BEYOND FOUR DYSLEXIA PARADIGMS:

AN ALTERNATIVE PERSPECTIVE ON DYSLEXIA AND

EMANCIPATORY INTERVENTION ON SELF-CONCEPT

By

Antonio Giuseppe Farruggia-Bochnak

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ABSTRACT

Antonio Giuseppe Farruggia-Bochnak

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Beyond Four Dyslexia Paradigms: An Alternative Perspective On Dyslexia And Emancipatory Intervention On Self-Concept

This study postulates that there are currently four main dyslexia paradigms. In descending order of dominance in the literature on dyslexia, these paradigms are: a) the Positivist-Intrinsic-Dyslexia-Paradigm (P-I-D-Paradigm), which reflects positivist studies on dyslexia that hold the etiological view that dyslexia exists intrinsically to the individual (i.e. of constitutional origin), b) the Interpretivist-Intrinsic-Dyslexia-Paradigm (I-I-D-Paradigm), which reflects interpretivist studies on dyslexia that also hold the etiological view that dyslexia exists intrinsically to the individual (i.e. of constitutional origin), c) the Positivist-Extrinsic-Dyslexia-Paradigm (P-E-D-Paradigm), which reflects studies on dyslexia that hold the etiological view that dyslexia exists extrinsically to the individual (i.e. *not* of constitutional origin), and, d) the Interpretivist-Extrinsic-Dyslexia-Paradigm (I-E-D-Paradigm), which reflects studies on dyslexia that also hold the etiological view that dyslexia exists extrinsically to the individual (i.e. *not* of constitutional origin).

This study moves beyond the four main dyslexia paradigms by combining elements of the I-E-D-Paradigm with elements of the ideological underpinnings of Burrell and Morgan's (1979) sociological Radical Humanist Paradigm, thus creating a Radical I-E-D-Paradigm from which to conduct the present study.

From the position of a Radical I-E-D-Paradigm this study develops an alternative perspective on dyslexia, i.e., a non-constitutional perspective on dyslexia (N-C-PoD), and, emancipatory intervention aimed at assisting 'dyslexic' students to explore their perceptions of dyslexia.

This study explores the influence that the N-C-PoD and emancipatory intervention has on the descriptions of dyslexia, in relation to self-concept, of two 'dyslexic' students studying in tertiary education.

DEDICATION

To my parents Calogero Farruggia and Marie Elizabeth Farruggia.

To my children Marie-Elizabeth Farruggia, Calogero Antonio Farruggia,

Jessica Ellen Farruggia, Valentina Marianna Farruggia-Bochnak; and to my granddaughter

Isabella Alice Farruggia.

To my wife Malgorzata Ewa Farruggia-Bochnak.

And,

To the memory of two fellow dyslexic travellers:

Paul Anthony Reid 1965-2005 and Carol Shand 1963-2007

ACKNOWLEDGEMENTS

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CHAPTER 1

INTRODUCTION

My opening chapter outlines the study that I undertook on the subject of dyslexia. To achieve this I begin by giving a brief description of my personal motivation for conducting the present study. I then describe the focus of the study and present background information that sets the context for this research. I state the 'problem' that this identified and describe the objectives that were set in order to address the problem focused on. I then state the contribution to knowledge this study aims to make. Finally, I provide an outline of the following ten chapters that make up this thesis.

1.1 Personal motivation

As May (2001, p.21) points out, researchers 'carry with them a history, a sense of themselves and the importance of their experiences'. Therefore, it is necessary for researchers to be aware of the influence that their autobiographies play within the research process (May, 2001, p.21; Anderson and Braud, 2011, p.162). Ivanič (1998, p.1) describes in the opening page of her book *Writing and identity* that she is 'not a neutral, objective scribe conveying the objective results of [her] research impersonally in [her] writing'. Rather, Ivanič (p.1) describes how she brings to her writing 'a variety of commitments based on [her] interests, values and beliefs which are built up from [her] own history [...]'.

Similarly, I acknowledge that my own history, as a person with firsthand experience of dyslexia, my views, values, qualities, beliefs, and assumptions, play an important role in the way I view dyslexia, and in how I approached this study. As will be discussed in Chapter 2, I do not ascribe to the view that 'researchers should remain neutral

observant in a research context' (Rogers, 2012, p.7). Rather, from the perspective of a bricolage research approach (i.e. the approach that best describes my research methodology), I acknowledge that the act of conducting research is subjective and rather than ignoring the subjective aspect of research a deeper understanding of how subjectivity influences enquiry is sought (Kincheloe, 2004, p.6).

For the reason stated above, I shall briefly outline salient aspects of my own identity and personal history which have shaped my personal motivation for carrying out this study.

In the early part of 1996, aged 31, I decided to acknowledge my dyslexia and to begin tackling some of the failings in my life that I believed were directly related to it. At that point in my life I regarded myself as severely dyslexic and felt that dyslexia was an insurmountable obstacle. I held my dyslexia directly responsible for the emotional and behavioural difficulties that I had experienced whilst growing up. Also, I attributed my lack of educational achievement and poor employment opportunities to my dyslexia. Consequently, in 1996, I decided that I had reached a time in my life where I should take responsibility for beginning to do something about my dyslexia so that it would not act as an obstacle or blight my future, as it had, I believed, my past.

However, having decided to try and address my dyslexia I was faced with the challenge of not knowing where or how to begin. Fortunately, in the same year, the opportunity arose for me to enrol on a degree course in Community and Youth Studies at Westhill College of Higher Education, Birmingham, UK. Undertaking the course forced me into an arena where I had to tackle the impact of my dyslexia on a daily basis. I hoped that this would increase my understanding of dyslexia, whilst simultaneously assisting me in overcoming my dyslexia related-difficulties.

During the first two years of the course I had very little understating of dyslexia and struggled considerably with my studies. For example, on average it would take me two weeks of writing (up to 12 hours per day) to produce a two thousand word essay, which, very rarely received a grade above 55 per cent. Other issues experienced, to list a few, were extreme difficulties with spellings; having to read text several times before gaining a basic understanding of its content; organisational difficulties; problems in remembering names, dates, and figures; difficulty with directions, and not being able to express myself orally or in written format to a level that I felt accurately represented my thinking.

Fortunately during the first two years of study I made the acquaintance of several other people within my year group who also perceived themselves as dyslexic. This group consisted mainly of people who had been able to reduce the impact of their dyslexia and who had found ways around the limitations they experienced. Whilst spending time with people in this group, it became evident to me that each person had a different view of dyslexia and how it affected their lives.

However, a common factor that seemed to link each person within this group was that we all held "within-person" views of dyslexia. (N.B. perspectives on dyslexia framed within a clinical/medical model of dyslexia are described by some authors as a "within-person", "within-child", or "within the child" views of dyslexia; see Pumfrey and Reason, 1991, p.1; Poole, 2003, p.173, 2010, p.216; D'Amato et al., 2005, p.98; Pollak, 2009, pp.4-5). For example, some of the views in the group were that dyslexia stemmed from: 'faulty wiring' in the brain; defects in brain functioning; inability to process information in the way that 'normal' people do; and, faulty memory.

Interacting with members of this group helped me to become aware of, and learn ways to compensate for the many difficulties that I had experienced with my studies. However, my involvement in this group did little to increase my understanding of dyslexia.

Throughout the three years of my degree course I continued to perceive my dyslexia to exist within me (as a medical condition) and to arise from some form of less than 'normal' functioning of my brain (a within-person perspective of dyslexia).

Having completed my degree I decided to undertake the present study as part of my personal and professional development. The initial focus of the study was to develop further a dyslexia awareness assessment framework (DAAF) that had arisen from my undergraduate research project on dyslexia (see Section 2.6.1 for discussion of this framework and its relevance to the present study). However, as discussed within Section 2.6.1, I decided to put the development of the DAAF on hold in order to spend time on the development of my paradigmatic thinking in relation to dyslexia.

Subsequently, this led to me exploring my own perception of dyslexia in relation to two guiding questions, these being 'what is dyslexia?', and 'what causes dyslexia?'. As described in Section 8.6.3, I devoted my efforts to explore my perception of dyslexia at an intense level over the course of approximately four years.

This period of intense reflexivity led me to question the validity of a fundamental assumption (discussed in Section 1.3) that had underpinned my conceptualisation of dyslexia. This assumption was my belief that the cause of dyslexia existed within me and stemmed from impairment of 'normal' functioning. Through critical appraisal of this assumption I concluded that by having premised my conceptualisation of dyslexia on this assumption, I had, unwittingly, been restricting my ability fully to overcome the dyslexic difficulties that I experienced. By viewing the cause of my dyslexia to stem from 'impairment' I had created a belief that dyslexia was a 'fixed' entity that was beyond my ability to change.

Interestingly, on conducting an interim review of selected literature on dyslexia it became evident that the assumption outlined above appeared to be an a priori assumption

that underpins the dominate paradigm of dyslexia (see Section 1.3). It also became evident at this point that there were a number of authors (e.g. Freshour, 1974; Johnston, 1985; Otto, 1986; Shaywitz et al., 1992; Stanovich, 1994) who had challenged the validity of this dominant paradigm of dyslexia and the a priori assumption on which the dominant thinking about dyslexia is premised.

As a result of exploring my own perception of dyslexia along with the discovery that the validity of the fundamental assumptions that underpinned the dominant discourse on dyslexia had been questioned by the authors listed above, I experienced a radical shift in the way I conceptualised my dyslexia. My perception of dyslexia shifted from a within-person to a not-within-person perspective on dyslexia (i.e. not premised on the view that dyslexia is constitutional in origin). In other words, I dismissed the view that the root cause of dyslexia stemmed from 'somewhere' within me – as I had previously believed to be the case. Rather, I was able to perceive the cause of the difficulties that I had experienced (described earlier) to have been created by me on a psychological level as a result of my interaction with social 'norms', 'values' and 'expectations' relating to literacy.

However, despite being able to conceptualise my dyslexia to exist externally to myself, I was unable to make theoretical sense of this new found viewpoint. I was faced with a paradox – if dyslexia did not exist within me, then why had I believed that it had for over 20 years (from the age of 18 to 38; prior to the age of 18 I had perceived my difficulties to arise from a lack of intelligence after being told on countless occasions by peers and significant others that I was 'thick' or 'stupid'). Needless to say, I went through a period of intense confusion as I was unable to answer this question. Adding to my confusion was the fact that despite my newfound mindset (of being able to perceive my dyslexia to exist externally to myself), I continued to experience the same set of dyslexia difficulties that I had experienced all of my life (see description on page 3).

In order to assist me to make sense of the shift in mindset that I had experienced, I spent the following two years developing my theoretical understanding of dyslexia in relation to the difficulties that I was experiencing. Consequently I was able to identify and dismiss many 'myths' to learning (Harri-Augstein and Thomas, 1994) that lay within my thinking and that I felt were holding me back from overcoming my difficulties. During the two year period that I spent exploring my thinking in relation to my skills development, I was also able to overcome all of the 'dyslexia-related' difficulties that I had previously experienced. For example, I learnt how to touch type which increased my daily word count considerably, developed my ability to spell to a level that I was satisfied with, developed my comprehension skills, greatly improved my organisational skills, developed my memory skills to a high level, and increased my ability to express myself orally and in writing to a level that I felt accurately represented abstracts of my thinking. Ultimately my self-concept changed and I no longer viewed myself as a dyslexic person.

The shift in my mindset, overcoming my dyslexia-related difficulties, along with the change in my self-concept can be viewed as evidence of my having freed, or emancipated myself from the constricting power that my prior conceptualisation of dyslexia as a disability of mind, which was constitutional in nature, had played within my life.

However, personal emancipation is considered an 'adjunct' to the broader, collective issue of bringing about change on a structural level (Johnson, 2004, p.63). As Inglis (1997, pp.6-7) warns, emancipation that is achieved in isolation from social change can create a 'false sense of emancipation'. This is clearly elaborated by Freire in a dialogue with Ira Shor,

> Liberation is a social act. [...] Even when you individually feel yourself *most free*, if this feeling is not a *social* feeling, if you are not able to use your *recent* freedom to help others to be free by transforming the totality of society, then you are exercising only an individual attitude towards empowerment and freedom (Shor and Freire, 1987, p.109).

Having liberated myself from the limiting, life-long self-characterisation which reflected my prior understanding of the essential nature and effects of my dyslexia I was led to my wanting to conduct research that had the capacity to contribute toward the emancipation of other 'dyslexic' students.

1.2 The focus of this study

The bulk of research on dyslexia has mainly focused on children experiencing persistent difficulties with literacy (Leveroy, 2013, p.374). As a result there is a shortage of literature relating to adult dyslexia (Poussu-Olli, 2001, p.161) and in particular that report the experiences of adults who perceive themselves as 'dyslexic' (Strawn, 2008, p.1; Tanner, 2009, p.785). Amongst the shortage of literature in this area is that reporting the experiences of students in Further and Higher Education (tertiary education). In order to address the relative shortfall in this area there has been a steady increase in dyslexia studies that specifically focus on the issues and experiences of 'dyslexic' students studying in tertiary education (Pollak, 2005; Strawn, 2008). However, despite the increased interest there remains need for further contributions to be made within this field of research (Mortimorea and Crozierb, 2006, p.237).

The focus of this study, within the context of tertiary education, is on the effects of dyslexia on self-concept which is an area that needs further research (Humphrey, 2002, p.30; Burden, 2005, p.9; Burden, 2008, p.189; Huck, Kemp and Carter, 2010, p.144. As

described in Section 5.2.1, both the literature on the effects of childhood dyslexia of self-concept (notable examples being, Chapman, 1988; Zeleke, 2004, Burden, 2005), and adult dyslexia on self-concept (notable examples being, Hellendoorn and Ruijssenaars, 2000; Pollak, 2005) share the same etiological view of dyslexia based upon the largely unchallenged assumption that the cause of dyslexia exists 'within' the individual (Poole, 2003) and reflects an 'impairment' (Rose, 2009, p.36) of 'normal' functioning (Grigorenko et al., 2001, p.17) at the level of the brain (Nicolson and Fawcett, 2008, p.6). With a small, but growing, number of authors challenging the authoritative position this assumption occupies within the literature on dyslexia, there is urgent need for research to focus on the development of alternative perspectives on dyslexia that are not premised on the assumption noted above, and the effects that perspectives of this type might have on the self-concepts of those currently positioned as dyslexic - it is in this area that this study focuses on.

1.3 Background/context

The invention of written language, around 5,000 years ago (generally attributed to the Sumerian civilization around 3500 B.C. (Meek, 1991, p.18)), enabled 'human thoughts and ideas to be transmitted across almost limitless vistas of time', which is believed by some (i.e. Spencer, 2000, p.153) to have speeded up the process of human evolution. However, being able to use written language, by becoming literate, was restricted to a minority 'elite group of intellectuals and erudites' within society (Guardiola, 2001, p.4), that as Gibbs (2015, p.32) notes were socially powerful due to their ability to read. The existence of the literate "few", as Stock (1983, p.13) explains, existed during the medieval period, through to the emergence of modern society, into the age of print (mid 1400s onwards), and beyond this period of time across many areas of the UK. However, this was to change in 1870 with

the introduction of the Elementary Education Act that set the framework for schooling in England and Wales (Sanderson, 1999, pp.7-11). This Act precipitated the spread of literacy on a national scale to accommodate the ever-increasing need for a literate workforce (Sanderson, 1999, pp.7-11). Mass literacy soon occurred across Europe following the signing of the Treaty of Bern in 1874 with the unification of a universal postal service (Vincent, 2000, p.1). Whilst on a global level mass literacy has lagged behind the UK and Europe, in recent years, there have been increased efforts to address this disparity, led by organisations and initiatives such as UNESCO, World Bank Group, and the Education for All imitative (World Bank Group, 2016).

In today's society ('the information era') the need for individuals to acquire literacy has become increasingly important (Reynolds, Nicolson, and Hambly, 2003, p.49), as being literate can, as Moser asserts, assist people to overcome 'personal and social problems, and improve the overall quality of life' (Moser Report, 1999, p.10). Failure to become literate may have 'extremely serious consequences for an individual's development, happiness and employment prospects' (Reynolds et al., 2003, p.49), educational prospects (DfE, 2010, p.43), and achievement potential (National Literacy Trust, 2011). Therefore, the need to become literate is, as described, of significant importance to us all, especially as written text is, apparently, 'fast coming to rival the spoken word' (Bateman, 2008, p.1).

On a social level it is claimed that literacy is 'essential for eradicating poverty, reducing child mortality, achieving gender equality and ensuring sustainable development, peace and democracy' (UNESCO, 2010). The National Literacy Trust (2009) warns that a 'society that struggles with literacy struggles with problems that extend far beyond the school gates...; suffers from acute social, economic and cultural problems that undermine and divide communities'. Poor basic skills in literacy can have a negative impact on 'local

communities to regenerate..., democratic participation..., criminal justice system, public health agenda and..., issues of social cost and social welfare' (Moser, 1999, p.9).

Despite the many benefits that being literate affords, as stressed above, there is a high percentage of people within the UK who have inadequate literacy skills. For example, it is estimated that one in six people within the general population of the UK struggle with literacy (i.e. never attaining the literacy skills expected of 11 year olds), and that one in five school leavers is functionally illiterate (National Literacy Trust, 2009). It is also estimated that almost half of the UK's workforce, comprising around 16 million adults, have literacy skills expected of 'children leaving primary school' (Smithers, 2006). Further, it is estimated that half of the prison population and around a third of young offenders have inadequate literacy skills (House of Commons Research Paper, 1999). On a global level it was estimated in 2008 that approximately 796 million adults in the world do not have basic literacy skills, which equates to about 17 per cent of adults in the world population (UNESCO, 2011, p.7).

Amongst the numbers of people struggling with literacy skills are those who are presumed to be affected by 'dyslexia' (briefly defined within the following paragraph and more comprehensively within Chapters 3 and 4). The number of people in the UK who are believed to be affected by dyslexia is estimated to comprise around ten per cent of the UK population, with around four percent of the population being severely affected by dyslexia (National Literacy Trust, 2016). On a global level it is claimed by The International Dyslexia Association (2015) that one billion people have dyslexia.

The term 'dyslexia' – derived from the Greek words 'dys', meaning 'difficulty' and 'lexia', meaning words (BPS, 1999, p.18) – has commonly been used to describe the phenomenon of persistent difficulties experienced by some individuals in acquiring literacy skills despite adequate levels of intelligence and appropriate learning instruction (Critchley

and Critchley, 1978, p.149). From the early research into dyslexia, dating back to the late 1800s (discussed further within this section) to the present day, the discrepancy between an individual's 'intellectual gifts' [...] especially oral discussion' and their inability to become proficient in the use of written language has acted as one of the main markers of dyslexia (Turner, 1997, pp.2-3); which continues to be referred to within the literature (see Armstrong and Squires, 2015, pp.122-123).

Whilst initially, the term 'dyslexia' was used specifically to describe difficulties acquiring literacy, the use of the term has expanded to cover a range of other difficulties. For example, the term 'dyslexia' is used in a broader sense by McLoughlin, Leather and Stringer, 2002, pp.4-5) to describe three primary issues that are assumed to be directly caused by dyslexia and that run alongside difficulties with literacy, these being difficulties with organisation, numeracy, and social interaction. In addition, McLoughlin et al., (2002, pp.5-8) list five secondary issues that they assert arise as a 'result of and in response to' the primary issues caused by dyslexia, these being effects on confidence, low levels of self-esteem, anger and frustration, anxiety, and further difficulties associated with social interaction (i.e. 'poor self-concept, rejection or isolation from peers' as a result of repeated 'academic, learning and performance difficulties' (p.6)). In addition, Miles (2001, p.33) notes that compounding the difficulties faced by dyslexic students is that of the negative attitudes of some teachers who are unaware of the needs of dyslexic students.

In relation to the cause of dyslexia a full consensus has never been reached (Riddick, 1996, p.2; Traxler, 2012). One of the reasons for the lack of agreement over the cause of dyslexia may be that this phenomenon has attracted the attention of a great many researchers from wide and varied backgrounds (Fawcett, 1995, p.23). This has inevitably led to dyslexia having been viewed through numerous, and often competing, disciplinary and professional lenses (Wadlington and Wadlington, 2005, p.19). As a result the cause of

dyslexia has, in its relatively short history spanning almost 120 years, been attributed to factors such as 'congenital word blindness..., an abnormality of physiological development...' (Miles and Miles, 1999, pp.4-7); and 'underlying neurological causations [such as, the] phonological deficit hypothesis..., visual deficit hypothesis..., magnocellular deficit hypothesis..., central executive dysfunction hypothesis..., [and] cerebellum dysfunction hypothesis' (Armstrong and Squires, 2015, pp.30-35).

Another factor which may have contributed to the lack of consensus, it would seem, arises from 'dyslexia' supposedly affecting individuals differently (Currie and Wadlington, 2000; Jordan, 2002; Kerr, 2010; Armstrong and Squires, 2015). As Reid and Kirk (2001, p.3) point out, not all 'dyslexic' individuals experience the same set of issues or experience them to the same degree of severity as each other.

Whilst the etiological assumptions about dyslexia may be wide-ranging – a commonality exists between the prominent viewpoints on dyslexia, which is the framing of dyslexia using the medical model of disability. Framing dyslexia in this fashion can be traced back to the historical origins of the identification of this phenomenon in the late 1800s and to the publication of the first articles that focused on what we now know as developmental dyslexia (Guardiola, 2001, p.7). The most influential articles on dyslexia were written by three medical practitioners, Hinshelwood, 1895; Pringle Morgan, 1896; and Kerr, 1896/1897 (Anderson et al., 2001, p.12). As would be expected, the etiological assumption made by these researchers, given their medical backgrounds, located the root cause of dyslexia to exist 'within' the individual (Poole, 2003) and reflect an 'impairment' (Rose, 2009, p.36) of 'normal' functioning (Grigorenko et al., 2001, p.17) at the level of the brain (Nicolson and Fawcett, 2008, p.6). (N.B. For ease of discussion I refer to this assumption throughout the remainder of this thesis as the fundamental dyslexia assumptions or FDA for short).

