relation to pupils' literacy difficulties. This was reinforced by the scant support they had from parents owing to financial issues and other, cultural factors. This resulted in them reporting that they had very limited literacy ability by the time they left secondary education, which in turn escalated into academic and often employment failure. These feelings escalated into barriers caused by severity, as disabling factors influenced and restricted working-class participants' lives far more than their middle-class counterparts'.

Issues of socio-economic status also had an impact on special educational needs classes, as most working-class (and a small number of middle-class) participants attended special needs classes within their educational life. Participants who reported attending these classes felt that they caused increased levels of stigmatisation and were central to feelings of abnormality within school life. With the exception of stigmatisation, participants reported that special needs sessions made no great improvement in relation to their overall literacy abilities and their development of coping strategies. As no improvement was noted by the school, again blame fell on the pupils, as they were viewed as being of low intelligence, as opposed to on the structural failing of inadequate (special needs) teaching techniques. Many pupils who attended these classes reported that they were grouped together with children who they considered as having lower intellectual ability. In a small number of working-class cases the teaching focus did not attempt to engage in literacy ability or coping strategies at all, and participants felt that these classes were just designed as an environment for holding difficult children.

For the five middle-class participants who purchased specialised private tuition, stigmatisation was considerably reduced. One reason for this was that pupils were not singled out at school as these lessons were outside school hours. In addition, many of their peers were also receiving private tuition in other subjects, reducing feelings of otherness. However, even though these lessons were less stigmatised not all participants felt that they improved their learning strategies, as Fiona, a middle-class female, reports:

My experience definitely was with all these old, well-meaning, batty, old women and you know these extra English classes. And often they were terrible in terms of everyone always speaking down to you slightly, saying well done in a slow voice, and all this sort of stuff, and not really taking you very seriously. Maybe it was this, you know, a lot of those people didn't see beyond the

dyslexia at all, maybe that was their job, really, but they couldn't see beyond the dyslexia. We'd never talk about things [in relation to dyslexia] ... it was always just about spelling and writing (middle-class female).

Four of the working-class participants reacted to their learning difficulties by adapting rebellious or delinquent behaviour in school life. The most common form of this type of behaviour was playing truant. Truanting became the normal reaction to problems at school. Participants reported that it was pointless attending school as they were unable to learn and felt excluded from their peers. While they were at school, disruptive behaviour in class was reportedly due to frustrations at not being able to complete a simple literacy task. Pupils, direct reactions to dyslexia were to hide literacy inabilities from their class peers through disruptive behaviour. This behaviour usually resulted in pupils being removed from class, allowing them to construct a rebellious identity instead of being classified by their peers as having low intelligence. The concept of rebellious and delinquent behaviour was highlighted by Dean:

The naughtiness is just being really, really cheeky. You know it was like take the emphasis off me and put it on to being naughty. You know, it stopped, people asking me questions. If I was cheeky, obviously then she [the teacher] used to send me out of the class, it got me out of doing the home-work ... I never actually swore or anything. It was just being downright cheeky and back chatting and you know, talking when you shouldn't be talking. Anything that you shouldn't be doing I was doing, because I couldn't do the work that they wanted me to do. So I just sat there, disrupting the class all the time ... I thought well, [school] it's pointless yeah. That's why I gave up. (working-class male)

To emphasise the different education experiences affected by socio-economic positioning, the research examined the qualifications gained by participants within the study. Middle-class participants' frustration at their inabilities (owing to levels of impairment) was seemingly overcome by their gaining certain levels of educational success. This was demonstrated by all (but one) middle-class participants obtaining the relevant qualifications to be accepted at a British university. This reinforced their social class position within society, and accentuates Gillborn and Youdells' (2001) 'A-to-C

economy'. Middle-class participants' acknowledgment and acceptance of dyslexia resulted in formal and informal learning strategies which were fundamental in their obtaining educational success though standard educational qualifications.

This was not the case with the working-class group, as the entire working-class group left school with virtually no academic qualifications. An argument could be made that dyslexia (diagnosed or undiagnosed) has little effect in relation to obtaining qualifications as middle-class participants are more likely to succeed within education, owing to their middle-class cultural capital, than their working-class counterparts (Skeggs 1997; Sullivan 2001). However, acquiring few qualifications is not the only by-product of an inadequate education as the entire working-class group left school with extremely limited reading and writing skills which, in five cases, prevented them from obtaining general (working-class) employment.

6.5 TEACHERS' RESPONSES TO DYSLEXIA

These educational structures were reinforced by teachers' reactions to pupils. The implementation of teaching provisions evidently had significant 'meaning' for each participant within the study. Discriminative practices became apparent from the onset within the participants' life stories which, cut across social stratifications. As has been discussed, a central theme focused around inadequate educational provisions that excluded or did not incorporate sufficient teaching techniques for dyslexic learning within mainstream schooling. These participants (11) reported that many of their teachers at school lacked understanding in relation to the nature of their impairments, focusing continuously on their literacy inabilities. Within this study, research participants predominantly gave details of extremely negative experiences during their school life owing to the impact of dyslexia. However, as has been mentioned, the severity of this was affected by socio-economic positioning and teachers' levels of expertise. This is demonstrated by the assumptions teachers made in relation to general working-class intellect. Within this study no attempt was made to explain educational discrepancies between working-class pupils' abilities in their taught subjects and their general (restricted) literacy abilities. Frustrations surfaced owing to their lack of ability to learn, which led to their behaviour often being interpreted as delinquent by their classroom teachers. Because of the nature of this impairment, pupils' short-term memory differences/defects surfaced as short attention spans. This combined with little or no

literacy ability gave teachers the power to 'informally label' pupils (Edwards 1994; Riddick 2000) as being of low intelligence and 'educationally subnormal'.

Consequently, the different labels given to pupils had an immense effect on self-confidence. This altered personal perceptions in relation to identity for both working-and middle-class participants. However, for the working-class group who were defined as having a low intellect, teachers' opinions had a far more detrimental impact, as Richard, a working-class participant, reports:

When I was at school, my junior school dyslexia wasn't really recognised and I had a real bad time with at least one of the teachers. And it really destroyed my confidence. And I consider it today probably my biggest problem is confidence rather than dyslexia. I'm not seriously badly afflicted by dyslexia but I am definitely dyslexic (working-class male).

Richard acknowledges this informal labelling process and outlines how this has affected his entire biographical perception in relation to self-confidence. The issue of self-confidence for him has overshadowed the restrictions his impairment imposed on him within society. In this statement the educational institutional failings have been masked by educational ideology. Richard does not question the teacher's professional abilities, but explains this failure in relation to his age and the period during which he was at school (the 1960s). One alarming research finding refers to four participants describing specific behaviours on the part of certain teachers as a form of bullying. Again, these narratives focus on the power relationship between school teachers, who were viewed as the bullies, and the pupils as the victims. Within this group, two participants reported that on a number of occasions teachers were violent towards them in class. One working-class female described how a certain teacher humiliated her by making her stand in front of the class and repeatedly hit her hands with the blackboard rubber on numerous occasions. Diane reported:

(I was) 7 years old, in my junior school [and] Miss Douglas was my teacher ... I was well known because I couldn't get the spellings or the sentences right [and] I couldn't understand the punctuation either. I would write a story thinking I was, like, trying me hardest and me best. And then she would mark it and like

shout at us in front of everybody. Humiliate us and hit us with the blackboard duster across the knuckles for the spelling mistakes because I wasn't listening to her ... it was the same, same words every time, the same sentences. And she just thought I was thick and, like, I think, she couldn't see further than that, 'Oh there's something wrong with this girl', so she used to hit us (working-class female).

Richard also described bullying and reported actual violence by teachers during his school life:

There was one occasion where she [junior school teacher] really lost her temper with us, but it was because of her frustrations that she couldn't get me to read. And that was down to me dyslexia obviously, I know that now. She got totally frustrated and just, gave us a good hiding basically. There were other kids she used to hit but she got on with everybody else pretty well. But yeah, I got singled out that day and I, then I was the butt of jokes after that for a little while, as well, you can imagine that it was a bad time for me then (working-class male).

Richard feels that this excluded him on a number of occasions within the classroom setting from his peers. However, it must be noted that age had an impact on participants' reporting violent experiences; those who did so were generally from the 35-plus age group, whereas participants who were under 35 did not report actual physical violence. Nevertheless, humiliation in front of other pupils was reported as a recurring theme by all the working-class participants. Richard reported that he felt incidents of humiliation would not happen in the contemporary schooling system and that this was something that happened in the past. Unfortunately, his belief that these were 'bygone experiences' was not verified by younger working-class participants who had recently left school and had experienced similar (non-violent) humiliation by teachers. Interestingly, these pupils also believed that their educational experiences were isolated within the schooling system. As Kevin and Dean suggest:

School was a nightmare in the way that everyone worked but me ... The bad bit [was] when I asked for help and I didn't get it, and it [bad behaviour]

escalated from there ... I just used to mess round all the time ... Used to cause trouble and cause grief for everybody else basically just 'cos it was more fun, and that's how life was back then ... then I got kicked out of school (working-class male).

I probably know the reason why [I misbehaved] now but obviously the reason then was, I was finding it so difficult. [It] really was difficult to do anything in class, 'cos all I did was copy off someone else, you know. So, basically I just thought it was pointless me being there so I used to, you know, play truant. [And I] obviously didn't really care much for school (working-class male).

These statements were echoed by the entire working-class group, who felt they had suffered at school due to issues surrounding dyslexia. To emphasise the impact of these feelings of humiliation, four participants reported giving up entirely on their schooling, which might have been the result of their teacher's inability to cope with dyslexia within the classroom. As was reported, this led them to partake in disruptive behaviour, which subsequently led to three working-class pupils being excluded from school owing to the 'individual' nature of education.

This illustrates teachers' assumptions in relation to the intellectual ability of working-class pupils as well as indicating how some teachers within this study dealt with issues of dyslexia through different forms of humiliations. Nevertheless, this was not the case when comparing teachers' attitudes in relation to middle-class pupils. Unlike with the working-class group, for two-thirds of the middle-class group (4) the foremost reason for a diagnosis being obtained was teachers and parents working together (on one occasion a working-class parent was dismissed as being over-sensitive). Generally, these were over-concerns relating to discrepancies between pupils' ability in taught subjects and their literacy difficulties. In the experience of one middle-class female, it was entirely the teacher's idea that she be assessed for dyslexia, which she achieved without her parents' knowledge. This demonstrates the different labelling processes teachers employ when dealing with dyslexia. However, this is not to say that teachers' perceptions of dyslexia have very little impact on middle-class pupils, as Christopher reports on the mixed attitudes of different teachers in his secondary school. He elaborates on this as following:

The way you deal with your external relationships when you're in education, during school, people are trying to get you to perform things. Get you to learn things and there's a certain part of [you] that can't do the thing, there's a certain part of it that you're just not up to ... So for instance my experience with languages, whenever it was spoken language and this is even Greek and Latin I was better than average. Whenever it came to writing things down I was hopeless. When, you're giving these confusing signals to people some people seems to deal with them in different ways. Some of them say oh well you must be slacking now because you can do that, so lets get aggressive with him. You know lets try and force him to do this, to pull his socks up and then you know when you get into that sort of negative loop, you know, (you) get into arguments, get into sort of conflicts (middle-class male).

This statement highlights the teacher–pupil power relationship, which Christopher feels had a major impact on his self-perception and ability. As teachers are in a position of power, when educational discourse focuses on shaping ideas of 'laziness' and 'lack of academic commitment' this consequently gives out mixed signals to pupils, who (internally) know that they have devoted a lot of time and effort to producing these pieces of literacy work. This contributes to mixed self-perceptions within the pupils' academic identity, as (middle-class) pupils feel they can be 'academic achievers' whereas education defines them as 'academic failures'. Nevertheless, both groups were labelled, but middle-class pupils gained the medical label of developmental dyslexia (by the end their educational life) whereas working-class pupils gain an informal label of disruptive, insolent and/or of low intelligence (Gillies, 2005). This illustrates, first, the 'individual model' within education (Oliver 1996), and secondly how socio-economic status intensifies disabling barriers within mainstream education owing to different teaching assumptions relating to pupils from different social classes.

6.6 LECTURERS RESPONSES TO DYSLEXIC STUDENTS

These experiences of inadequate teaching practices were not just limited to school life; two participants (one working-class and one middle-class) reported on similar experiences they have had when attending technical college. Kevin had attended college

to gain a recognised qualification within the field of construction. When enrolling he had expressed concerns corresponding to dyslexia. The college itself immediately offered additional support; however, this was in the initial induction period and Kevin feels that it did not relate to his learning experiences. He felt that initially he enjoyed the practical side of the course, but struggled tremendously in order to complete the literacy side of his qualification. Because his supervisor offered very little support Kevin felt he had to overcome his difficulties by himself, which placed increasing strain on the teacher-student relationship:

I was good at the practical but didn't like the tutor ... [Because] when I did ask for help he didn't give us it. He knew that he was in the wrong and I got so pissed off [with] that. (working-class male)

This resulted in him leaving the course after the first term, which he feels was due to his learning difficulties caused by dyslexia. A similar experience was also reported by Adam when attending Art College after leaving school. Adam is the only middle-class participant who did not achieve the relevant grades to attend university. His educational experience is not typical of his socio-economic status, as he attended a religious school which was predominantly working-class. Adam states:

By the time I left school I had not got very many GCSE's. I left the first year of A-levels [sigh] I then went to ... Art College for a year which was all right, but I hated College though [as] the lecturers were horrible. I didn't get on with them [the lecturers] at all. They [the lecturers] didn't like the work I was doing; I didn't like the work they were putting me through (middle-class male).

Following his GCSEs Adam attempted to complete an A-level course at his local school. However, the literacy demands were too great and he decided to switch to a Btec diploma as he thought this would be a more practically based course. This was a logical assumption for Adam, and he reported that he felt he had extremely well-developed skills in comparison to those of other art students. After he started the new course, difficulties emerged in relation to the literacy side of his studies. Adam had not expected the level of literacy needed to successfully complete the course and felt that his lecturers, even though they acknowledged that he was dyslexic, gave him little support or help in

overcoming his difficulties, which subsequently led to him withdrawing within the first year.

The teacher–pupil relationship was reported to have improved considerably when students attended university. Of these seven participants, none reported withdrawing from university studies. In relation to lecturers' reactions to dyslexia, six students (five middle-class and one working-class) reported predominantly positive attitudes among staff at university level. Most of the middle-class group reported that they had never been confronted by hostile attitudes during university life:

[At] university I've had to speak to the people at the examination office, [when] I need extra time and ... to the people in the disability office. I mean mostly people just treat you like normal, [I've] never had any adverse professional experiences. [I've] never been told you're stupid girl or people start talking to you really slowly (middle-class female).

However, one working-class female student did report negative attitudes among university staff similar to attitudes in mainstream education. Claire stated that on a number of occasions she felt she had been patronised by members of university staff:

It's always this low, sort of, trying to be caring voice but almost patronising. Like as if to say well, we understand what you're going through. But no, you don't, you can read that, you haven't got a problem with that [like I have] (working-class female).

These attitudes escalated into one lecturer commenting on Claire's dyslexic support entitlements. Claire feels that this particular lecturer thought that she was gaining privileges over other students because of her dyslexic support. This demonstrates a lack of understanding, similar to some school teachers' attitudes, corresponding to the nature of her impairment and restrictions within higher education. Claire states that 'he just said "No more excuses, no more messing about-just get on and do it"'. This statement shows how some people working in education see dyslexia as an excuse rather than a disability. Again, a social class dimension can be seen to come into practice as the two working-

class participants were the only students who had considered withdrawing from university in level one of their studies.

6.7 DYSLEXIC PUPILS AND THEIR SCHOOL PEERS

To understand dyslexic pupils' experiences within education fully, the study addressed not only the interaction between teachers and dyslexic pupils, but also that between people with dyslexia and people without dyslexia at school. However, when I discussed issues relating to non-dyslexic pupils' reactions to dyslexia with participants, the conversation subsequently turned to the negative issues concerning bullying. Surprisingly, these issues of bullying were again altered by issues of socio-economic status. Within a working-class environment, bullying was generally described as a violent situation that occurred within a participant's life story. Middle-class participants discussed the concept of bullying in relation to verbal abuse (nevertheless in two cases verbal bullying escalated into physical violence). Within the middle-class group four participants reported that they had been bullied during their school life. Christopher, who was not diagnosed until university life, reported that he felt that teachers in his secondary school had singled him out owing to issues of dyslexia and that this had led to pupils bullying him. This was due to teachers' assumptions about his intellectual ability, resulting in him being kept back one year at school:

It was interesting because it was the first year. OK so they went into second year and basically ignored me. And the first years OK didn't really sort of know because they were new into the school obviously. So, so that was that, so I lost a lot of friends ok we just, sort of, [went] in a different circle. And again it's a part of, you know, I dealt with it by sort of internalising it.
(middle-class male)

This singled him out and allowed certain pupils to target him in relation to their view of his inabilities:

Children often they don't make up their own minds ... So if children see the teacher treating you like this, then they will treat you like this right. So then, when you know that you could, you could, have them for breakfast

intellectually, but they're coming on to you, that you're an idiot, and you give them an arguments that completely demolish them and they don't even realise they've been demolished. The next move [is] you smack them.
(middle-class male)

Educational discourses displayed by teaching attitudes which were interpreted by fellow pupils in relation to Christopher's intellectual ability brought Christopher into direct conflict with his peers. During his initial two years of secondary school Christopher felt that he was forced into violent situations as verbal reasoning had no impact. The idea of bullying was central to his issues of dyslexia. It was the same for both Adam and Megan. Both participants stated that they thought dyslexia was the central reasoning behind them being singled out from their peers. Adam reported:

Bullying was in the first 3 years really. It was always the fact that, like, the people in the remedial class were always the last ones to get picked for football. Even in like, at break-times and stuff like that, when I did have the bottle to go and try and have a game of football. Or anything like that, we were always, like, the last ones to be picked. And [I] (puff) just felt intimidated by the other kids. So I think that's why when I started, like, hanging around with the lads in the remedial class and then I just, I dunno. [I think I was bullied] 'cos I was fat as well, I was thick and fat to them, you know what I mean. So I was quite an easy target. (middle-class male)

I started getting older and girls started seeing me as different and strange you know how children are, you're different it's a pain in the neck and um, so I used to be teased ... and even though I had great friends they would then sort of turn against me, I was really pretty badly bullied (middle-class female).

However, for Fiona, Adam and Megan the concept of bullying stemmed from their lack of confidence when attending school. This led to certain pupils focussing on their reserved personalities as a sign of weakness, and in turn helped to isolate all three pupils. Nevertheless, neither Fiona nor Megan resorted to violence in order to resolve issues of bullying, unlike Christopher and Adam. Fiona reported on why she feels she was bullied as follows:

At the first secondary school I was at, I wasn't very confident and therefore, you know, I was a bit quiet and a bit reserved and just not very confident and if you're like that, you're, you know, you're a target for bullying. So whether lack of confidence or that just wariness came from the dyslexia, or it came from being in a really big school all of a sudden and stuff. (middle-class female)

Even though bullying occurred, Fiona does not attempt to make a definite link (unlike Christopher, Megan or Adam) between dyslexia issues and bullying at school. Bullying was a combination of a number of social factors for Fiona which served to single her out from other pupils. However, not all middle-class participants reported issues of bullying, as Jane and Elizabeth felt that bullying did not exist within their school ethos:

I see myself as being quite lucky. I think that probably in other schools it could have happened but I think, because it [was] just a girl's school we were all quite close. It didn't happen but maybe if I'd had been in a mixed school that maybe something might have happened ... I can see that I could be quite a good target. (middle-class female)

No, but there was no bullying in my school at all, I know that really, that's the sort of thing that the teacher would say but there just wasn't for some reason. (middle-class female)

It must be noted that both these participants attended an all-girls public school. However, as we can see Elizabeth does state that she feels that in a normal comprehensive school she might, because of issues of her own shyness combined with issues of dyslexia, have become a victim of bullying.

Only one working-class participant directly admitted that they were bullied during school life. This person refused to speak of their ordeal directly, but did state that they thought bullying was down to their low socio-economic position rather than issues concerning dyslexia. In addition to this, two male participants report indirectly on being bullied. Both participants state they were never bullied during school, but then continued by elaborating on their statements by describing particular incidents during their school life

when they felt they had received verbal abuse owing to issues of dyslexia. This led to both participants joining a gang to protect themselves within school and home life, which consequently escalated into delinquent and even criminal behaviour. Kevin gives an account of other school pupils calling him 'thick or a divvy' owing to his inability to complete certain tasks within school:

There's a couple of friends I asked help of; what does this mean, what does that mean. But after like you've asked them say five times then they got a bit sick of you asking. You started becoming a bit embarrassed of asking, because of the shame, and then lots of people start taking the piss when it comes to break at school and that. That's when people start to get into gangs ... oh aye, aye, and a lot of people got it bad [bullying], so then, because of that, I got into the gangs and fought people in school...it was a form of releasing me-self [with violence] ... aye cause that was the only thing that shut them up... even though I was only a little lad, but I didn't give a fuck basically like. Aye but, when I started being like that, lots of harder people started coming at us and then taking the piss just to see what I would do, so it just went up and up and up and up. Aye like a nasty spiral. (working-class male)

Possibly as a result of the characteristics of working-class masculine identity, Kevin found it difficult to admit that he was a victim of bullying when interviewed. This admission was transformed when the focus of questioning changed to 'name calling'. Kevin's description alters and allows his early school experiences of bullying to become known. Within Kevin's school, bullying seems to have become normalised and he reports that such bullying was also directed at other pupils within his school, which was not due to dyslexia but to other differences. Kevin feels that the natural response for him to this situation, given his educational biography, was to become a gang member in order to protect himself from bullying. This, he believes, was due to his inability to function like everyone else at school, rendering him a target. This notion of institutionalised bullying was reinforced by Dean, who also felt that his literacy inability rendered him an easy target for verbal abuse during school life. Dean goes on to state that this abuse did not stop when he left the education system, but has carried on throughout his life. He described this abuse as follows:

Yup, thick, stupid, lazy, yeah probably all them throughout my life, yeah. But I've never been, never have been bullied. That's where I swung it around the other way, so if anyone, if anyone come to me it was like, I'd never back down sort of thing. I think I hated being called thick, like its, its so degrading and its so hurtful you know what I mean?, Cause yeah being called thick is, its not I suppose, its not as bad as being called other names but you know it, it probably does hurt you, but I don't think, think it really bothers me that much [now]. I think because I just shrugged it off and I probably give them a thick lip you know what I mean? It was one of them things (working-class male).

Dean normalises these responses, and goes further to explain that almost all children are bullied because of issues relating to physical appearances and family welfare. He even gives an example of pupils having a 'big nose or ears', which he states is just part of school life. He also admitted that when he was a child he probably took part in name-calling of other pupils. But like Kevin, Dean felt that this was a defence mechanism which drew attention away from his own inabilities and his feelings of inadequacy. Dean also dismisses any notion of himself being bullied because of his learning ability. This was due to him responding with violence when people picked up on his learning difficulties. He expanded on this by reporting on the impact of bullying:

Well, it obviously did bother me 'cos, you know, I can always remember people, you know who, who's said them things. Um, so it obviously did bother me but I didn't let it, I didn't show it sort of thing (working-class male).

Even with Dean's response mechanisms, which were heavily focused on violence, his inner view of himself was affected, which led to him constructing his own personal identity around the notion of being less intelligent than other school pupils. This emotional impact on personal identity is emphasised considerably by the lack of diagnosis and identification of dyslexia. Both Dean and Kevin reported that name-calling did not end when they left school, but carried on throughout their life. Working-class participants who had not been involved in any criminal activity all freely admitted being bullied. However, the focus of the bullying, as we have already discussed, was

within the teacher-pupil relationship. None of these participants reported actual bullying by other pupils at school.

6.8 CONSEQUENCES FOR SELF AND IDENTITY

Although the data within this thesis have demonstrated an argument for the formal labelling of dyslexia, an official diagnosis did not entirely overcome all aspects of discrimination and oppression within education. In general, the middle-class group acknowledged distinct differences between themselves and non-dyslexic pupils, but they felt that these differences were constructed as 'other' within school/society. Acknowledging differences was important for all individuals with dyslexia, as this led to the development of coping strategies in order to overcome the restrictions of their disability/impairment. In spite of this, schools paid little attention to the notion of dyslexic coping strategies as the middle-class group noted that, in general, only within mainstream schools is there a focus on the production of non-dyslexic strategies. (This was a universal theme, as the working-class group reported on the inability of teachers and schools to teach them the basic skills they needed.) In relation to the development of skills, participants generally felt that they had to develop and learn their own individual techniques to achieve academic success. An example of this was reported by Jane who stated that since there were no special needs classes within her secondary school, and since mainstream study skills were not designed for non-dyslexic learners, she had to teach herself the relevant study skills to succeed within her education. The question for her was not about the labelling process:

I don't think it's an issue of being undiagnosed and diagnosed ... I started from having a learning difficulty and I started secondary school not having a very broad education...I also had to develop my own study skills, cause you know, the general advice that they gave was to learn how to skim-read, but first I needed to know how to read properly... so I think it was more me finding my own speed trying to learn how to learn. And I think that that wouldn't have been much different if I'd been diagnosed dyslexic [earlier] because I know there are special skills and you have got all the coloured acetates and stuff. But I think the most valuable thing is learning how to learn to use your brain.
(middle-class female)

Jane felt that diagnosis did not play a crucial part in her academic learning as her school did not incorporate any specialised learning techniques¹³ for people with dyslexia. This statement shows that if a formal label is given to individuals without adequate support the medical purpose of the label becomes obsolete and the label is then transformed into a description of abnormality which is constructed through stigmatisation. This reinforces Cole's (2005) view that funding for 'special educational needs' within contemporary education is sidelined for higher league table results, as money and teaching focus are aimed at what education views as high achievers. However, Jane's reference to diagnosis as not being important in itself maybe situated within middle-class educational discourse, as it only focuses on the practical side of learning and not the implications of dyslexia for self-construction. This statement focuses only on the importance of a conventional explanation in relation to the practicalities of the impairment, and takes no notice of the different labelling processes. This formal labelling recognises an individual with an impairment (dyslexia), whereas informal labelling dismisses the notion of an impairment, the focus being entirely on individuals' inabilities (they are disruptive, indolent and/or of low intelligence) (Riddick 2000).

However, labelling did not overcome feelings of isolation, as all research participants, no matter what type of education they received, reported on feelings of isolation during school. These feelings of isolation did not improve in relation to children attending mainstream classes, special needs classes or private tuition. This was reported to be because, in most subjects, the focus is on or includes some standard of literacy ability, which is translated as knowledge. Fiona, a middle-class female, reports that her feeling of isolation escalated into her refusing to take part in general lessons. She refused to speak to the teachers and other pupils within her infant school, which she feels helped to isolate her and prevented her from making friends within her class:

I wasn't very good at anything. And therefore I didn't like doing things, so I can remember, god I remember stupid things, like, I was just, I was really stubborn quietly stubborn, so I used to refuse to do things that the teachers

¹³ However, it must be noted that this form of learning is referred to within education as 'metacognition'. 'Metacognition' occurs when a pupil becomes self-aware, which results in them developing their own educational strategies. This should be the aim of all 'special' needs education (Dun *et al.* 1995). It can be hypothesised that Jane reached 'metacognition' without any specific special needs classes.

would ask me to do, so, I got sent home ... I was incredibly stubborn, is probably the word the teachers would have used. But they were very sort of small-minded teachers in a lot of ways; everything had to be a certain way.
(middle-class female)

The concept of stigmatisation in relation to dyslexia had a significant impact on these participants self-confidence throughout their life stories. Two of the middle-class participants strongly believe that other pupils constructed them as 'other' or 'different', which allowed them both to be singled out from their peers. Because of her early experiences Fiona struggled with issues of self-confidence throughout her school life, and suspects that this was a central reason behind her being bullied within secondary school. Similar experiences resulted in Megan's parents hiring a child psychotherapist, which in turn resulted in the prescription of antidepressant drugs to overcome feelings of isolation during school life. This emphasised the notion of a stigmatised self-perception, which is different from social stigmatisation. Knight *et al.* (2003) report the following in exploring relationships between internal and external stigmatisations within society:

For those consumers, public stigma is evident through prejudice and discrimination, from a plethora of [social and institutional] sources ... self stigma revealed similar prejudices, lower self-esteem, and an ongoing struggle for acceptance within social cliques. (Knight *et al.* 2003: 218)

This draws attention to an individual's 'self-construction through a social stigma paradigm. Applying this to dyslexia reveals that the power of self-perception plays a part in constructing self-identity, which is reinforced by participants, own conceptualisation of low intelligence, educational inadequacies and abnormality. This, without any form of explanation, engenders feelings of personal inadequacies owing to early external forces.

Issues of isolation also appeared for students who attended university. It became extremely important for participants to hide their impairments from their fellow students. All students expressed embarrassment about their impairments and preferred their fellow students and university staff to discover that they were dyslexic on their own terms. No student was completely open about their impairment, because of

stigmatisation. For most students, the only people who knew they were dyslexic were close friends and a select number of academic staff:

The only people who I've ever really told, are my university tutor and then like my friends at university... its not something I really go about telling everyone about (middle-class male).

Even though students reported university life as being far less stigmatising than school life, students still limited the number of people who knew about their impairment, which demonstrates some level of stigmatisation. Students reported that they only confided in people after their general intelligence has been established. This was in order to overcome initial assumptions that could be made in relation to the dyslexic stereotypes concerning intelligence:

I don't like to tell people I'm dyslexic [at university] ... I think one of the stigmas which is attached to dyslexia is there aren't thick middle-class kids their dyslexic middle-class kids. (middle-class female)

This relates directly to Goffman's (1968) theory of 'discredited and discreditable' stigmatisation. Discreditable stigmatisation is non-visual, like dyslexia, which is not symbolically represented within the physical form. Issues arise for the discreditable individual in relation to managing information, which could lead to them being discovered and in turn stigmatised.

6.9 CONCLUSION: THE SOCIAL ROLE OF EDUCATION

Within this chapter, evidence has been presented which indicates that issues of dyslexia undermine the idea of a universal, equal educational system. Education can be viewed as being positioned within middle-class cultural capital (Sullivan 2001). Maguire (2005) takes this a step further and suggests that general teaching culture is defined by being middle-class. This middle-class (non-disabled) culture defines what is 'normal' in education and is the foundation of the normalisation process. As we have discussed, within education, the definition of success is maintained by the notion of the normal pupil accomplishing educational achievement in order to compete within the 'A-to-C

economy' (Gillborn and Youdell 2001). The A-to-C economy not only constructs normality, but also maintains middle-class structures within a wider social context.

The implications of the educational system being defined by middle-class cultural capital became apparent in relation to middle-class schooling experiences. For middle-class participants the schooling system dealt with educational limitations far better than for the working-class group. To illustrate Maguire's (2005) hypotheses, that middle-class-ness is fundamental to pupil's experiences, in the present study issues arose around dyslexic diagnosis. Analysing the educational experiences of working-class and middle-class participants revealed that the working-class group were educated, within mainstream schooling, before they were diagnosed with dyslexia. As was discussed in Chapter 5, working-class narratives indicate that assumptions were made by teachers in relation to intelligence. However, within the middle-class group teachers were far more likely to inform parents about suspicions that their child might have dyslexia, which in turn resulted in an official diagnosis. This strengthens the Gillborn and Youdell (2001) approach, which suggests that middle-class ability is often mistaken for intelligence within the education system. This has resulted in enhanced socio-economic status and in dyslexia being translated into assumptions of IQ ability.

What has additionally become apparent, during the research, was that social class affects the severity of dyslexia. This is not connected to the medical classification of severity, relating to neurological dysfunction, but is a result of coping strategies and government support. For working-class individuals with dyslexia, severity was intensified by their not developing sophisticated coping strategies to survive within education compared to their middle-class counterparts. Since working-class participants were not diagnosed within education, this meant that their rights as disabled persons under the Disability Discrimination Act (1995) were not legally accorded. This Act gave certain financial rights to middle-class participants to acquire dyslexia-assistive technology to overcome their educational restrictions. The importance of technologies was highlighted by Elizabeth, who stated that she would have failed university without technical support:

'I definitely think I would have struggled ... I just couldn't have worked, so ya, I don't I think I wouldn't have managed' (middle-class female).

In the current education system, computer equipment such as dictate or read/write software and the use of a laptop can only be accessed after an individual is diagnosed. Secondly, access to local government finance for this equipment is only made when participants enter higher education. This again creates a serious disadvantage for working-class pupils as none of them reported access to technology, unlike their middle-class counterparts. The only support working-class pupils (excluding the two who accessed university) received was attending special education classes/schools

Although distinct differences can be recognised between the working-class and middle-class groups, similarities emerged also between their experiences of special educational needs classes. The term 'special educational needs' was established after the *Warnock Report* (1978) and is noted by Corbett (1997) to have been produced to overcome the stigmatisation of disabilities that were labelled as 'maladjusted' or 'educational subnormal' (Corbett 1997: 160). However, over the last 27 years this label has been used in education as an umbrella term to include anyone whom it considers abnormal or below 'normal' educational standards. Special education needs conceal the State's lack of support for dyslexia (and other disabled pupils), which asserts that it is individuals who are responsible for failing education rather than the current schooling system (Cole 2005).

We have seen this with Dean, a working-class male, who before attending the Probation Service (run by the Dyslexia Institute) reported that he was completely illiterate – 'I couldn't read a bloody word [when leaving school]' – and in the space of two years, after attending the Probation Service, stated: 'I felt a big weight off my shoulders. I've passed my Level 1 and Level 2 literacy tests. I can read normally now.' This illustrates that what state education defines as a 'learning difficulty and/or abnormality' is in fact a teaching problem/inconvenience as standard teaching practice does not incorporate dyslexic learning strategies. This point is revealed again by Jane, a middle-class female, who reports that general teaching advice did not help her at school:

I also had to develop my own study skills, cause you know, the general advice that they gave was to learn how to skim-read, but first I needed to know how to read properly (middle-class female).

Jane asserts that it was her own development of coping strategies which enabled her to cope within education/society. Teaching techniques which have been demonstrated by the Dyslexia Institute were not incorporated within the special needs classes of either the middle-class or the working-class dyslexic groups. Little improvement was reported by participants in relation to their learning and coping techniques. In addition to this, a fundamental problem for individuals with dyslexia was to dissociate themselves from the stigmatisation attached to the unfounded assumption that dyslexia affected IQ levels. As we have seen, a coping strategy participants used to overcome this stigma was to establish their intelligence before allowing others the knowledge that they were dyslexic. Unfortunately, as special educational classes predominantly grouped participants together with other pupils who had restricted IQs, these classes only accentuated the restricted IQ stereotype. In general, the only by-product of special needs classes was reinforced feelings of isolation, as people with dyslexia felt alienated both from mainstream pupils and from pupils within these classes.

However, the unequal nature of special educational needs classes would be exposed if it were not for the concept of a universal education. As has been discussed, this universal ideology maintains that every child starts education equally and that it is issues of commitment or 'natural intelligence' which restrict a child's progression. When examining this ideology in relation to disability, what becomes apparent is its individualised nature, which is led by a medical model approach (Oliver 1996; Barnes 2003). As we have discussed within the thesis, education, like medicine, has a well-established idea of normality, which is consumed by both people with dyslexia and people without dyslexia. This was reaffirmed within the analysis as the entire research group reported dyslexia as an abnormality. For the dyslexic participants, dyslexia was something that hinders individuals from achieving their full educational potential. Education replaces the label of dyslexia with the umbrella term of 'specific learning difficulties' (refer to Chapter 1). Hence, individuals with dyslexia are defined as having 'difficulties' when achieving what are defined as 'normal' educational levels. Pupils learn this idea within education, which therefore promotes people with dyslexia as 'educationally abnormal'. This results in individuals suppressing, and concealing, their disability from the non-dyslexic population. As we have seen, the entire dyslexic group (with the exception of one) kept their dyslexia hidden throughout their lives until they were forced to confide in acquaintances/friends owing to literacy restrictions. In fact,

the general consensus within this research group was that educational experiences were a central cause of participants hiding dyslexia (Osmond 1993; Edwards 1994; Riddick 1995; Morgan and Klein 2000).

As education can often mean the difference between wealth and poverty, as well as social status, this inevitably has an impact on self-perception and personal identity. Again, similarities and differences can be seen between the dyslexic middle-class and working-class groups. Head (1997) highlights the importance of external forces in childhood and adolescence when developing identity. He argues that for children identity is primarily constructed by their parents, which defines social class, as well as their educational experiences controlled by their classroom teacher. The transition between childhood and adolescence is the transition between control stemming from parents and teachers to a 'series of self defining choices' (Head 1997: 7). This runs parallel to the transition from state education to employment or higher education. These self-defining choices, which construct personal identity within adolescence, were still firmly situated within education. Head (1997) states:

It is clear that not any set of decisions will do. They have had to be grounded in some realism. It would not be helpful for someone who is achieving poorly in [their] academic work to aim to study medicine. (Head 1997: 7)

Owing to the assumptions made by teachers in relation to literacy ability and intelligence, many individuals with dyslexia who have academic potential find that their self-identity is not constructed through academic success but rather through their educational failures. This is especially the case for people with undiagnosed dyslexia, as they construct a self-identity through the idea of 'intellectual ability'. Within the middle-class group, dyslexic participants constructed their identity through the notion of educational difference, but also allowed a construction of 'academically intelligent'. However, the working-class individuals usually defined themselves as educational failures. Nevertheless, for reasons of educational ideology dyslexia is still constructed as a deficiency, which isolated all the dyslexic participants and helped construct low self-esteem in relation to their impairment. Richard reported:

It [school] really destroyed my confidence. And I consider it today probably my biggest problem is confidence rather than dyslexia. (working-class male)

Education is central to the production of self-identity within students during pre-diagnosed and diagnosed life (Morgan and Klein 2000). The power of this educational discourse is fundamental to self-definition throughout life. It is crucial in terms of both the meaning of 'dyslexia' and the construction of identities, which last throughout life. It is central to the production of 'self' and the relocation of self-identity within a contemporary social context.

CHAPTER 7

DYSLEXIA, SOCIAL CLASS AND ADULT EMPLOYMENT

A pupil's essay on self-description contained the following:

Im not much good at anything really I like art but am not much good. I am in the bottom set for evrything and I've not really got eny friends. I dont really like school, Id like a bike When I leave school, Id like to work in a bread factry. I like the smell of bread baking, you get free bread if you work in a bread factry. The man next door told me that.

The teacher's comments read:

Untidy work, watch your spelling, remember full stops. Grade 2 out of 10.
(Phinn 2000: 157)

7.1 INTRODUCTION

As we can see from the above quotation, the teacher's expectations of this working-class pupil were not particularly inspiring or encouraging. This particular teacher later refers to the majority of his pupils (who were from working-class families) as 'incapable' (Phinn 2000: 160). This is a perfect example of how the educational system encourages most working-class pupils to channel themselves into working-class employment. The teacher confirms this by stating:

...they're not your grammar school highfliers, you know. These lads will end up in manual jobs, if they are lucky, and not become university professors or brain surgeons. (Phinn 2000: 159).

This statement highlights the close relationship education has with employment in adult life. Like education in childhood, employment in adulthood can be viewed as a central measurement of individual success (MacDonald *et al.* 2005). As we can see from the above quotation, the educational experiences of this child have already limited/moulded

his career path. This child's statement also illustrates his thoughts about his own intellectual ability, which we can see have obvious implications in relation to his self-esteem. As in the previous chapter on education, comparisons can be made between intellectual ability and employment types. Within a technologically-based society, career choices often relate to assumptions of intellectual ability and are directly related to the levels of power and status an individual has within contemporary society (Bourdieu 1990; Foucault 2003). Educational attainment and career options can be seen as closely linked as in theory a successful education develops into a wider range of career options and employment success (Devine 2004). These employment choices relate directly to economic capital, which has traditionally been analysed and classified by the Registrar General's Social Classification. However, as was discussed in Chapter 4, the definition of social class employed within this research draws on Skeggs' (1997) classification of cultural capital.