(N.B. The view that dyslexia stems from impairment of 'normal' functioning is depicted within the literature using terms such as 'abnormality' (Nicolson and Fawcett, 2008, p.18); 'defect' (Hansen, Stein, Orde, Winter and Talcott, 2001); 'deficit' (Snowling, 2000); 'deficiencies' (Simos et al., 2002); 'disorder' (Tønnessen, 1997, p.80); 'inadequate' (Vellutino et al, 2004, p.2); 'dysfunction' (Lishman, 2006, p.52); 'developmental disorder' (Nicolson, 1996, p.198)).

Understandably, due to their medical backgrounds, Hinshelwood, Pringle Morgan, and Kerr, favoured the FDA over other possible assumptions, such as attributing the cause of reading difficulties, for example, to environmental or social factors, or to the use of literacy teaching methods that may not have suited the particular learning needs of those later positioned or 'diagnosed' as 'dyslexic'. As Tetlock (1985, p.227) explains, people tend to attribute the cause of an individual's behaviour (in relation to the present discussion, persistent difficulties acquiring literacy) to factors believed to exist internally to the individual, rather than to external forces (a phenomenon referred to as the fundamental attribution error or overattribution effect (Tetlock, 1985, p.227)).

The FDA presumed by Hinshelwood, Pringle-Morgan, Kerr, and later Orton (1925), (who is considered by Miles and Miles (1999, p.7), as one of the 'early pioneers' in dyslexia research, whom they add to the list of 'pioneer' early researchers), formed the dominant paradigm of dyslexia, which has held enduring influence on the way this phenomenon has been viewed (Herrington and Hunter-Carsch, 2001, p.114; Barden, 2011, p.7) by academics, practitioners and the public. For example, the FDA is evident within what Ramus, Pidgeon, and Frith (2003, p.841) refer to as, 'the three leading theories of developmental dyslexia', these theories being: a) the phonological deficit theory (see, Rack, Snowling and Olson, 1992; Snowling 2000; Lundberg and Hoien, 2001); b) the cerebellar deficit hypothesis (see, Nicolson and Fawcett, 1990); and, c) the magnocellular

defect theory (see, Stein and Walsh, 1997; Hansen, Stein, Orde, Winter and Talcott, 2001). In addition, the FDA is evident in a number of other theories on dyslexia that are discussed more comprehensively in Chapter 3.

Whilst, the FDA has, as outlined above, formed the dominant paradigm of dyslexia, the authoritative position held by this assumption has been challenged by a small, but growing number of academics, (e.g., Presland, 1991; Stanovich, 1994; Shaywitz, et al.,1992; McGuinness and McGuinness, 1996; McGuinness, 1998; Frith, 1999; Spencer, 2000; Poole, 2003, 2010; Elliott, 2005; Riddell and Weedon, 2006; Ceri, 2007; Elliott and Gibbs, 2008; Nicolson and Fawcett, 2008; Ehardt, 2008; Wolf, 2010; Kerr, 2010; and Elliott and Grigorenko, 2014).

Amongst the viewpoints expressed by those listed above is the belief that our brains are not 'hard-wired' or neurologically predisposed to acquire literacy skills, nor equipped with a specific structure to accommodate the skills needed to become literate (see Ceri, 2007, p.86; Frith, 1999, p.200; Elliott and Gibbs, 2008, p.482; Nicolson and Fawcett, 2008, p.12; and Wolf, 2010, p.40). In a similar vein, Poole (2010, p.216) claims that '...there is no "literary brain" as such as, in literacy, areas of the brain designed for sensory processing alone must be utilized for mapping of an artificial, culturally defined orthography'. From a biological standpoint, Kerr (2010, p.104) asserts that 'there can be no 'genes for literacy' per se. (let alone spelling!) [...therefore] neither can there be genes specific to 'dyslexia''. Further, Elliott (2005) argues that there is no difference between poor reading and dyslexia; Spencer (2000) argues that dyslexia exists within the orthographic system itself ; McGuinness and McGuinness (1998) contest that dyslexia occurs as a result of poor teaching; Riddell and Weedon (2006, p.69) propose that dyslexia is nothing more than a 'new' disability that has emerged during the twentieth century; while Poole (2010, p.221) suggests that 'dyslexia may be a construct in which disorientation comes about as the result

of an incompatibility (interaction) between [an individual's] natural, thinking style and the orthography adopted'. (N.B. Please refer to Section 4.1.1 for discussion regarding the different arguments waged against the existence of dyslexia).

It remains to be seen whether the dismissive views of these authors have sounded the death knell for dyslexia or if their voices will be subtly quashed by advocates of the dominant paradigm of dyslexia. Foucault (1986) argues that alternative ways of thinking about an area of study exist, but when this thinking takes place outside the dominant discourse it happens in a type of wilderness where it tends to be 'easily lost or forgotten' (cited by Sercombe, 2010, p.77). Will this be the case regarding the views of the authors listed above or will their collective arguments against the validity of the FDA gain momentum and eventually bring about a paradigm shift in the way dyslexia is framed?

In the meantime, as we await the outcome, a significant issues has, I argue, arisen as a result of the challenges made against the dominant paradigm of dyslexia; this issue is discussed within Section 1.4.

1.4 The 'problem' this study addresses

Irrespective of the impact that the authors listed above may, or may not, be having on dominant discourses about dyslexia, their collective viewpoints are sufficiently forceful to raise an issue that at present seems to have been largely overlooked.

The issue, I assert, is that, whilst a number of authors (listed in Section 1.3) have been successful in challenging, to some degree, the authoritative position held by the FDA (as discussed more fully in Section 4.1.1), they have however, neglected to consider or proffer credible alternative perspectives on dyslexia (i.e. not premised on the assumption described above) and a theoretical framework for dyslexia support intervention which

those who perceive themselves as 'dyslexic' may consider as informative conceptual templates in their efforts to make sense of their dyslexia difficulties and in the development of their dyslexia identities. As Scruton and McNamara (2015, p.49) observe, theories of dyslexia that challenge the traditional, medical model, thinking about dyslexia, might be successful at '[deconstructing] traditional discourses in order to break notions of normalcy', however, they offer little in the way of 'pragmatic alternatives for practice'. As a result there is a dearth of literature relating to the influence of alternative perspectives on dyslexia (which do not presume brain-based 'differences') on self-concept.

As demonstrated by the backlash that arose following the Channel 4 Dispatches documentary 'The Dyslexia Myth' first broadcast in 2005, considerable numbers of 'dyslexics' and their parents' were greatly disoriented and distressed when the 'condition' (i.e. dyslexia) that had informed their sense of self, was brought into question, with no alternative perspective having been put forward in order to prevent, as Kelly (1955, p.81) may have described it – their 'psychological house[s] fall[ing] down' around them.

The present study aims to make a significant original contribution to knowledge by addressing the 'problem' outlined above through the development of a non-constitutional perspective on dyslexia, the development of dyslexia support intervention that is emancipatory in nature, and by presenting findings that report the influence of a non-constitutional perspective on dyslexia and emancipatory dyslexia support intervention on the self-concepts of two 'dyslexic' students studying in tertiary education.

In addition, I approached this study with the expectation that its findings would help strengthen current arguments against the dominant discourse on dyslexia, in order to bring this area of study a step closer to achieving a radical shift in the conceptualisation of dyslexia (i.e. viewing dyslexia through a non-constitutional perspective).

1.5 Research objectives

In order to address the 'problem' outlined in Section 1.4, this study focused on achieving the following four research objectives:

1. to challenge the dominant paradigm of dyslexia (informed by the FDA)

2. to develop a perspective on dyslexia that is not informed by the FDA

3. to develop intervention that is high in emancipatory value

4. to explore the influence that a 'non-constitutional' perspective on dyslexia and intervention high in emancipatory value has on the self-concepts of 'dyslexic' students in tertiary education

1.6 Rationale for research objectives

1.6.1 Rationale for Research Objective 1:

Challenge the dominant paradigm of dyslexia

The FDA is visible within the literature that reflects the dominant discourse of dyslexia as an a priori assumption (i.e. 'based on what is "prior" to observational experience [arising] not from experience of how things actually behave but simply in an intuitive way' (Audi, 2003, p.6)). This assumption has, in the main, gone without significant challenge. This can, perhaps, be attributed, as Tønnessen (1997, p.79, citing Fletcher et al., 1989, p.334) points out, to the 'persistent tendency' that dyslexia researchers have in accepting 'traditional definitions of reading disability based on consensus of professional opinion', without examining the assumptions or empirical features of differing perspectives on dyslexia.

The issues of accepting traditional definitions relating to a specific phenomenon (as noted above) is not dissimilar to instances where researchers from other backgrounds

approach their subjects with specific frames of reference informed by taken for granted assumptions that may transcend their own conscious awareness (Morgan, 1980, p.605). These assumptions may be 'continually affirmed and reinforced by fellow scientists' (Morgan, p.605).

As Einstein famously pointed out,

> Concepts which have proved useful for ordering things easily assume so great an authority over us, that we forget their terrestrial origins and accept them as unalterable facts. They then become labeled (sic) as 'conceptual necessities,' 'a priori situations,' etc. (Einstein, 1916, p.101, quoted in Hsu, 2000, p.87).

Adopting a particular viewpoint, along with its inherent assumptions, based on its popularity or simply by accepting traditional thinking about a phenomenon is questionable (as might be said about the hegemonic acceptance of the phonological deficit theory, see Chapter 3, Section 3.1.2). This type of unquestioning acceptance of a particular viewpoint is described by Mezirow (1990, p.16) as 'a form of prereflective consciousness, which does not question the validity of existing social norms and resists critique of presuppositions'. According to Einstein (1916, p.101, quoted in Hsu, 2000, p.87) '[t]he road of scientific progress is frequently blocked for long periods of time by such errors' (i.e., by accepting concepts and assumptions as 'unalterable facts').

Rather, Einstein calls on our ability to 'analyse familiar concepts, and to demonstrate the conditions on which their justification and usefulness depend' (Einstein, 1916, p.101, quoted in Hsu, 2000, p.87). This involves the scrutiny of the assumptions we hold regarding the phenomenon being explored, resulting in the removal of the 'excessive authority' such assumptions can wield over us (Einstein, 1916, p.101, cited in Hsu, 2000, p.87). This can be thought of as a continuous process, as Mezirow (1990, pp.10-11)

describes, where the validity of existing beliefs is brought into question by challenging how appropriate they are at the time, situational context, and in light of 'new evidence or new arguments based on a more inclusive paradigm or meaning perspective'.

Similarly, Caputo (1997, p.32); McNiff et al., (1996, p.24); and Stringer (1999, pp.196-202) stress the necessity to remove unwarranted authority inherent within taken-for-granted assumptions, as part of an ongoing critique of power-laden literature. In addition, Kelly (1963, p.47) argues that it is healthy to question the fundamental assumptions upon which any theory is premised; to this Kelly adds, that once the authority of a given fundamental assumption has been removed, it loses its ability to stand as "a given" within further discourse.

In relation specifically to the concept of dyslexia, Elliott and Grigorenko (2014, p.182) stress the need for 'researchers, educationalists, and clinicians' to 'accept their responsibility to challenge the use of constructs [such as the term dyslexia] that lack scientific precision and rigor, however popular and embedded these are within society'. An example of how the construct 'dyslexia' has been challenged in relation to its lack of 'scientific precision and rigor' (Elliot and Grigorenko, 2014) can be inferred by the assertion made by Stanovich (1994, p.579) that a large number of researchers and literacy specialists have opted out of using the term 'dyslexia' due to it being laden with 'so many empirically unverified connotations and assumptions'. Another example can be seen in Hunter-Carsch (2001, p.50) in her critique of teaching approaches relating to special educational needs where she advocates the need to question existing approaches to teaching dyslexic students. Tønnessen (1997, p79) echoes a similar view to that of Elliott and Grigorenko, warning that researchers should be cautious about adopting, without question, the dominant dyslexia paradigm as there 'is never any guarantee that the majority is right'.

It is my intention with this study to challenge the taken-for-granted view that dyslexia exists within the individual and reflects impairment of 'normal' functioning at the level of the brain.

1.6.2 Rationale for Research Objective 2:

Develop a perspective on dyslexia that is not informed by the FDA

I argue that the current dominant framing of dyslexia acts as a form of social control that systematically oppresses 'dyslexic' students through the imposition of the FDA without offering any alternative perspective on dyslexia that is not informed by the this assumption. As Hooks (2000, p.5) points out, oppression is caused by dominant forces creating an '*absence of choices* [...with this being the] primary point of contact between the oppressed and the oppressor'. The assertion made by Hooks rings true in relation to dyslexia, as the 'dyslexic' person is exposed to perspectives on dyslexia that are informed by the FDA with little in terms of alternative perspectives on dyslexia being made available to 'dyslexic' people in their attempts to make sense of their difficulties with literacy and any other associated issues (see Section 1.4).

In addition, I argue that perspectives on dyslexia that are premised on the FDA are deterministic and indeed predominantly neurogenetic (see Rose, 1999, p.871), as dyslexia is depicted as a genetically fixed 'disease entity' (D'Amato, et al., 2005, p.98) that is beyond the 'dyslexic' individual's ability to overcome completely (Nicolson, 1996, p.191). McLoughlin, et al., (2002, p.98) echo the sentiments of others who subscribe to the dominate view of dyslexia, asserting that dyslexia 'is part of [the individual's] make up and will always be'. As Kerr (2010, p.97) points out in his critique of the dominant framing of dyslexia, 'literacy difficulty is, by its own definition, being attributed to an innate deficit within the student, which cannot be "cured" and which can barely be

overcome'. As a result, the 'dyslexic' individual may perceive him/herself as a victim of his/her genetic makeup, and be unable to emancipate him/herself from this viewpoint. (Please refer to Section 7.3.2 for further discussion about the deterministic nature of perspectives on dyslexia that are premised on the FDA).

The many and varied perspectives on dyslexia tend to assume a mono-etiological position, for example, that dyslexia is caused by a deficit in the cogitative apparatus relating to phonological processing (Rack et al., 1992) or that dyslexia is caused by a deficit in functioning of the cerebellar (Nicolson and Fawcett, 1990). However, rather than taking the view that dyslexia is caused by a single factor, as indicated above, Miles argued that dyslexia should be viewed as a syndrome consisting of a 'labyrinth of diverse presenting symptoms (Ellis, 1994, p.56). Whilst Miles viewpoint is exclusively medical in orientation (as implied through the use of medical language), and therefore deterministic in nature, there are those (e.g. Presland, 1991, p.217) who adopt a non-medical multifactorial (i.e. 'many different factors interact in varying ways' (Presland, 1991, p.217)) view of dyslexia.

It appears in the literature that non-medical multifactorial perspectives on dyslexia, whilst providing some description of possible non-medical causes of dyslexia, offer little in the way of perspectives on dyslexia from which 'dyslexic' students can reframe their understanding of dyslexia in a non-medical fashion. It is my intention, therefore, to develop a multifactorial perspective on dyslexia by bringing together assumptions and concepts from differing non-medical perspectives on dyslexia in order to address this gap within the literature (please view Section 7.4 for this perspective on dyslexia).

1.6.3 Rationale for Research Objective 3:

Develop intervention that is high in emancipatory value

Traditionally intervention aimed at supporting the needs of dyslexic students has been geared towards the remediation of the difficulties experienced by the 'dyslexic' individual (Burden, 2005; Scruton and McNamara, 2015, p.50). Intervention in this context strongly reflects the medical/deficit framing of dyslexia, with support being viewed as 'treatment' (for an example see Snowling and Hulme, 2006, p.75; Miles, 2007, pp.253-256). Intervention of this type reflects the view that 'if the underlying cause could be identified, it might be possible in some way to 'treat' the cause, thereby reducing all subsequent difficulties' (Reynolds, Nicolson and Hambly, 2003, pp.49-50). This viewpoint is similarly reflected within the literature, as the bulk of dyslexia research has focused on 'causation and remediation' (Burden, 2005, p.1); N.B. Notable exceptions being publications by Edwards 1994 'The Scars of Dyslexia' and Miles and Varma (1995) 'Dyslexia and Stress' as the focus of these books is on the 'feeling of dyslexics rather than on literacy problems as such' (Miles, 2001, p.34).

However, intervention that is informed by a medical/deficit paradigm has been criticised as it implies that dyslexia is a 'disease entity' that can be reliably diagnosed and treated; and that once diagnosed an appropriate intervention can be made available, based on the data gathered within the diagnostic assessment (D'Amato, et al., 2005, p.98). Yet, as some authors (i.e. Elliott, 2005; Elliott and Grigorenko, 2014) points out, once a diagnosis/assessment of dyslexia has been made, there is no specific dyslexia intervention that is any different from that offered to those positioned as poor readers.

In addition, it is claimed by D'Amato et al., (2005, pp.98-99) that dyslexia support framed using a deficit model fails to take into account individual differences and the unique way in which individuals learn; a view similarly implied by Vellutino et al., (2004,

p.31), and Siegel and Smythe (2006, p.76). Further, interventions of this type do not demonstrably harness 'evidence-based practices' (D'Amato et al., p.98). However, Armstrong and Squires (2015, p.51) argue against evidence-based practice in favour of 'research-informed' practice as these authors suggest that it is uncertain whether 'the standard model of reading can be truly described as 'evidence-based'.

From the mid-90s onwards, it seems that there has been a growing acceptance of relative strengths of a social model of disability has played a role in challenging traditional approaches to dyslexia support. The social model of disability proposes that disability arises not from impairment but from social factors that do not accommodate the needs of those perceived as disabled (Oliver, 1998). The social model of disability seems to have precipitated a call for dyslexia support intervention to be geared towards the empowerment of 'dyslexic' students (see Poplin, 1995; Casey, 2001; Herrington, 2001; McLoughlin, et al., 2001; McLoughlin et al., 2002; Reid and Kirk, 2001; Farmer, Riddick and Sterling, 2002; Leveroy, 2013). The focus on empowerment of dyslexic students within the context of dyslexia support is clearly reflected within the two categories of intervention that McLoughlin, Leather, and Stringer (2002, p.24) claim that dyslexia support can be divided between, these being support that aims: a) to 'facilitate self-understanding', and, b) to enable the learner to 'function more effectively in learning, work and social settings'. Intervention that facilitates self-understanding is generally achieved through assessment and/or counselling; whereas intervention aimed at enabling individuals to function more effectively is generally achieved through skill development, compensation, accommodation (McLoughlin et al., 2002, p.24).

However, despite a shift in the focus of intervention from remediation to empowerment, the underlying etiological view has remained unchanged (i.e. that dyslexia exists within the individual and stems from impairment). As previously argued (see

rationale for Research Objective 1), it appears that there has been an acceptance of this etiological assumption without questioning its authority within support that has been geared towards the empowerment of 'dyslexic' students. As, Inglis (1997, p.4) points out, 'empowerment involves people developing capacities to act successfully within the existing system and structures of power'. Whilst dyslexia support that focuses on empowerment has a number of potential benefits, it does not, due to its etiological assumptions, place emphasis on the questioning of the foundational assumptions that inform the dominant paradigm of dyslexia.

As will be argued in Section 7.2, there is a conspicuous absence in the literature of studies that have a direct focus on supporting 'dyslexic' students to question the foundational assumptions on which the dominant paradigm of dyslexia is premised. As Burden (2005, p.13) points out, research that has its focus on intervention for adult dyslexics has mainly focused almost exclusively on increases in academic achievement. In order to redress this gap in the literature, one of the objectives of this study is to develop and evaluate a dyslexia support intervention that aims to facilitate the questioning of the dominant paradigm of dyslexia.

1.6.4 Rationale for Research Objective 4:

Explore the influence that a 'non-constitutional' perspective on dyslexia and intervention high in emancipatory value has on the self-concepts of 'dyslexic' students in tertiary education

As noted in Section 1.2, it is my contention that studies that have been carried out on the effects of dyslexia and self-concept have been framed within the dominant paradigm of dyslexia that locates the cause of dyslexia to exist within the individual and to reflect impairment. Studies conducted from this way of framing dyslexia have reported mixed

findings relating to the effects of dyslexia on general self-concept. For example, negative effects were noted by Chapman (1998, p.365), while no significant negative effects were reported by Hellendoorn and Ruijssenaars (2000, p.237); Zeleke (2004, p.162); Burden (2008, p.190), (discussed further in Section 6.2.1).

However, whilst there seems to be little consensus relating to the effects of dyslexia on global self-concept, findings on the influence of dyslexia on specific facets of self-concept have painted a different and more concordant picture. For example, Ingesson (2007, p.580); reports that 'dyslexic' individuals have considerably lower levels of self-esteem in comparison to their non-dyslexic counterparts (please refer to Section 5.2.2 for discussion). In addition, negative academic self-concepts Zeleke (2004, p.161); Pollak (2005, p.143); Burden, (2008, p.190), report that dyslexia has a negative effect on academic self-concept.

As discussed in Section 7.3.2, studies conducted on dyslexia and self-concept are premised on the view that dyslexia is of congenital origin. The literature in this area therefore, provides insight into the influence of dyslexia, framed in such a manner. However, there appears to be a dearth of literature on the effects a non-congenital perspective on dyslexia might have on the self-concepts of students currently positioned as dyslexic. Similarly (as discussed in Section 7.3.2) the bulk of literature that reports the outcomes of dyslexia support intervention on 'dyslexic' students have been framed from the viewpoint that dyslexia is constitutional in origin. Therefore, there is a gap in the literature on the effects of intervention that is informed by non-constitutional perspectives on dyslexia on the self-concepts of students currently viewed as dyslexic. One of the purposes of this study is to redress these gaps in the literature by exploring the influence that a non-constitutional perspective on dyslexia and dyslexia support interventions

premised on such a perspective might have on the self-concepts of two 'dyslexic' students studying in tertiary education.