Within this chapter, the research will focus on the embodied experience of dyslexic adults within the workforce. This will take into account the actual restrictions dyslexia causes within employment and what impact these have on both the social and the psychological processes of adult life. It examines if there is a strong relationship between dyslexic coping strategies and successful career opportunities. It will also assess the impact literacy problems have and how these affect adult life, with reference to employment. In attempting to understand dyslexia within adult life the analysis will highlight the impact of socio-economic positioning. It will draw on the concept of cultural capital and its impact in trying to understand dyslexic biographical narratives. The chapter will assess how dyslexia is affected by employment choices by examining the different employment roles dyslexic participants undertook within adult life, and will include a section on dyslexia and crime. The analysis will also illustrate the impact dyslexia has in relation to self-confidence due to employment successes and failures. The chapter will conclude by asking the question, does dyslexia directly affect employment and economic chances within adult life?

7.2 WORKING CLASS EMPLOYMENT EXPERIENCES

Dyslexic participants who were defined as working-class were generally employed within a semi-skilled manual occupation. Occupational roles were gendered, and ranged from

cleaning jobs to nanny work for females, and from factory work to bricklaying jobs for males. However, one of the male working-class participants had graduated from university, which had dramatically changed his employment opportunities, from a career in a skilled manual job to a more professional role within his local council office. A common theme reported by this group in relation to occupation was how monotonous these jobs were. This led to the majority of working-class participants persistently changing the nature of their employment throughout their lives. Diane stated:

More or less [I've been] in and out, in and out of employment all the time ... through boredom ... [I started working in a sewing machine factory] I couldn't see an [other] opportunity where I could make money ... So that was the easiest thing to do ... I got that through me Aunty Lily... No exams, no, nothing [needed] they took anybody, it was the lowest of the lowest there, they took on anybody really. (working-class female)

This statement highlights not only feelings of boredom and frustration, but also how Diane views her employment ability. She describes her employment role as being particularly low in social status, as she feels that her employers would have 'taken on anyone'. She goes on to describe feelings of isolation produced through boredom when working in this employment. Two other participants expanded on these feelings of isolation, stating that they were on a different intellectual level from that of other employees alongside whom they work. One participant reported that she often felt alienated from other employees. This prevented her from building relationships, which consequently made attending work on a day-to-day basis even more difficult. Owing to a number of failed employment roles, Kevin explains that within his work history he felt that there was 'no point in trying' to succeed in any type of career. This has subsequently led to him becoming involved in crime.

7.2.1 Working Class Self-Confidence and Employment

Socio-economic position and the concept of self-confidence were central features in constructing social barriers for dyslexic participants within employment. The entire working-class group reported that they did not apply for promotion or more desirable employment roles, for two main reasons; first, the lack of formal and recognisable

qualifications resulting from school failure (noted in Chapter 6); and second, a lack of confidence in relation to their literacy abilities. Low self-esteem had dramatic implications in later life; almost all the participants (6) reported that they would not have applied for a job if any form of literacy skills had been required within the employment description, no matter how small these were. This led to the majority of the group applying for low-paid non-skilled manual work such as cleaning and factory work. Riddick and Farmer (1997) state:

Dyslexic individuals with low self-esteem have a low estimation of their own worth and a concept of themselves as inferior, inadequate and incomplete. (Riddick *et al.* 1997: 177)

This illustrates that within the working-class group a lack of self-confidence plays a part in restricting employment opportunities within their life stories (Kirk and Reid 2001). The general consensus among the working-class group was that they had been labelled by society as 'thick, stupid or lazy'. This classification extended not only to childhood but also throughout adulthood, a phenomenon which has been reported within the literature (Miles and Varma 1995; Riddick *et al.* 1997; Dale and Taylor 2001; McNulty 2003). These external opinions were key in the construction of the internal 'self', as all working-class participants viewed themselves as low achievers, including the two participants who had successfully completed or were in the process of completing a degree course. Claire, who was studying for a degree in agriculture, reports that before she had begun her academic studies she had felt as follows:

Basically, education and anything to do with making use of my brain, it didn't work. So I didn't even bother trying. The only thing that really got me upset was when I was working with the children [that] I nannied for. They came from a family who were the most intelligent bunch of people I've ever come across in my life and I admired them immensely because these children, who were 3,4,5,6 years old, had a reading age better than mine. I mean ... just amazing brains, and so, I mean I felt embarrassed when I was reading to them at night (working-class female).

This statement highlights a noticeable lack of self-confidence on Claire's part in relation to her view of her own intellectual ability, as well as revealing her personal opinion in relation to an association between literacy ability and a person's intelligence. Even after she attended university her self-esteem did not improve. This, Claire reports, was due to her own self-perception as well as the dismissive attitude of certain lecturers in relation to dyslexia, which has undermined her confidence in her own ability. In one instance, one of her lecturers referred to dyslexia as an excuse (Chapter 6). When asked (by the researcher) if she thought that dyslexia was an excuse, she stated:

I do, yes, I do feel that and I'm worried that people think that I'm using it as an excuse. I think that's my biggest fear ... and that confirmed it, the last time I went to see the head [of her degree studies], the new guy, when he turned around and said no more excuses, no more, and he said it was an excuse (working-class female).

Claire, when interviewed, reported that she would like to improve her degree by completing a Masters or a Ph.D. course, but that due to her lack of self confidence will not apply for a postgraduate programme after completing her degree. Not having the confidence to apply for a postgraduate course could have a direct impact on her career opportunities in the future. This feeling of low self-esteem was also confirmed by Richard (the only working-class participant who has completed his degree). Richard reports that, owing to feelings of inferiority, he has allowed himself to be overlooked in relation to job opportunities and promotion. He states that self-confidence is as disabling as the physical aspects of dyslexia. Even though he scored in the top 8% for his IQ test when assessed for dyslexia, Richard still describes himself as being of below average intelligence:

I have always had a feeling of inferiority, whenever I talked about myself I always tell people I have average intelligence and that was to get over the fact that I think I have less than average intelligence. (working-class male)

This kind of perception was reinforced by the entire group, who reported that their self-esteem was predominantly affected by their inability to perform certain expected tasks within adult life. These ranged from writing cheques and using cash machines to the

basic note-taking which is required in general social situations. Jim goes so far as to describe himself as 'scum' and 'a burden' to his brothers and sisters':

I couldn't do nothing like that [basic literacy skills] till I got married. I couldn't even use the, you know, the cash machine, I couldn't even use them. I felt like I was inferior then to everybody else, if you know what I mean ... I've been on building sites, I've been brick laying and hod carrying, like I say. I've done all sorts but they've all been to me dead-end jobs (working-class male).

This point was emphasised by Kevin, who states that he views himself as having low intelligence because people have told him this all his life and he has come to believe it. Kevin states that a situation arises almost every day that requires some form of literacy ability. This usually produces feelings of stress and anxiety, to which he reacts by attempting to cover up his dyslexic traits. Kevin, Jim, Richard, Claire and Diane feel that they are reminded of their disability on a daily basis, and this has led them to question their own intellectual ability *vis-à-vis* that of people without dyslexia. These feelings of underachievement were located entirely within the working-class group.

7.3 MIDDLE CLASS EMPLOYMENT EXPERIENCES

The occupational trends of the middle-class participants differed considerably from those of their working-class counterparts. Only one middle-class participant did not successfully gain middle-class employment as defined by the Registrar General's Classification. As was discussed in Chapter 6, a strong relationship is evident between Adam withdrawing from college and a lack of support through the problems he experienced as a result of dyslexia. This person's biography highlights the strong relationship between educational achievement and employment success (Devine 2004). Adam felt that a key reason he was working in a skilled manual role was that he had withdrawn from college owing to literacy difficulties. The remainder of the middle-class group reported their occupations as ranging from professor of science to artist.

In addition to this, two middle-class participants were still in the process of completing their university studies at the time of interviewing. As the majority of middle-class participants had professional careers there was no evidence of the continuous changing

of employment that was common among the working-class group. Even though all the middle-class participants acknowledged that dyslexia considerably affected their working lives owing to literacy problems, none reported that they had not overcome this by developing adequate coping strategies. Christopher, in fact feels that dyslexia has had a positive impact on his working career:

Here's an example of a sort of a rationalisation, story-telling, myth-creating, sort of myth-creating process that I think we all engage in. Ok, I have always been and I, I'm quite famous for drawing pictures, drawing diagrams but people think this. OK drawing pictures that do a job. Now the skills that, and this obviously comes down to a repertoire of skills, basic skills ok to do with visual-spatial reasoning. [So] whether in this key period in my development as a child the absence of the stimulus of the short sequences and symbols ... it's a story ... I don't think it's, you know and there is a, there is a mythology, there is a story you know about a class of dyslexics who are artistic, who deal with pictures and spatial stuff (middle-class male).

As Christopher notes, he has no evidence to support his assertion, but this statement demonstrates a distinct difference in attitude between working-class and middle-class groups when discussing employment. Two other middle-class participants agreed with this statement, and felt that their difficulties in overcoming dyslexia had allowed them to develop problem-solving skills, which has advanced their career rather than restricted them. Megan was more direct when discussing the implications dyslexia has had on her career as an artist:

I think its like, its, the brain is an ever evolving organ ... I think that you, there are certain bits that you, like a blind person has a very acute sense of touch, right. Because they can't [see], their one sense is not there and the other sense takes over and I think that's what happens with the brain. So words are not something I can do, so I end up not being able to see them but visual, spatial awareness all that I, I, I probably found easier so then my, I just went that way so I just developed that side of me which means that I've ended up being an artist. (middle-class female)

Nevertheless, it must also be noted that two middle-class participants disagree with this hypothesis and feel that dyslexia is a complete hindrance, with no beneficial traits at all. For them as with the working-class participants, the management of dyslexia focuses on hiding dyslexia in adult life. This strategy of hidden dyslexia was, as we have already noted, used by the entire middle-class group in the initial stages of establishing relationships both inside and outside of employment owing to stereotyping. Christopher highlights how the stereotype has a direct impact within adult life:

There was one particular example in my professional life where I came across the manager who couldn't handle my spelling ... There are certain people who can't handle misuse of words. So if you use a word incorrectly then you're an idiot, you're completely rejected. ... [This] one manager who was not directly above me but who was important in ICL, made that reaction about something that I'd written ... [and the] document was rejected So I had [to] go on the attack to defend my group against this guy. And it got really quiet acrimonious, and you know I said well you haven't read the report. He said the report was rubbish. I said well why was the report rubbish, why are you the only person who thought the report was rubbish? And he said well look and he pointed out the spelling mistakes. I said oh you think a spelling mistake makes the report rubbish?. (middle-class male)

Christopher uses this example to show that individuals within employment make the same assumptions about intellectual ability and literacy problems within adult life as teachers do in education. However, in the case of Christopher this had little impact on his overall career prospects, as he was a senior member of staff with an established reputation. We can hypothesise that things could have turned out extremely different if he had been in a less well-established, or a working-class, post.

7.3.1 Middle Class Self-Confidence and Employment

Self-esteem issues did not have the same impact for middle-class participants as they did within the working-class group. As we have seen in Chapter 5, similarities can be seen in relation to self-esteem during education. As the majority of middle-class participants (5)

succeeded within middle-class employment, issues of self-confidence did not restrict their career paths. This is highlighted by Christopher, who reports that during the first period of his life little was done to combat his difficulties. Even though some external bodies, such as school, family and peers, perceive him to be a low achiever this does not seem to have had a major impact on his self-confidence. Christopher reports that he has always considered himself as being above average intelligence compared to his peers, and even compared to his teaching staff. This is not to say that his inabilities did not affect his self-esteem, as he admits that until he was in his 20s the problem of dyslexia 'dominated' his life. He describes his life in terms of three stages. The first was 'almost a schizophrenic view', because of his own internal belief in his personal intelligence and the external view of others. The second phase was a rebellious period of confrontation due to frustration at his inability to complete certain tasks. The third he described as a period when he became extremely competitive, especially in relation to employment, which he sees as a reaction to or a compensating for his inabilities. This, he reports, was central to his own personal identity, especially during the first part of his life (up until his 40s). It had a positive effect on his career, as he was quickly promoted as a result of this personality trait. Nevertheless, this attitude has not been entirely positive, since owing to this competitiveness and obsession to achieve he was, now feels, somewhat neglected his role within his family.

For the entire middle-class group, acceptance of dyslexia was central in overcoming difficulties in employment. (As we have seen in the previous section, only one working-class participant, Dean, felt he had truly accepted his dyslexia.) This acceptance overcomes social barriers by confronting literacy problems through the adoption of coping strategies. Christopher suggests that dyslexia is a question not of severity but of self-confidence, and that acceptance is the key to overcoming dyslexia. Megan emphasises this in reporting that since accepting her dyslexia as a young adult she has embarked on a successful art career and dyslexia no longer has a hold over her life. Christopher maintains that if he had not been the type of person who rebels against the status quo the misjudgement of his intellectual ability by others would have affected his self-confidence. This, he feels, would have severely affected his adult choices and career path:

I see myself as, my attitude in that is that I, I think it was a matter of pure luck and serendipity that I wasn't profoundly disadvantaged ok it's just a matter of luck. (middle-class male)

Christopher feels that his overcoming of his impairment has happened, to a certain extent, through luck and acknowledges that he could have been profoundly disadvantaged through issues of self-esteem. Elizabeth reinforces this in stating that understanding and confronting her dyslexia has been the key to her academic (university) success. Nevertheless, she still refers to her obvious difficulties in dealing with other people's reactions in relation to dyslexia. In addition to this, middle-class participants also felt that they have had to work twice as hard as their peers to obtain the same level of success. This consequently also has an effect on the construction of self-confidence. Because of these issues, middle-class participants acknowledged a degree of struggle in reaffirming their self-confidence within their life stories:

Yes, 'cos I feel embarrassed about them because of the fact that you, you people take your intelligence for how you spell. (middle-class female)

Nevertheless, this struggle must be separated from the struggle of the working-class group, as the middle-class group (with one exception) were in a position of power within their employment roles (professor, established artist, doctor of social sciences, student doctor, and undergraduate scientist). This allowed some level of negotiation in relation to intellectual assumptions and social stereotypes. Their occupational roles were constructed through a paradox, as on the one hand their employment status was categorised as 'intellectual achiever' and on the other dyslexia defines them as having restricted intelligence. This in turn allows society to construct these individuals through what is almost an 'Einstein stereotype'.¹⁴ As the general public has difficulty understanding this constructed paradox, these successful individuals with dyslexia are labelled 'super-intelligent'. This causes two major problems. First, it is an extremely difficult role for the individual labelled this way to fulfil, and second, it is counter-productive for the majority of people with dyslexia who are not labelled in such a way. Consequently, for individuals not labelled this way the labelling process only reaffirms the original label of low intellectual ability. This type of labelling gives fuel to the anti-

¹⁴ It is widely acknowledged within the dyslexic literature that Einstein had dyslexia.

labelling movement within education, as it uses this stereotype as a central reason behind parents seeking out a diagnosis for their children (Elliot and Place 2004; Ho 2004; Elliot 2005; Gillies 2005).

It must be noted however, that not all middle-class participants successfully obtained a middle-class career. After Adam withdrew from art college he gained employment in what can be categorised as a working-class role. Adam's story draws upon closer similarities to the working-class group than to his middle-class counterparts as he feels that his self-esteem within adult life has been affected. Adam reports that, since literacy is assumed to be a 'natural' skill which all adults possess, literacy restrictions caused by dyslexia become exaggerated within the adult world:

[Dyslexia affects] the whole spectrum I think. I'm not that, I don't think I've got dyslexia that bad. But it does affect us and the thing is that the more I'm getting older the more ... I'm getting a little more, not embarrassed with it, just its affecting us a hell of a lot more. (middle-class male)

This notion of dyslexia becoming restrictive as one gets older contradicts the experience of the rest of both the working-class and middle-class groups within this study. The middle-class participants stated that as they have got older they have accepted dyslexia and developed more complex coping strategies to overcome social barriers, whereas the working-class group, owing to late diagnoses, have had to redefine their personal identities from 'restricted intelligence' to 'dyslexic', for the most part without complete acceptance. Adam in one sense cuts across both categories, as he received an early diagnosis and accepted his label from an early age. This in turn has provided, for him some level of treatment within the education system, but he has also experienced discrimination which has restricted his employment opportunities and led him into a working-class role. Nevertheless, obtaining employment has for him not been a great problem (which is not the case for the majority of working-class participants). However, he reports that the older he becomes, the more apparent the restrictions caused by dyslexia have become (which is not the case for middle-class participants). As Adam works in a working-class environment, this could be an indication that dyslexic employees receive inadequate support within their places of employment.

Self-esteem within university students has been well-documented within the field of dyslexia (Miles and Varma 1995; Riddick *et al.* 1997; Dale and Taylor 2001; Farmer *et al.* 2002; McNulty 2003; Riddick 2003). Within this study, negative feelings of self-confidence within the middle-class student population were related to employment opportunities after leaving university. Students expressed particular worries in relation to the restrictions on them due to dyslexia and the level of support to which they would have access when starting employment. Jane reports:

Yes I think great- I've got extra time, I've got the grades I needed, I can go to university, to the course I want, be a doctor, wow. But once I'm a doctor I'm not going to get extra time to perform the procedure on the patients. You know so all the extra help that you've got just disappears as soon as you qualify. Which for me, isn't going to be too much of a problem because medicine isn't too bothered about time. But if, you know I become an accountant or something or, or had a job that relied on, you know you got paid per item you did ... [Then they get] extra time at school to get them into a career that they're not going to be able to do anyway because society doesn't allow for it, in a way that the education system does. (middle-class female)

This highlights how levels of anxiety become apparent within the middle-class population in relation to employment when attending university. Jane's statement could indicate that dyslexia might have an effect on why dyslexic students choose to undertake particular undergraduate degree courses. Similarly Megan, a middle-class successful artist, stated that dyslexia had not restricted her life, but felt that it would have stopped her from entering employment such as journalism, academia, or medicine. Megan stated that people with dyslexia should not attempt these careers, as they should play to their strengths rather than their weaknesses.

I think if you are dyslexic you have to go with your strengths in what you're going to do and I think they will be certain things which you won't be able to do. ... I think certainly a lot of dyslexics wouldn't be able to get through that course [medical school] ... I know what the amount, the amount of stuff they have to remember and regurgitate word for word and you know in Latin. So I just think personally for me being a dyslexic as bad as I am I could not have

done that, even if I'm fascinated by medicine I know my limitations... I personally think, it's, it just might be too much and you'd be better off doing something else and being happier in the end of your life. (middle-class female)

This testimony indicates that assumptions can be made by individuals with dyslexia concerning certain career types. As we have seen, Megan feels that people with dyslexia should not enter medicine owing to the level of literacy and language skills needed to fulfil the role successfully. Claire, a working-class participant who attended university, agreed with this, on account of the nature of her impairment. Claire reports that, because of her short-term memory difficulties, she could not trust herself with other people's lives. This perception is directly disputed by Jane, who works as a student doctor and feels that dyslexia has very little impact on her medical role. In fact, Jane states that medicine is a perfect course for people with dyslexia as it is almost entirely practically based. This shows that constructed stereotypes of dyslexia affect not only people without dyslexia, but also dyslexic participants within this study.

7.4 LITERACY DIFFICULTIES

Literacy difficulties during employment have been the focus of a number of recent research projects (Hales 1995; Bartlett and Moody 2000; Morgan and Klein 2000; Reid and Kirk 2001; Brazeau-Ward 2002). Because of the nature of dyslexia, literacy restrictions which affect employment opportunities were central to the group's narratives. Nevertheless, socio-economic position was still found to have an impact. This is largely because literacy inabilities were reported to be more prominent within the working-class group in adult life. This is not to say that middle-class participants were not affected by their literacy restrictions, but that these inabilities became less prominent owing to the development of coping strategies acquired within education. Only one of the middle-class group reported actually being dismissed from employment as a result of her impairment (this was in Hong-Kong, in the late 1970s). This particular participant, who at the time was working as a fashion designer, feels that her dismissal stemmed from other reasons relating to her sexuality and not from the fact that she could not complete any particular task because of her dyslexia. In this case, and at the same time, dyslexia was used as an adequate reason to dismiss an employee from the workplace. It must be noted that this approach could not be used (directly) within contemporary Britain owing

to the Disability Discrimination Act (1995; 2005). For the majority of middle-class participants, the most important issue was not dismissal, but the concern to conceal their dyslexic traits owing to fear of stigmatisation from their colleagues and employers. For middle-class participants, the management of disability was paramount in pursuing their work careers. However, because middle-class jobs are structured around advanced literacy skills, the respondents reported it impossible to conceal dyslexia over any length of time. This situation is referred to by Christopher as follows:

There are parts of your life where you know it's going to be discovered. ... For most of my professional life you, you know that, it's bound to come up. You're in a job where written communication is going to be important, you're going in, for example, have to do an off-the-cuff PowerPoint presentation. It's going to go up on the screen and [it's] going to have a spelling mistake on it, you know that's going to happen, eventually OK. So in those sorts of circumstances, the, sort of for me OK, this is me we're talking about, there's a sort of a requirement to establish your credential on some respects, so that at that point you can then say oh I'm dyslexic. (middle-class male)

This type of concern was discussed by a further four participants who were employed within the middle-class sector. Middle-class participants found that situations would arise which would force them into admitting that they had dyslexia, which in many cases was against their personal choice during their professional careers. The relevant coping strategy middle-class participants used to overcome this stigmatisation was to establish themselves as intelligent before their colleagues or superiors discovered that they had dyslexia. In addition, no middle-class participants reported being directly penalised as a result of their dyslexia. However, the entire middle-class group felt they had to increase their working hours in order to compete with their non-dyslexic colleagues.

This was not the case for working-class participants, whose descriptions and understandings of dyslexia differed considerably from the middle-class participants' in relation to employment. What becomes apparent in their narratives was that participants from the working-class groups believed that dyslexia plays a key role in restricting their employment and life chances. Jim states that dyslexia has a greater impact on employment than education, as in today's economic market jobs which were traditionally

classified as manual work now need some form of literacy (see Perin 1997). Because of this, Jim feels, he has been hindered from competing within the job market. The entire working-class group reported that they feel dyslexia is a key factor which has prevented them from obtaining suitable employment, owing to their literacy problems even after their diagnosis was made. Diane feels that nothing could be done to improve her standard of living, as literacy is a key skill needed to survive within contemporary society. She feels she has accepted this and thus accepted a lower position within society and within the workplace. Claire draws attention to the fact that reading and writing restrictions not only make obtaining employment difficult but they also restrict access to educational general knowledge. Restrictions on middle-class educational knowledge in turn restrict access to cultural capital (Skeggs 1997; Raffo and Reeves 2000; Gillies 2005). Claire reports that because of literacy restrictions caused by dyslexia she did not read any form of literature between leaving school and her mid-20s:

I mean me general knowledge was [affected] because I never read anything, I never read magazines, I never read newspapers, I never you know my general knowledge at school was never brilliant and still isn't to this day. I mean I don't know as much as I would like to know. I would love to know all these facts... that most people would normally know [its] because you don't read things where most people read them. I never really, I've never done the reading to find these things out that's been the problem. (working-class female)

The impact of not being able to read newspapers was also reported by Jim from a practical perspective. Jim reports how frustrating it is watching everyone at work and home reading newspapers (including his son), as he just does not have the ability to perform this task. He also refers to the impact this has had on his general knowledge, as his peers and family discuss issues discussed in the media of which he has no awareness. Claire points out that literacy problems can be hidden from other people to a certain extent, but not being able to read prevents you from obtaining information from books, magazine articles and daily newspapers, which excludes you from obtaining general knowledge (and symbolic capital). This is something which is far more difficult to hide within an information-based society, where evident ignorance of common factors and debate reinforces people's judgments of low intelligence. Claire feels that this is the key

issue in relation to how dyslexia affects general life. She feels that, even though she has attended university, her general knowledge will never rise to what she considers to be a 'normal' level.

It must also be noted that from a more practical sense, literacy problems caused by dyslexia prevented the majority of working-class group (5) from considering applying for employment, either because of anxiety about filling in application forms or because of anxieties about completing a literacy exercise within the interview. All five participants had at least one bad experience during an interview when they had to complete a literacy task about which they had not been informed before attending. This subsequently led to a large number of participants gaining employment with the help of family members. This allowed them to bypass the interview stage as well as the completing of application forms. Dean states:

I've walked out of interviews, cause you know, [they] said fill me this application form and, and I've gone, just froze while they've gone to get you one, I've got up and walked out. You know, they've gone to get a pen or something or they've gone to get a coffee and I've got up and walked out and gone. Because I, you know I just, well there's no way on earth I'd have sat there and wrote in front of somebody, you know. Most I can write is my name and address usually, you know, and that was, that was about, about the most of it ... [I] can't say I like interviews or I would probably not go to interviews, cause of the fact that, you know, you know you're going to get there, they're going to want you filling application forms and things ... So, it's just the way that, I don't know, it just all fell into my lap [because of family]. (working-class male)

Participants who did not leave the interview after they has been confronted by a literacy task reported that employers, after realising they had restricted levels of literacy, dismissed them automatically. For Jim, concealing his literacy problems was impossible within the interview phase because it was evident from his application form that he had attended a special needs school. He reports that this is a 'dead giveaway' in relation to literacy inability, which highlighted the fact that he had different needs from those of everyone else being interviewed. This also increased the stigmatisation around his

dyslexia, as all his interviewers associated special needs schools with restricted intellectual ability and subsequently stereotyped him as having an intellectual disability. Jim believes that this has restricted his employment opportunities considerably, even when applying for non-skilled manual jobs.

An additional issue was that a number of working-class participants (4), who had successfully completed the interview stage and started working for a company, reported that they had been dismissed from one or more employments throughout their working lives. There was no evidence in the narratives to link these incidents directly to the fact that they were dyslexic as there were no distinctive universal themes which emerged. Only one such participant's experience of dismissal from employment could be directly linked to issues of dyslexia. Kevin reported an employment incident in which he felt that he had been made redundant owing to his restricted literacy ability. During this period he had worked as a delivery driver in the North-East area, a job which he really enjoyed. He was dismissed because of his inability to read geographical area signs and public-house names. Kevin's educational experience was restricted and he did not have the resources to obtain the relevant coping strategies in order to overcome this social barrier. His literacy problems consequently slowed him down considerably because he had to ask for directions from the general public:

[I was] out, delivering all over the place you know, so like at one place you getting to see faces, different people ... I also like the hard work ... [But] I always used to get other people to give us a hand and all that but I used to ... have to ask, for more info [than others] so they'd [employers] got sick of us asking all the time ... [In the end] I hadn't been to this pub the Howard ... they said oh you couldn't find this pub and all that, we don't think you're very good for the job and they didn't give us a chance to explain myself. I got them mixed up ... because I couldn't read the sign on the pub. (working-class male)

Kevin reports that no attempt was made by his employer to help him overcome his impairment. The employer showed no concern, or any acknowledgement of the current disability legislation. Their only concern seemed to be to employ the cheapest and quickest labour. Kevin reports that he thought it was just a matter of time before the employer found an excuse to dismiss him. As in the case of many other contemporary

north-east working-class employments, the industrial trade union movement is no longer a major part of working-class life or culture (Grassby 2003). Unfortunately for Kevin, he was not a member of a trade union, and did not have the cultural/symbolic capital or power to dispute his dismissal. He had no knowledge of any associated trade union or existing legislation that would protect his employment rights as a disabled individual. Furthermore, because of the nature of dyslexia, a hidden disability (Riddick 1996), he did not place himself within the disabled category. This, in his own mind, excluded him from existing disability legislation. This has led him to rationalise his dismissal as being a result of his own inadequacy rather than as a result of discrimination against a minority group.

7.5 COPING STRATEGIES

As has been discussed coping strategies have been reported to play an important role in overcoming inabilities within adult dyslexic life (Riddick 2005), and were evident in all of the participant's narratives. As has already been discussed in previous chapters, the participants who experienced the most restrictions were those with the least developed coping strategies (which was generally affected by an individual's socio-economic positioning). Nevertheless, both the middle-class and the working-class groups reported similar coping strategies. Fiona illustrates this in suggesting that coping strategies are central in overcoming dyslexia within adult life:

I reckon that dyslexia is about coping strategies and you develop coping strategies. If you've got good coping strategies then that's what you need to get through in society. (middle-class female)

Dean, a working-class male, discussed how he overcame a literacy restriction when he was employed by a local car manufacturer. This particular manufacturer required that applicants pass a basic mathematics and literacy assessment in order to gain employment. Dean bypassed this interview process since a member of his immediate family was a supervisor and got him employment without his having to take the admission test. If he had not had this family contact, then, he feels, he would not have attended the assessment as he would have known he would have not obtained the job. After starting this type of work, Dean developed certain strategies in order to complete work-related tasks:

I used to try and get out a lot of it ... [the] paint jobs ... [as] you had to log in and log out ... palette it up, ship it back to the company where it'd come from, because it was all hazardous waste, and that was really crap. There really, really was lots of writing, it was a big pad everything was huge, you used to have to sit down, write what colour it was and everything down. But I just cheated and copied off the sheets before ... so if I wanted to know what colour it was or I had to spell something I just flick it over and copy it sort of thing. (working-class male)

This coping strategy was the technique most commonly reported within the general narratives. Participants often used an older or similar document in an attempt to adapt the information required to the new document details. This strategy was not always successful, as Dean recalls a number of occasions when he could not copy a previous form, or made a mistake when copying paperwork:

All I can remember is once I think I spelt something wrong and cause you have to fill it out, about 20 times, obviously you know, it was 20 times wrong, not just the once wrong, it was 20 times wrong so you know, people started taking the mickey out of you. Obviously they didn't know I was dyslexic and anyway I didn't know I was dyslexic then. So, you know that was just something that they [workmates] just happened to take the piss out of you for. (working-class male)

Nevertheless, when asked if he thought he had the ability to complete the day-to-day tasks at the factory he maintained that the recruitment process would have refused him employment if he had gone through the required process. Dean stated that the paint returns procedure was the only real barrier he faced and that everything else in the job was completely manual. Another similar strategy was to have a pre-written word list at hand. This was used if a participant had to write in public or at work. Such a procedure was described by Sandra, whose dyslexia predominantly affects her handwriting. To overcome this, she would take a pen and some paper to the supermarket in order to copy the correct names of products so as to create next week's shopping list:

Well, when I used to do shopping I used to see the things I wanted at the supermarket and I would copy them by writing down, so therefore, I would try and remember it constantly... and that's how I got familiar in writing the shopping list, cause I could read it, I just couldn't spell it. (working-class female)

This strategy enabled her to ask store attendants for particular products if she could not find them in the supermarket. She also had a backup plan if she was ever put in the situation of having to write something down without preparation; In this case she would state that she had 'forgotten her glasses' and could not see properly to be able to complete the task. Fiona, a middle-class participant, also reported a similar strategy when in employment:

I remember a previous job I had to fill in forms on-site that was really [difficult], I'd just not write very much. I used to write the same standard words which I had the spellings written down, like unsatisfactory (ha) ... I'd used the same word [repeatedly] (middle-class female).

For Fiona this was a very successful strategy, as it overcame her literacy problems at work. Fiona also reports that her superiors made no negative comments about her literacy ability and the standard of her written work. Diane, also, reported on her experiences in employment. Even though she avoids employment which needs literacy skills, she was once offered a promotion where literacy was central to the role. Within the job description she was required to complete a range of administrative tasks such as ordering and producing employment reports, and so she began developing coping strategies. For a short period she telephoned a number of friends in order to obtain correct spellings of words and complete the required tasks. She also obtained previous reports and indirectly copied them to fit the general criteria which were needed to complete her related literacy tasks successfully. Diane reports:

I've never been in jobs where I've got to write anything. That was the only one ... [as] I was a supervisor in an electronics factory and how I used to combat that one was I used to go back through the old reports and just take chunks out

of the reports instead of writing new ones. So I never actually wrote a report, in me life. (working-class female)

Diane went on to report that when her superior finally discovered that she had problems with literacy, he compensated for her inabilities and adjusted her workload, as she had become so successful in other areas of her job. She commented: 'then, once they realised I couldn't write the reports, they said you just do it and bring it down [the reports] and we'll sort them out.' In addition to these types of strategies, only one working-class participant (who did not attend university) discussed the impact of technology. This is because Dean was the only working-class participant who had direct access to a PC when interviewed. He reported that he never truly overcame his literacy difficulties until he started using a computer keyboard. This he described as 'revolutionary', and said that it has enabled him to cope in education, employment and general leisure activities when literacy is required. With support from his PC, he feels that he can now compete with a non-dyslexic member of society:

I think the computer now, I don't know how I did with out it sort of thing ... ya, I probably ya, I probably write a lot more on keyboard that I do anywhere else. I don't know, I just can't, I just can't get to grips with [writing by hand]. It's probably not being able to do it for so long, it's like I don't know, I just can't get to grips with writing a letter [by hand]. (working-class male)

Access to technology was a main theme for the entire middle-class group when discussing coping strategies. Half of this group (Fiona, Elizabeth, and Jane) gained access to technology through education. For the entire middle-class group, technology helped overcome their disabling barriers and, consequently, led to a level of acceptance of their impairment. Fiona confirmed this in stating:

I'm very self-conscious about, I'm very self-conscious about any situation in which I have to right down when I can't put it through a computer, which is good now because it's very rare that you do have to do stuff like that. (middle-class female)

Christopher reports that after gaining access to technology he feels his life has been transformed. Both Adam and Christopher stated that access to technology was gained through employment. Christopher received technical support when starting his career as an electronic engineer and reports that:

When I did my honours thesis, I did that, that was typed for me, by a secretary at ICL [current employment], but the script had been corrected by my wife ... that was the last ... big piece of writing, we're talking about 120 pages of A4 that I did with pencil. When I, when I went to ICL within 18 months, 2 years we had the first generation of word processors, and I started using WordStar... [and I got this package, a spell-checking package]. And I started producing reports that, that only needed a normal amount of copy-editing ... It was ... liberation, absolutely, liberation. (middle-class male)

It should be noted that access to technology on the part of the working-class group was restricted for two reasons. The first was financial considerations, as the working-class group had limited surplus finance compared with the middle-class participants. This consequently made it extremely difficult for these participants to obtain computer equipment, let alone specialist dyslexic software. Secondly, middle-class participants, who had recently completed or were completing a higher educational qualification, obtained technological support through their Local Education Authorities. These participants received a Non-Medical Support Grant to buy the relevant equipment, which enabled them to complete their chosen degree courses. This equipment is only obtainable if an individual enters higher education, which excluded the majority of the working-class participants. The participants who reported using computer equipment stated this was invaluable both before leaving education and, especially, after leaving it and entering the workforce.

7.6 FINANCE

Impacts on finance became prominent within the narratives of the respondents. This had a socio-economic aspect, as financial restrictions were widely reported by the majority of the working-class participants (5). However, two working-class participants did report financial difficulties, and both could be classified as coming from a skilled

manual group. Interestingly, both of these participants attended university. Richard states that, even though finance was for him not a huge problem, he still believed that, because it was only recognised later on in his life has restricted his career options and standard of living. He also felt that finance and social status are inseparable within British society. According to Richard, financial gain is often seen as a measurement of success, which is associated with his high self-esteem:

It's a bit annoying you know, because, I consider I suppose, it sounds ridiculous but you consider your wage, the amount of money you make will be almost like a score rating don't you ? I've done ok, you know, I'm not doing badly, but I think I could have done so better. It's bloody annoying. (working-class male)

This was not the case for the participants in the middle-class group. They reported that dyslexia had created restrictive barriers within their biographical narratives, although none related these directly and explicitly to issues concerning finance. These participants do, however, acknowledge that there could be indirect financial implications caused owing to lost career opportunities associated with their dyslexia.

By contrast, the (unskilled) working-class group felt that dyslexia had severely restricted their standard of living and financial situation. This was due to their limited employment opportunities being directly linked to their literacy restrictions (Perin 1997). These five participants reported that, because of their literacy difficulties, that they could only find employment within the unskilled labour market, and often only on a short-term basis. As a result, the working-class dyslexic participants sold their labour for a minimum, or the basic, wage. This obviously had a knock-on effect in relation to their quality of life. Furthermore, restricted employment opportunities were reported by Kevin as having a direct impact on his health, as he felt that financial worries and unemployment have had a negative impact on his mental health. Living in constant poverty, combined with scant employment opportunities, which Kevin felt were the result of his dyslexia, caused him to slip in and out of depression. Kevin reported experiencing mood swings on a weekly basis:

[Dyslexia is] negative It's been like a roller coaster and that, one day up and next day you're down, you're up down, up down, up down, and you just get sick, man. (working-class male)

7.7 DYSLEXIA, GENDER AND EMPLOYMENT

As was discussed earlier (see methodology section) this study did not set out to investigate gender differences between research participants. However, as a central theme concerns employment, I feel it important to acknowledge the impact gender has on adult life. When examining issues of gender within sociology it becomes apparent that its theoretical roots were established in a similar way to those of disability studies. This correlation is as a result of gender studies, early foundations within grass-roots politics (in the 1970s) and their progression into a contemporary academic discipline (Bradley 1989; Oakley 1974; 1981; Saraga 1998; Skeggs 2004). Comparable to disability ideology is gender studies focused attention on embedded institutional issues of social oppression:

Feminist theorists argue that as women's oppression was prior to and more basic than any other form of oppression, it demanded a theoretical explanation. (Nicholson 1997: 2)

Furthermore, feminism has also responded to medicine's 'biological determinist approach' to gender divisions (Lippman 1989; Lupton 2003; Saraga 1998). Feminism quickly developed into a critique of the medicalisation in relation to gender construction and sexuality (Stacey 1988). As Shakespeare (2006) notes, parallels can be witnessed between gender and disability studies within academia. Comparisons could be made linking the separations of gender (social relationships) and sex (biological difference) to disability studies, separation of disability and impairment (Meekosha 2004). Nevertheless, despite these parallels, surprisingly, only a small number of disability studies theorists have used a feminist perspective (Crow 1996; Meekosha 2004; Morris 1991; 2001), which indicates that further analysis is needed within both disability and dyslexia research.

However, although this study's initial concern was investigating issues of socio-economic positioning, gender issues can still be recognised within the analysis. As was discussed

earlier in this chapter, gender differences were demonstrated by employment roles within the working-class group (female cleaners and nannies, male construction workers and drivers). While gender inequalities were not disclosed within these research findings we can hypothesise, by examining the sociological literature, that the experiences of female participants (especially within the working-class group) were intensified by gender inequalities. This could be illustrated by a recent study by Joshi *et al.* (2007), who report on a long history of employment inequalities experienced by women since the 1960s. However, even though government legislation (Equal Pay Act 1970 [Amendment 2003], the Sex Discrimination Act 1975 [Amendment 2003]) has made some attempt to confront gender inequalities, this has not closed the gender gap within the contemporary workforce (Joshi *et al.* 2007). Evidence of gender inequalities can be seen when examining comparable wages of male and female workers. Joshi *et al.* (2007) report:

In terms of the headline pay gap between men and women in full-time jobs, and ... shows movement overtime in opposite directions. Looking at earnings of people at the same age in their early thirties, pay has become less unequal. Looking at rates of pay facing men and women born at the same time, as they advanced into their 40s, rates of pay offered by full-time jobs have become more unequal ... our analysis suggests that not much of these pay gaps is explained by work characteristics (education and experience of human capital)... a widening of the gender premium over midlife is consistent. (Joshi *et al.* 2007: 51)

This research implies that pay inequalities still exist between men and women within the contemporary workforce. These inequalities are less prominent during workers' earlier years, but they increase over time as pay inequalities widen by middle age (Joshi *et al.* 2007). In addition, Warren (2003) also draws attention to issues of gender and 'time poverty'. These findings demonstrate the gendered divisions of working hours. They draw attention to the combination of employment and domestic work having a considerable impact, especially in the lives of working-class females. From these findings we can hypothesise that gender issues played (or will play) some part in the biographies of the female participants within this study. However, whilst gender was not discussed in depth within this research, Fiona did make an important comparison between concepts of gender and dyslexia identity. Fiona reported:

I don't claim it [dyslexia] as much as an identity because it's not imposed on me so forcefully by the world. And I'm taking this straight from when I'm thinking about gender, why women, when you're talking about my identity being a woman is very important part of my identity and I claim it ... [In relation to dyslexia] I'm allowed, I'm allowed to hide it, I'm allowed not to tell people because it's not so there and it's not so imposed on me.