1.7 Contribution to knowledge

The present study aims to make a significant original contribution to knowledge by addressing the 'problem' outlined in Section 1.4 through the development of a non-constitutional perspective on dyslexia, the development of dyslexia support intervention that is emancipatory in nature, and by presenting findings that report the influence of a non-constitutional perspective on dyslexia and emancipatory dyslexia support intervention on the self-concepts of two 'dyslexic' students studying in tertiary education.

1.8 Structure of thesis

CHAPTER 2: METHODOLOGY: A BRICOLAGE APPROACH

In Chapter 2 I describe my 'personal' methodological approach to research which I then locate within the literature to be aligned to a bricolage approach, i.e. a 'critical, multi-perspectival, multi-theoretical and multi-methodological approach to inquiry' (Rogers, 2012, p.1).

CHAPTER 3: INTRINSIC PERSPECTIVES ON DYSLEXIA

In Chapter 3 I review a selected literature on perspectives on dyslexia that have been conducted from both positivist and interpretivist standpoints that locate the cause of dyslexia to exist intrinsically to the individual. I divide the literature that I review into two distinct dyslexia paradigms which I refer to as, a) the Positivist-Intrinsic-Dyslexia-

Paradigm (P-I-D-Paradigm), and b) the Interpretivist-Intrinsic-Dyslexia-Paradigm (I-I-D-Paradigm). I explore the theoretical underpinnings of the perspective on dyslexia that I located in each of these paradigms and critique the fundamental assumptions on which these perspectives are premised.

CHAPTER 4: EXTRINSIC PERSPECTIVES ON DYSLEXIA

In Chapter 4 I review a selected literature on perspectives on dyslexia that have been conducted by both positivist and interpretivist paradigms that propose the root cause of dyslexia to exist extrinsically to 'dyslexic' people. As with Chapter 3, I divide the literature that I review into two distinct dyslexia paradigms which I refer to as, a) the Positivist-Extrinsic-Dyslexia-Paradigm (P-E-D-Paradigm), and b) the Interpretivist-Extrinsic-Dyslexia-Paradigm (I-E-D-Paradigm). I explore the theoretical underpinnings of the perspective on dyslexia that I located in each of these paradigms and critique the fundamental assumptions on which these perspectives are premised.

CHAPTER 5: SELF-CONCEPT AND DYSLEXIA

In Chapter 5 I review a select literature on self-concept in relation to dyslexia. Following a discussion about differing viewpoints of self-concept, I present the model of self-concept that I used for the purpose of the present study. I then explore the relationship between dyslexia and: general self-concept, general self-esteem, academic self-concept, subject specific self-concept, and perception of academic abilities.

CHAPTER 6: DYSLEXIA PARADIGMS, DYSLEXIA AND SELF-CONCEPT

In Chapter 6 I presented three of the four dyslexia paradigms noted in Chapters 3 and 4, in relation to dyslexia studies on self-concept, these are, a) Positivist-Intrinsic-Dyslexia-Paradigm (P-I-D-Paradigm), b) Interpretivist-Intrinsic-Dyslexia-Paradigm (I-I-D-Paradigm), and, c) Positivist-Extrinsic-Dyslexia-Paradigm (P-E-D-Paradigm). However, rather than describing a hypothetical dyslexia study on self-concept relating to the Interpretivist-Extrinsic-Dyslexia-Paradigm (I-E-D-Paradigm), I presented an overview of the present study that is framed in a Radical Interpretivist-Extrinsic-Dyslexia-Paradigm (Radical I-E-D-Paradigm).

CHAPTER 7: A NON-CONSTITUTIONAL PoD AND EMANCIPATORY INTERVENTION

In Chapter 7 I present the four elements of the intervention. I discuss self-concept change and how it might be possible from the perspective of a multifaceted view of self-concept to create a new 'non-dyslexic' facet of self-concept. I provide a description of the non-constitutional perspective on dyslexia that I introduced to the participants in the intervention. I addition, I describe the theoretical framework that informed the intervention and describe the basic counselling skills that were used in the intervention.

CHAPTER 8: METHODOLOGY: PART 2 METHODS AND PROCEDURES

In Chapter 8 I describe the interview method that I used in the intervention. I discuss the pilot intervention and the changes that I made to the intervention as a result of the pilot. In addition, I provide a description of the two 'dyslexic' students that participated in the intervention. I describe my epistemological perspective and describe the type of knowledge

that is sought by conducting this study. I describe the thematic analysis method that I used to analyse the data that was generated in the intervention.

CHAPTER 9: FINDINGS AND DISCUSSION: ANGELO'S DYSLEXIA STORY

In Chapter 9 I present and discuss the findings from the analysis of the data (narratives) relating to Angelo, the first participant within the intervention. I then present and discuss the finding relating to Angelo's descriptions of dyslexia in relation to his dyslexic self-concept, dyslexic self-esteem, academic self-concept, and academic achievement/ability.

CHAPTER 9: FINDINGS AND DISCUSSION: RICO'S DYSLEXIA STORY

Within Chapter 10 I present and discuss the findings from the analysis of the data (narratives) relating to Rico, the second participant within the intervention. I then present and discuss the finding relating to Rico's descriptions of dyslexia in relation to his dyslexic self-concept, dyslexic self-esteem, academic self-concept, and academic achievement and ability.

CHAPTER 11: CONCLUSION AND DISCUSSION

In Chapter 11 I draw this study to a close by discussing the N-C-PoD and emancipator intervention within the context of a Radical Interpretivist-Extrinsic-Dyslexia-Paradigm (Radical I-E-D-Paradigm). I discuss the conclusion of the findings relating to both the participants. In addition, I present several anecdotal similarities and differences between the participants. Further, I discuss the recommendations of this study. I discuss a potential area for further research. I end Chapter 11 with a short description of my professional development.

CHAPTER 2

METHODOLOGY:

A BRICOLAGE APPROACH

In this chapter I describe my methodological approach to research that shaped the direction of this study and enabled me to achieve the four Research Objectives (refer to Section 1.5; and outlined below) and thus address the 'problem' (refer to Section 1.4, and outlined below) that this study focused on.

The 'problem' that this study set out to address was that of there being little in the way of credible alternative perspectives on dyslexia and theoretical frameworks for dyslexia support intervention (that are not premised on constitutional views of dyslexia) which those who perceive themselves as 'dyslexic' may consider as informative conceptual templates in their efforts to make sense of their dyslexia difficulties and in the development of their dyslexia identities (see Section 1.4).

The four Research Objectives that I set out in order to address the 'problem' outlined above were:

1. *to challenge the dominant paradigm of dyslexia (informed by the FDA)*

2. *to develop a perspective on dyslexia that is not informed by the FDA*

3. *to develop intervention that is high in emancipatory value*

4. *to explore the influence that a 'non-constitutional' perspective on dyslexia and intervention high in emancipatory value has on the self-concepts of 'dyslexic' students in tertiary education*

I begin this chapter with a brief definition of methodology followed by a description of my 'personal' methodological approach to research which I then locate within the literature to be aligned to a bricolage approach, i.e. a 'critical, multi-perspectival, multi-theoretical and multi-methodological approach to inquiry' (Rogers, 2012, p.1). Having positioned my approach within a bricolage framework, I then discuss the pragmatic steps (focuses) that this study underwent and that led to the first research objective being set, identification of the research problem, and a further three research objectives being set in order to address the research problem. In keeping with the bricolage approach, I then give an example of the level of complexity that I encountered as I engaged with the literature on dyslexia. Then, in order to set my methodological approach within a philosophical framework, I begin by locating my paradigmatic position within Burrell and Morgan's (1979) four sociological paradigms (i.e. functionalist, interpretive, radical humanist, radical structuralist paradigms).

2.1 Defining methodology within the context of this study

Finding a definition of the term methodology that suits the purpose of all researchers is, according to Clough and Nutbrown (2002, p.29), 'as easy as catching water in a net'. There is after all 'no single blueprint for planning research' as research design 'is governed by the notion of 'fitness for purpose'' (Cohen et al., 2000, p.73). Whilst this maybe the case, Robson (2002, p.549) provides a broad definition of methodology that I feel is appropriate within the context of this study, this being his view that methodology is '[t]he theoretical, political and philosophical backgrounds to social research and their implications for research practice, and for the use of particular research methods'.

Therefore, I define methodology to be the sum total of my philosophical and theoretical thinking in relation to my view of the world and in particular to research, in

terms of its purpose, theoretical and pragmatic design. In this sense my methodological viewpoint is, in many ways, a reflection of who I am as a person, doctoral student, dyslexia support practitioner, former 'dyslexic' person, and, researcher. It is a place where my views, values, beliefs and theoretical understanding of research can be expressed with regard to the shaping of the present study.

2.2 Towards my 'personal' methodological framework

For just over 15 years of the 16 years and seven months which it took to complete this study, I had not settled on an individual methodological framework that I felt would satisfactorily describe my research approach, until I read and reflected further in my preparation for writing the present chapter in July 2015. As will be indicated within this section it seemed from the onset of this study that I had an orientation to "go against the grain" by not arriving at a methodological framework and research design that I felt was '[fit] for purpose' (Cohen et al., 2000, p.73) in advance of undertaking the research aspect of this study. As noted within descriptions of the bricolage approach it is not uncommon for the researcher to avoid settling on a specific approach in advance of conducting research (see Kincheloe, 2004, p.3; Rogers, 2012).

DeWalt and DeWalt (2011, p.182), in my view, accurately sum up the traditional view that a methodological framework and research design needs to be settled on in advance of research being undertaken, as can be seen,

> The development of a formal research proposal both allows the researcher to construct a coherent approach to a particular problem making explicit the particular theoretical and design choices and allows others to judge the extent to which the decisions made by

the researcher before the project has begun are feasible, justified, and likely to move the field of scholarship forward.

The traditional view that methodological approach needs to be developed in advance of conducting inquiry does not seem to be a prerequisite limited to conventional types of research approaches (e.g. ethnographical research, experimental designs, and, phenomenological approaches) but is also evident within comparatively more modern approaches such as action research, feminist enquiry, or mixed method approaches.

By opting out of the traditional route to research and by not settling on a methodology and research design in advance of this study should not be taken to mean that I conducted this research in a non-rigorous or untrustworthy manner, or that it lacked in purpose, direction or structure – it simply means that these evaluative markers were not in place in advance but rather created as the research evolved and moved in the direction that I felt it needed to in order to achieve the research objectives and thus address the research problem (outlined within Sections 1.4 and reiterated within the opening paragraphs of this chapter).

In relation to rigour, Kincheloe (2004, pp.23-49) argues that a high level of rigour can be achieved through the use of bricolage methodology as this approach embraces the complexity of research by not shunning the ever-present conflicts and ambiguities that exists within approaches that reject the notion of an objective reality. As Kincheloe (2004, p.47) states, 'Complexity subverts the notion once and for all that rigorous research reflects an objective reality'.

I had, over the years, applied concepts and strategies taken from different methodologies, philosophical and theoretical perspectives and methods in a rigorous and trustworthy manner, and with integrity, to address the challenges that I encountered as I interacted with this study (discussed further on in Section 2.6). This was achieved by my

adopting early on within this study my interpretation of what Robson (2002, p.18) refers to as a 'scientific attitude' that guides researchers to conduct research '*systematically, sceptically* and *ethically.* Robson (2002, p.18) uses the term systematically to indicate that researchers '[give] serious thought to what [they are] doing, and how and why [it is being done]; in other words that the researcher undertakes the principle of reflexivity within their research and 'the capacity for sympathetic self-critical introspection about the work in hand, involving self-conscious scrutiny of the conduct of interactions and tasks' (Martin, 2016, p.39), and the influence that the researchers' philosophical assumptions have on the creation of knowledge (Doucet and Mauthner, 2002, p.139). By 'sceptically' Robson (2002, p.18) refers to the process of subjecting 'ideas to possible disconfirmation, and also subjecting [...] observations and conclusions to scrutiny'. With Robson (2002, p.18) using the term 'ethically' to mean that researchers follow ethical procedures to safeguard the 'interests and concerns' of those participating within the research (N.B. ethical considerations in relation to this study are discussed in Section 8.7).

By 'not consciously following any prescribed course of action' (Bridgman, 1950, p.83, cited by Moustakas, 2001, pp.266-267), I was, in a sense, experiencing, as Bridgman commented on his observations of the "working scientist", 'complete freedom to utilize any methods or device, whatever which in the particular situation... seems likely to yield the correct answer', or in the case of this study 'yield', in the spirit of bricolage research, a contextualised and subjective 'answers' to the research questions (Kincheloe, 2004, p.4) asked within this study.

It appeared to me, early on in my study, after perusing several texts on methodologies (specifically, Silverman, 1993; Crotty, 1998; Rose and Sullivan, 1996; Robson, 1993; Cohen, Manion and Morrison, 2000; Hayes, 2000; Blaxter, et al., 2001; May, 2001) that in 'traditional' approaches to research a "scaffolding tower" –

'methodological framework' – is, metaphorically speaking, built in advance of the data collection or generation process with each tube of scaffold representing a specific aspect of the researcher's thinking, for example, their epistemological viewpoint, ontological stance, worldview, ethical principles, etc. It seemed that this tower is built around the research hypothesis, research questions, purposes, aims, and objectives, or whatever criteria the research is working to address. Once erected, and after making any adjustments that are needed, the connecting joints are tightened, with little need from that point on to replace or add new scaffold tubes to any significant extent as the research progresses.

My interpretation of methodology, as implied within the analogy above, was of it being, rigid, formal, inflexible, deterministic, and prescriptive within the context of my own study. As such, I felt that if I adopted a specific methodology early on within my study, that I would be fixing my assumptions, perspectives, beliefs, values and principles within a specific timeframe in my research journey which would restrict my scope to grow and develop my thinking about research in general and in particular, this study as I moved forward in time. I also considered that such a framework would not enable me to respond in an innovative and creative way to the twists and turns that I envisaged my research might undertake.

Another reason that informed my decision not to follow a traditional route to research was the view, expressed by a number of authors that influenced my thinking at this point of my research journey (Bruner, 1990, p.xiii; Kosko, 1994, p.xv; Byrne, 1998; Stringer, 1999, p.191; and Robson, 2002, p.xi), this being that traditional research approaches informed by positivist assumptions are no longer regarded as appropriate within the social sciences.

The influence of the authors listed above shook the positivist elements of my thinking and precipitated me to evaluate and question my position in relation to, amongst

other things (i.e. dyslexia): my epistemological, ontological, theoretical perspectives, worldview, and my approach to research. I had up until this point not questioned, to any great extent, what I had been taught about research as an undergraduate student and what I had read about in research manuals and journals. In this sense I was classic to Kuhn's (2012) view that researchers are schooled in a particular approach and adhere to the thinking of their given approach in relation to the undertaking of research. In my case, I had quite simply accepted the views and opinions of other and somewhat lacked the courage, until this point, to push against the status quo and what I felt was expected of me as a postgraduate student/researcher. A reference in my research journal, of this time (22nd March, 2001), to a passage in the book 'Freedom from the Know' by Krishnamurti (1969, p.10) seems to sum up how I felt at the time towards the areas listed above,

> For centuries we have been spoon-fed by our teachers, by our authorities, by our books, our saints. We say, 'Tell me all about it – what lies beyond the hills and the mountains and the earth?' and we are satisfied with their descriptions, which means that we live on words and our life is shallow and empty. We are second-hand people. We have lived on what we have been told, either guided by our inclinations, our tendencies, or compelled to accept by circumstances and environment. We are the result of all kinds of influences and there is nothing new in us, nothing that we have discovered for ourselves; nothing original, pristine, clear.

Indeed, I felt at this early stage of my research journey that there was, using some of the terms Krishnamurti uses in the above quote, 'nothing new' in me. I was after all simply recycling the "old" knowledge and understanding that I held about research that, as mentioned, I had gained from my undergraduate studies and from the books and journals about research that I had read. Certainly I felt that there was 'nothing that [I had] discovered for [myself]' about research in terms of what it is and how I should or should

not conduct it. By following a traditional approach I felt that this would be the case throughout my research journey. As a result I made the decision not to fix, in advance, this study into an existing methodological framework. Instead, as mentioned, I decided to draw from a range of different methodologies as I interacted within my study. My research journal of this time (14th June, 2001) noted how I wanted to move in the direction of the 'new age [of research]' (Denzin and Lincoln, 2000, p.23) where research will be, as Denzin and Lincoln (2000, pp.23-24) predict,

> ...messy, uncertain, multivoiced texts, cultural criticism, and new experimental works will become more common, as will more reflexive forms of fieldwork, analysis, and intertextual representation.

As Anderson and Braud (2011, p.4) state, 'The paradigms of science are shifting. The stage is set for change. Anderson and Braud go on to quote Adrienne Rich (1979), 'we must get beyond the "assumptions in which we are drenched"'. Taking this view further, Kincheloe (2001, p.681), in light of what he refers to as 'in the implosion of social science', argues that researchers (who do not subscribe to an objective reality and positivist views of knowledge creation),

> ...must operate in the ruins of the temple, in a postapocalyptic social, cultural, psychological, and educational science where certainty and stability have long departed for parts unknown.

After critical reflection of my thinking I repositioned myself, at that point in time, within an interpretivist paradigm informed by, two subjectivist ontological positions (i.e. Constructive Alternativism (Kelly, 1955) and existentialism), and located my epistemological position to be constructionist in nature (described in Section 8.5.1). However, in the two years leading up to the time that I conducted the intervention in 2005

my paradigmatic thinking had shifted to the radical humanist paradigm, described by Burrell and Morgan (1979), (described in Sections 2.8.4 and 2.8.5).

Consequently, I was guided by a non-formal, somewhat "cloudy" and "vague" notion of the overall shape of my methodology, but felt clear about the smaller aspects of it as I developed ways, 'in situ', to address the 'problems' that I was encountering as I proceeded with the task of trying to achieve the research objectives outlined in Section 1.5. In a sense I created a 'personal' methodology, much in the same way that is theorised within PCP (Personal Construct Psychology (Kelly, 1955)) that we all create 'personal' theories that we use to anticipate events in our lives (see description in Section 7.4). In this sense I had taken to heart Kelly's dictum "every man a scientist" (Kelly, 1955) and so proceeded to create my 'personal' methodology and, in PCP terms, 'test' it (i.e. my 'personal' methodology), 'validate' or 'refute' it or aspects of it in my attempts to anticipate the 'best' way to achieve the purposes of this study.

2.3 Locating my 'personal' methodology within the literature

After conducting a preliminary search of the terms 'eclectic research methodology' in Google Scholar, and after processing many of the leads that were generated, I came across a sample of a chapter written by Steinberg and Kincheloe (2004, p.1494) in which they described under the subheading 'The Eclectic Methods of the Critical Researcher' an approach described as 'Bricolage' methodology. Steinberg and Kincheloe capture the basics of this approach by stating that,

> Such an eclectic view of research [...] involves taking research
> strategies from a variety of disciplines and traditions as they are
> needed in the unfolding context of the research situation'. Such a

> position is pragmatic and strategic and demands self-consciousness
> and an awareness of context from the researcher.

Having read the description above I searched the terms 'bricolage methodology', and again, after selectively working through several leads I identified an article by Matt Rogers (2012) titled 'Contextualizing Theories and Practice of Bricolage', in which Rogers provides a thorough account of bricolage methodology. Reading Rogers' description, to which I again refer in Section 2.4, as I describe this methodology, created what might be described as an epiphanic 'discovery' – or perhaps more accurately – 'realisation', as Rogers' description encapsulated the essence of my 'personal' methodology.

The discovery of bricolage methodology has enabled me to locate and support my 'personal' methodology within the literature on research methodologies. It has provided a methodological framework that I can apply, albeit retrospectively to the research reported in this thesis. In addition, it marked the end of my study – the point where I am now able to 'tell [my] story to a point of natural closing' (Moustakas, 2001, p.264).

The discussion within this chapter thus far has endeavoured to provide a backdrop, and set the context for the remainder of this chapter, where I shall place selected aspects from my interpretation of bricolage methodology, as an overlay, onto my 'personal' methodology in order to describe what, why, and how I conducted my research. In this sense the bricolage methodology acts as a map that has been discovered after the completion of a long expedition of discovery – a much needed map which facilitates discussion to others the steps that I took in my research journey, why I took them, and what I learnt on the way.

2.4 Description of bricolage methodology

Bricolage research methodology is described by Rogers (2012, p.1) as, 'a critical, multi-perspectival, multi-theoretical and multi-methodological approach to inquiry'; which, as Rogers notes, began to gain popularity from the early 2000s onwards. Whilst on first encounter, this methodology may seem logical to categorise as an eclectic approach to research, its complex theoretical underpinnings, move it beyond merely being an eclectic methodological approach (Rogers, p.1). This will become evident in the discussion within this section that moves from a definition of the term 'bricolage' to a description of the bricolage approach and then to a discussion of six different types of bricolage research methodologies.

The term 'bricolage' has its origins in the 'French expression which denotes crafts-people who creatively use materials left over from other projects to construct new artifacts' (Rogers, 2012, p.1). Denzin and Lincoln (2011, p.4) use the term 'bricolage' as a metaphor that describes qualitative research as 'quilt making', and use the term 'bricoleur' to describe a researcher who undertakes the task of conducting 'quilt making' type research. Drawing on the writings of Becker (1998) and Nelson et al., (1992), Denzin and Lincoln (2011, p.4) elaborate on their 'quilt making' analogy in the following way,

> The qualitative-researcher-as-bricoleur or a maker of quilts uses the aesthetic and material tools of his or her craft, deploying whatever strategies, methods, or empirical materials are at hand (Becker, 1998, p.2). If new tools or techniques have to be invented or pieced together, then the researcher will do this. The choice of which interpretive practices to employ is not necessarily set in advance. The "choice of research practices depends upon the questions that are asked, and the questions depend on their context" (Nelson et al., 1992, p.2), what is available in the context, and what the researcher can do in that setting.