This statement could suggest that issues of oppression relate to both gender and dyslexia. Nevertheless, Fiona manages these experiences in different ways within her biography. Fiona rationalised this by stating that gender oppression within her adult life has been far more obvious than issues concerning dyslexia. This could have been caused by gender divisions being constructed by social structures verified by employment choices, family life, etc. Feminist research suggests that structures of gender inequality develop through particular cultural arrangements (Butler 1990). However, comparing gender and dyslexia issues reveals that people with dyslexia are generally reluctant to admit literacy restrictions. This might suggest that people with dyslexia experience oppression by means of an internal relationship which is less obvious in nature than in the case of gender oppression.

7.8 DYSLEXIA AND CRIME

An association has been made between crime and dyslexia since as early as the 1970s (Critchley and Critchley 1978), and this has led to a number of research projects within psychology and criminology reporting on an association between dyslexia and crime (Ann-Day 1999; Cruddace 2001; Heiervang *et al.* 2001; Hutchings 1992; Kirk and Reid 2001; Morgan 1997; Stevens 2000; Stevenson 2002). Recent research by Kirk and Reid (2001: 83) found that 50% of young offenders 'showed at least borderline indications of dyslexia'. Even if we take the more conservative figures (17%) produced by Ann-Day (1999), this still indicates that people with dyslexia are five times more likely to be convicted of a criminal offence than the rest of the population. Even though a number of psychological explanations based on the medical model of disability refer to genetic explanations (Heiervang *et al.* 2001; Stevens 2000; Stevenson 2002), very few have reported on the sociological implications of dyslexia and crime. To date, no explanation

has been put forward to explain why these high numbers of individuals with dyslexia end up being processed within the criminal justice system (Macdonald 2002; Mosley 1993; Osmond 1993).

To discover the sociological implications of dyslexia and offending, this study incorporated a number of participants into the sample who had been involved in criminal behaviour. One of the participants had served two years in prison, another was currently serving a probation order, and a third was also involved in a theft-related criminal career. A further participant, who was not initially incorporated within the offending population sample, also admitted to being involved in the organisation of 'illegal raves' (dance music events) during the late 1980s and 1990s, which on a number of occasions involved the provision of certain dance drugs (MDMA, amphetamines, and cannabis) during these events. These raves eventually turned into legally established dance events and became a form of employment. This particular participant does not define her behaviour or her organisational activities as criminal behaviour – she defines this period as one of involvement with a youth movement with a political dimension. Because of this self-definition this research has not referred to her as an offender, as the other three participants incorporate the notion of offending into their personal identity.

All these participants could be categorised as belonging to an unskilled working-class group. The main explanation given for getting involved in crime was economic. This was due to a constant struggle to gain employment which paid enough to support participants or their families. Two of the participants in particular struggled to gain full-time employment owing to their literacy difficulties and lack of professional qualifications. Another participant (who does not view herself as an offender) stated that it was the discovery of MDMA that changed her life by giving her the self-confidence that she feels she always lacked owing to her experiences at home and school prior to her life as a diagnosed dyslexic. All three of the recruited offenders were either expelled (one because of a school burglary) or left school early of their own accord. Both male participants were involved in a number of low-key crimes during adolescence, which can be categorised as delinquent behaviour ranging from school violence to theft. Both admit to being part of a gang during early adolescence, but reported that they grew out of this in later years as they usually associated gang behaviour with their school life (see Chapter 6). Kevin reported his feelings about gang culture as follows:

It [was] positive and its negative cause it gets you nowhere, apart from a [criminal] sentences and into crime, into drugs and into other stuff that you didn't want to going in like. (working-class male)

This was the start of disruptive behaviour which finally got him expelled through stealing money from his school. After leaving school, Kevin attempted to find employment, in which, because of his literacy difficulties and lack of qualifications, he had very little success. This led to him supplementing his finances through petty crime. Kevin explains why he started offending as follows:

[Crime] was sort of something like fun to do. And like most of me mates were like that [offenders] anyway so from being from my type of background it was just, suppose, it was expected. (working-class male)

When asked if he thought he had become an offender for socio-economic reasons rather than because of dyslexia, he reported that he felt there is definitely an association between why he committed crime and issues connected with dyslexia, which restrict access to employment in adult life.

There is a link like [between dyslexia and crime] cause like if you cannot be this [gain employment] and I'll have to be that [become an offender] than you'll be someone and I was pretty good at it [crime]. (working-class male)

This is not the case for Dean, who reported that he ended up in a criminal career because of a back injury when employed at a car factory. However, Dean, like Kevin, did report having been involved in delinquent behaviour throughout his school life. This behaviour ranged from motoring offences to petty theft. He reported that he eventually grew out of it through gaining a number of manual employments, but because of his back injury he recommenced his criminal career in his twenties. During this period, he was sacked from a car manufacturing firm owing to a serious back injury and, because of his ignorance of employees' rights, received no compensation or disability support. Dean, who would not apply for any literacy-based employment, felt he had no other choice than to follow a criminal career in order to support himself. He also started exceeding his

prescribed back-pain medication, in order to carry on in labour-based employment. However, the pain only intensified, and as there was no stronger medication on the market he began taking a number of illegal drugs to relieve his extreme back pain. These also helped him improve his short-term psychological condition that had arisen from the lack of direction within his life:

The pain of anything, my life and everything, it you know taking an ecstasy is obviously you know making me happy sort of thing and yeah, it numbed the pain, my back you know, it was from going where you can't do anything that you can go out clubbing and, and doing things, um and yeah. Probably, it was probably with, with my life sort of thing, just that, probably [It] had a big impact of why I ended up doing what I did because on ecstasy you don't care what you do. (working-class male)

At this point, Dean describes his life spiralling out of control owing to his drug addiction and the fact that he had begun to support himself financially by drug dealing. He supplied non-prescribed drugs on a large-scale, which eventually led to him serving two years in prison. This experience, he states, has 'changed his life', as the thought of going back to prison deters him from any future dealings in crime. Unfortunately, when leaving prison Dean was in a similar employment position as before he was incarcerated. He still would not apply for any literacy-based employment because of his lack of reading and writing abilities, and he tried again to find employment in manually based work. Eventually, one of his friends helped him secure a factory job, but in order to complete the manual work he began once again exceeding the prescribed amount of painkillers. The pain only intensified, and he felt the painkillers were not strong enough, and eventually ended up in hospital as he had damaged the lining in this stomach because of the amount of prescribed drugs he was taking. The road into crime, for Dean, was the combination of a number of different factors (unemployment, physical disability and dyslexia). When asked what he thought was the more significant part of his life, however, he responded:

I wouldn't say it was prison; prison is just that point in life where it was me standing up look around and have a look, what I was doing. That's not a main point ... but compared to my back, I'll still carry on with the back regardless, if

its going to knacker me up, I know its going to put me in a wheelchair sooner or later ... I'll just carry on and do what I can do now, than stop doing it, (but) the dyslexia, I feel is the main thing cause I know I'm dyslexic, but when I look back I'm dead angry cause then I think well, I went through school and surely someone should have picked up at school. I'd have probably come out and had a different job to what I did. It probably would have changed my life I've made. It'd probably, I don't know, made a lot of difference to who I am or what I've done ... I think that's, looking at it now, that is the biggest part of my life, is being dyslexic. (working-class male)

This statement indicates that undiagnosed dyslexia alone is not the only factor which affected Dean's life story and led him into a criminal career. But, as he points out, if he was diagnosed in his early education he would not have been in the position to commit crime in the first place since he would have received an education. This would have allowed him access to certain social and employment capital, which could have helped him overcome restrictive barriers which he believed were fundamental in the production of his criminal career.

Sandra agrees with both Kevin and Dean, as she feels that she 'committed fraud' for financial reasons. Sandra also feels that this has a lot to do with where she grew up, which restricted many of her adult opportunities during her life. Nevertheless, Sandra differs considerably from the male participants, as she feels that there is no association between her offending and dyslexia issues. Sandra states: 'No, but me offending has nothing to do with me being dyslexic, I don't think so.' However, the research can make an indirect association between this type of criminal activity and dyslexia, as Sandra feels that dyslexia has prevented her from obtaining more desirable employment. When asked why she offended she stated:

I was living on low income and, well, on benefits and I took clearing jobs, which I did, I used to take cleaning jobs because I thought I just, I mean I used to think I wish I could earn a good income. (working-class female)

Interestingly, as was discussed in Chapter 5, only one participant is still involved in criminal activity. Kevin is the only participant who has not had support from joint probation and Dyslexia Institute organisations. He concluded by stating:

Like you get, you get more credit [respect] off people, it's a good laugh. If you get a good score, you've got a good score. You've got to take the chance. You never know it's sometimes make or break. (working-class male)

Both Sandra and Dean have continued to attend the probation service (run by the Dyslexia Institute) for more than two years after their probation order had ended. Neither has been involved in any criminal activity since attending this scheme. As for Diane (the participant who did not define herself as an offender), she is no longer involved with dance culture having reported that she finally grew out of it.

7.9 CONCLUSION

Within traditional and contemporary social research the focus on economics has been central to defining social exclusion. The relationship between socio-economic position and poverty has been well-documented by sociologists throughout the nineteenth and twentieth-centuries (Giddens 1991; Marx 1848; Orwell 1937; Skeggs 1997; Townsend *et al.* 1986) which has prompted state reforms and the introduction of countless acts of legislation to confront issues of poverty and inclusion. Social class has also been the major focus of educational sociologists (Ball *et al.* 2004; Demark *et al.* 2000; Sullivan 2001; Whitty 2001; Van De Werfhorst *et al.* 2003), and this work has helped foster number of educational reforms, particularly in the late twentieth century (refer to Cole 2004) aimed at improving the life chances of individuals from 'deprived' backgrounds. As was mentioned in Chapter 5, traditionally, education was tailored around class assumptions, preparing young adults for their economic roles (Whitty 2001). An assumption underpinning this chapter is that there is a strong link between educational development and employment which reinforces socio-economic positioning. However, when examining the literature in relation to dyslexia, we find that no research has developed a link between socio-economic positioning, dyslexia and employment. The majority of studies which have focused on dyslexia, adult life and employment have recruited a middle-class sample (Bartlett & Moody 2000; Mcloughlin *et al.* 1994; Miles & Varma

1995; Morgan & Klein 2000; Riddick 2003). In addition to these middle-class experiences, the chapter has demonstrated a strong connection between social class and its restrictive implications for dyslexic lives. Working-class individuals with dyslexia are limited not only by the social aspects of living with a disability (Barnes *et al.* 1999; Oliver 1996; Piggot *et al.* 2005; Randolph & Andresen 2004; Thomas 2004), but are by their social class position. This is illustrated by participants from a working-class background working primarily in unskilled short-term employments owing to a lack of educational capital (Raffo & Reeves 2000), as well as by issues of dyslexia.

Because of this educational failure, and reluctance on the part of educational authorities to fund dyslexic learning, the negative experiences of dyslexia of people at the bottom of the socio-economic ladder have become intensified. We can see evidence of this when examining the implications of finance in the context of limited employment opportunities. The data in this chapter illustrate how, in a small number of cases, social exclusion regressed into criminal behaviour. This is not a new phenomenon, as Critchley and Critchley (1978) point out:

As a child gets older it is to be expected that the behaviour disorders will take a more unsociable or anti-social form. Truancy is rather a phenomenon of secondary school age and much of the same applies to stealing, pathological lying and the drift into the more destructive gang activities ... The ease with which dyslexic teenagers slipped into [this] crime demands serious consideration. (Critchley and Critchley, 1978: 57)

In their research, Critchley and Critchley (1978) discuss the possible links between educational failures, limited career options and a criminal career. The data highlight evidence of this concept, especially in relation to the two participants who attended the Probation Service (PALS). These participants, after being diagnosed with dyslexia and receiving support, both stopped re-offending completely. These findings also indicate a relationship between socio-economic positioning, dyslexia and crime, as no middle-class participants reported taking part in criminal activity.

However, is it as simple as stating that dyslexia is linked to unemployment, which can then lead to criminal activity? As Giddens (1990; 1991; 1996), Beck (1992) and Savage

(2000) point out, existing social structures no longer have the same impact in determining people's lives within contemporary society. They report that within late modernity society has been transformed through the notion of individualisation. Giddens sees that traditional structures no longer have the same limiting effect within society as individuals have reflective control over their own life stories. From this perspective, social class and disability identities are no longer characterised by social inequalities, as societies, within this advanced state, are defined by 'new individualised lifestyles' (Gillies, 2005: 836). Giddens (2000) believes that those living in the period of late modernity have the ability to reflect, and that individual lifestyles are managed through the notion of risk and choice. If we use this approach, we find that inequalities within society are no longer defined by social class or issues of dyslexia, but rather at an individual level of mismanagement. Very little evidence within this chapter supports the claims made by Giddens (1990; 1991; 1996), Beck (1992) or Savage (2000). People with dyslexia experience a limitation of their knowledge which is not completely down to mismanagement but due rather to a combination of educational limitations and literacy restrictions. This is reinforced by misguided stigmatising attitudes within adult life. This subsequently has an impact on self-esteem, which in turn reinforces social exclusion. As Geoff Whitty (2001: 293), an educational sociologist, points out, 'there are not many families in this country who are educationally rich but poor in other respects'. This statement highlights the fact that inequalities generally appear within the lower socio-economic categories, and this research has indicated these problems are intensified by dyslexia.

Giddens, Beck and Savage's approach consequently removes the responsibility for inequalities from the state and lays blame on the individual. Giddens, Beck and Savage's theoretical approach in relation to the management of risk does not adequately explain inequalities within social class or within disability. Giddens believes that heightened education in late modernity allows relatively equable choices on an individual level. The management of choice allows access to employments as well as social well-being. This does not take into account the fact that dyslexic participants', who have developed coping strategies and have succeeded within employment, were predominantly middle-class. As was discussed in Chapter 5, the majority of the middle-class group received private tuition which helped them succeed in education. This highlights the fact that inequalities are reinforced within education because dyslexic teaching techniques are not

incorporated within mainstream education. This has a socio-economic dimension, as it is only parents with economic capital who can obtain these services. The data have demonstrated that this is so not just in relation to issues of education: it also demonstrates the employment implications for people with dyslexia in their adult lives. Barnes *et al.* (1999) point out that disabled people in Britain are three times more likely to be unemployed than in any other country. This research also draws close attention to the fact that when disabled people finally gain employment, on average around one in four is paid less than non-disabled employees. This highlights social issues rather than individual choice (Barnes *et al.* 1999).

As Barnes *et al.* (1999) point out, disability cuts across social classification and individuals experience exclusion as a result of their impairments rather than their social class. This raises issues in relation to the cultural capital thesis, as middle-class disabled people have access to middle-class capital but still experience social exclusion. This notion of disability and social exclusion has been central to the disability movement since the 1970s, as described in the *Fundamental Principles of Disability* (Finkelstein 2001; Oliver 1990; 1996). The cultural capital approach nevertheless acknowledges the fragmentation of large-scale social variables such as class, gender and disability. The argument of Oliver (1996), who states that disabled people are excluded from education and employment within contemporary society, actually reinforces the cultural capital approach. Oliver (1996) claims that for many disabled people exclusion starts within education in the form of special needs schooling or classes. According to Oliver (1996), this form of education is inadequately equipped to prepare disabled children to compete within the current economic market. Illustrating this approach draws attention to the fact that disabled middle-class children do not have access to the same cultural capital as non-disabled children because they receive a restricted education. According to this approach the disabled person is excluded from educational (middle-class) capital, which impacts on career choice and levels of poverty.

When we use the cultural capital argument, we can see that middle-class participants with dyslexia find themselves excluded from certain levels of educational cultural capital. However, their position of power is reinforced by the fact that they belong to the middleclasses, which access capital outside of education. This explains how dyslexia was intensified for the working-class group, as they are excluded from both middle-class

capital and educational capital. Middle-class participants' exclusion from educational capital was often compensated for, to a certain extent, by access to finance. This allowed middle-class parents access to specialist teaching underpinning educational and employment success (Gillies 2005). Unfortunately, this was unattainable for the working-class group owing to lack of educational knowledge and finance. The data highlights a triangulation effect on educational practices, a discriminatory workforce and restricted cultural capital which is intensified by socio-economic position. For people with dyslexia within the contemporary workforce this results in a restriction of power.

CHAPTER 8

CONCLUDING DISCUSSIONS

At the core of the politics of disability is the attempt by disabled people to take back control over their lives. Rather than non-disabled people taking decisions, speaking for, or otherwise dominating them, disabled people are asserting their ability and right to be independent. (Shakespeare 2006: 240)

8.1 DYSLEXIA AND MODELS OF DISABILITY

Disability politics over the last thirty years has generally focused on the empowerment of individuals with a range of different impairments. The disability movement's intention has been predominantly to create an equal partnership between disabled people's rights and British culture (Barnes 2003). Within this thesis I have generally proposed that disability politics has somewhat overlooked issues concerning dyslexia, resulting in very minor social model analysis. As was mentioned above, Riddick (2000; 2001) implies that hidden disabilities like dyslexia have their own history, which has developed separately from that of physical disabilities. In adopting a sociological approach, this study has investigated dyslexia's distinct history, from both medical and educational perspectives. This thesis has revealed that the term 'dyslexia' has been in use for over a hundred years (Miles and Miles 1999). Nevertheless, it could be suggested that the entire group within this study had no knowledge of its relatively long history. As I have shown, research participants referred to dyslexia as a recently discovered impairment of late twentieth century society. Furthermore, this study has revealed that research participants have particularly limited knowledge of dyslexic symptoms compared to awareness of their own individuality:

I think that the perception in those days [1960s] was that there was no such thing as dyslexia, that you were just lazy. And in some ways I probably did come across as lazy, because I couldn't do something. It used to absolutely frighten me, it still does. (Richard, working-class male)

In an attempt to understand these phenomena, the research illustrated a causal relationship between medicines and education's power over dyslexic discourse (power/knowledge). By means of medicalisation, medicine has constructed a professional discourse which excludes non-medical practitioners (Foucault 2003; Lupton 2003; Shakespeare and Erickson 2000). Shakespeare and Erickson (2000) suggested that the professional medical discourse has alienated people with disabilities from taking control of their own impairment. This power/knowledge relationship between medical practitioners and people with disabilities generates a similar relationship between educational practitioners and dyslexic participants.

Yet the relationship between dyslexia and medicine seems to have developed in a different way from the relationship between (physical) disability and medicine. As was discussed earlier, research into dyslexia was initially defined within medical science (Berlin 1887; Kussmaul 1878; Pringle Morgan 1896); however, following the work of Samuel Orton (1925-47), research, assessment and treatment were passed to the 'ownership' of education. It could be hypothesised that, as a result of this transition, research into dyslexia has primarily been developed from an educational perspective. By using this form of analysis to understand dyslexia's historical development; it could be suggested, participants within this study have focused on educational alienation rather than medical institutional discrimination. When comparing these institutional understandings of disability, we find that similarities between educational and medical ideologies begin to emerge. Firstly, both disciplines promote themselves as institutions of equality. Nevertheless, in relation to the label of dyslexia, education has often dismissed medical research as an attempt to demedicalise the schooling system (Elliott 2005; Elliott and Place 2004; Ho 2004; Rice and Brooks 2004). Yet although dyslexia causes conflict between these two institutions, similarities can be seen in relation to medicine and education's construction of dyslexia as a (learning/neurological) dysfunction. Although education dismisses the concept of medicalisation, it has produced similar stigmatised understandings of dyslexia to those produced by the medical view of other disabilities.

Yet the implications of this discourse are relevant not just to the educational and medical understanding of dyslexia; they were also transferred to participants' self-understanding of their syndrome. This concept can be illustrated by the research participants generally

focusing on questions of (what they considered as dysfunctional) reading and writing, short-term memory, and organisational and language 'problems/difficulties'. This might suggest that these individuals constructed their understanding of dyslexia through Oliver's 'individual model' perspective (Oliver 1996):

I suppose the things that are an issue [are] like I avoid writing, ... I'd be really careful about not writing in public ... I can't use a phone directory basically really, I mean I can but its incredibly, it takes a immensely long time ... Big catalogues with lost of numbers, lots of lists, I just get totally confused. And you know get letters and numbers in the wrong order. And I can't really work out the order of things ... Probably some people might argue that I'm a little bit disorganised but again that doesn't feel like it's a problem for me that's just the way I am. Even like this morning forgetting about this interview, I just have to remember to look things up and I write everyday in my diary. [Unfortunately] I don't remember to look it up. (Fiona, middle-class female)

In order to progress from an individual approach to a sociological understanding of dyslexia, this thesis has turned to current thinking within disability politics. This was an alternative to using the current medical model approach that is dominant within the academic literatures (Defries *et al.* 1987; Olsons 2002; Snowling 2000; Stein & Talcott 1999). Nevertheless, very little social model analysis has been used within the field of dyslexia. Even when we turn to dyslexic 'activists'/researchers we find that they often use medical ideology to reinforce the claim that dyslexia is a genuine neurological impairment (see e.g. the *Journal of Dyslexia*). So why have dyslexic studies turned to the medical approach to dyslexia rather than develop a disability-rights-based critique? It could be suggested that the disability studies critique of medical practice has not always seemed relevant within studies of dyslexia. Rather than producing a critique of medicine's definition of dysfunction, studies of dyslexia have generally focused on a disabling education system. Within the field of education a number of academics/practitioners define dyslexia either as a learning difficulty (Rice in Brooks 2004) or as a social construction, in the latter case questioning its existence (Elliott 2005). Because of these conflicting definitions (within education), it could be hypothesised that people with dyslexia choose to identify with a medical classification of impairment rather than the educational dysfunctional learner approach:

The fact that there was this explanation which was of such a satisfactory nature, ok, you know, there was this mechanical thing [called dyslexia].
(Christopher, middle-class male)

This might suggest that, even if medical discourse defines dyslexia as a neurological dysfunction, medical assessment is vital in producing a social understanding of the impairment. To generate an understanding of why this medical approach has become dominant within dyslexic studies the thesis will conclude by examining a number of prominent themes (labelling and identity, social class and disablement, the implications of technology) which have emerged throughout this thesis.

8.2 LABELLING AND STIGMA

As was discussed above, throughout this research thesis the participants engaged in dialogue about issues of labelling and diagnoses. This led the thesis to engage with the recent labelling debate which has emerged within the academic literature (Eliot and Place 2004; Ho 2004; Morgan and Klein 2000; Riddick 2000). As I have shown, a number of educational psychologists have suggested that dyslexia is no longer a meaningful label (Eliot and Place 2004; Rice and Brooks 2004). This study has referred to this approach as the anti-labelling perspective. The anti-labelling approach incorporates the suggestion that the label of dyslexia stigmatises individuals so labelled (Rice and Brooks 2005), and yet it can work to further stigmatise poor readers who have not been labelled (Eliot 2005). From Elliott's (2005) perspective, labelling individuals with dyslexia is problematic for two reasons. First, there is little difference between dyslexia and poor readers, and secondly the treatment, within education, for students with dyslexia is exactly the same as if a child is defined as having dyslexia or is labelled a 'poor reader'. This study presents evidence indicating that the anti-labelling perspective fails to recognise the reality of living with dyslexia. Elliott's studies focus on reading and writing difficulties, which I have suggested is a very narrow view of the symptoms of dyslexia. The majority of the research participants referred to additional symptoms, such as short-term memory, organisational skills and speech difficulties, as being as restrictive as their literacy limitations:

Just short-term memory and speaking. . . like speak at a family thing, you know I don't like to. I just don't like people having their attention on me cause I just think that I'm, I'm instantly going to say something silly or something. Like the wrong word's going to come out of my mouth and everyone's going to laugh. (Elizabeth, middle-class female)

I've got a very poor, short-term memory. And I can get half-way through a sentence and forget what I'm talking about. (Richard, working-class male)

The second point is a more complex one which relates to individuals' life experiences of dyslexia. From an anti-labelling perspective, if an individual is labelled dyslexic and has received no additional support, the label might become counter-productive. This creates issues concerning access to support (before and after diagnosis) and the impact of labelling (in relation to social stigma). I discovered within this study that the entire group, when interviewed, experienced some form of stigmatisation, which in some cases led to social oppression. However, when the anti-labelling perspective is used assumptions are made that stigma is only produced after a label (dyslexia) is attached. Yet it could be suggested that this was not the case, as participants reported being stigmatised (in terms of intelligence) prior to being label led by an educational psychologist:

But you see the whole of the school and . . . of course me parents thought that I wasn't particularly bright . . . So I was slowly degraded to the point at which I thought I'm never going to be able to work, I'm so stupid, you know. (Richard, working-class male)

This study's findings tend to support Riddick's (2000) research indicating that it is the symptoms of dyslexia (restricted literacy) which are stigmatised rather than the label itself. This study has presented evidence that in total 11 participants reported that having restricted literacy levels in pre-diagnosed life was connected to issues of intelligence. This social interpretation of a restricted IQ had serious implications in relation to self-identity as participants could not associate with individuals (with restricted intelligence) with whom they had been grouped together. In addition to this, after these participants were label as dyslexic the majority reported the labelled having a positive impact on self-perception:

Well, I suppose really, it, in one way it's a relief, you know that I wasn't thick, I thought, I know I'm not thick, and that was like fantastic. (Sandra, working-class female)

8.2.1 Dyslexia, Poor Readers and Social Class

The transformation in individual perception, after the labelling of dyslexia took place, could be interpreted as reinforcing Elliott's (2005) and Rice and Brooks (2004) suggestions that parents/adults seek to get their children/themselves diagnosed as a result of positive stereotypes (dyslexics are abnormally bright). Unfortunately, this does not seem to be the case, as participants reported experiencing similar stigmatising attitudes to those they experienced when they were labelled poor readers:

You don't get thick middle-class kids you just get dyslexic ones. (Fiona, middle-class female)

However, the label of dyslexia allowed (the majority of) this group to confront these stereotypes, rejecting the lay person's view of their impairment. Yet it should be recognised that access to labelling was not a universal issue, and had a social class dimension. The work from Rice and Brooks (2004) suggests that dyslexia is over-rather than under-diagnosed. These findings were not supported by this particular study, as diagnosis within education was generally obtained through private means. It could be suggested that participants from a middle-class background have access to finance and knowledge in relation to dyslexia. Controversially, only two of these middle-class participants gained a diagnosis from their local education authority as the diagnosis was predominantly obtained through private means. In the case of working-class parents within the study, there was virtually no knowledge about the existence of this syndrome. Only one working-class participant reported that their parents had any previous knowledge of dyslexia, and this was dismissed as unfounded by the school. As working-class participants had no knowledge of dyslexia, and school professionals did not recognise dyslexia within these pupils, this resulted in no working-class participants been diagnosed during their school life.

This consequently has led to comparisons being made between the treatments of poor readers with that of individuals with dyslexia. The majority of middle-class participants who received a diagnosis gained access to technological and educational support. This was not the case for working-class participants, who found themselves relocated to the bottom class at school. In the case of middle-class diagnosed participants the entire group achieved some level of educational success in relation to qualifications. This was not the case for the working-class participants, as the entire group left school with virtually no qualifications. This could be put down to issues of socio-economic status rather than issues concerning dyslexia diagnosis. Nevertheless, a distinct difference can be seen in relation to literacy levels as the entire middle-class group could read to an adequate level, whereas for the working-class group reading was severely restricted. With regards to the working-class group restricted reading and writing, combined with no educational qualifications, tended to prevent this group from obtaining employment within adulthood. This also prevented them from receiving employment support, under the Disability Discrimination Act (1995), to create an accessible workplace:

I didn't have any idea of dyslexia but, I feel I've lost opportunities. If I had been diagnosed earlier I'd got the help ... My lifestyle would have been [better] ... financially-wise ... I could have worked with it, and I could have said look I'm dyslexic, this is what I need, and I could have sought the help but because I didn't know and people kept assuming that I didn't need it. (Sandra, working-class female)

Removing the label of dyslexia rather than just deconstructing stigmatisation might remove people with dyslexia from current employment and educational disability legislation. This can only intensify the discrimination experienced by this minority group rather than improve the current situation. In opposition to the perspective of Elliott and Place (2004) and Rice and Brooks (2004), this research has indicated that participants who were defined as poor readers experienced far more disabling barriers within education and employment than individuals diagnosed with dyslexia. Furthermore, this might also suggest that, rather than being over-diagnosed, dyslexia is in fact generally under-diagnosed within education:

My life, its totally better now ... I attended probation and now the probation orders finish ... I think it was Carol, came in and said to me, did you realise that you don't have to come in anymore, I says well no, she says ... I think it was last November or something. I said oh right, I says why, can't I come no more, and she says well if you want to ... I said well, yeah, I'll keep coming, ... I can come and spend this hour a week coming in, its helping me so much that you know, there's no way I want to stop till they say you've got to stop and then, oh well I've done everything that I can do. (Dean, working-class male)

8.3 THE MANAGEMENT OF DYSLEXIC IDENTITY

To further this discussion into labelling, there should be particular recognition of how labels are used by the persons who are labelled with reference to social identities (Goffman 1963; Scott 1968; Oliver 1996; Shakespeare 1996; Watson 2002). It should be recognised that a paradox has appeared within the research in relation to the labelling and the formation of a 'dyslexic' identity which differs from the politicised 'disabled person's identity'. This is illustrated by participants paradoxically stating that they were 'proud' to be dyslexic and alternately dismissing 'dyslexia' as an identity owing to a desire to be 'normal'. If we were to analyse dyslexia through a social model ideology, disability would become central to a person's identity. Indeed, it is disability (disabling barriers) that defines the individuals' relationship within society within disability studies (Oliver 1996; Barnes 2003). The social model has redefined how disabled people think about themselves, constructing a new positive social identity. This disabled identity is constructed through opposition to a disabling society, accompanied by a rejection of society's dysfunctional assumptions about impairment. Unfortunately, within this study only two participants constructed dyslexia as a strong (social model) identity:

I'm a person with coronary heart disease, but because, but that's something that's only happened in the last 6, 7, years. You know I had a heart attack when this happened ok. Its, the dyslexia's not like that, cause its, its part of my identity, its part of, its part of my identity, part of who I am, ok. Whereas the heart disease is a part of, you know, what's become of me, ok. So there's a, there's a definite difference. (Christopher, middle-class male)

I don't know I'm not a person with dyslexia [it] doesn't sound right. I'm a dyslexic person, so I think it just probably sounds right to me. [If] someone ask me that's probably what I'd say. (Dean, working-class male)

If we compare participants' general understanding of dyslexia 11 out of 13 constructed their self-identity using the US approach to disability rather than the strong social model. This approach defines disability as a secondary factor in relation to the construction of personal identity, and refers to people placing themselves first before their disabilities (e.g. 'a person with disability' rather than 'a disabled person': Shakespeare 2006):

[I am a] person with dyslexia I think, because a dyslexic person, I see as saying ... you're classing ... yourself away from [non-dyslexic] people. (Elizabeth, middle-class female)

I'm a person with dyslexia ... because I think it's just something that is part of my make-up ... I mean I don't think everything I do with my life [is about] dyslexia, I only think about it when people ask me its just kind of a physical thing. (Megan, middle-class female)

This approach to the construction of personal identity was not affected by the level of the severity/disabling barriers with which individuals were confronted in daily life. The majority of participants within this study considered dyslexia a secondary factor after their own personal identity. Analysing the data from this perspective shows that participants preferably construct their identities in relation with their (non-disabled) friends or colleagues rather than individuals from the wider disabled community. This research suggests that the majority of dyslexic participants construct their identities in relation to the concept of a 'normal person' with dyslexia, rather than to that of a dyslexic person whose dyslexia defines their entire identity:

I'd like to say that I am [the] same as like all my friends who haven't got dyslexia. Just that ... [we] may have other traits, you know, [we are] musical or ... something like that. (Elizabeth, middle-class female)

8.3.1 Disability, Identity and Normalisation

In furthering this discussion of how people with dyslexia use labels when constructing their identities, I found that participants rejected any notion of disability. Within this study; research participants tended not to associate themselves with the label of being disabled. Using this analysis the study could hypothesise that the rejection of the disabled label could partly be a consequence of the small numbers of people with dyslexia involved within the disability movement; yet this can only be used as a partial explanation. To develop a comprehensive understanding of this phenomenon it is appropriate to turn to Nick Watson's (2002) construction of disabled people's identities.

When attempting to understand dyslexic individuals' notions of disability, participants within this study constructed the label in terms of physically (disabled) bodies. Watson (2002) suggests that individuals with impairments are socialised in the same way as the non-disabled community. If we accept Watson's approach, we find that the social interpretation of disability is developed by means of 'powerlessness' and 'stigmatisation'. To develop this perspective; people with impairments often reject the stigmatised view of disability as it does not relate to a person's own notion of 'self'. By applying Watson's approach when trying to understand participants' dissociation from disability, we could hypothesise that individuals with dyslexia construct the label of disability as 'other' in the same way that non-disabled people do:

I think dyslexia definitely can be a disability there are lots of people for whom it really is, you know, and that might be people who don't get picked up at school and maybe don't get the support they need at school ... Therefore it definitely is a disability it just doesn't feel like it is for me. (Fiona, middle-class female)

However, this research cannot conclude by suggesting that dyslexic identities are not constructed in the same way as other disabled identities. When attempting to understand the complex nature of identity formations, the study could consider how certain stigmatised identities are constructed through the notion of disidentification (Skeggs 1997; Lawler 2000). To understand the phenomenon of stigmatised identities, disidentification has been used in the study of gender and social class identities. This

concept has been defined by Skeggs (1997), who illustrates how disidentification is employed to characterise working-class feminine identities:

They cannot pass as completely middle-class because they do not want to. They respect (and resent) the power of the middle-classes but despise them for the power they effect. The middle-class is imaged as heterogeneous in their accounts of middle-class behaviour. It is not homogeneous, but an 'other' which has some desirable dispositions and powers. There are many ways of being, known from representations and the experiences of the middle-class, which they do not want to be. The middle-classes are often a source of ridicule and contempt. What the women desire is to be valued, not pathologised. (Skeggs 1997: 93–4)

Skeggs (1997) suggests that working-class females often dissociate their notion of self from a traditional working-class idea of self (or in the case of dyslexic participants disability). This is often as a result of stigmatised views which exist within alternative social groups. This does not imply that working-class females identify with middle-classness, as working-class females often distance themselves from middle-class behaviours and ideologies. If this form of analysis is used to understand the formation of dyslexic identity, the concept of disidentification could explain why participants dissociate themselves from the label of disability.

Yet it is possible that this form of self-understanding might develop dyslexia into an alternative form of social knowledge. Instead of defining dyslexia as a neurological impairment through the notion of dysfunction, an alternative discourse could be constructed around the concept of difference. This hypothesis of 'difference' (neurodiversity) versus disability (neurodisability) can be seen in the US literature on autism (Baker 2006). Neurodiversity recognises the complex nature of neurological structures in order to deconstruct the naive medical ideology of an A-Type brain. This tends to create a diverse understanding of (neuro) difference rather than the contemporary dogmatic view of 'intelligence and ability' that currently exists within education and medicine. Nevertheless, disidentification could explain why dyslexia has not been part of the disability movement. This might offer one of a number of

explanations of why people with dyslexia have become alienated from disability activism. It could be argued that disidentification has rendered people with dyslexia politically disempowered within the recent political climate of disability politics.

8.3.2 The Labelling of Dyslexia from within Disability Studies

In using a number of rationales (labelling, disidentification and normalisation) to explain why individuals with dyslexia are absent from disability politics, it is additionally important to recognise why the disability movement has overlooked issues of dyslexia. It could be hypothesised that assumptions exist within the disability community relating to dyslexia's claim of being a disability (refer to Disability Forum Archives). As dyslexia is a hidden disability, which is discreditable rather than discredited (Goffman 1963), physical features are unrecognisable by the non-dyslexic community (unless a person has knowledge of this syndrome). This dismissal of dyslexia relates to a misconception that it is a mild disability compared with more obvious forms of impairment. There have been a number of discussions within disability studies in relation to the concept of a 'less disabled group':

Even with disabling barriers [within] the workforce significantly removed, some will remain excluded by their impairment. The spectre is raised of new divisions within the disabled population as those perceived as 'less disabled' groups advance their claim of 'economic dependency'. (Barnes *et al.* 1999: 116)

The nature of hidden disabilities tends to give the impression that individuals experience milder forms of disablement than people with physical or intellectual disabilities. This perception could be further exemplified due to the Disability Discrimination Acts. As Barnes *et al.* (1999) and Finklestein (2001) shows, disability activists have seen employment and educational institutions integrate what they define as 'less disabled individuals' into the workplace in order to comply with government legislation (Barnes *et al.* 1999). Using this perspective suggests that incorporating milder forms of disability leads only to a minimal workplace adjustment compared to adjustments for other (physical or intellectual) disabilities. This allows industries to claim that they are incorporating disabled employees when they are actually targeting this 'less disabled group'. However, the phenomenon of the 'less disabled' approach to dyslexia is not

actually supported within the study's findings, as the majority of employers (especially working-class employers) made no attempt to adjust workplace environments. In addition, many participants refused to inform their employers that they had dyslexia. Finally, as we have seen throughout this research dyslexia has had a considerable impact on participants' adult lives, which are comparable to those of other disabled groups within society.

While I'm a wheelchair user with a type of Muscular Dystrophy ... My dyslexia was the main difficulty and mainstream schooling was a nightmare. I soon realised like many people with severe dyslexia you learn ways of hiding the fact that I couldn't read or write ... Because I feel my dyslexia causes me many times more difficulties participating with society than my needs as a wheelchair user I have no difficulties identifying my dyslexia as a disability that perhaps isn't recognised so well within the "social model of disability". Most dyslexic people I meet perhaps through the Internet do not identify themselves as being "disabled people". (Hayes 2003)

Nevertheless, disability studies must be careful about constructing a 'less disabled' category as this works to alienate a number of impaired groups from the disability movement. It should be recognised that the 'less disabled' discourse produces a paradigm for people with dyslexia as they are rejected by physically disabled activists as 'problematic' and defined by the non-disabled group as 'dysfunctional'. What is more, this 'less disabled category' illustrates a contradiction within the disability studies literature. Paradoxically, disability studies asserts that the term 'disabled persons' should be used, rather than a term such 'person with dyslexia', which would imply the fragmentation of disabled groups based on the concept of impairment. As was discussed earlier, disability politics illustrates that failure to comply with this political philosophy only fragments the wider disabled community (Oliver 1991; 1996; Barns *et al.* 1999). Nevertheless, creating a 'less disabled' category results in the fragmentation of disability, not as a result of medical segregation, but through the hierarchical nature of disability studies itself.

8.4 DYSLEXIA, DISABLEMENT AND SOCIO-ECONOMIC STATUS

In addition to dyslexia's relationship with disability politics/studies, the study has further revealed the implications social class has for restructuring the experience of participants with dyslexia. This study suggests that it is essential to recognise issues of social class when developing a social understanding of dyslexia. When referring to the data analysis within the study it can be hypothesised that socio-economic status affected the entire experiences of the groups when interviewed concerning disabling barriers. As we have seen (Pfeiffer 1991; Vernon 1999), a small proportion of the literature has suggested that social class affects disabling barriers within the field of disability studies. As Vernon (1999) implies, individuals from a low socio-economic background experience far more disabling barriers than other social groups. This study has not only attempted to demonstrate the impact social class has on adult life, but, to show that issues were also raised in relation to education.