Certainly, in relation to the above quote, the present study and in particular the development of intervention (Chapters 7), brought together a range of 'optional' techniques, models and guiding principles (see Section 8.2) that I anticipated might be appropriate in assisting the participants to explore their perceptions of dyslexia and aid in the development of their study skills ability. In addition, as with one of the techniques, the Ideal/Actual interview (described in Section 8.2.4), the 'Chart' (see Appendix) that was used to deliver questions relating to actual and ideal self within a chart that acts as a pictorial representation of the actual ideal self was designed, from scratch, and developed to address the lack of such a model within the literature. Further, I did not choose in advance any specific 'interpretive practices' but rather, as described, followed my own 'personal' methodology that evolved as I engaged with the present study.

Rogers (2012, p.1) explains that the term bricolage when applied within qualitative research implies 'methodological practices explicitly based on notions of eclecticism, emergent design, flexibility and plurality'. In addition, it 'signifies approaches that examine phenomena from multiple, and sometimes competing, theoretical and methodological perspectives. Rogers (2012, p.2) continues his description of bricolage methodology by drawing from Kellner (1999, p.xii) who argues that methodologies that embrace multiplicity are positioned to offer 'unique possibilities for knowledge construction' and that they 'create opportunities for informed political action'. Kellner (1999, p.xii, cited in Rogers, 2012, p.2) states that 'the more perspectives one can bring to their analysis and critique, the better grasp of the phenomena one will have and the better one will be at developing alternative readings and oppositional practices'.

In this section I have provided a general description of the bricolage approach, and touched on, very briefly, some of the ways that my 'personal' methodological approach can be considered bricolage. In the following section I present six different types of bricolage

methodologies and describe the similarities, where relevant, between specific aspects of each approach and my own 'personal' methodology.

2.4.1 Six different types of bricolage methodology

Denzin and Lincoln (2000) describe five types of bricoleur researchers with Kincheloe (2005) adding the description of a sixth category of bricolage methodology (Rogers, 2012, p.7). The different types of bricoleurs are interpretive, methodological, theoretical, political, narrative (Denzin and Lincoln) and, critical (Kincheloe).

As can be seen in Table 2.1 aspects from each of the different types of methodology listed above are evident, at different degrees and levels of intensity, within my 'personal' methodology.

Table 2.1 Six different types of bricolage methodology

Type of bricolage	Main features	Similarities with my 'personal' methodology
1) Interpretive	- From this approach there is no 'correct telling' of any given event but rather that 'each telling' reflects the personal interpretive vantage point of the observer which includes, amongst many other dynamics, his or her 'personal history, biography, gender, social class, race and ethnicity' (Rogers, 2012 p.6). - Those conducting interpretive bricolage 'recognize that knowledge is never free from subjective positioning or political interpretations' (Rogers, 2012, p.4). - Having its roots in hermeneutics ('interpretation', see, Zimmermann, 2015, p.1), interpretive bricoleurs 'appreciate the diversity of perspectives on a particular topic [...which] are viewed in relation to one another and in relation to larger social, cultural, political, economic, psychological and educational structures [...and] social-theoretical positions' (Berry, 2004, p.125). - In relation to the interpretation of human behaviour Denzin (2014, p.1) states that '[t]here is no truth in the painting of a life, only multiple images and traces of what has been, what could have been, and what now is'.	The present study is informed by the interpretivist elements of my theoretical thinking as my thinking aligns with Burrell and Morgan's (1979) Radical Humanist Paradigm which is informed by subjective nature interpretivism. As discussed in Section 8.5.1 the type of knowledge sought by this study should be viewed as subjective knowledge as the finding (Chapters 9 and 10) are not intended to make generalisations or assist in predicting patterns of behaviour as would be the case if my thinking was informed by positivist notions of inquiry (Robson, 1999). Rather, the findings should be viewed within the context of my search for deeper meaning and increased theoretical understanding (Bassey, 1999, p.44) on how the participants in this study perceived their dyslexia in relation to the non-constitutional perspective on dyslexia that was offered to them and also in terms of the influence that the emancipatory type of intervention may have had on their view of dyslexia. Therefore, in this sense, this element of the study can be positioned within an interpretive bricolage approach.
2) Methodological	- Methodological bricolage 'employs numerous data-gathering strategies from the interviewing techniques of ethnography, historical research methods, discursive and rhetorical analysis of language, semiotic analysis of signs, phenomenological analysis of consciousness and intersubjectivity, psychoanalytical methods, Pinarian currere, to textual analysis of documents' (Berry, 2004, p.125).	In this study I used a number of different, existing, methods such as semi structured interview method in combination with basic counselling skills in the intervention along with a number of 'optional' techniques that I had developed in the design phase of the intervention. In addition, I designed the Actual/Ideal interview and designed the Actual/Ideal Chart as I was unable to find an existing method that I felt was

Table 2.1 Six different types of bricolage methodology

	- The necessity to combine multiple approaches stems from the researchers desire to engage and interact with the complexity of research which calls on researcher to 'views research methods actively rather than passively' (Kincheloe and McLaren, 2008, p.421). In this sense the researcher 'actively construct[s] [...] research methods from the tools at hand rather than passively receiving the "correct," universally applicable methodologies [...which avoids] modes of reasoning that come from certified processes of logical analysis [...and] preexisting guidelines' (Kincheloe and McLaren, 2008, p.421). 'This means that a methodological bricoleur engages in fluid, eclectic, and creative approaches to inquiry' (Rogers, 2012, p.5).	appropriate within the context of this study to explore the participants levels of self-esteem (see Appendix A for a description of the Actual/Ideal Chart).
3) Theoretical	- Theoretical bricolage employs, 'work[s] through, and between, multiple theoretical paradigms [...such as] feminism, marxism, cultural studies, constructivism, queer theory' in relation to the specific problem being focused on (Rogers, 2012, p.6). - Rogers (2012, p.6) explains that those conducting research of this type use a variety of perspectives, (not excluding conflicting perspectives) in the process of reading and rereading text, artifacts or a given phenomenon in order to gain understanding of the 'different theoretical contexts in which an object can be interpreted'. This provides the theoretical bricoleur with 'multi-perspectival, post-structuralist perspective, showing the plurality of complexities that influence a phenomenon' (Rogers, 2012, p.6).	This study drew on a number of different theoretical positions from Kelly's (1955) ontological position of constructive alternativism, existentialism, constructionism, Burrell and Morgan's (1979) sociological radical humanist paradigm, Personal Construct Psychology (Kelly, 1955), Person Centred Theory (Rogers, 1951) in order to build a theoretical framework to support the non-constitutional perspective on dyslexia and emancipatory support intervention that I developed for the purpose of this study. This is evident within my 'personal' theory of dyslexia (non-constitutional PoD) as I drew from perspectives that were rooted in positivist perspectives and also from those informed by interpretivist perspectives.

Table 2.1 Six different types of bricolage methodology

4) Political	- The fundamental premise of political bricolage is the understanding 'that all research processes hold political implications, [and that these] are manifestations of power' (Berry, 2004, p.126). - For the political bricoleur there is an implicit understanding that there is 'no value free science' (Denzin and Lincoln, 1999, p.6, cited in Rogers, 2012, p.6). - Accordingly, those conducting research from this standpoint 'study the information they collect and the knowledge they produce to discern the ways tacit forms of power have shaped them' (Berry, 2004, p.126). - Bricoleurs informed from this perspective 'adopt critical pedagogies' (Rogers, 2012, p.6) and 'attempt to document the effects of ideological power, hegemonic power, discursive power, disciplinary power, regulatory power and coercive power'. In this manner, research rallies 'against oppressive social constructs and injustices' (Rogers, 2012, p.6).	A central feature within this study has been to question the 'hegemonic power' (Rogers, 2012, p.6) of the FDA and to argue against what I believe to be the systematic oppression of 'dyslexic' people due to the imposition of the FDA. Therefore, this aspect of my approach to research can be described as political type bricolage.
5) Narrative	- Narrative bricolage 'appreciate[s] how ideologies and discourses shape how knowledge is produced. Instead of taking these ideologies and discourse for granted, they seek to understand their influence on research processes and texts' (Rogers, 2012, p.7). - Berry (2004, p.126) explains that those conducting research from this approach understand 'the notion that all research knowledge is shaped by the types of stories inquirers tell about their topics'. Berry goes on to explain that the stories told by researchers are 'not innocently constructed but reflect particular narratological traditions: comedy, tragedy, and irony'.	This study did not begin with me adopting the current dominant assumption (i.e. the FDA: the view that dyslexia exists within the individual and stems from impairment) that underpins the bulk of the literature on dyslexia (see Section 1.6.1). Rather, in the fashion of the narrative bricoleur I questioned I questioned the ideologies that inform the FDA (see Chapters 3 and 4).

Table 2.1 Six different types of bricolage methodology

	- The narrative bricoleurs, Berry (p.126) explains, uses their 'knowledge of the frequently unconscious narrative formula at work in the representation of the research allows a greater degree of insight into the forces that shape the nature of knowledge production. Thus, ore complex and sophisticated research emerges from the bricolage'.	
6) Critical	- Rogers (2012, p.8) outlines three main features that define Kincheloe's categorisation of critical bricolage, these being: '1. A move away from positivist and monological research approaches that reinforce oppressive, marginalizing, and violent social structures; 2. An embrace of research pursuits that appreciate the complexity of the lived world (this includes inquiry processes that do not study objects as detached "things-in-themselves," but rather as connected "object-in-the-world"); and finally, 3. A move toward emancipatory research approaches based on critical theories, and interdisciplinary/postmodernist/poststructuralist epistemological rationalities. - Kincheloe's critical bricolage approach 'explores the role of discourses, ideologies and power in shaping phenomena' (Rogers, 2012, p.8). - Rogers (2012, p.8) explains that those conducting critical bricolage 'not only seek to develop complex understandings of a phenomenon [...] they aim to disrupt imbalances of power, social injustice, marginalization, and oppression perpetrated through traditional meaning-making practices.'	The critical elements of my 'personal' methodological approach to research can be located within the context of a critical bricolage approach to enquire. For example, my epistemological orientation, as discussed in Section 8.5.1 is congruent with the critical position inherent with social constructionism, which Burr (2015, p.2) describes as an approach that 'we take a critical stance toward our taken-for-granted ways of understanding the world and ourselves. It invites us to be critical of the idea that our observations of the world unproblematically yield its nature to us, to challenge the view that conventional knowledge is based upon objective, unbiased observation of the world'. In relation to the quote above, aspects of my critical approach to enquiry have been demonstrated in various sections of this thesis. For example, in Chapter 2 I undertook a critical appraisal of my philosophical position (see Section 2.2). In addition, in Section 1.1 I described how I questioned my understanding of dyslexia through intense reflexivity. Further, in relation to challenging conventional knowledge this has been demonstrated within this study as I set Research Objective 1 that called on me to question the FDA that view dyslexia to exist within the individual and stem from impairment (see Section 1.6.1).

2.5 Conducting bricolage research

Conducting bricolage research can, as Kincheloe (2011, p.253) states, 'be described as the process of getting down to the nuts and bolts of multidisciplinary research'. However, there is, by the very nature of bricolage, no set 'methods or procedures' and a 'lack of explicit directions, linear steps or structure' for conducting bricolage (Berry, 2004, p.103). Whilst Berry (p.103) argues that there is no structure to bricolage, what she is refereeing to is traditional positivist structures that are 'externally imposed' and 'monological', which Berry points out is the opposite to the structure of bricolage, which she describes 'works inwardly, playfully, complexly and rigorously' (p.103). In light of there being no set approach to conducting bricolage, Berry (p.106) suggests that bricoleurs are free to choose from an number of suitable structures or to create their own structure.

2.6 Overview of the retrospective structural design of this study

In relation to the present study I did not conduct this research within the parameters of a pre-existing structure (design) that gave me some indication of the overall shape of the study (as described in Section 2.2). Rather, as discussed in Section 2.2, I created my own 'personal' methodological approach (that as argued within Section 2.3 can be described as a bricolage approach) in situ as I interacted with this study. Consequently I was not able to provide a description of the structure of this study whilst in the process of conducting the research. However, having completed the research, I can now, on writing this chapter, provide a retrospective account of the "footprint" of a structure that was left behind by my 'personal' methodological approach (see Figure 2.1). The following description provides a conceptual overview of the steps that represent the structure of this study.

Figure 2.1 Pictorial representation of the structural design of this study

Informed by:

McLoughlin et al., (1994) Model of Awareness of Dyslexia

Undergraduate BPhil research (1998) that developed very basic Dyslexia Awareness Assessment Framework

My experience of being 'dyslexic' **1970** (aged 5) **- 2003** (aged 38), and having improved my literacy skills as a result of increasing my understanding of dyslexia **1996** (started University aged 31) - **2016** (ongoing)

My experience as a dyslexia support tutor and need for model of dyslexia awareness to assist 'dyslexic' students to increase understanding of dyslexia **2000 - 2016**

First Step
(initial broad focus)
Jan 2000
Develop Dyslexia Awareness Assessment Framework

Guided by:
Research Questions:
1) "What is dyslexia?"
2) "What causes dyslexia?"

Second Step
119 Semi Structured Interviews
2000 - 2002

Third Step
Exploring my perception of dyslexia
2000 - 2004

Fourth Step
(final broad focus)
2002 - 2016
Effects of dyslexia on self-concept

Engage with select literature on:
Perspectives on Dyslexia, and, Dyslexia and self-concept
2002 - 2016

Research Questions 2004

Research Problem 2003
Need for non-constitutional PoD and emancipatory type intervention

Address RQs 2016

| **Research Objective 1** **2002 - ongoing** Challenge authoritative position held by FDA | **Research Objective 2** **2003 - 2005** Develop non-constitutional perspective on dyslexia (N-C-PoD) | **Research Objective 3** **2003 - 2005** Develop intervention high in emancipatory value | **Research Objective 4** **2005** Explore N-C-PoD and intervention on self-concepts of dyslexic students |

2.6.1 The first step - the development of the DAAF

I began this study in January 2000 with a clear view of what my research would be about. I had developed a research proposal under the guidance of Professor David Jenkins from the University of Birmingham who had suggested that my intended doctoral study could focus on developing further the dyslexia awareness assessment framework (DAAF) that I had begun to develop from the findings of my undergraduate research project on the subject of dyslexia (see Appendix for an overview of DAAF). In broad terms my intention was to develop a model that would hopefully assist dyslexic people to increase levels of awareness of their dyslexia in relation to their understanding of what they believed dyslexia to be and to the cause(s) of dyslexia.

The DAAF was informed by a counselling model proposed by McLoughlin et al., (1994, pp.47-59) that positions adult dyslexics to be at one of four stages in their development; ranging from individuals that are not aware of their dyslexia (McLoughlin et al., 1994, p.50) to those that have high levels of awareness of their dyslexia and that have consciously developed compensatory strategies to address their difficulties (McLoughlin et al., 1994, p.52).

When I first began to explore the literature on dyslexia with the intention of developing the DAAF, my philosophical thinking towards research lay, in a somewhat cloudy manner, somewhere between the functionalist and interpretivist paradigms. Subsequently I engaged with the literature (that I selected to read) that explained the different paradigms informing the social sciences (namely, Kuhn, 1970; Burrell and Morgan, 1979; Morgan, 1980; Crotty, 1998, Audi; 1998) and literature on the influence of social paradigms on youth work intervention (namely, Cooper and White, 1994). Whilst engaging with the literature noted above I attempted to position myself within ether one paradigm camp or the other (which I felt at the time was an important undertaking),

I became increasingly aware of how my own thinking about dyslexia was informed mainly by positivist thinking about dyslexia. This became evident whilst exploring my thinking about dyslexia in relation to the umbrella research questions that as noted in Section 1.1 were 'what is dyslexia?' and 'what causes dyslexia?'. As noted in Section 1.1 my thinking about dyslexia in relation to the umbrella research questions at the time I began this study was that of dyslexia being a medical condition that resulted from less than 'normal' functioning of my brain. I later discovered that my thinking at that time and the discourse that I used to describe my dyslexia was classic to what Pollak (2005, p.118) has categorised as 'Patient discourse' that reflects the medical model of disability.

The realisation that my thinking about dyslexia was positivist in nature, and that there were other paradigmatic positions from which to view dyslexia from, led me to question the model by McLoughlin et al., (1994) and indeed the model (i.e. the DAAF) that I was aiming to develop as I did not want to perpetuate a specific viewpoint based on its dominance within the literature if alternative positions existed. As a result I decided to put the task of developing further the DAAF on hold, planning to return to develop the DAAF once I had gained a clear understanding of the my philosophical position (i.e. ontological, epistemological, and theoretical perspectives) in relation to research. However, after a shift in direction (described in Section 2.6.2) I did not return my focus to the development of the DAAF.

However, despite not returning to develop the DAAF I argue that this phase in my doctoral research journey was an important structural step taken within the overall design of this study. As can be seen in Figure 2.1 above, I carried forward the two umbrella research questions that I had set to guide the development of the DAAF into the next two step that I took within my journey (described in the following two sections) and eventually had a significant influence on the overall design of the intervention. Further, the DAAF

played a small role in one of the intervention sessions with the second participant, Rico, as I described the DAAF to him in my attempt to highlight how it seemed from his descriptions of dyslexia that he had begun to accept her newly given label of 'dyslexia' (see Section 10.1.2).

2.6.2 The second step - 119 semi structured interviews

Having placed the development of the DAAF on hold, in April 2000 I decided that I needed to broaden my understanding of dyslexia in order to avoid being as Miles and Miles (1999, p.15) warn, the type of dyslexia researcher that draws conclusions about dyslexia from their narrow viewpoint on the subject. In addition, I felt that I needed to invest some time and effort into developing my interviewing skills as part of my doctoral training and development. As a result, between April 2000 and March 2002, I conducted 119 semi structured interviews with dyslexic people that comprised the following four sets of interviewees: children/young people (N = 24; females = 9 / males = 15); FE students (N = 29; females = 11 / males = 18; HE students (N = 38; females = 18 / males = 20; and, None-students (N = 28; females = 8 / males = 20.

As mentioned in Section 2.6.1, and indicated in Figure 2.1 above, the interviews were guided by two umbrella research questions, 'what is dyslexia?' and 'what causes dyslexia?', and which also formed the main questions asked of the interviewees. Whilst, the majority of interviews were audio recorded, 98 interviews in total (the others being written up in note form immediately after each interview), I did not transcribe the audio recordings until four years after conducting the interviews and as yet the transcripts have not been analysed. The reason for this was that I had not conducted the interviews to provide data to be included within the present study but as stated above my aim had been to broaden my understanding of dyslexia and to develop my interviewing skills.

However, despite not using the data from the interviews within this study I feel that it is important to note that they were conducted, as the influence of the many and varied descriptions of dyslexia and the wide ranging views given relating to the cause of dyslexia had sparked my research imagination and led me to develop the intervention reported in Chapters 7 as a means of assisting dyslexic students to explore their descriptions of dyslexia and question their beliefs about the etiology of dyslexia (see Section 7.3).

2.6.3 The third step - exploring my perception of dyslexia

At approximately the same time that I began to conduct the interviews, noted above, I also began to explore my perception of dyslexia (as mentioned in Section 1.1), and which I continued to do in intermittent periods over the course of a four year period (June 2000 - March 2004). As noted in the previous two sections and indicated in Figure 2.1 above, this undertaking was guided by the two umbrella research questions that had informed the interviews that I had conducted, and at that time was still in the process of conducting.

In an attempt to answer the umbrella questions I spent a considerable amount of time reflecting on my own dyslexia by applying my interpretation of Edmund Husserl's (1859-1938) phenomenological approach to my thinking about dyslexia. In brief, the Hursserlian phenomenological approach is used by researchers looking to discover the essence of the phenomenon under investigation (in my case 'dyslexia') within the realms of their conscious minds. In this undertaking the researcher seeks to explore the '…phenomena that present themselves immediately to us as conscious human beings' (Crotty 1998, p.78). This is carried out, as we put aside '…as best we can, the prevailing understanding of those phenomena and revisit our immediate experience of them, possibilities for new meaning to emerge for us as we witness at least an authentication and enhancement of former meaning' (Crotty, p.78).

Whilst not reporting any specific details of this period of my doctoral research journey within this thesis, other than what has been described above and in Section 1.1, the tasks of exploring my perception of dyslexia can be seen as a significant step in overall shaping of the structure of this study. As reported in my personal motivation for conducting this study (see Section 1.1) this period of intense reflexivity precipitated my desire to begin questioning the validity of the fundamental assumption of dyslexia (discussed in Section 1.1). More importantly, this phase of my research journey led me to take the fourth and final structural step, outlined in Section 2.6.4, that led to me setting the first research objective, to challenge a fundamental assumption (FDA) that underpins the dominant paradigm on dyslexia.

2.6.4 The fourth step - explore the effects of dyslexia on self-concept

The accumulative influences of the previous three steps, described above, led me to the broad focus of this study, i.e. the effects of dyslexia on self-concept. Having gained a broad focus for this study I then, as s depicted within Figure 2.1, set the first research objective, to challenge the FDA informing the dominant paradigm on dyslexia (see Sections 1.6 and 1.7). Through a review of a selected literature on dyslexia (see Chapters 3 and 4) the research problem that this study focussed on addressing was identified, i.e. the need for a non-constitutional PoD and a theoretical framework for emancipatory type intervention (see Section 1.5). With a clear 'problem' having emerged from the literature, the second, third and fourth research objectives were set in place in order to address the research problem, these being, to develop a non-constitutional perspective on dyslexia (N-C-PoD), and intervention high in emancipatory value, and to explore the influence that both the N-C-PoD and intervention might have on the self-concepts of dyslexic students studying in tertiary education.