The research suggests that education plays a crucial role in gaining cultural capital which either deconstructs or intensifies disabling barriers experienced by individuals. This study has presented evidence to demonstrate that working-class participants experienced further educational alienation compared with their middle-class counterparts owing to issues of disability. This phenomenon was explained in relation to working-class participants being defined as having low intellectual ability rather than as acknowledging issues of disability and symptoms of dyslexia. As working-class participants were defined as having an intellectual disability they received limited educational support during their school lives, which subsequently led to a failure within education. It might be implied that this failure amplified the disabling barriers experienced by the working-class group, which consequently heightened their experience of disablement:

Basically it didn't matter how much I tried I was always put in the bottom class, regardless. Even when I went to senior school from being a young child from going from juniors, they instantly put me in the lowest class without any assessment ... I knew not to bother trying ... I just knew no matter how much effort I put into it was always going to be [the same], I was going to be put in the lower class ... I did consider myself being thick, cause you get told that

many times that you're thick, so you just assume that you are. (Claire, working-class female)

For the majority of middle-class participants with dyslexia schools were generally more supportive, which allowed them to receive educational support that enabled them to achieve within education. Many middle-class participants received specialist tuition outside school, which helped them to develop coping strategies. In addition to this, after the Disability Discrimination Act who passed people with dyslexia that attended further or higher education received technological equipment. It has been shown within this study that technological support and the development of coping strategies are fundamental in managing issues of dyslexia:

I reckon that dyslexia is about coping strategies and you develop coping strategies and if you've got good coping strategies then that's what you need to get through in society. (Fiona, middle-class female)

Nonetheless it can be acknowledged that access to coping strategies/technologies assists in the management of dyslexia and decreases a person's experience of disablement. Within this research, the middle-class group referred to coping strategies as a fundamental issue in relation to dyslexia. Since it was the middle-class group who had access to more complex strategies/technologies as a result of education, the study can hypothesise that social class redefines the concept of disablement. This supports Vernon's (1999) study, which indicates the importance of education in reducing disabling barriers. Using this approach would imply that, if a person with a disability achieves educational success, this (as with alternative social groups) allows increased access to diverse types of employments. In addition, professional careers paths often cater for a more diverse workforce, including disabled people:

I'm very self-conscious about any situation in which I have to write down when I can't put it through a computer, which is good now because it very rare that you do have to do stuff like that [within my current employment]. (Fiona, middle-class female)

8.4.1 Disablement and Employment

As I have shown, limitations in education have had a direct effect on levels of employment obtained in adult life. Earlier research by Pfeiffer (1991) illustrates that disabled people experience issues of social class in the same way as the non-disabled population. This has been supported within the studies which show that people with dyslexia from a low social class position experience far more disabling barriers than their middle-class counterparts. As in education access, to technical support within the workforce was also limited for the working-class group. It is implied within the study that this phenomenon led to the majority of working-class participants avoiding any form of employment which needed literacy skills. Subsequently, owing to literacy avoidance, these individuals tended to find it extremely difficult to obtain long-term employment in adult life. This supports research by Perin (1997) which suggests that literacy skills are increasingly expected in the workplace. This could be hypothesised as being fundamental in increasing disablement for dyslexic workers. Perin (1997) has indicated that even traditional working-class employment for which form of literacy was conventionally required has now been transformed by the introduction of additional paperwork and monitoring:

When I left school couldn't find any work, I was going for lots of interviews. Like [I] went for an interview ... and they [would] give us a couple of sums to do and I couldn't even do the sums [or] fill had their CV [I] couldn't do that either ... I was always caught for something. Like [I would] either have to write something down or have a test for god's sake, do you know what I mean and then that was it, [I] didn't get the job. (Diane, working-class female)

Within the working-class group, employment (often obtained through family members) was usually defined as unskilled, low-paid and short-term. For these participants, limited employment opportunities intensified owing to issues of stigmatisation. This, in a number of cases, led to participants developing an internalised view of themselves which could be suggested as belonging to the personal tragedy model. These working-class participants felt that limited employment opportunities were due to their personal limitations rather than disabling barriers. It was their own dysfunction which, they felt, prevented them from obtaining suitable employments, rather than a disabling society.

Just as within education, we can hypothesise that for working-class participants restricted information about their impairments increased issues of discrimination. Using this analysis reveals that issues connected with social class increased or decreased levels of disablement experienced by the research participants within their adult lives:

I think dyslexia has certainly held us back as far as my career is concerned ... I think, it just goes through me mind that it may be somebody else's perceptions of me, the way I go about me work, I don't always go about me work in the same way as everybody else does. (Richard, working-class male)

Most of the middle-class group within this study did not experience unemployment and poverty. This could be as a result of the majority of this group successfully achieving middle-class employment (excluding one). Within the middle-class group, participants reported some level of prejudice/discrimination; however, many had gained professional high-status careers which allowed them a certain amount of power with which to confront issues of disablement. It could be suggested that for middle-class participants the major disabling barriers reported within the research appeared within an educational setting. It was in limitations within education that middle-class participants felt their disabling barriers lay, rather than within the workforce. This is contradicted by the working-class participants, who reported that adult life created as many (or in some cases more) disabling barriers as were experienced within education:

I've never been told you can't get that job because you're dyslexic, which is maybe because people haven't spelt it out. (Fiona, middle-class female)

Basically, like going for a job interview. They stick a form in front of you, "can you fill this in", [so I] get up and walk out. It's like you don't fill it in cause you can't fill it in. So you get up and walk out. Even an application form you know, stops you from even going for a job. (Dean, working-class male)

Within the working-class group, not one person recognised that these issues were the result of disabling barriers rather than dysfunction, even when participants experienced long-term unemployment. This study also included a number of working-class

participants who were involved in criminal offending. We can hypothesise that there is at least a common link between long-term unemployment and issues of offending. As has been discussed within the thesis, a number of research projects have been completed in relation to crime in dyslexia (Hutching 1992; Ann-Day 1999; Kirk and Ried 2001). Nevertheless, these have concentrated on the increase in the prison populations rather than on developing an understanding in relation to the social context of disablement. It could be hypothesised that unemployment was often a result of limited employment opportunities owing to restrictions within employment. However, further research is needed to investigate whether the rise in the number of dyslexic inmates is a result of disablement within the dyslexic population.

Nevertheless, it must be acknowledged that the research does not suggest that the participants in this study constitute a representative sample of the disability/dyslexic population. If we refer to the methodology we must first recognise that the sample selected individuals at opposite ends of the social spectrum. For example, the majority of middle-class participants (5) attended private schools, whereas half the working-class group (4) had been involved in some form of offending behaviour. Nevertheless, by comparing these two groups the study can still illustrate that greater levels of discrimination were experienced by the working-class group than by their middle-class counterparts. It should be recognised that this is not an issue of impairment, as the study cannot conclude that dyslexia is more severe within the studies working-class population. However, this research raises issues of disablement as disabling barriers seems to be intensified, and experienced differently between the working and middle-class groups. Although both groups reported issues of disablement, it can be hypothesised that discriminatory attitudes and lack of resources/power increase disabling barriers for this study's working-class group. As a result it could be hypothesised that experiences of disablement are affected not only by discrimination and oppression but also by issues of socio-economic positioning.

8.5 DYSLEXIA, DISABILITY AND TECHNOLOGY

As this study has looked towards disability studies for inspiration in order to understand the sociology of dyslexia, I feel it important to discuss issues of research ownership. The importance of disabled people undertaking their own research has been thoroughly

documented within disability studies (Oliver 1996; Barnes & Mercer 1997). Nevertheless, it must be recognised that, unlike disability studies researchers, dyslexic researchers studying dyslexia are in the minority within academia (Riddick 1996; 2000; 2005; Davies 1997; Stacey 1997; Pollak 2002). It could be suggested that because of this assumption dyslexic people's voices have been absent within academic debate concerning dyslexia. Nevertheless, although this minority group of researchers has furthered the debate into dyslexia, this has taken place from an educational perspective rather than from a sociological approach (Riddick 1996; 2000; Davies 1997; Stacey 1997; Pollak 2002). It could be suggested that, comparable with disability studies before 'Year Zero' (Shakespeare 2006), dyslexia has predominantly been defined from a non-dyslexic perspective.

In order to understand how this has happened, especially within a time period which saw the rise of disability studies' promotion of disabled researchers, we must once more consult the work of Nick Watson. Watson and Woods (2005) have illustrated how advances in technology (the wheelchair) have enabled individuals with physical disabilities with a means of taking part within society. The development of technology (often by disabled people themselves) was crucial in removing a number of disabling barriers and generally improving the mobilisation of disabled people within the disability movement. In applying this approach in order to analyse issues of dyslexia, this study can hypothesise that the rise of technological aids (personal computers, laptops and specialist software/devices) has removed some of the disabling barriers confronted by people with dyslexia within education (Watson and Woods 2005).

Nevertheless, this is not referring to the 'technological determinist' approach which suggests that impairment is overcome by (often medical) technological advances (Roulstone 1998). As these theorists suggest, technology is not produced outside society. This perspective suggests that technology is produced through social relationships which are often created by disabled people themselves (Watson and Woods 2005). As Roulstone (1998) shows, technology should not focus on the normalisation of individuals' impairments but on the removal of disabling barriers within a social context. From this perspective, this research could hypothesise that recent technological breakthroughs have enabled individuals with dyslexia to gain a voice within educational institutions owing to computer enabling equipment. Before these technological

breakthroughs, individuals might have experienced further restrictions, especially within an educational environment. However, because of these developments people with dyslexia are for the first time becoming able to conduct their own research and writing in order to define dyslexia on their own terms:

I think it's much more important to get the content right, than the spelling ... So I don't consider that to be quite as important ... [and] I'm more than happy with the technology that's at [my] hand now, for me to do what I need to do (general literacy). I find the response that I get from people that don't know I'm dyslexic to be very favourable. It's only the odd ones when you tell them you're dyslexic and they think you are a lunatic. (Richard, working-class male)

Nevertheless, to further improve and include the voices of a 'dyslexic community', especially within academia, technological advances not only need to be further developed, but moreover need to be incorporated and accepted on a societal level. To further Roulstone (1998) and Watson's and Wood (2005) perspectives, for the advancement of technology for disabled people it should be suggested that technology development should look towards removing disabling barriers rather than attempting to normalise individuals with impairments.

8.6 DYSLEXIA AND DISABILITY THEORY

To conclude, an important part of this study has been an attempt to illustrate one of a multitude of realities experienced by a group of people with dyslexia. The aim has been to understand the implications of this disability in order to place it at a point in history. Using a sociological perspective, this study has tried to place dyslexia within a disability studies context. Yet in order to define dyslexia from a disability rights perspective it is important to recognise how it differs from physical disabilities. To narrate these voices, it is important to recognise that the medical labelling of dyslexia has (and is) an important part of defining participants' notion of self. The labelling of dyslexia tends to legitimise the impairment and in some cases allows access to support and technologies (within education and employment). It can additionally be hypothesised that for a number of people medicalisation allows legal representation within disability rights legislation.

Furthermore, participants reported that they were actually 'relieved' after they received an official diagnosis:

I have changed [since being diagnosed], I mean I changed obviously from not going to prison you know. I [have now] changed my life around, it was from a bad point to a good point ... I felt a weight had been lifted off my shoulders. What I mean, it was like, something that I knew, well, I didn't know ... That's been my problem [my impairment] that's why this has happened, the more you look at it, the more you see the different things that caused [difficulty], and you can relate it to ... Every week, I probably have to say to someone, you know, I'm dyslexic. (Dean, working-class male)

In investigating the reasons behind this phenomenon, Riddick (2000) suggests that people with dyslexia are labelled prior to the attachment of an official medical diagnosis. It could be considered that for people with dyslexia it is not the label of dyslexia which carries the discredited stigmatisation, but rather the 'act itself' (restricted literacy levels). Using this perspective has allowed participants within this study to confront stereotypes (on a private level) and transform a negative stigmatised label into a positive self-understanding.

Yet an important conclusion to this study has not set out to reject the social model ideology, but rather to offer an alternative theoretical explanation of the complex nature of this impairment. This study suggests that to appreciate the complex nature of dyslexia it is important to recognise the interaction between the social, psychological and biological aspects of disability and impairment (Danermark 2001). It can be hypothesised that by developing a critical-realist approach it is possible to recognise the embodied experience of dyslexia as well as acknowledging the importance of removing disabling barriers (Shakespeare 2004). With this in mind, dyslexia can be understood through ontology (reality) and epistemology (knowledge). Danermark (2001) suggests:

The stratification of reality has two dimensions. First we have to make a distinction between three ontological domains: the empirical, the actual and the real. The first is comprised of our experiences of what actually happens, i.e. it is the domain of experiences. The second is constituted by all the things which

happen independently of whether they are observed or not, i.e. events. And the last and deepest level of reality is constituted by mechanisms with generative power. (Danermark 2001: 57)

Using this critical realist approach we can understand the phenomenon of dyslexia in three stages. The first is the 'empirical', which relates to the social experience of living with dyslexia. This refers to the concept of personal interaction, social constructivism and the internalisation of this syndrome. The second process refers to dyslexia as an 'actual' biological reality relating to neurological pathways or brain differences. As Danermark (2001: 57) shows, this reality can happen 'independently of whether they are observed or not'. The final process refers to the 'real' and constitutes the institutionalisation of dyslexia within powerful organisations, in this case education and medicine. In order to construct a theoretical understanding of dyslexia we cannot refer to a single area of knowledge (such as social constructivism or biological determinism) but we must comprehend each process simultaneously.

Although this study has not concluded by using the traditional route of medical versus social model analysis, this is due to the power position of dyslexia within contemporary culture. By defining dyslexia through the voices of people with dyslexia, this thesis has turned to a more holistic perspective that includes literature and theories drawn from education, disability studies, medical sociology and neuro-psychology. Nevertheless, in defining dyslexia as a sociological concept I feel it important that future studies turned towards disability politics in order to recognise people with dyslexia as an oppressed group. The wealth of literature within disability studies and the further development of issues in relation to disablement can only further understandings of dyslexia. Nevertheless, this study has sought to demonstrate that dyslexia exists within the social and should no longer just be thought of as an educational or psychological concept.

8.7 FUTURE RESEARCH

By defining dyslexia as a sociological rather than an educational concept, this thesis has led the way for a new approach to dyslexic research. This study has argued throughout that dyslexia is in need of being redefined within the growing field of disability studies. However, further research is needed to successfully redefine dyslexia within the existing

disability rights approach. This, I hope, will contribute to a broader understanding of dyslexia within contemporary society. In defining dyslexia within sociology, future research is needed to establish the implications gender, ethnicity and physical disabilities have for this particular impairment. To further develop this particular study, which I see as a starting point, I feel it is important to outline four different areas in which this research project might be strengthened.

8.7.1 Quantitative Study: Dyslexia and Socio-Economic Status

In order to develop my research thesis, it is important to acknowledge certain methodological limitations within the study. As was stated within the methodology section, I have not claimed that the data findings are representative of the overall dyslexic population. This is as a result of my using a qualitative experimental approach which has been successful in discovering 'new information' on issues concerning dyslexia. Using this form of biographical methodology has enabled me to discuss a number of issues concerning dyslexia and socio-economic positioning. The focus of the research has been primarily on socio-economic issues concerning diagnosis and disablement. A key finding indicates how disabling barriers have intensified the further down the socio-economic ladder a person is. In order to develop these findings further, I need to develop future research using a quantitative methodology. The purpose of using a quantitative methodology is to strengthen the data analysis in order to gain some form of representation, De Vaus (2002) illustrates:

Social researchers can try to answer two fundamental questions about society. What is going on (descriptive research) and why is it going on (explanatory research). I believe that the central role of social research is to try to answer both the 'why' and the 'what' questions. The aim is both to describe and understand society. (De Vaus 2002: 11)

This thesis has provided a commentary on the 'why' in relation to dyslexia and socio-economic positioning. However, this has involved only for a small group of participants. It is relevant, in order to strengthen these research findings, to discover if they are representative of the overall dyslexic population.

For further research, I propose to investigate the age and geographical position of individuals diagnosed with dyslexia in order to determine differences in relation to dyslexic diagnosis and socio-economic status. To construct a workable quantitative model access to a large dyslexic population is a challenge. Nevertheless, data exist which have been collected by local education authorities within England and Wales. These data allow a detailed analysis of pupils within both mainstream and higher education. Further research needs to be established which focuses specifically on the diagnostic process and the levels of educational support received by pupils within certain catchments areas. Using a secondary analysis methodology, based on special educational needs school statistics (outlined in the Education Regulations 2000) obtained from local education authorities, data can be amassed to determine socio-economic positions by examining the correlation between free school dinners and geographical areas. Data on free school dinners can be related to the number of people diagnosed with dyslexia within these particular catchment areas. This will overcome the limitations of this particular study in relation to the influence social class has on the initial diagnostic process, in order to discover De Vaus's (2002) 'what'.

8.7.2 Changes in Current Educational and Medical Policy

Finally, there is also a need to strengthen the study's research findings in relation to dyslexic diagnosis. Throughout this thesis I have strongly argued for the importance of diagnosis. In order to develop this approach further, I believe it is important that future research is undertaken in order to improve the current diagnostic process. Within the thesis I have attempted to illustrate the importance of (educational and employment) support as well as access to technology. However, in order for this to take place I have put forward an argument in support of the research by Barbara Riddick (2000; 2005). As I have shown, access to assessment is governed by teachers or administration staff within the schooling system. In order to improve the diagnostic system, future research should be developed assessing the implications of expanding access to diagnosis within other social/medical institutions as in the case of other specific learning impairments.

The current diagnosis process occurs by means of access to an educational/clinical/occupational psychologist (DFEE 2002). Nevertheless, like all special educational needs facilities, this has been criticised as an underfunded part of the

current schooling system (Oliver 1996; Cole 2005). This underfunding has been seen within this study, as the majority of diagnoses were obtained privately in the case of middle-class participants, or outside of education (probation, employment agency or within adult education) in the case of the working-class group. The current system of diagnosis is generally situated within education. Access to dyslexic diagnosis is maintained by professional teachers, who often have no training in recognising symptoms of specific learning disabilities. Ability is often misinterpreted as intelligence within the education system. It could be hypothesised that the misinterpretation of dyslexia is often distorted by socio-economic positioning. Evidence within this study suggests those working-class participants who showed symptoms of dyslexia were either interpreted as disruptive or as having a restricted IQ. Within this study, even if parents recognised symptoms of dyslexia within their children it was only the middle-class parents who had access to finance in order to gain a private diagnosis.

It has been considered within this study that issues of educational gate-keeping are particularly important in order for a child to gain a diagnosis. Without a diagnosis a pupil often does not receive educational or technological support. Adults cannot receive legal protection under the Disability Discrimination Act (2005). As was demonstrated within the study, individuals who were diagnosed earlier achieved higher educational success. Furthermore, this research illustrates that teaching stereotypes for working-class pupils (within this study) often prevented access to an educational psychologist. On the basis of this evidence further research should investigate the controversial idea that medicalising dyslexia could allow a number of individuals to bypass educational structures in order to obtain a diagnosis through the medical profession (NHS). Obvious criticisms will be made in relation to NHS waiting lists, which in some cases can involve waiting times of as long as a year for specialist attention. Nevertheless, this would be a considerable improvement for the majority of participants within the study. This could improve the diagnostic process for both middle-class and working-class groups, as from a middle-class perspective the majority of diagnoses were gained through private measures. In the case of working-class participants within this study, a diagnosis often occurred after education owing to long-term unemployment. This is not to argue for the medical model ideology of dyslexia, but for an increase in access to diagnostic facilities which would support the current failing system reported within this study.

8.7.3 Dyslexia and Contemporary Genetic Research

When researching the topic of dyslexia I noticed a distinct gap within the literature which critically evaluated research into the 'dyslexic gene'. The concept of 'new genetics' has been widely debated within disability politics, especially in relation to 'eugenics' (Farrant 1985; Shakespeare 1998; 2006; Conrad and Gabe 1999; Conrad 2002). Conrad (2002) refers to eugenics as a manipulation of genetic faults through birth control or sterilisation of minority communities. This has consequently resulted in it being incorporated within racist political policies, which has led to it being rejected as a scientific discipline. However, according to Conrad (2002) the eugenic manipulation ideology is at the centre of new genetics, where similarities of minority group gene classifications become apparent within contemporary studies: the 'gay gene', 'obesity gene' 'dyslexic gene', 'schizophrenic gene', etc. (Conrad, 2002: 80-83).