2.7 An example of the level of complexity within this study

The descriptions provided above in Section 2.6 provide a basic, retrospective, overview of the four steps that can be viewed as the broad structural design of this study. However, the descriptions do not provide an account of the level of complexity ("messiness") that occurred whilst I conducted this study. Kincheloe (2004) suggests, that the complexity that exists within bricolage research should be explicitly stated rather than it being removed as commonly occurs in positivist research. Whilst it is not possible for me to describe all of the intricacies that constitute the complexity of this research due to obvious word length limitations I do, however, feel that it is important for me to provide an example of some of the complexity of this study in keeping with Kincheloe's suggestion noted above.

As an exemplifier of the complexity within this study I have chosen to describe, albeit in brief, how I found solutions to a number of problems that I encountered as I engaged with the literature on dyslexia. In the following description I compare and contrast the approach that I used in the context mentioned with that of a framework proposed by Berry (2004, pp.103-128).

Berry (2004, pp.103-128) provides a non-prescriptive framework for conducting bricolage research. Berry's framework suggests that research begins with a point of entry text (POET) that is relevant to the area of research being conducted, followed by a strategy of moving backwards and forwards between the POET, other related aspects within the wider literature, and the practical aspects of conducting research.

Drawing a comparison between my approach and that advocated by Berry (as outlined above), some similarities are evident. For example, and not dissimilar to many traditional approaches, my point of entry into the this study was via the literature on the area being studied, which in my case was the effects of dyslexia on self-concept (please view Figure 2.2 below). Another similarity to Berry's framework is that of me moving

backwards and forwards between the literature on dyslexia and self-concept and the practical aspects of research as illustrated within Figure 2.2.

However, a feature incorporated within the approach I used, and which seems dissimilar to the framework proposed by Berry is that of moving between a specific facet of self-concept (i.e. my view at the time of myself as dyslexic) and my view of self as researcher in order to find solutions to problems that arise whilst engaging with the literature in the way Berry suggests. The following example, provides some indication of how I moved between my 'dyslexic' self and myself as 'researcher'. (N.B. Due to word count restrictions placed on this thesis, what follows is not a step by step account of all the movement that occurred between the two positions I held, but rather is intended to provide some indication of the movement that took place. However, I have provided a pictorial representation of this movement, see Figure 2.2, in order to show all of the main steps that I took from my POET to the setting of the research objectives).

2.7.1 Example of the movement between my 'dyslexic' and 'researcher' self

As can be seen in Figure 2.2 below, the first point of interest to arise from the literature, which I refer to as an 'item' (shown in the central column: '1') was that of there being numerous differing perspectives on dyslexia. As noted in Figure 2.2 (second column from the right: '1a') under the heading 'Self as 'Researcher'', I felt overwhelmed whilst trying to understand the differences, similarities, and nuances relating to the perspectives on dyslexia that I encountered. As indicated in Figure 2.2 (right hand column: '1b') I tried, from my researchers standpoint, to identify if a common denominator in the form of fundamental conceptual components (FCC) existed between the differing perspectives on dyslexia. Unable to achieve this (see second column from the right: '1c') I attempted to explore my perception of dyslexia in order to identify if any FCC existed within my own

conceptualisation of dyslexia, as shown in the left hand column, '1d', under the heading 'Self-as Dyslexic'. However, I was unable to achieve this due to my being unable to detach from my medical view of dyslexia (second column from the left: '1e'). As a result I returned to my researcher's standpoint in search of a method that would enable me to detach my thinking from the medical model of dyslexia (see right hand column: '1f'). And, as can be seen from Figure 2.2 this movement between myself as researcher and self as dyslexic continued until the fourth research objective had been set (see bottom of right hand column: '1w').

Figure 2.2 Level of complexity of this study

Self as 'Dyslexic'		Self as 'Researcher'	

'Solution'	'Problem'	Main 'items' to emerge	'Problem'	'Solution'

1d) Explore own perception of dyslexia to identify FCC

1e) Unable to detach from medical PoD in order to identify FCC that may also exist within non-medical PoD

1) Numerous differing Perspectives on dyslexia (PoD)

1a) Overwhelmed trying to understand differing PoD

1b) Identify if common denominator exists between differing PoD in the form of fundamental conceptual components (FCC)

1g) Phenomenological approach - identified FCC in the form of FDA. Re-engage with literature

1m) Not sure how to question FDA within my conceptualisation of dyslexia

1c) Unable to identify FCC within literature on dyslexia as overwhelmed trying to understand differing PoD (see 'a' above)

1f & 1n) Explore a range of methodological approaches in search of suitable techniques (1f) (1n)

1l) Question validity of FDA within my conceptualisation of dyslexia

1i) Is FDA valid?

POINT OF ENTRY TEXT (POET): Literature on Dyslexia and Self-concept

1h) FDA exists as common denominator

1o) Deconstruct FDA within my conceptualisation of dyslexia - Re-engage with literature

1s) Research Problem Shortage of perspective on dyslexia and intervention that are not premised on FDA and that are geared to assist in the process of reframing self as 'non-dyslexic' and overcoming difficulties

1k) Unsure how to challenge FDA using literature

1j) Set **Research Objective 1**

1r & 1u) 'Disprove' DDD by emancipating self from dyslexia by re-framing self as non-dyslexic and overcoming difficulties (1r) (1u) **2b)** as above plus challenge power!

2) Dyslexia researchers in position of power as 'experts' on dyslexia that inadvertently places the 'dyslexic' person in the position of the 'other'

1q & 2a) Existence of dominant dyslexia discourse (DDD) that oppresses dyslexic students through the imposition of FDA and assertion that dyslexia is a lifelong 'condition'

1p) Validity of FDA reliant on PoD adopted

1t) Set and achieve **Research Objectives 2 and 3** - apply to self

1v) Unsure of influence on 'dyslexic' students

1w) Set **Research Objectives 4**

2.8 Four sociological paradigms relevant to the present study

In this section I describe my paradigmatic orientation in relation to the four sociological paradigms proposed by Burrell and Morgan (1979), these being, functionalist, interpretive, radical humanist, and the radical structuralist.

Figure 2.3   Diagram of paradigms informing social science

```
                        Challenge
                       extant power
                       relationships
                            │
                            │
  RADICAL                   │         RADICAL
  HUMANIST                  │         STRUCTURALIST
                        Ontology
                            │
                            │
Subjective  ────────────────┼──────────────  Objective
                            │
                            │
       INTERPRETIVIST       │       FUNCTIONALIST
                            │
                            │
                        Reinforce
                       extant power
                       relationships
```

This diagram is a copy of the model that Boshier (1990, p.21) presents as a diagrammatical representation of Burrell and Morgan's (1979) 'analysis of organization theory and Paulston's (1977) work for the World Bank'.

2.8.1 Description of the functionalist paradigm

The functionalist paradigm is the 'dominant ideology of our time' and assumes the existence of an objective reality that exists '..."out there" [and] that consists of observable, lawfully-related empirical entities' (Boshier, 1990, pp.21-22). This leads to the belief that social science is value-free and that those conducting research are able to objectively detach themselves from the subject matter at hand by acting within the parameters of the scientific method (Morgan, 1980, p.608). In this manner it is believed possible to produce a true representation of reality along with the production of predictive knowledge (Ardalan, 2012, p.224). As such the epistemological orientation held within this paradigm 'tends to be positivist, determinist, and nomothetic' (Boshier, 1990, p.21). Those assuming the functionalist paradigm seek 'practical solutions to practical problems and are usually committed to social engineering as a basis for change within an emphasis on gradualism, order, and the maintenance of the equilibrium' (Boshier, 1990, p.21).

2.8.2 Description of the interpretive paradigm

The interpretive paradigm, in contrast to the functionalist paradigm does not assume the existence of a concrete reality that exists "out there" irrespective of human consciousness but rather that it is 'us' as 'observers' who exits "out there" (Bassey, 1999, p.43). In this sense "reality", or even 'multiple realities' (Morgan, 1980, p.609), are viewed as constructs of consciousness (Boshier, 1990, p.22). Similar to the functionalist paradigm, the interpretive position is premised on the belief that there is 'an underlying pattern and order within the social world' (Morgan, p.609). Those framing the social world through an interpretive lens consider attempts made by functionalists to 'establish an objective social science as an unattainable end' (Morgan, p.609). As a result the interpretive position stands in stark contrast to the functionalist paradigm in that knowledge is not viewed as value free

but rather that knowledge has to be set within its social context (Ardalan, 2012, p.228). Knowledge is not sought, therefore, to provide 'causal explanations for external events' (Hayes, 2000, p.7) but rather as a means of understanding human experience, thinking and feelings, and how these dimensions of being human are outwardly expressed in actions (Ardalan, 2012, p.227).

2.8.3 Description of the radical structuralist paradigm

Radical structuralists believe, as do functionalists, in an objective reality that is anchored in a material view of the social world and assumes reality to exist independently to human consciousness (Ardalan, 2012, p.230). However, unlike the functionalist position that believes in an orderly social structure (Burrell and Morgan, 1979), the radical structuralist paradigm (RSP) holds the view that dominant forces exist within the structure of society (Morgan, 1980, p.609). These forces act to oppress people and create a state of "false consciousness" (Boshier, 1990, p.23). However, unlike radical humanists who aim to free individuals from the existence of "false consciousness", radical structuralists aim, instead, to bring about change at a structural level believing this to be the only way to achieve radical change at a social and political level (Gottlieb, 1989, p.137). The reason for this difference is that reality from the RSP exists within the structure of society and therefore is independently to how people may perceive and sustain reality in their lives (Gottlieb, 1989, p.137). From the RSP knowledge is not viewed as a direct representation of reality but rather is dependent on a person's relationship with reality from the perspective of the social class from which reality is perceived (Ardalan, 2012, p.230). From this viewpoint it is believed that just as there are different social classes occupying 'different positions in the process of material transformation, there are different kinds of knowledge' (Ardalan, 2012, p.230).

2.8.4 Description of the radical humanist paradigm

The radical humanist paradigm (RHP) assumes a subjective ontological position (Boshier, 1990, p.21). RHP 'places great emphasis on human consciousness' (Morgan, 1980, p.609). Similar to the interpretive viewpoint, the RHP believes that reality is socially constructed and socially sustained (Morgan, 1980, p.609). However, unlike interpretivists who seek to understand how participants make sense of reality, radical humanists question the basis on which participants construe and sustain their perception of reality believing that the underlying ideologies inherent within society act to 'channel, constrain, and control the minds of humans' (Morgan, 1980, p.609). From this viewpoint Society is viewed as 'anti-human' with reality being created through a process that feeds back on itself in such a manner that prevents both individuals and society from achieving their full potential (Ardalan, 2012, p.228). In other words, it is believed that human consciousness is 'dominated by the ideological superstructures of the social system, which results in [...] alienation or false consciousness [that] in turn, prevents true human fulfillment' (Ardalan, 2012, p.228). As such, radical humanists aim to bring down and rise above existing social structures and free people from the constraints that are believed to mainly exist at the level of individual consciousness and cognition (Boshier, 1990, p.22). Therefore, radical humanists seek 'transformation, emancipation, and critical analysis of modes of domination [wanting] people to reconstrue their "view" of "reality" and take appropriate action' (Boshier, 1990, p.22). In addition, radical humanists seek to change the social world though a change in consciousness (Ardalan, 2012, p.229).

2.8.5 Locating my paradigmatic position

The description of Burrell and Morgan's (1979) four sociological paradigms has been presented in Section 2.8 as a backdrop for discussion in this thesis that refer to these four paradigms. In addition, as discussed in Chapter 3, I divide the literature that I reviewed into four distinct categories that I refer to as 'dyslexia paradigms' that are overlaid onto Burrell and Morgan's (1979) model.

In relation to locating this study in Burrell and Morgan's (1979) model, this study can be located in the Radical Humanist Paradigm. As can be seen in Figure 2.3 below, the non-constitutional perspective on dyslexia and emancipatory intervention is located in the Radical Humanist Paradigm that exist externally to existing systems (i.e. identification, assessment, support intervention, or pedagogical practices), and existing structures (i.e. dyslexia organisations, educational institution, or political policy) that are premised on the dominant view that dyslexia exist 'within' the individual (Poole, 2003) and reflect an 'impairment' (Rose, 2009, p.36) of 'normal' functioning (Grigorenko et al., 2001, p.17) at the level of the brain (Nicolson and Fawcett, 2008, p.6); please see Section 1.3. The assumption that I hold about dyslexia can be located in the Interpretivist Extrinsic Dyslexia Paradigm discussed in Section 4.2. However, perspectives on dyslexia that I place in the Interpretivist Extrinsic Dyslexia Paradigm (I-E-D-Paradigm), i.e. Cooper (2009) and Poole (2010) are not informed by emancipatory approaches to the issue of dyslexia, e.g. assisting 'dyslexic' individuals to explore their perceptions of dyslexia in order to challenge any taken for granted assumptions of dyslexia that, I assert, might exist in a state of "false consciousness" (Burrell and Morgan, 1979; Morgan, 1980) that may have been created by the imposition of the assumption noted above. Therefore, for the purpose of this research I created a fifth dyslexia paradigm to those describe in Chapters 3 and 4 by overlaying the I-E-D-Paradigm onto the Radical Humanist Paradigm to create a Radical I-E-D-Paradigm.

Figure 2.4 Emancipation of dyslexia within the I-E-D-Paradigm

'Sociology of radical change'
(Morgan, 1980, p.608)
'Challenge extant power relationships'
(Boshier, 1990, p.21)

Radical humanist paradigm   *Radical structuralist paradigm*

Interpretivist Extrinsic   Positivist Extrinsic
Dyslexia Paradigm   Dyslexia Paradigm

N-C-PoD &
Radical I-E-D-Paradigm (informed)
Intervention

Emancipation

Fourth dominant   Third dominant
dyslexia paradigm   dyslexia paradigm

Empowerment

**Dyslexia
structures
and systems
of power**

Subjective   Objective

Oppression

Second dominant   First dominant
dyslexia paradigm   dyslexia paradigm

Interpretivist Intrinsic   Positivist Intrinsic
Dyslexia Paradigm   Dyslexia Paradigm

Interpretive paradigm   *Functionalist paradigm*

'Sociology of regulation'
(Morgan, 1980, p.608)
'Reinforce extant power relationships'
(Boshier, 1990, p.21)

2.9 Summary of Chapter 2

In this chapter I described my 'personal' methodological approach to research and located it in the literature to be aligned to a bricolage approach, i.e. a 'critical, multi-perspectival, multi-theoretical and multi-methodological approach to inquiry' (Rogers, 2012, p.1). Having positioned my approach within a bricolage framework, I discussed the pragmatic steps (focuses) that this study underwent and that led to the first research objective being set, identification of the research problem, and a further three research objectives being set in order to address the research problem. In order to keep with the bricolage approach, I gave an example of the level of complexity that I encountered as I engaged with the literature on dyslexia. Then, in order to set my methodological approach within a philosophical framework, I begin by locating my paradigmatic position in Burrell and Morgan's (1979) model of four sociological paradigms (i.e. functionalist, interpretive, radical humanist, radical structuralist paradigms).

CHAPTER 3

INTRINSIC PERSPECTIVES ON DYSLEXIA

In this chapter I review a selected literature on differing perspectives on dyslexia that assume the cause of dyslexia to exist within the individual and to stem from impairment.

There are three main purposes for conducting this literature review. The first purpose is to continue with the challenge against the FDA that was begun in Chapter 1 (please refer to Sections 1.3 and 1.6.1). The second purpose is to identify assumptions and concepts within differing perspectives on dyslexia for use in the development of a multifactorial non-constitutional perspective on dyslexia (please refer to Research Objective 2, Section 1.6.2) that are of potential emancipatory value (see Section 2.2.3). Finally, the third purpose of this literature review is to present possible analysis frames for the data that was generated from the intervention that relates to the participants' narratives of themselves and their concepts of dyslexia.

In search of a suitable structure for this chapter (to achieve the purposes outlined above) I scanned the literature on dyslexia and it appears that the many differing, and often contradictory, perspectives on dyslexia can broadly be divided into four paradigms. These paradigms are based on two factors that can be represented at either ends of opposite axis. The first factor is the theoretical standpoint held by dyslexia researchers, for example, positivist or interpretivist viewpoints. The second factor is whether the cause of dyslexia is believed to exist within the individual or externally to the individual, for example, intrinsic or extrinsic perspectives on dyslexia. The four paradigms can be referred to as: A) Positivist-Intrinsic-Dyslexia-Paradigm (P-I-D-Paradigm), B) Interpretivist-Intrinsic-Dyslexia-Paradigm (I-I-D-Paradigm), C) Positivist-Extrinsic-Dyslexia-Paradigm (P-E-D-

Paradigm), and D) Interpretivist-Extrinsic-Dyslexia-Paradigm (I-E-D-Paradigm). (N.B. please refer to Figure 3.1 to view a pictorial representation of the four dyslexia paradigms outlined above).

Figure 3.1   Four dyslexia paradigms consisting of differing perspectives on dyslexia

**Extrinsic Perspective
on Dyslexia**

*D: Interpretivist Extrinsic
Dyslexia Paradigm*

*C: Positivist Extrinsic
Dyslexia Paradigm*

**Interpretivist
Perspective on Dyslexia**

**Positivist
Perspective on Dyslexia**

*B: Interpretivist Intrinsic
Dyslexia Paradigm*

*A: Positivist Intrinsic
dyslexia paradigm*

**Intrinsic Perspective
on Dyslexia**
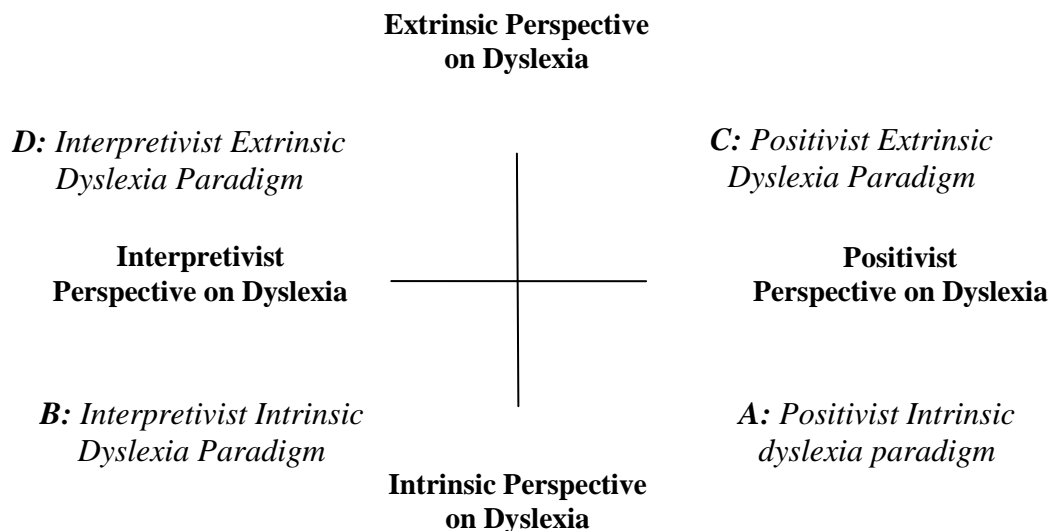
N.B. This diagram overlays Morgan's (1980, p.608) model representing four world view paradigms that underpin scientific inquire within the social sciences. It is for this reason that the categories specified within the diagram seem somewhat out of sequence. (Please refer to Section 6.2 for an example of Morgan's model).

Being mindful of the warning given by Macdonald (2009, p.350) that 'caution should be used when attempting to fit all knowledge on dyslexia into separate theoretical categories', I shall, for the purpose of this study, place the literature that I review into the four dyslexia paradigms outlined above. Within this chapter I review literature relating to intrinsic perspectives on dyslexia that can be placed within paradigms A and B. In the following chapter I review a selected literature on dyslexia relating to extrinsic perspectives on dyslexia that I locate within paradigms C and D.

3.1 Positivist intrinsic dyslexia paradigm (P-I-D-Paradigm)

The perspectives on dyslexia (that can be located in the P-I-D-Paradigm) described within this section are premised on the FDA discussed in Section 1.3, this being the assumption that the root cause of dyslexia exist 'within' the individual (Poole, 2003) and reflects 'impairment' (Rose, 2009, p.36) of 'normal' functioning (Grigorenko et al., 2001, p.17) at the level of the brain (Nicolson and Fawcett, 2008, p.6). As noted by Oliver (1998) theories that view the cause of dyslexia to stem from impairment are informed by the medical model of disability and dominated by positivist perspectives on science. Therefore, for the purpose of the present study I refer to perspectives of this type as Positivist Intrinsic Perspectives on Dyslexia (P-I-PoD). (Please note that I use the abbreviation 'P-I-PoD' to indicate either singular or plural perspectives on dyslexia depending on the context of the discussion).

3.1.1 Theoretical framing and fundamental assumption informing P-I-PoD

As discussed in Section 1.3, early research on developmental dyslexia that began in the late 1800s was conducted by a small group of medics (namely, Hinshelwood, Pringle Morgan, Kerr, and, Orton) who, given their professional backgrounds, framed the phenomenon of dyslexia in what we now refer to as a medical model of disability. From this standpoint it was assumed that dyslexia exists within the individual and to stem from impairment of 'normal' functioning. As noted in Section 1.3 I refer to the assumption that the cause of dyslexia exits within the individual and stems from impairment of 'normal' functioning as the Fundamental Dyslexia Assumption or FDA for short.

From the late 1800s onwards numerous definitions of dyslexia have been put forward that reflect a medical/deficit framing of dyslexia (Cooper, 2009, p.65) and informed by the FDA. An example of a widely cited early definition of dyslexia (e.g.

Shaywitz, 1992, p.145; Turner, 1997, p.3; Farmer et al., 2002, p.1; Mortimore, 2003, p. 48; Nicolson and Fawcett, 2008, p.1) that reflects the medical model of disability and premised on the FDA is given by the World Federation of Neurology (1968, p.26; cited by Ott, 1997, p.3), that describes dyslexia as,

> a disorder manifested by difficulty in learning to read despite conventional instruction, adequate intelligence and socio-cultural opportunity. It is dependent on fundamental cognitive disabilities, which are frequently of constitutional origin.

Another definition of dyslexia that reflects both the medical model of dyslexia and the FDA is given by Gilroy and Miles (1996, p.8) who state,

> The manifestations of dyslexia are varied; *to use the medical term*, dyslexia is a 'syndrome', that is, a cluster or family of difficulties which regularly go together but which may take somewhat different forms in different individuals (Italics are mine).

It is evident from both of the definitions given above that dyslexia is viewed as a medical condition that stems from impairment through the use of language such as 'disorder' or 'syndrome'. The later definition by Gilroy and Miles makes an explicit association between dyslexia and medicine.

In the following quote, Shaywitz (1998, p.307) uses medical language and asserts that dyslexia is a condition that can be understood within a traditional medical model,

> Although the diagnosis and implications of dyslexia were once quite uncertain, recent advances in our knowledge of its epidemiology, neurobiology, and genetics, as well as the cognitive influences on this disorder, now allow physicians to approach dyslexia within the framework of a traditional medical model.

The use of medical language is evident within the quotes presented above with the FDA easily detectable as a fundamental assumption on which these definitions are premised. However, there are definitions of dyslexia that have moved away from the explicit use of medical language which seems to conceal the underlying medical assumptions made about dyslexia. Apparently the reasons for this change in the use of language was to avoid arousing 'controversy [... whilst aspiring] to communicate to a lay audience' (Turner, 1997, p.11), or as a personal choice made by authors when describing dyslexia (see Thomson, 2001, p.67).

Interestingly this shift away from the use of medical terms coincided with a period of time, the 1980s, 1990s and 2000s, when strong attacks were being made that questioned the appropriateness of positivism as a basis from which to conduct social enquiry, (see Avramidis and Smith, 1999, p.29; Bruner, 1990, p.xiii; Kosko, 1994, p.xv; Byrne, 1998, cited in Robson 2002, p.26; and Robson, 2002, p.xi). During the same period of time the social model of disability that challenged the medical view of disability had gained a foothold in the literature on disability which inevitably influenced thinking about the newly legally recognised disability of dyslexia resulting from the 'condition' of dyslexia having been written into the Disability Discrimination Act (1995).

An example of the avoidance of medical terms within definitions of dyslexia are those that have exchanged medical terms such as 'impairment', 'defect' or 'deficit' in favour of the word 'difficulty'. A good example of this can be seen within the Rose Report (2009, p.30) and evident in the opening line of their definition of dyslexia, 'Dyslexia is a learning *difficulty* that primarily affects the skills involved in accurate and fluent word reading and spelling' (italics are mine). Though despite using the term 'difficulty' within the first sentence of their definition and throughout the report (i.e. 'difficulty' being used 33 times in descriptions of dyslexia) the underlying root cause of the 'difficulty' being

referred to reveals its medical underpinnings when the report discusses the issue of the 'heritability of dyslexia'. The report states,

> Studies following the development of children born to parents with dyslexia reveal a heightened risk of literacy *impairment*. However, families share environments as well as *genes*, making it difficult to disentangle the contribution of *genetic* versus environmental factors on reading behaviour (p.36); (italics are mine).

As can be seen in the quote above, the assumption that dyslexia stems from impairment of 'normal' functioning is made clear with reference to 'literacy impairment'. In addition, the assumption that dyslexia exists within the individual is made explicit with reference to genetic factors being made twice.

Similarly, the British Dyslexia Association (BDA), using an adapted version of the definition proposed by the Rose Report (2009), also steer clear of using medial terms such as 'impairment', 'deficit' or 'disorder' within their definition of dyslexia (see, BDA, 2015a for their definition of dyslexia). However, the use of the term impairment is still present within other areas of the BDA literature. For example, in a description of the effects of stress on an individual 'with' dyslexia the BDA state that such individuals are 'particularly susceptible to stress, compared with the ordinary population, with the result that their *impairments* (italics are mine) become even more pronounced' (BDA, 2015b). In addition, the BDA (2015) make their underlying medical view of dyslexia clear with use of language such as 'diagnosis' and 'symptoms'.

On the surface it may appear that definitions of dyslexia that prefer to describe dyslexia as a 'difficulty' are not subscribing to a medical view of dyslexia nor would it seem that they are premised on the FDA. However, on closer scrutiny the underlying viewpoint, although somewhat hidden from immediate sight, that informs definitions of

this type, is, as demonstrated above, not that dissimilar to definitions of dyslexia that make explicit use of medical language and associations with the FDA (as in the case of the three examples of definitions given at the beginning of this section). After all, as Pollak (2009, p.5) makes clear in his discussion about the connotations of medical language in relation to dyslexia, that imbued within the word 'difficulty' is the medically based assumption that the 'problem' of dyslexia exist within the individual.

Being aware of the latent theoretical underpinnings of definitions of dyslexia that have exchanged medical terms for non-medical language is significant within the present study as an important aspect of the research design is to explore the narrative descriptions of dyslexia elicited from the participants within the intervention.

3.1.2 Dominant assumption and dominant perspective on dyslexia (P-I-D-Paradigm)

As describe within Section 1.3 the FDA has become the dominant assumption of dyslexia with it being an a priori assumption within the bulk of the literature on dyslexia. As noted in Section 1.3, the FDA is evident within the three current main theories of dyslexia, these being a) the phonological deficit theory (see, Rack, Snowling and Olson, 1992; Snowling 2000; Lundberg and Hoien, 2001); b) the cerebellar deficit hypothesis (see, Nicolson and Fawcett, 1990); and, c) the magnocellular defect theory (see, Stein and Walsh, 1997; Hansen, Stein, Orde, Winter and Talcott, 2001).

Of the three theories listed above the phonological deficit theory has become the most popular (Rack, Snowling and Olson, 1992; Snowling 2000; Lundberg and Hoien, 2001) through the increased numbers of researchers assuming that phonological processing is the main cause of dyslexia (Nicolson and Fawcett, 1999, p.155; Thomson, 2001, p.125). For examples see, McLoughlin, Fitzgibbon and Young, 1994, p.17; Snowling et al., 1997, p.31; Gottardo et al., 1997, p.42; Snowling et al., 1997, p.38; Shaywitz, 1998, p.307;

Ramus et al., 2003, p.861; Vellutino et al., 2004, p.31; Rack, 2004, p.86; Snowling and Hulme, 2006, p.75; Bishop, 2006, p.256; Goswami, 2006, p.257; Svensson and Jacobson, 2006, p.4; Nicolson, 2008, p.3; Kemp, Parrila, and Kirby, 2009, p.106). The popularity of the phonological deficit theory has led to it becoming the dominant perspective within the literature on dyslexia (Elliott and Grigorenko, 2014, p.86).

However, the belief that a phonological deficit is the main cause of dyslexia has been contested. For example, Siegel and Smythe (2006, p.70) argue that this view overlooks other causes of dyslexia. This view is shared by Farmer, Riddick, and Sterling (2002, p.8). It has also been argued (Solity, 1996) that phonological difficulties can be ascribed to an individual's learning experiences and 'exposure to certain kinds of input provided from a variety of potential sources (for example parents, playgroups, nurseries, television etc)'. Gallagher, Laxon, Armstrong, and Frith (1996, pp.499-500) argue that a 'less than ideal educational circumstances' may attribute to difficulties with phonological processing; and that it might be possible 'that phonological difficulties are a by-product of reading difficulties but not markers of any underlying cognitive deficit'.

The view that difficulties with phonological processing is a by-product of reading difficulties is contested by Poussu-Olli (2001, p.170) who makes the assertion, as a result of her findings of a study that assessed the literacy experiences of 20 dyslexic students studying at a Finnish university, that difficulties with phonological processing is the cause of 'a linguistic disorder, dyslexia'. However, Reid and Kirk (2001, p.6) state, in relation to adult dyslexics that 'the phonological deficit hypothesis may be less important than some other factors, and [...] that dyslexia should in the case of adults be viewed in a functional and situational manner, which includes literacy, communication skills, visual skills, processing speed and self-esteem'.

In the present study I side with the viewpoint expressed by Gallagher et al., (1996, pp.499-500) that difficulties with phonological processing may result as a consequence of difficulties with reading rather than being an indicator of impairment of cognitive functioning.

Further, the FDA is also evident within an additional seven theories of dyslexia considered by the Working Party for the British Psychological Society (1999, pp.30-43). The theories listed are, 1) temporal processing hypothesis, 2) skill automatisation hypothesis, 3) working memory hypothesis, 4) hypotheses that involve visual processing, 5) syndrome hypothesis, 6) hypotheses involving intelligence and cognitive profiles, and, 7) subtype hypotheses. As indicated by the titles of these theories dyslexia is viewed as an entity located within the individual. (N.B. Please note that the perspectives listed here have not been endorsed by the Working Party for the BPS (1999, 2005) but were included in their report as examples of causal definitions of dyslexia (Reid and Kirk, 2001, p.5)).

3.1.3 Questioning the validity of underlying assumption (P-I-D-Paradigm)

The underlying assumption that supports the current dominant thinking about dyslexia is the FDA (i.e. the assumption that the root cause of dyslexia exist 'within' the individual (Poole, 2003) and reflect 'impairment' (Rose, 2009, p.36) of 'normal' functioning (Grigorenko et al., 2001, p.17) at the level of the brain (Nicolson and Fawcett, 2008, p.6)). As discussed within Section 1.3 this assumption arose from the early research on the phenomenon of dyslexia that was conducted in the late 1800s by researchers from medical backgrounds (i.e. Hinshelwood, Pringle Morgan, Kerr, and, Orton). And, as mentioned within Section 1.3, the early researchers, due to their professional backgrounds and positivist approaches to research, assumed from the onset of their studies that dyslexia resided within the individual and presumed it (dyslexia) to be of constitutional origin.

However, whilst it may seem a justifiable assumption for the early researchers to locate the cause of dyslexia to exist within the individual and to be of constitutional origin, this assumption has been contested by Stanovich (1994, p.580) who presents the following argument against several choices made by early researchers. Stanovich is critical of the early pioneer's decision to create a distinct group of students within the category of poor readers based on assumed differences in 'etiology, neurological makeup, and cognitive characteristics' (Stanovich, p.580). Apparently the early researches assumed that 'poor readers of high intelligence formed a cognitively and neurologically different group', yet despite this they 'were at pains to differentiate children with this condition from other poor readers' (Stanovich, p.580). In this sense, did the early pioneers created an artificial distinction between poor readers based on extreme degrees of supposed intelligence?

The belief that there were significant differences in etiology, neurology and cognitive functioning continued into the 1970s and 1980s even though there was 'no more evidence for this assumption in 1970' than in the late 1800s (Stanovich, p.580). To this Stanovich (pp.580-581) remarks,

> One might have thought that researchers would have begun with the broadest and most theoretically neutral definition of reading disability—reading performance below some specified level on some well-known and psychometrically sound test—and then proceeded to investigate whether there were poor readers with differing cognitive profiles within this broader group. Unfortunately, the history of reading disabilities research does not resemble this logical sequence. Instead, early definitions of reading disability assumed knowledge of differential cognitive profile (and causation) within the larger sample of poor readers and defined the condition of reading disability in a way that actually served to preclude empirical investigation of the unproven theoretical assumptions that guided the formulation of these definitions!

It is evident within the discussion above that the early researchers into dyslexia were guided by their positivist standpoints. As Avramidis and Smith (1999) explain, researchers are guided, not by the notion of the most appropriate methods suited to investigate a specific problem, but rather that they are guided by their paradigmatic viewpoints (e.g. positivism, interpretivism, critical paradigms, etc).

In relation to the present study, whilst positivism has been the dominant paradigm within education and special educational needs (Avramidis and Smith, 1999) it is not an appropriate paradigm from which to conduct a study that is, paradigmatically speaking, framed within a radial humanist paradigm (Burrell and Morgan, 1979; please refer to Section 2.8.4 for a description of this paradigm).

(N.B. Please note that other challenges presented against the FDA are discussed in Section 4.1.1. Amongst the arguments presented is recent research finding to support the view that there is no distinct difference between poor readers and dyslexia (Section 4.1.1.1), that dyslexia results from poor teaching (4.1.1.2), and that dyslexia arises from faults that exist within the orthographical system (4.1.1.3)).

3.1.4 Summary of Section 3.1

The dominant assumption of dyslexia (i.e. the assumption that dyslexia exists within the individual and stems from impairment of 'normal' functioning at the level of the brain) has held a privileged position within the literature that reflects the P-I-D-Paradigm, perhaps due to this assumption having been initially made by the early dyslexia researchers in the late 1800s. Whilst the challenges that have been made against the authoritative position held by the dominant assumption have to date been unsuccessful in bringing about a radical shift in the way dyslexia is viewed they have, however, given justification and

created legitimacy for researchers (such as myself) who are from non-positivist persuasions to approach their research on dyslexia from alternative viewpoints.

In relation to identifying assumptions and concepts held within P-I-D-Paradigm for use within the development of a multifactorial non-constitutional perspective on dyslexia (as described in Section 7.4) that are of emancipatory value, it may be of potential value for me to incorporate into a perspective on dyslexia of the type described aspects of the arguments against the FDA that have been presented within the first section of this chapter.

3.2 Interpretivist intrinsic dyslexia paradigm (I-I-D-Paradigm)

The perspectives on dyslexia (located within the I-I-D-Paradigm) described within this section view dyslexia from an interpretivist standpoint, and, like the perspectives on dyslexia that I locate within the P-I-D-Paradigm discussed in the first section of this chapter, are informed by the FDA (i.e. assume the cause of dyslexia to exists within the individual and reflect impairment of 'normal' functioning). Therefore, for the purpose of the present study I refer to perspectives of this type as Interpretivist Intrinsic Perspectives on Dyslexia or I-I-PoD for short. (Please note that I use the abbreviation 'I-I-PoD' to indicate either singular or plural perspectives on dyslexia depending on the context of the discussion).

3.2.1 Theoretical framing and fundamental assumption informing I-I-PoD

It can be assumed that studies conducted from this perspective reflect an anti-positivist standpoint as interpretivism generally implies an 'anti-positivism' approach to enquiry (Crotty, 1998, p.66; Cohen et al., 2000, p.22; Hayes, 2000, p.8; Robson, 2002, p.27).

In addition to taking an anti-positivist stance, I-I-PoD view the issue of dyslexia through a social model of disability that argues that people become disabled not by their impairment but by social factors that do not accommodate the needs of disabled people (Oliver, 1998). As can be seen, I-I-PoD shares a common feature with P-I-PoD in that dyslexia is assumed to exist within the individual and believed to stem from impairment of 'normal' functioning. The differentiating factor between the two types of perspectives on dyslexia is that I-I-PoD view the issue of 'disability' (that arises from 'impairment') from a social rather than a medical model of disability.

A good example of research that is conducted from an I-I-PoD that reflects both the FDA and the adoption of the social model of disability is evident in the writing of Collinson and Penketh (2010, p.9), who state,

> In considering dyslexia we are aligning this discussion firmly with the social model of disability. As the focus in this paper is on the use of literacy as part of a dominant discourse, dyslexia as a specific impairment of literacy is the most logical and meaningful term to use. The participants in the study were disabled by the societal structures and conditions that prioritise specific aspects of literacy and define academic ability in relation to such definitions. We reject the medical model of disability that would define people with dyslexia as disabled as a result of a personal or individual deficit and argue that the experiences of those in the study have been shaped largely because of this concept of deficit [my italics].

Another example of research in this category is that of Burden (2005, p.82) whose study explored (from a social interactionist perspective) the self-concepts of 50 boys attending a specialist dyslexia school. Whilst viewing dyslexia through a social model of disability, Burden locates dyslexia within the individual, which can be seen from the following quotes, where Burden states,

> I firmly believe that a person with underlying dyslexia difficulties is more than just a poor reader, speller or mathematician. The experience of being faced with such difficulties, the way in which *symptoms* are recognized and understood by significant others... [italics are mine] (Burden, 2005, p.81).

> This is one reason why early identification and *diagnosis* is so important, particularly in the way in which the *diagnosis* is explained to the young person concerned [italics are mine] (Burden, 2005, p.42).

Despite Burden's affiliation with a social interactionist perspective the use of the terms 'symptoms' and 'diagnosis' are reminiscent of the medical model of disability. This is indicative of research that approaches the issue of dyslexia using I-I-PoD (e.g. Dale and Taylor, 2001, p.999; Riddick, 2001, p.224; Paradice, 2001, p.218; Macdonald, 2009, p.352; Macdonald, 2010, p.271; Collinson et al., 2010, p.9) who, whilst approaching the issues of dyslexia from a social model of disability refer to dyslexia using 'within-person' language such as 'symptoms', 'impairment' and 'diagnosis'.

Whilst the use of medical terms is explicitly expressed within some descriptions of dyslexia, as indicated above, there are however, some descriptions of dyslexia within this category that have exchanged the use of medical terms for words that do not (on the surface) have medical connotations. For example, it appears that some descriptions on dyslexia informed by I-I-PoD exchange the term 'impairment' with the word 'difference'. As Pollak (2005, p.5) asserts the 'language of dyslexia has [...] changed, and use of the word 'difference' is currently on the increase'. From the perspective of some dyslexic people the notion of 'deficit' has been rejected with dyslexia being viewed as 'difference' in thinking (Morgan and Klein, 2000, p.3).

(N.B. As discussed in Section 3.2.1 a similar change in the use of language is evident in some descriptions on dyslexia within the P-I-D-Paradigm, however, as discussed from this perspective the term 'impairment' is exchanged for the word 'difficulty').

From the I-I-PoD viewpoint, the term 'impairment' has been replaced with the word 'difference' but the underlying view that dyslexia stems from impairment remains intact. As Peters, (1996, p.231) points out, 'the whole notion of difference is problematic because difference is always perceived in relation to some implicit norm. It perpetuates the illusion that individuals are measured from some universal standard or objective authority'.

Whilst a common factor amongst some I-I-PoD is that of exchanging the word 'impairment' for 'difference', a differentiating factor is the weight of emphasis that is placed on the view that dyslexia stems from 'impairment'. In other words, some perspective on dyslexia might exchange the word 'impairment' for the word 'difference', acknowledge dyslexia to be of biological origin, then place considerable emphasis on viewing dyslexia through the lenses of the social model of disability (see Perspective A in Figure 3.2). Other perspectives on dyslexia may place less attention on the social model of disability and focusing significantly on the supposed constitutional aspects of dyslexia as framed within the medical model of disability (see Perspective B in Figure 3.2).

Figure 3.2   Emphasis placed on either social or medical model of disability

Exchanged word 'impairment' for 'difference'
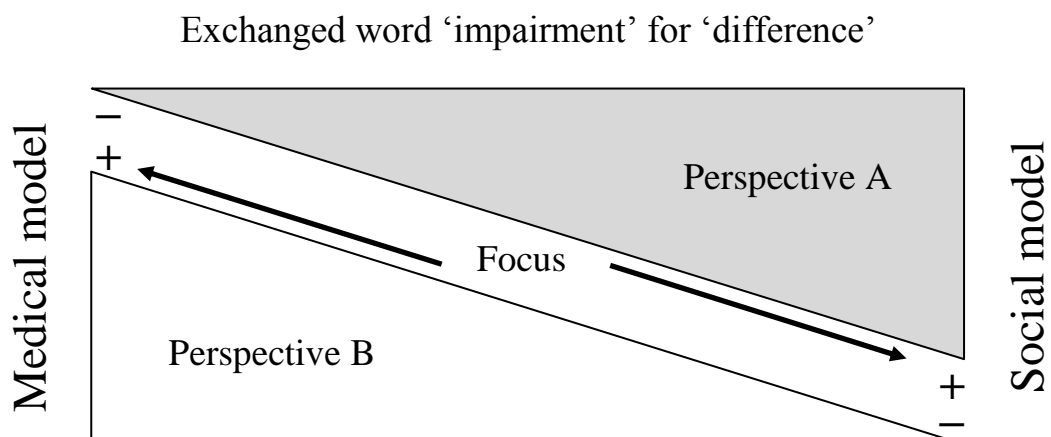
An example of a study that reflects the first perspective described above (i.e. Perspective A) can be seen in Herrington (2001, pp.170-192) who, whilst reporting on her own approach to dyslexia support, and posing a challenge against the dominant paradigm of dyslexia, acknowledges that dyslexia may be congenital in origin, as can be seen,

> The main rationale for attempting a descriptive analysis of my own approach stems from a concern about the continuing dominance in higher education of a deficit paradigm for dyslexia, based on a medical model of disability [...] though dyslexic students experience a number of specific learning difficulties [...] which appear to have a physiological basis [...], it is unlikely that these difficulties represent the complete cognitive profile of dyslexia (p.170).

It is evident from the quote above that Herrington does not place any significant emphasis on dyslexia being a physiological issue but rather alludes to other factors playing a great role in the issue of dyslexia. Herrington goes on to express her opinion regarding what she feels creates difficulties for dyslexic students, and states,

> ...much of the suffering endured by dyslexic adults stems from how such difficulties are, or have been, viewed by others. The 'disability' has, in effect, largely been constructed socially [...], influenced by the nature of literacy and learning practices and context in which dyslexic learners are assessed, and by the dominant cultural norms about literacy and intelligence (p.170).

In relation to the use of the word 'difference' rather than 'impairment' Herrington argues that 'a great deal of work needs to be done on changing practices and context to ensure that *differences* are not perceived as *deficits*. Again it can be seen that Herrington places little emphasis on the medical/deficit view of dyslexia and challenging the dominant paradigm of dyslexia.