Nevertheless, dyslexia research has not adopted this anti-eugenic approach and seems to welcome new genetic studies with open arms. This could be put down to the traditional educational opposition of questioning the existence of dyslexia or dismissing the relevance of the diagnosis (Elliott and Place 2004; Rice and Brook 2004; Elliott 2005). The discovery of a dyslexic gene would end this age-old debate and give substance to the dyslexic community's claim that dyslexia has an actual neurological basis. Genetic studies have been a prominent feature within the *Dyslexic Journal* and have received almost no criticism. In fact, (bio)medical model academics such as Defries *et al.* (1984; 1987), Stein & Talcott (1999), Snowling (2000) and Olsons (2002) are widely accepted and celebrated for their research, which is seen as developing an understanding of the neurological cause of dyslexia. These studies are owing to technological advances within genetics, now able to screen for differences within genetic combinations located within chromosomes and DNA structures. Olsons (2002) states:

In the Brave New World of molecular genetics and the human genome project, there are new tools for locating genes that influence behavioural disorders. The method of linking analysis attempts to locate the general region on a chromosome that may have a gene or genes that influences the disorder. (Olsons 2002: 155)

Olson (2002) suggests when examining the human genome through chromosome structures it illustrates a definite genetic linkage within a dyslexic person's neurological make-up. Other studies have gone a step further, by claiming to have discovered the dyslexic gene(s) (Marino *et al.* 2005 'DYX1C1'; Cope *et al.* 2005 'KIAA0319'; Nopola-Hemmi *et al.* 2006 '5HT1F'; Schumacher *et al.* 2006 'DcDc2'). Again, these studies have received little criticism compared with other neurologically based disabilities such as mental health or Down's syndrome (Shakespeare 1998; Ellorre 2002). There was disbelief in the dyslexic academic community when Margaret Snowling and Richard Olsons appeared in a documentary entitled 'the Myth of Dyslexia', seemingly agreeing with Professor Jo Elliott's anti-labelling perspective. It is this anti-labelling perspective which has been the main voice behind criticism of new genetic research. However, this is not a political eugenic argument put forward by the disability movement, but rather an argument dismissing the existence of dyslexia, as Rice and Brooks (2004) demonstrated in stating:

There is no 'gene for dyslexia' in the same way that there is no gene for say cystic fibrosis. Although single gene inheritance once seemed a possible mode of transmission ... it now appears unlikely that dyslexia could fit a single gene, single disease model in which a single genetic mutation results in failure to synthesise a potential property. (Rice and Brooks 2004)

No existing literature within the field of dyslexia has critiqued the medical discourse used within new genetics and the media, which defines dyslexia as a genetic 'fault' or a 'disorder' (Snowling 2000; Olsons 2002; BBC News 2003; Marino *et al.* 2005). When this medical literature is examined dyslexia is referenced as a 'neurological dysfunction' or a 'faulty' genetic structure. The (bio)medical studies using discourse such as 'dysfunction' and 'faulty' highlights the genetic standpoint in relation to what dyslexia is, 'a neurological abnormality' (Snowling 2000; Olson 2002; Marino *et al.* 2005; Cope *et al.* 2005; Schumacher *et al.* 2006). This constructs dyslexia almost as an illness which needs to be cured when or if possible. No attempt to date has been made to define dyslexia as a neurological or genetic difference.

The emergence of dyslexia as an illness through the notion of abnormality can have serious consequences. The sociological approach to eugenics is well established,

especially in studies focusing on reproductive technologies (Shakespeare 1998; Ellorre 2002). Ellorre's (2002) article subtitled: 'Please Doctor, May I Have a Normal Baby?' illustrates the medical limitations of genetic research compared with the power the medical profession has over its patients. Ellorre (2002) suggests that bodies are defined, on a molecular level, through new genetics. The body is characterised by medical practitioners in terms of levels of normality. Disability is defined as disease, which within the medical profession is something to be cured or eradicated:

Medical professional. The more instruments you have in hand to prevent disability, the less you come to accept it. I mean it's something that can be avoided ...

Antenatal patient. If I go to the doctor's and the doctor says well your gall bladder should be operated ... it's very rare that I go for a second opinion ... I believe the first one. He's the doctor and he told me to go for an operation so I go. (Ettorre 2002: 67)

These statements illustrate the medicalised view of disability as well as demonstrating levels of trust within the patients/doctor relationship during the antenatal period. It could be suggested that doctors exercise power based on their medical subjectivities and classifications. At this moment in time dyslexia cannot be classified as belonging to a single gene or group of genes. A breakthrough in the genetic diagnosis of dyslexia, before or after birth, is a long way from being developed (if ever). However, the dyslexic 'community' must keep in mind the importance society places on academic achievement within contemporary society (especially within the middle classes). This, combined with a lack of detailed understanding about dyslexia, could in the future have dramatic implications for antenatal screening and choice. Breakthroughs in genetic science may hold the key to universal recognition of dyslexia, but they could also provide the facilities for the eradication of dyslexia similar to that of Down's syndrome in western culture. The dyslexic community must be cautious in openly celebrating advances in the genetic research, as we first need to establish exactly what type of 'Brave New World' Olson (2002: 155) and his colleagues are referring to.

8.7.4 Diagnosis, Dyslexia and Criminality

The final theme which needs further investigation is issues of dyslexia and crime. As was discussed earlier, current estimations of dyslexia among the prison population vary considerably in the literature, between 17% and 50% (Hutching 1992; Ann-Day 1999; Kirk and Ried 2001). As we can see, even if we take the more conservative figure, it still illustrates that people with dyslexia are considerably over-represented within the prison population. However, the variation between these research studies highlight a need for further research aimed at obtaining more representative data. The variation in research findings can contribute to the general methodological design of these studies, which have generally been small-scale.

If we take the most recent study, which is generally representative of its predecessors, that by Kirk and Ried (2001), we can see two distinct methodological flaws. This study suggested that 50% of offenders interviewed showed signs of dyslexia. However, Kirk and Ried (2001) used the Bangor Dyslexia Test, which incorporates ten simple tests which indicate whether the interviewee has dyslexic tendencies (Miles 1994). This is a quick and effective way for teachers to screen children for dyslexic tendencies before sending them for official assessment. Nevertheless there is a high discrepancy rate, and the assessment works most effectively when discrepancies within pupils have already been acknowledged by a classroom teacher. In addition only 50 participants were interviewed, rendering this a relatively small-scale study, which makes it difficult for this study to claim that it is representative of the overall dyslexic population. I propose that in order to design a more comprehensive study a large-scale quantitative methodology needs to be completed within the general prison population. In addition, a further study is needed to develop a precise diagnostic procedure so as to locate dyslexic tendencies within offenders. From this methodological point of view, recent developments in dyslexic diagnosis software (Instein) will allow a more accurate large-scale assessment of offenders than in previous projects. Nevertheless, compiling data on offending population levels is only the first step in improving issues surrounding disabling barriers.

The key aim of this study is to discover issues of disablement by which people with dyslexia are confronted in adult life and what impact they have on levels of offending. It is part two of the research which directly links to this thesis's research findings. As we

have seen, three participants had been processed through the criminal justice system. For two of the participants, being diagnosed and receiving support for dyslexia through the PALS project successfully stopped them from reoffending. The participant who was not processed through the PALS project admitted that offending could still be part of his future. As a result of these findings I would like to propose a study investigating sociological links between first; undiagnosed dyslexia and reoffending and, secondly, the implications for support after a person is diagnosed. The concept of undiagnosed rather than diagnosed dyslexia having a greater part in reoffending is supported by the Dyspel Project which assesses offenders for dyslexia. The Dyspel Project reported that only 5% of its clients were diagnosed within education (Klein 1998). Using the relevant models within disability studies and building on the research compiled within this study, there is a need to develop a qualitative methodology to establish the link (if there is one) between undiagnosed dyslexia, restricted literacy levels and reoffending. This could suggest that a study using a disability rights perspective is needed to locate and understand disabling barriers as well as impairment limitations, in order to improve support for offenders and reduce reoffending.

CHAPTER 9

CONCLUDING THOUGHTS

It could be suggested that within this thesis the research analysis has used conflicting approaches when thinking about disability ideologies (with reference to the medical and social models). As this study has demonstrated, dyslexia should not be thought of as a disability which only manifests itself within education, but has wider social implications. From the outset, I have suggested that dyslexia should be incorporated within the academic field of disability studies. However, I have further argued that dyslexia should also be recognised as an impairment in its own right. To discuss the first point, the study has suggested a need for an adequate sociological explanation and looked to existing literature within disability research. As the research illustrates, many restrictions confronted by people with dyslexia are understood through (social) disabling barriers. This has demonstrated that a focus on the removal of disabling barriers will result in the development of an inclusive culture.

Nevertheless, the research has revealed that the concept of dyslexia is more complicated than just the notion of disabling barriers. This is illustrated by the nature of dyslexia, as it is literacy that becomes the key barrier confronted by participants. As has been discussed, literacy skills have become embedded within general adult life. This has led to the exclusion of a number of participants, resulting in poverty or employment restrictions. If the thesis had used a social model perspective the conclusion of the research would be to remove society's reliance on literacy tasks, hence removing the disabling barriers. However, does using this approach suggest that society should no longer use reading and writing as a form of communication? Shakespeare (2006b) has suggested that not all disabling barriers are oppressive or can be removed, because of environmental issues. In line with this approach I would suggest that attempting to remove literacy from society is an idealistic goal. The research has also presented evidence that many of the participants would not agree that removing literacy would be beneficial.

This leads to the second point, that dyslexia, as an impairment, should be considered separately from other impairment issues (as with all impairments). This is in order to incorporate specific issues relating to different types of disabling barriers concerning the nature of this impairment. Using this perspective the study has taken a more practical

approach to barrier removal. It has been recognised that particular disabling barriers that people with dyslexia have confronted could be overcome (to a certain level) via educational and technological innovations. This suggests that rather than radically changing social structures (by removing literacy), a far more realistic aim can be achieved through, first, providing access to adequate education designed for dyslexic learning and, secondly, a universal system making enabling technology available to all people with this syndrome rather than just a small group within higher education. As we can see, this leads into a debate about the nature of impairment within disability studies. This does not suggest that we refer back to the medical model approach when discussing disability. However, the study does suggest that by discussing disability and impairment with people who live with these conditions disability studies can still maintain a disability rights epistemology.

An example of this was seen when participants were discussing their general attitudes towards their impairment. The majority of participants discussed dyslexia through a dysfunctional model, in terms of how they could not adequately complete certain tasks. To demonstrate this, I will use the example of written language, which the majority of participants stated they could not perform. However, this was not entirely accurate, as the entire group could write when they had access to a personal computer and enabling software. What actually restricted these individuals from writing was that many organisations did not provide these technological facilities and participants did not have access to enabling equipment. By using this approach we recognise that impairment is a reality experienced by disabled people; however, it is also institutionalised and socially understood as a dysfunction. If we remove the dysfunctional interpretation, this allows disability studies to confront issues of impairment as well as disabling barriers and so develop a micro analysis of disability. This not only acknowledges the reality of impairment but also looks for social (barrier removal), technological and medical innovations to improve the lives of disabled people.

The final point I wish to make is in relation to labelling people with dyslexia. I have argued this point, not to separate dyslexia from other special needs issues/impairments in order to create an elite group, but rather to recognise dyslexia as having its own individual needs. As I have illustrated, this is because dyslexia has its own requirements which are separate from other (learning and physical) disabilities. This is to recognise that

different impairments have different social barriers as well as different requirements for practical supports. To conclude: the aim of this thesis, which discusses issues of impairment and disability, is not to dismiss existing social model ideology or segregate different types of impairments, but rather, to develop a theoretical approach to dyslexia in the context of studies of disability. The intention has been to represent the voices of the research participants so as to illustrate the 'reality' of living with dyslexia within contemporary society.

Appendix A

PROFESSIONAL ORGANISATIONS: COVERING LETTER



Dear

I am writing to you to ask for your cooperation with the research project that forms the basis for my Ph.D. Specifically, I would like to have access to dyslexic people who come into contact with your organisation. I would supply you with questionnaires, and I would ask you to send them to these dyslexic people. In the questionnaire would be a question asking respondents whether they would like to participate further in the study by agreeing to a face-to-face interview. All names and addresses would be treated with strict confidentiality, and no names would ever be used in my thesis or any subsequent publication. The outline of my research follows.

RESEARCH SUMMARY

The main body of research concerning dyslexia has been completed within a neurobiological or psychological framework. Very little research has been undertaken by sociologists on the social implications which the label dyslexia has within Britain. This research will investigate what it actually means to be dyslexic, the overall implications of the dyslexic label and the effects it has on individuals within society. The research will focus on issues of discrimination and social representation and will explore the nature of a collective dyslexic identity, if such an identity does indeed exist. The research is to be based in the Tyneside area of the north-east of England.

Aims

The study will aim to

- Investigate the overall implications of the dyslexic label.
- Analyse the effect dyslexia has on individuals within society.
- Develop a 'sociological meaning' of dyslexia.
- Identify and report on the nature and extent of a 'collective social identity' within British society

Methodology

Stage 1: *Questionnaire*: A questionnaire will be administered to three identified groups of Dyslexic participants – 'working-class', 'middle-class' and 'identified offenders'. Fifty questionnaires, per group, will be administered within three different selected organisations. It would be helpful, but not essential, if each participant who completed a questionnaire agrees to take part, if selected, in the interview phase of the research. The interview phase will consist of three interviews, commencing between September 2003 and September 2004.

Stage 2: *Biographical Unstructured Interviews*: Using data generated by Stage 1, a series of individual interviews will be organised within the selected research groups. Stage 2 will consist of ten initial in-depth interviews selected from the 200 questionnaires and two follow up interviews. Altogether there will be three interviews per participant. Each interview will be held on a one-to-one basis and will be analysed to produce a detailed qualitative report.

Please note: all information will be confidential and the information used will be solely for this research project. The questionnaires and interviews will be destroyed after the completion of this research project.

Timetable

The initial studies started in September 2002 and will be completed September 2005. The interview phase will take place between September 2003 and September 2004.

Project Supervisors

Dr Tom Shakespeare and Dr Robin Humphrey are the supervisors of my Ph.D. and will be overseeing the undertaking of this study.

Ph.D. Student

Stephen Macdonald will be primarily responsible for managing, organising and undertaking data collection, data analysis and report-writing. Stephen's qualifications consist of a Masters of Science in Social Research and a Bachelor of Science in Criminology and Social Research. He has worked on a number of research projects; his most recent, successfully investigated a link between undiagnosed dyslexia and a criminal career. His interest relating to issues of dyslexia is founded because he is himself diagnosed with dyslexia.

For further information please contact,

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Tel: 01912225576
Mob: 07751989465
stephen.macdonald@ncl.ac.uk

Appendix B

QUESTIONNAIRE: COVERING LETTER



**School of Geography,
Politics and Sociology**

Dear participant

I am writing to you to ask for your cooperation for research I am undertaking for my Ph.D. looking at the social impact of dyslexia. I am interested in this topic because I myself am diagnosed with dyslexia. I would like you to complete and return the enclosed questionnaire. The following information explains what the questionnaire is about and includes instructions on how to complete it.

Questionnaire Introduction

- This questionnaire is designed as stage one of the study, which will help me find participants for stage two of the research. Stage two will consist of interviews relating to dyslexic experiences within Britain.
- 12 participants will be chosen for stage two of the research.
- The interviews will take place between September 2003 and September 2004.
- It would be helpful, but not essential, if each participant who completes a questionnaire agreed to take part in the interview phase of the research.

Questionnaire Instructions

- The questionnaire is available in both electronic and paper format and can be returned by e-mail or post. (Please see the bottom of the questionnaire)
- Please answer all questions within the questionnaire.
- The questionnaire is designed to minimise handwriting as much as possible.
- All questions with a box should be answered with an **X**.
- This questionnaire is completely confidential and information will be used solely for this research project. The questionnaires and interview transcripts will be destroyed after the completion of this research project.

Appendix C

STANDARD QUESTIONNAIRE

SAMPLING QUESTIONNAIRE A

1 **Full name:** _____

2 **Age:** _____

3 **Male:** **Female:**

4 **How would you classify your ethnic group?**

White Black Other Bangladeshi Arab	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Black Caribbean Indian Chinese Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Black African Pakistani Japanese	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
---	--	---	--	--	--

5 **Please state the first part of your childhood area post code:** _____
(For example – NE33)

6 **Please state the first part of your current area post code:** _____
(For example – NE4)

7 **Are you currently?**

Employed Unemployed Student

8 **Have 'you' or any of the following members of 'your family' ever attended, or are attending, university?**

Yes: No:

9 **If yes, please cross the relevant box:**

Mother/ Father:	<input type="checkbox"/>	Brother/sister:	<input type="checkbox"/>	yourself:	<input type="checkbox"/>
Partner:	<input type="checkbox"/>	Children:	<input type="checkbox"/>	Other:	<input type="checkbox"/>

10 **What is your highest Educational Qualification (if any)?** _____

(Please just state the type qualification, e.g. - GCSE, A-Level, BSc, Ph.D.. If you do not have any qualifications please state: **none**)

11 **In general, how much of a problem would you say dyslexia is for you?**

(Please circle, unless the participant is completing the questionnaire in electronic format, than put a cross after the number selected. e.g. 5x)

For further information please contact,

Stephen Macdonald

Tel: 01912225576 / Mob: 07751989465 / Email: stephen.macdonald@ncl.ac.uk

Ph.D. Supervisors:

Dr T. Shakespeare and Dr R. Humphrey

Thank you for taking the time and effort to complete this questionnaire.

Appendix D

PALS QUESTIONNAIRE

SAMPLING QUESTIONNAIRE B

1 **Full name:** _____

2 **Age:** _____

3 **Male:**

Female:

4 **Which one of the following groups do you consider yourself to be part of?**

White
Black Other
Bangladeshi
Arab

Black Caribbean
Indian
Chinese
Other

Black African
Pakistani
Japanese

5 **Please state the name(s) of which secondary school(s) you attended?**

6 **Please state the number of times (if any) you were expelled / excluded from school?** _____

7 **Have you achieve any Educational or Work Based Qualifications?**

Yes:

No:

8 **Are you currently?**

Employed

Unemployed

Student

9 **What is the main type of employment (if any) you have undertaking since leaving school?**

10 **In general, how much of a problem would you say dyslexia is for you?** (Please circle, unless the participant is completing the questionnaire in electronic format, than put a cross after the number selected. e.g. 5x)

1 2 3 4 5 6 7 8 9 10
(No problem) (Slight problem) (Severe problem)

11 **Do you have special support to help you with dyslexia?**

Yes: No:

12 **Do you have any other disabilities or long-term health problems?**

Yes: No:

13 **Are you a member of any dyslexic group or organisation?**

Yes: No:

14 **Please state the year you were diagnosed with dyslexia:** _____

15 **In principle, would you be willing to be interviewed anonymously?**

Yes: No:

16 **Contact Name:** _____

Address: _____

Contact Number: _____

Please Note: not all contact details are need, as long as there is enough information to make a future contact if the participant is selected for the interviews stage.

This questionnaire is completely confidential and information will be used solely for this research project. The questionnaires and interview transcripts will be destroyed after the completion of this research project.

Please remember to save your details before e-mailing your questionnaires to stephen.macdonald@ncl.ac.uk or Post to:

Stephen Macdonald, The University of Newcastle, School of Geography, Politics and Sociology, Floor-5, Claremont Bridge Building, Newcastle upon Tyne, NE1 7RU.

For further information please contact,

Stephen Macdonald

Tel: 01912225576 / Mob: 07751989465 / Email: stephen.macdonald@ncl.ac.uk

Ph.D. Supervisors:

Dr T. Shakespeare and Dr R. Humphrey

Thank you for taking the time and effort to complete this questionnaire.

Appendix E

PILOT QUESTIONNAIRE

PILOT QUESTIONNAIRE

UNIVERSITY OF
NEWCASTLE



School of Geography,
Politics and Sociology

Questionnaire introduction

The questionnaires are designed to pinpoint key participants to take part in an in-depth interview sample of dyslexic people within the Northeast of England. The interviews will take place in September 2003 to April 2004. Out of the 150 questionnaires filled in, only nine participants will be chosen for interviewing. The first interview will take between 1 ½ -2½ hours long. This will look at participants' life history to discover how dyslexia has affected the participants throughout their lives. This will examine related issues both before and after diagnosis. This interview will be followed by two more slightly shorter interviews.

Full name: _____

Age: _____

Male:

female:

Name of school attended/ attending: _____

Have any of the following members your family attended university:

Yes:

No:

If yes, please tick the relevant box:

Mother/ Father:

Grandparents:

Brother/sister:

Myself:

How much of a problem is dyslexia for you: (please circle)

1
(Little effect)

2

3

4

5

6

7

8

9

10
(Strong effect)

Do you have special support to help you with dyslexia?

Yes:

No:

Give you have any other disabilities or long-term health problems?

Yes:

No:

Are you a member of any dyslexic group or organisation?

Yes:

No:

Contact details:

Please Note: Each participant which completes a questionnaire must agree to complete, three 'biographical interviews', commencing between September 2003 and April 2004.

Appendix F

CONSENT FORM

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