3.2.2 Dominant assumption and dominant perspective on dyslexia (I-I-D-Paradigm)

As with P-I-PoD, interpretative intrinsic perspectives on dyslexia are also informed by the FDA (i.e. the assumption that the root cause of dyslexia exist 'within' the individual (Poole, 2003) and arises from 'impairment' (Rose, 2009, p.36) of 'normal' functioning (Grigorenko et al., 2001, p.17) at the level of the brain (Nicolson and Fawcett, 2008, p.6)), though as discussed in Section 2.3.1 the emphasis of focus on impairment can vary between different perspectives on dyslexia. However, irrespective of the degree of emphasis of focus there is an acceptance that dyslexia stems from impairment. As a result the FDA can also be said to be the dominant dyslexia assumption that informs I-I-PoD.

In relation to the difficulties faced by 'dyslexic' individuals I-I-PoD are the same as P-I-PoD as both types of perspectives view difficulties experienced by the individual to stem from impairment. Where interpretivist intrinsic perspectives on dyslexia differ from P-I-PoD relates to the issue of disability. From this perspective the individual becomes disabled not as a result of impairment but due to social factors that do not accommodate the needs of those with impairment (Oliver, 1998). The ideology that informs I-I-PoD mirrors the ideology that informs the social model of disability. As such, impairment is seen as a distinctly different from disability (Shakespeare, 2013, p.216). As Shakespeare (2013, p.216) explains,

> [Impairment] is individual and private, [disability] is structural and public. Whilst doctors and professionals allied to medicine seek to remedy impairment, the real priority is to accept impairment and to remove disability.

The distinction between impairment and disability as described by Shakespeare above forms the dominant thinking on which perspectives on dyslexia in the I-I-D-Pardigm category are based.

3.2.3 Questioning the validity of underlying assumption (I-I-D-Paradigm)

As described in Section 3.1.1 the fundamental assumption that underpins I-I-PoD is the FDA. Therefore, the arguments put forward against the validity of the FDA, as argued in Section 3.1.3 equally apply to a critique of I-I-PoD. The salient points of the argument against the FDA are that this assumption sprang from the medical backgrounds of the early pioneers who approach the issue of reading difficulties from a medical perspective. This led to the view that students experiencing difficulties with literacy yet achieving in other areas were a distinctly different group of poor readers (Stanovich, 1994, pp.580-581). Though as Stanovich points out, having created this distinct group of struggling readers based on etiological, neurological and cognitive differences the early pioneers were at sorts on how to identify those that belonged to their newly formed categorisation of poor readers.

In relation to the social models of disability that informs I-I-PoD, this model is questionable within the context of dyslexia research. The social model does not accommodate the needs of individuals who do not perceive their dyslexia to arise from impairment but rather from differences in natural thinking style as suggested by Cooper (2006, p.24, cited by Pavey et al., 2010, p.2) but who at the same time feel disabled by social factors (Cooper, 2009, p.68). As Humphrey (2000, p.81) suggests the social model 'leaves no scope to deal adequately with those who cross-over between disabled and non-disabled worlds. A similar point is argued by Danieli and Woodhams (2005, p.286) who are critical of the social model of disability as it does not deal adequately with views that fall outside the parameters of this model.

3.2.4 Summary of Section 3.2

Whilst the dominant thinking about dyslexia (i.e. that dyslexia exists within the individual and stems from impairment) remains intact within I-I-PoD there has been a major shift in thinking regarding dyslexia and disability. From this perspective the medical model of disability has been rejected and the social model of disability adopted. The social model of disability has provided a framework from which to conceptualise the issue of disability in relation to dyslexia. From this viewpoint the disabling factors experienced by a 'dyslexic' person are caused from social factors rather than being directly linked to a supposed impairment. However, as discussed in Section 3.2.3, the social model has been criticised for not encompassing the needs of 'dyslexic' individuals who view the cause of their difficulties to be non-constitutional in origin but that feel disabled by social factors.

In relation to identifying assumptions and concepts held within P-I-PoD for use within the development of a multifactorial non-congenital perspective on dyslexia (as described in Section 7.4) that are of emancipatory value, it may be of potential value for me to incorporate into a perspective on dyslexia of the type described aspects of the arguments put forward against the social model of disability.

3.3 Summary of Chapter 3

As stated in the introduction to this chapter (Section 3.1) there were three main purposes for conducting this literature review. The first purpose was to continue with the challenge against the authoritative position held by the FDA. This has been achieved by highlighting how the FDA arose as a result of the medical standpoints of the early researchers on dyslexia who made assumptions about the phenomenon being observed, for example, locating the cause of dyslexia to exist within the individual rather than to environmental factors such as inadequate learning opportunities. Interestingly, and what adds significant

weight to an argument against the FDA is that the early pioneers having assumed that a distinct category of poor readers (i.e. dyslexics) existed within the over population of poor readers, found it near impossible to distinguish between both groups of poor readers based on etiological, neurological and cognitive differences (Stanovich, 1994). Having set the FDA into motion in the late 1880s it appears to have cascaded down the decades and adopted without question by the bulk of positivist dyslexia researchers (as discussed in Section 1.3).

The view that dyslexia stems from impairment has not been reserved exclusively for those approaching the issue of dyslexia from positivist/medical model standpoints. As discussed within the second main section of this chapter the view that dyslexia stems from impairment seems to have spilled over into the bulk of interpretivist driven dyslexia research. However, whilst impairment is viewed both as the cause of a 'dyslexic' individual's difficulties and their disablement from P-I-PoD, this is not the case within I-I-PoD. From this viewpoint impairment is viewed in terms of creating the difficulties experienced by the 'dyslexic' individual with the experience of disability being created from a lack of accommodation within society to meet the needs of 'dyslexic' people.

In relation to achieving the second purpose for conducting this literature review, this being to identify assumptions and concepts for use within a non-constitutional perspective on dyslexia, there was little that came out of this review in terms of assumptions and concepts that I felt would add emancipatory value to such a perspective on dyslexia. However, what I consider to be of potential value that has emerged as a result of my conducting this literature review has been the removal of the 'absolute' unquestionable power that I had attributed to the FDA. In this fashion, as well as serving the other purposes that this literature review set out to achieve, conducting this literature review has increased my sense of empowerment and added further justification for my

stance as a former 'dyslexic' person conducting dyslexia research to tentatively develop a perspective on dyslexia that is not premised on the FDA.

Finally, this chapter has been successful in achieving the third purpose of this literature review, this being to present possible analysis frames for the personal data relating to the participants' narratives of themselves and their concepts of dyslexia. Being aware of the nuances of the two types of dyslexia perspectives that I placed within the P-I-D-Paradigm and the I-I-D-Paradigm discussed in this chapter aided in the analysis of data in order to identify any changes that may have taken place in the participants' descriptions and conceptualisation of dyslexia.

CHAPTER 4

EXTRINSIC PERSPECTIVES ON DYSLEXIA

In this chapter I review a selected literature on perspectives on dyslexia that do not assume the cause of dyslexia to exist 'within' the individual (Poole, 2003) and reflect 'impairment' (Rose, 2009, p.36) of 'normal' functioning (Grigorenko et al., 2001, p.17) at the level of the brain (Nicolson and Fawcett, 2008, p.6). (N.B. As noted in Section 1.3 I refer to this assumption as the Fundamental Dyslexia Assumption or FDA for short).

There are three main purposes for conducting this literature review (which are the same as those outlined within Chapter 3). The first purpose is to continue to challenge the FDA by reviewing arguments that do not endorse this assumption put forward by a number of authors who do not view dyslexia to be constitutional in origin. The second purpose of this chapter is to identify assumptions and concepts within differing perspectives on dyslexia for use in the development of a multifactorial non-constitutional perspective on dyslexia (please refer to Research Objective 2, Section 1.6.2) that may be of potential use as a conceptual template to 'dyslexic' students in their attempts to make sense of their difficulties with literacy and any other associated issues. Finally, the third purpose of this literature review is to present possible analysis frames for the participants' narratives of themselves and their concepts of dyslexia.

As noted in Chapter 3, it appears that the many differing, and often contradictory, perspectives on dyslexia can broadly be divided into four paradigms, these are: a) Positivist-Intrinsic-Dyslexia-Paradigm (P-I-D-Paradigm), b) Interpretivist-Intrinsic-Dyslexia-Paradigm (I-I-D-Paradigm), c) Positivist-Extrinsic-Dyslexia-Paradigm (P-E-D-Paradigm), and d) Interpretivist-Extrinsic-Dyslexia-Paradigm (I-E-D-Paradigm). (N.B.

please refer to Figure 3.1 to view a pictorial representation of the four paradigms outlined above). Within the previous chapter I reviewed literature relating to intrinsic perspectives on dyslexia that can be located within the A and B paradigms listed above. In this chapter I review a selected literature on dyslexia relating to extrinsic perspectives on dyslexia that can be positioned within the C and D paradigms noted above.

4.1 Positivist-extrinsic dyslexia paradigm (P-E-D-Paradigm)

The perspectives on dyslexia (that can be positioned in the P-E-D-Paradigm) described within this section are similar to the perspectives discussed within the Positivist-Intrinsic-Dyslexia-Paradigm (P-I-D-Paradigm) described in the previous chapter as they are informed by positivist notions of science. However, unlike P-I-PoD that assume the cause of dyslexia to exist within the individual and to stem from impairment (see Section 3.1.2), the perspectives on dyslexia that I have allocated to this paradigm locate the cause of dyslexia to exist extrinsically to the individual and do not ascribe to the view that dyslexia has a congenital bases. Therefore, for the purpose of the present study I refer to these types of perspective as Positive-Extrinsic Perspectives on Dyslexia (P-E-PoD).

(Please note that I use the abbreviation 'P-E-PoD' to indicate either singular or plural perspectives on dyslexia depending on the context of the discussion).

4.1.1 Theoretical framing and fundamental assumption informing P-E-PoD

As discussed within Section 1.6.1, the assumption that dyslexia exists within the individual and reflects impairment of normal functioning at the level of the brain holds the authoritative position of an a priori assumption within the bulk of dyslexia literature. As noted in Section 1.3, this assumption has tended to escape any significant questioning,

perhaps due to the 'persistent tendency' that dyslexia researchers have in accepting 'traditional definitions of reading disability based on consensus of professional opinion' Tønnessen (1997, p.79, citing Fletcher et al., 1989, p.334). As Armstrong and Squires (2015, p.127) warn, there 'is a temptation to think about dyslexia from a medical model, that is to say that a person is disabled through a set of cognitive deficits'. As a result the bulk of dyslexia research has been conducted by researchers from positivist backgrounds who ascribe to the medical/deficit model of disability that is premised on the FDA (i.e. an acceptance of the popular opinion that dyslexia is constitutional in origin).

However, there are a small number of dyslexia researchers from positivist backgrounds (e.g. Barr, 1975; Collette-Harris and Minke, 1978; Presland, 1991; Stanovich, 1994; Shaywitz, Escobar, Shaywitz, Fletcher, and Makuch 1992; McGuinness and McGuinness, 1996; McGuinness, 1997; Spencer, 2000; Elliott, 2005; Elliott and Gibbs, 2008; Elliott and Grigorenko, 2014) who challenge the view that dyslexia is congenital in origin.

The essence of some of the arguments put forward by the authors listed above is,

a) that there is no distinct difference between 'dyslexia' and 'poor readers',

b) that the cause of dyslexia can be attributed to poor teaching methods rather than to a deficit that exists within the individual,

c) that a poorly designed orthographical system may be the main cause of the phenomenon known as dyslexia,

d) that the human brain is not hardwired or predisposed to acquire literacy,

e) that there is no genetic link to dyslexia.

These viewpoints are outlined within the following discussion.

4.1.1.1   a) No distinct difference between poor readers and dyslexia

Kernels of the view that there is no difference between poor reading and dyslexia, argued by those such as Presland, (1991); Stanovich, (1994); Elliott, (2005); Elliott and Gibbs, (2008); Elliott and Grigorenko, (2014) can be traced back to the early research on what we now know as dyslexia that took place in the late 1800s (Stanovich, 1994, p.580). Then in the late 1960s, the debate of whether dyslexia is distinctly different from poor reading arose and brought the scientific study of dyslexia to prominence (Snowling, 2006, p.2). More recently this debate has been popularised by Elliott (2005), Elliott and Gibbs, (2008), and Elliott and Grigorenko (2014).

An example of a study that reflects the viewpoint above can be seen in Shaywitz et al., (1992, pp.145-150), who, following the analysis of discrepancy scores in intelligence and achievement tests administered to 414 children with reading disability over a six year period, concluded that 'no distinct cutoff point exists to distinguish children with dyslexia clearly from children with normal reading ability'. Rather, Shaywitz et al., (1992, p.145) believe 'that dyslexia occurs along a continuum and is best conceptualized as the tail of a normal distribution of reading ability'.

Similarly, Elliott and Gibbs (2008, p.488) assert that there 'appears to be no clear-cut scientific basis for differential diagnosis of dyslexia *versus* poor reader *versus* reader'. For Elliot and Gibbs (p.488) dyslexia is viewed as 'an arbitrarily and largely socially defined construct', with the term 'dyslexia' being little more than a 'term of convenience' (p.476). In the same vein to Elliott and Gibbs's assertion, McGuinness (1997, p.117) asserts that the term '"dyslexia" merely describes a state of affairs and has no diagnostic validity'. Rice and Brooks (2004, cited in Macdonald, 2010, p.272) claim that no clear distinction can be made between poor readers and people labelled as dyslexic. This viewpoint is similarly shared by Siegel (1992, p.618) who concluded, following the

comparison of performance scores of children deemed as dyslexic with those of poor reading and normally achieving ability, that there is no need to differentiate between dyslexic and poor readers.

It appears that the viewpoint expressed above seems to be having some influence within the literature on dyslexia. For example, Leavett, Nash, and Snowling, (2014, p.297) state that, 'the concept of dyslexia has changed in recent years. Increasingly, it is recognized that there is no 'gold standard' for diagnosis and the cut-off between 'normal' and 'poor' reading is arbitrary'. Whilst this may be the case, Armstrong and Squires (2015, p.123) remind us that poor literacy skills is only one of a number of other features that result from dyslexia, examples given, 'slow processing speed, poor working memory, poor organisation, poor attentional control, poor phonological processing'. Therefore, whilst the view that there is no distinct difference between poor readers and dyslexia may be having some influence within the literature it seems to have not spilled over to into the broader difficulties that are associated with dyslexia.

4.1.1.2   b) Dyslexia resulting from 'poor teaching'

Another view of dyslexia that can be ascribed to the P-E-PoD is the view that dyslexia can be attributed to inadequate teaching methods (Bullock, 1975, p.275). An example of this view can be seen in McGuinness (1998, cited in Spencer, 2000, p.152) who, whilst arguing that there 'is no diagnosis and no evidence for any special type of reading disorder like dyslexia', suggests that low levels of literacy performance are due to poor teaching and not from a deficit that exist within the individual.

In addition, the learning opportunities and social context hypotheses (BPS, 1999, pp.41-42) are examples of perspectives of dyslexia that can be allocated to this paradigm.

These perspectives do not locate the cause of difficulties with literacy to stem from an innate deficit within the individual but rather attribute the cause to 'children's school- and home-based experiences in learning to read' (BPS, p.41). From these perspectives focus is placed on 'environmental interventions which alter aspects of the social context, the learning opportunities and the instruction provided (BPS, p.41). These perspectives assume that, irrespective of any individual differences, children will become literate if given appropriate support and provisions (BPS, p.41). Interestingly, these perspectives argue that some of the hypothesised causes of dyslexia held by other theories 'may simply be indicators of consistent and important differences in different children's social contexts' (BPS, pp.41-42).

However, whilst some might argue that dyslexia is caused by poor teaching this viewpoint does not hold ground within the dominant discourse of dyslexia that advocates dyslexia to be of congenital origin. The view that poor teaching may be the cause of dyslexia is dismissed by the dominant paradigm of dyslexia (i.e. the P-I-D-Paradigm) as the weight of empirical research on dyslexia supports the view that dyslexia is constitutional in origin. However, assertions against the view that dyslexia is caused by poor teaching are populated within the dominant discourse of dyslexia, for example, as can be seen by the assertion made by Wadlington and Wadlington (2005, p.17) who state that dyslexia is not caused by poor teaching; or 'other extrinsic factors' but rather caused by a 'genetic neurobiological disorder in which an individual has atypical brain structure and/or function'.

In addition, the learning opportunities and social context hypotheses have also been criticised by the Working Party for the BPS (1999, p.42) on the grounds that 'children whose reading problems are due to inadequate learning opportunities would be expected to make progress when given appropriate help and therefore not be identified as dyslexia'.

However, on making this claim it would seem that the BPS has neglected to consider evidence from studies that report on dyslexic students no longer being identified as dyslexic following intervention. A good example of research findings (that predate the assertion made by the BPS) that demonstrate that dyslexia can be eliminated by appropriate intervention can be seen in Collette-Harris and Minke's (1978) study that reported the effects of behavioural therapy on two sets of six children (aged between 9 and 10) with and without dyslexia. Findings from this study demonstrated that dyslexic children improved their reading ability to the same degree as non-dyslexic children and that perceptual and attentional performance improved to match the participants' chronological ages resulting in these children no longer being classified as 'dyslexic'. From their finding the authors concluded that dyslexia 'is subject to the laws of learning and can be viewed as a function of a deficient learning history' (Collette-Harris and Minke, 1978, p.291). Viewed from the other side of the fence, there are some dyslexics who refer to dyslexia as a 'teaching difficulty' rather than a 'learning difficulty' (Herrington and Hunter-Carsch, 2001).

In addition, Vellutino, Fletcher, Snowling and Scanlon (2004, p.3) believe that explanations of reading difficulties should not focus solely on the 'types of cognitive and biological deficits that have predominated theory and research in this area of inquiry throughout the previous century'. Rather they acknowledge the evidence which suggests that reading difficulties may be caused by 'inadequate instruction or other experiential factors', and that this needs to be factored into explanations of reading difficulties (Vellutino, et al., 2004, p.2).

Specifically in relation to adult 'dyslexic' learners, Armstrong and Squires (2015, p.131) suggest that teaching methods may not suit all students and that in 'an ideal world' any potential problems with teaching methods would be anticipated in advance in order to

minimise the likelihood of such methods creating barriers to learning for some students. As, Sternberg, Grigorenko, and Zhang (2008, p.487) point out, '[the] ways in which teachers teach do not always match the ways in which students learn'.

4.1.1.3   c) Dyslexia resulting from faults in orthographical system

Another view of dyslexia that can be ascribed to the P-E-D-Paradigm is that of dyslexia occurring as a result of faults that exist within the orthographical system. An example of a study that advocates this viewpoint can be seen in Spencer (2000) who concluded after analysing the spelling tests of 236 school children that a significant cause of dyslexia exists within the language system itself and not due to an innate deficit within the individual. Spencer (2000, p.153) argues that significant deviation between the 'one-to-one mapping of phonemes to graphemes' occurs in the English language. This is in comparison to other languages such as Spanish, Italian, and Greek where there is a small amount of deviation, and Turkish and Finish were there seems to be little to no deviation at all (Spencer, 2000, p.153).

Spencer (2000, p.155) goes on to explain that a 'perfect spelling system is one that has no alternative spellings for the same sound, and no overlap in the code where one spelling pattern stands for different sounds'. To this he adds, that the main trouble faced by readers of English is that it is not based on such a perfect spelling system (Spencer, 2000, p.155). Spencer (p.160) suggests that,

> Children certainly ought to be made aware of the fact that English
> is a difficult written language, and that most of the problems they
> will face will be the fault of the poor technology they are using
> rather than personal deficits.

From Spencer's (2000, p.153) viewpoint the 'difficulty' lies within the poorly designed language system and not with the person him or herself. In contrast to this view, Miles and Miles (1999, p.49) believe that 'even in a language with regular grapheme-phoneme correspondence there can be various other complexities that are likely to cause problems to the dyslexic'. However, arguing from a social perspective Riddick (2001, p.224) asserts that an increase of phonological transparency would dramatically reduce the difficulties that 'English speaking dyslexics encounter'.

A central point from this perspective is that written language is an invention (Meek, 1991, p.23; McGuinness, 1997, p.117; Thomson, 2001, p.91) that evolved out of necessity to represent and transmit human thought (BPS, 1999, p.23;). Being able to use written language is as McGuinness (1997, p.117) asserts 'definitely not a biological property of the human brain'. As with many inventions there is a risk that design 'faults' exist within the invention itself. Due to the complex nature of written language which evolved to match, as closely as possible oral language (Gibbs, 2015, p.1), there are inevitable faults that exist within the orthographical system (Spencer, 2000). In particular English has a number of design faults such as deviation between 'one-to-one mapping of phonemes to graphemes' (Spencer, 2000, p.153), and a lack of phonological transparency (Riddick, 2001, p.224).

In relation to this discussion, I assert that the 'dyslexic' individual runs the risk of internalising the design faults that exist within the orthographical system itself. For example, I believe that a student that perceives him or herself as 'dyslexic' is more likely to attribute difficulties with spellings to be caused by internal factors rather than locating the cause of the problem to exist within the conventions of spellings. From this viewpoint, just as it would seem inconceivable for a right-handed person to internalise the problems that might be encountered whilst using a left-handed tin opener, the same logic in reasoning can be applied to the use of written language.

4.1.1.4   d) Brain not hardwired or predisposed to acquire literacy

The penultimate argument (that does not ascribe to the FDA) to be discussed within this section is the longstanding view that dyslexia is located in the brain of 'dyslexic' individuals (Lishman, 2006). This view stems back to 1676 and the work of the physician John Schmidt who reported the first case of reading loss (Guardiola, 2001, p.5) in one of his patients who lost his ability to read due to severe stroke resulting in brain damage (Anderson and Meier-Hedde, 2001, pp.9-10). The link between dyslexia and the brain was reinforced in the late 1980s following post-mortem examinations of the brains of individuals who were known to be dyslexic (Miles, 2001, p.35). The view that dyslexia is located in the brain has endured over time and has been reflected within the literature by many respected dyslexia authors (for examples see, Turner, 1997, p.16; Shaywitz, 1998, p.307; McLoughlin, 2001, p.122; Snowling, 2001, p.38; and Nicolson and Fawcett, 2008, p.6). Linked to the view that dyslexia exists within the brain is the view that our brains are geared to acquire literacy.

However, not all dyslexia researchers believe that dyslexia is caused by brain anomalies or that our brains are 'hard-wired' or neurologically predisposed to acquire literacy skills (see Ceri, 2007, p.86; Frith, 1999, p.200; Elliott and Gibbs, 2008, p.482; Nicolson and Fawcett, 2008, p.12; Poole, 2010, p.216; and Wolf, 2010, p.40). As Poole (2010, p.216) explains, '...there is no "literary brain" as such as, in literacy, areas of the brain designed for sensory processing alone must be utilized for mapping of an artificial, culturally defined orthography'.

There appears to be some authors who hold contradictory viewpoints, acknowledging on the one hand that our brains are not hardwired or predisposed to acquire literacy, whilst on the other hand assuming the existence of 'impairment' of a given aspect of brain functioning to be a contributory factor of dyslexia. An example of a contradictory

viewpoints of this type can be seen in Turner (1997, p.16) who despite devoting a section in his book, 'Psychological Assessment of Dyslexia', to a discussion about the acquisition of oral and written language where he acknowledges that literacy is not 'a naturally 'developed' skill', then goes on to assert that an '*impairment* of aspects of memory [my italics]' (p.225) to be one of the probable causes of dyslexia.

If we accept that there is no pre-designated area of the brain that houses the tools and systems needed to become literate and that other areas of the brain, that have evolved to perform specific functions such as 'sensory processing' are utilised as Poole (2010, p.216) asserts, then what is being claimed by advocates of this viewpoint is that there is dysfunction of an area of the brain (in relation to literacy) that had, in fact, evolved for a completely different function. In other words, what is being claimed is that in some people (dyslexics) an area of the brain is not working properly at performing a complex skill, as literacy certainly is, even though we know that this area of the brain was not designed to perform this specific task. As McGuinness (1997, p.118) makes clear, there 'is no "place" or "box" for reading in the brain'. Therefore, it would seem that such reasoning, despite being illogical, has held ground perhaps due to the plasticity of the brain and its remarkable ability to utilise areas of the brain to gain and perform skills that are needed for us to function within an ever changing environment (Lerner, 1984, p.111).

4.1.1.5 e) No genetic link to dyslexia

The final argument (that does not ascribe to the FDA) to be discussed within this section is the view that dyslexia does not exist at a gene level. This view can be traced back to a study by Rutter and Yule (1975, p.195) that set out to determine differences between 'reading retardation' (dyslexia) and 'reading backwardness' (poor readers) and which drew the conclusion that there is not a 'genetically distinct syndrome of dyslexia'. The findings

from Rutter and Yule's study were not encouraging for those that viewed dyslexia as a distinct condition in its own right (Snowling, 2006, p.3). However, the findings from Rutter and Yule's study seems to have had little influence as much of the literature on dyslexia claims that there is a strong genetic component to dyslexia (McLoughlin et al., 2002, p.98; Ramus, et al., 2003, p.841).

However, despite the weight of opinion that dyslexia has a genetic basis this view does not seem to hold fast when subjected to logical critique. As Kerr (2010, p.104) asserts, there is no genetic basis for dyslexia as there is no gene directly linked to literacy which means that it is not possible for there to be genes that are specific to dyslexia. Kerr supports this assertion with the following two factors that are apparently of fundamental importance for a skills-set such as that needed to be literate to imprint itself on a gene level. First, in order for a specific skill such as literacy to imprint itself on our genetic makeup, written language, and the need to become literate, would need to have been of importance to humans for approximately a hundred thousand years, this being the length of time that Kerr (2010) states is needed for such imprinting to take place at a gene level. The second factor is that over such a prolonged period of time the need for literacy would need to have been of significant importance to our survival in order for a literacy gene to have come into existence. However, as Kerr argues, and as mentioned in Section 1.3 the invention of written language occurred around five thousand years ago which leaves a shortfall of around 95 thousand years. And, whilst it cannot be denied that being literate brings with it many benefits (see Section 1.3) it can hardly be viewed as a life or death skill that places sufficient evolutionary pressure on our biological makeup to warrant it to change.

Though, irrespective of the logic against the possibility of a 'dyslexia' gene (such as the argument outlined above), so forceful is the view that dyslexia has a genetic component

that it has led to some respected researchers such as Grigorenko (2001, p.110) asserting that genetic research into dyslexia may one day 'lead to the development of new intervention (both biological and nonbiological) that may lessen the effects of *dysfunctional gene* products' (italics are mine). To this Grigorenko (2001, p.110) goes on to refer to the work of Billings, Beckwith, and Alper (1992), and, Kidd (1991) [...] and the view that progress in genetic research may one day enable the faulty dyslexia gene to be isolated and replaced, through gene therapy, with a 'normally functioning copy' (italics are mine). However, what Grigorenko neglects to consider is that, as previously discussed in Section 4.1.1.2, of 'dyslexic' individuals being able to free themselves from dyslexia through behavioural therapy (Collette-Harris and Minke's, 1978) which demonstrates that the need to "replace" a supposed dyslexia gene is not what is needed to 'remediate' the issue of dyslexia.

Again, despite the logical arguments against dyslexia having a genetic link, dyslexia is portrayed within the literature to stems from unalterable genetic factors (see, McLoughlin et al., 2002, p.98; Ramus, et al., 2003, p.841); BDA, 2015; and Wadlington et al., 2005, p.17) which I assert has established the popular view that dyslexia is a lifelong issue (for examples see, Nicolson, 1996, p.191; Rack, 1997, p.75; Everatt, 1997, p.19; Riddick, Sterling, Farmer, and Morgan, 1999, p.232; McLoughlin, Leather, and Stringer, 2002, p.98; Ramus, Rosen, Dakin, Day, Castellote, and White, 2003, p.841; Pavey, Meehan, and Waugh, 2010, p.6; Kirwan and Leather, 2011, p.39; Nalavany, Carawan, and Rennick, 2011, p.63; Firth, Frydenberg, Steeg, and Bond, 2013, p.113; BDA, 2015). As such, dyslexia is portrayed within the literature to be beyond the 'dyslexic' individual's ability to completely overcome (Nicolson, 1996, p.191); or beyond a 'medical cure' (Wadlington et al., 2005, p.17) for those wishing medical intervention.

I argue that the view that dyslexia is of genetic origin and a lifelong condition is deterministic in nature. The type of determinism that I am referring to can best be described as 'genetic determinism'. This form of determinism is described by Hewett, O'Toole, Pugh, Lovatt, and Bryan (2006) to be directly linked to the genes within our DNA. From this perspective our behaviour is believed to be determined by our genes and so, as Hewett et al., (2006) put it, 'we are [from this perspective] but victims of our genetic makeup' and powerless to change our 'behavioural patterns'.

This determinist view of dyslexia has the potential to restrict the dyslexic individual's ability to express free will over their situation especially if he or she believes, let's say, that dyslexia is something that is genetically 'fixed' and beyond their control to overcome. As Kerr (2010, p.97) argues in his critique of the dominate framing of dyslexia, 'literacy difficulty is, by its own definition, being attributed to an innate deficit within the student, which cannot be "cured" and which can barely be overcome'. As a result the 'dyslexic' individual may perceive him/herself as a victim of his/her genetic makeup and unable to emancipate him/herself from this viewpoint.

4.1.2 Summary of Section 4.1

The five arguments presented above can be viewed as exemplifiers of the types of challenges being made against the existence of dyslexia (premised on the FDA) by those within the field of dyslexia research who hold positivist standpoints in relation to science. Whilst some of the reasoning offered within this section has relied on the logical arguments put forward by the authors mentioned, several arguments against the existence of dyslexia (premised on the FDA) that been put forward by those who have conducted 'empirical' studies on dyslexia and who have found no evidence to support the existence of dyslexia as congenital 'entity' that can be found to exist within the individual.

In relation to identifying assumptions and concepts held within the P-E-D-Paradigm for use within the development of a multifactorial non-constitutional perspective on dyslexia (as described in Section 7.4) all five of the arguments presented act to support the non-constitutional perspective on dyslexia offered to the students within the intervention.

4.2 Interpretivist-extrinsic dyslexia paradigm (I-E-D-Paradigm)

The perspectives on dyslexia (located within the I-E-D-Paradigm) described within this section are similar to the perspectives discussed within Interpretivist-Intrinsic-Dyslexia-Paradigm presented within the previous chapter as they are informed by interpretivist notions of science. However, unlike I-I-PoD that assume the cause of dyslexia to exist within the individual, the perspectives on dyslexia that I have allocated to this paradigm locate the cause of dyslexia to exist extrinsically to the individual and do not ascribe to the view that dyslexia has a congenital basis. Therefore, for the purpose of the present study I refer to these types of perspective as Interpretivist-Extrinsic-Perspectives on Dyslexia (I-E-PoD). (Please note that I use the abbreviation 'I-E-PoD' to indicate either singular or plural perspectives on dyslexia depending on the context of the discussion).

4.2.1 Theoretical framing and fundamental assumption informing I-E-PoD

There are three perspectives on reading difficulties that I have selected to focus on within this section (listed shortly within this section) that are informed by interpretivist assumption relating to research and that do not locate the cause of dyslexia to exist within

the 'dyslexic' individual. The viewpoints, to be discusses shortly, assume that difficulties with literacy arise not from impairment but from natural diversity within an individual's makeup and that as a result of diversity the 'dyslexic' individual is not 'naturally' compatible with the dominant medium of expression (i.e. written language). There appears to be three main perspectives on dyslexia that advocate this position, these being,

a) an interactionist model of dyslexia

b) a multimodality approach to literacy

c) an ecological perspective on dyslexia

These viewpoints are outlined within the following discussion.

4.2.1.1   a) An interactionist model of dyslexia

In relation specifically to dyslexia there appears to be two main types of interactionist perspectives on dyslexia, one that holds the etiological view that dyslexia exists within the individual, the other that views dyslexia to stem from natural diversity. For example, Herrington and Hunter-Carsch (2001, pp.112-113) whilst framing dyslexia within a social-interactionist perspective, consider dyslexia to have a 'biological bases' and to arise from a 'deficit' within the individual.

Whilst, in contrast to this view, Cooper (2009), from his vantage point as a 'dyslexic' person, frames dyslexia using a social-interactionist perspective but unlike Herrington and Hunter-Carsch does not view dyslexia to have a biological basis nor does he ascribe the cause of dyslexia to a 'deficit' within the dyslexic person. Rather, Cooper (2009, p.66) asserts that dyslexia is,

> ...an experience that arises out of natural human diversity on the one hand and a world on the other where the early learning of literacy, and good personal organisation and working memory is mistakenly used as a marker of 'intelligence'.

Cooper's etiological view of dyslexia appears to be his belief, arrived at from his own research, that dyslexic people are visual/holistic thinkers and are not suited to an educational system that is geared to cater for the needs of auditory/linear thinkers.

Cooper (2009, p.65) argues against the dominant trend in research of investigating the difficulties being experienced by pointing out,

> ...that trying to understand the nature of dyslexia by examining the apparent weaknesses or difficulties, is like trying to understand the nature of left-handedness by examining the weaknesses, or difficulties that such individuals have with using their right hand. This tells us very little about the nature of being left-handed.

I believe that the logic in Cooper's argument above is profound as (from my interpretation of the latent meaning of this text), Cooper sums up the seemingly misplaced efforts of nearly 120 years of positivist dyslexia researchers gazing at the effects caused by the social expectations that all children 'should' be able to write even if this pushes against any natural orientation not to - in the same manner that it was once forced on children with natural orientations to use their left hands to become right-handed due to the social view that it was 'sinister' to be left-handed (N.B. Sinister derives from the Latin word for 'left').

4.2.1.2   b) A multimodality approach to literacy

The term 'multimodality' was coined in the mid-1990s (Jewitt, Bezemer, and O'Halloran, 2016, p.1) and used to represent the 'growing shift in how literacy is being defined and what it means to be literate in the twenty-first century' (Sanders and Albers, 2010, p.1). As with many terms the use of the term multimodality is used in a number of different ways. For Bateman (2008, p.1) the notion of multimodality is centred on written documents and the study of the modes within documents such as text, images, and diagrams, that are brought together to convey complex meaning. Whereas, others (e.g. Harste, 2010; Martin, 2016; Finnegan, 2014) use the term 'multimodality' to encompass a much broader meaning of communication that include modes (resources) of expression such as 'gesture, artistic performance, music, dance, graphics and digital resources' (Martin, 2016, p.38); 'art, [...] mathematics, [...] and drama' (Harste, 2010, p.28). In an even broader sense the term multimodality has been used to describe learning through the engagement of some (more than one) or all of our senses, e.g. hearing, sight, touch, taste and smelling (Epstein, 1985, p.37). Despite differences, in terms of focus, defining aspects of multimodality is that ''We *make meaning* in a variety of ways', or, 'We *communicate* in a variety of ways'' (Jewitt et al., 2016, p.1).

Traditional educational institutions (i.e. those that 'produce conformity and adherence to conventions' (Bezemer and Kress, 2016, p.5) have been based on a monomodality system where written text is viewed as the main form of communication (Martin, 2016, p.38). However, in recent years there has been a move away from the monomodality system and towards a multimodality approach (Martin, 2016, p.38). This move seems to have been brought about by the need to communicate 'interwoven complex meanings' (Kress and Van Leeuwen, 2001, cited in Martin, 2016, p.38), and also to support students with their learning (Siegel and Smythe, 2006). Indeed, for some (e.g.

Bezemer and Kress, 2016, p.3) there is no clear demarcation between communicating meaning and learning as both are viewed as 'interlinked, mutually constituting and defining of each other in a closely integrated domain of *meaning-making*'.

Whilst the current educational system is premised primarily on a monomodality approach to literacy there is, as Martin (2016, p.38) stresses, 'an imperative to consider multimodality in literacy work'. After all, as Blecher and Furline Burton (2010, pp.44-45) point out, the application of a multimodality approach that encourages the use of modes such as music, visual arts, and movement can 'help us integrate and enhance the instruction of reading, writing, science, social studies, and math'. In this sense, multimodality does not negate written forms of literacy but rather acts to support learning that takes place primarily through the use of written language.

In relation specifically to those experiencing reading difficulties it appears that a multimodality approach to literacy and learning is advocated by a number of authors. For example, Robertson (2010, p.67) points out that there is need for research to be conducted in how children interact with multimodal texts; this may, as Robertson speculates, 'help acknowledge and value all students, including those with poor print literacy skills, who are often marginalized in traditional school settings'. Zoss, Siegesmund and Jones Patisaul (2010, pp.152-153) assert that arts-based learning strategies can assist students that are struggling with language-based learning as arts-based strategies can 'assist all students in reaching deeper and personally significant goals in linguistic composition'. In addition, a number of other researchers (e.g. Epstein, 1985, p.37; Martin, 2016 p.38) advocate a multimodality approach in supporting students with reading difficulties.

The multimodality approach shifts the focus from 'remediation' of the individual to that of finding modalities that enhance learning and literacy. Though whilst, there are

many benefits associated with a multimodality approach it is not, according to Sanders and Albers (2010, p.20) viewed as a solution to all the difficulties faced by children within schools that foster a monomodality approach to learning.

4.2.1.3 c) An ecological perspective on dyslexia

A broad description of an ecological perspective can be seen in the following quote by Bronfenbrenner (2005, p.xxvii),

> ...human beings create the environments that shape the course of human development. Their actions influence the multiple physical and cultural tiers of the ecology that shapes them, and this agency makes humans – for better or for worse – active producers of their own development.

In the above quote Bronfenbrenner places emphasis on human development, though along with human development, humans inevitably encounter 'problems' which are 'derived from the complex interplay of psychological, social, economic, political and physical forces' (Pardeck, 2015, p.134). It is by considering the influence of all such factors that problems are understood within an ecological framework.

Therefore, in relation to dyslexia the ecological viewpoint does not highlight a singular specific cause but views the difficulties experienced by dyslexic people to result from multiple factors that may, for example, be related to cognitive development, school and home environmental influences (e.g. poor teaching or lack of emphasis placed on literacy within the 'family' context) as well as broader influences that exist within the community and on a political level. As Poole (2003; 2010) explains, the ecological perspective of dyslexia considers dyslexia through an ecological paradigm that takes into account all factors that may influence a child's development. In this manner the ecological

perspective is able to differentiate 'between 'within-pupil' factors (e.g. their individual learning characteristics) and 'outside-pupil' factors, such as the school and the curriculum' (Hatcher, 2006, p.253).

Poole (2010, p.173) draws our attention to an ecological model proposed by Urie Bronfenbrenner where the 'child and their environment continually influence one another in a biodirectional, transactional or mutual manner'. From this perspective not only is the child considered but also 'what is influencing them at home and at school, (microsystem) and within their political and cultural context (macrosystem)' (Poole, p.173). Naturally, in relation to literacy acquisition/development, this applies not only to dyslexic students but students in general as a 'child's ability to learn to read in the primary grades may depend no less on how he is taught than on the existence and nature of ties between the school and the home' (Bronfenbrenner, 1979, p.3).

Whilst the ecological perspective provides an holistic approach by considering "all" things that may result in the occurrence of dyslexia, it does not exclude that dyslexia may arise from a within-in-person factors such as 'impairment'. However, Poole (2003, 2010) proposes an ecological perspective of dyslexia that explicitly rejects the assumption that dyslexia stems from an innate 'genetically determined brain "impairment"' (Poole, 2010, p.223). Poole (2003, p.173) asserts that 'It is no longer possible to adopt a within-child definition of dyslexia if one is to gain a true understanding of it'. Poole (2003, p.173), suggests that rather than viewing dyslexia as a within-child issue consideration should be given to 'social/developmental factors' and that educational policy needs to be changed in order to meet the learning needs of all children.

Developing the concept of an ecological perspective further, Poole (2010, pp.215-229) proposes an Orientation Theory (OT) of dyslexia in an attempt to bring together

learning from current knowledge of dyslexia within an ecological perspective of dyslexia. Poole (2010, p.218) developed the concept of Orientation following a five year study conducted from a grounded theory approach that analysed 14 programmes that have been designed to support people with dyslexia. Poole (p.219) from the analysis of 126 different themes generated within her study proposed 'a new hypothesis', OT, which is grounded within the 14 programmes that were analysed.

Two fundamental factors were arrived at from Poole's analysis, these being, the concepts: '*Orientation*' and '*Genetic Identity*' (GI) (p.219). Poole (p.219) explains that orientation 'is knowing where one is in relation to the environment and what it contains in order to respond appropriately'; and, GI refers to the natural thinking style of the individual (p.220). In this sense 'OT replaces the biomedical concept of "genetic flaw" with one of healthy, GI'.

Poole (2010, p.221) proposes two types of dyslexia. The first being 'Type 1 dyslexia' where 'disorientation comes about as the result of an incompatibility (interaction) between their natural, thinking style and the orthography adopted'; in which case the individual experiences difficulties only with literacy. Whereas, in 'Type 2 dyslexia' the individual experiences a 'deeper form of disorientation between body/mind processing pathways'; that reaches further than issues experienced solely with literacy but can also affect 'bodily problems' in areas such as balance and sense of direction.

From an ecological perspective there is no need for dyslexia diagnosis or assessment of dyslexia as '*all* children would be continually observed and assessed in order to ensure they were being taught in a way that both suits them and recognizes their abilities' (Poole, 2003, pp.173-174). This perspective advocates a multi-disciplinary approach that enables liaison between school, home, and 'all other relevant agencies

(Poole, 2003, p.174). Poole (2003, p.176) asserts that the delivery of education within an ecological paradigm enables practitioners to look further than the child's cognitive functioning and consider 'factors lying outside the child which may contribute to their development and learning'.

Viewing dyslexia from Poole's ecological perspective is a radical shift away from within-person perspectives of dyslexia such as the P-I-PoD and I-I-PoD discussed within the previous chapter. This viewpoint eliminates the need for a 'specific definition of dyslexia' as the wider assessment approach used gains an 'all-round understanding of the child within their life-context, so that 'dyslexia' is no longer constructed within education' (Poole, 2003, p.177). For Poole (pp.177-178) 'this widening of perspective is not simply a 'progressive' move, but rather a shift of values' that enables the acceptance that 'children are frequently different from set standards or 'norms'.

4.2.2 Summary of Section 4.2

The three perspectives on dyslexia presented within this section have demonstrated how from an interpretivist perspective on dyslexia it is possible to locate the cause of dyslexia to exist externally to the 'dyslexic' individual.

In relation to identifying assumptions and concepts held within I-E-D-Paradigm for use within the development of a multifactorial non-congenital perspective on dyslexia (as described in Section 7.4) the three perspectives outlined in this section helped to support the perspective on dyslexia offered to the participants within the intervention (see Chapter 7 for description of intervention).

4.3 Summary of Chapter 4

There were three main purposes for conducting this literature review, as stated in the introduction to this chapter. The first purpose was to continue to challenge the authoritative position held by the FDA that I began within Section 1.6.1 and then continued to do within the previous chapter that described intrinsic perspectives on dyslexia. I feel that the discussions presented within this chapter along with those presented within Chapter 3 have provided (depending on one's philosophical perspective) a logical critique of the literature on dyslexia that was selected in order to challenge the authoritative position held by the FDA.

The second purpose, as noted in the introduction to this chapter, for conducting the literature review presented within this chapter was to identify assumptions and concepts for use within a non-constitutional perspective on dyslexia (presented within Section 7.4) I feel that reviewing this literature has been successful in identifying the assumptions and concepts needed in order to provide theoretical support for the non-constitutional perspective on dyslexia for use within the intervention (please refer to Chapter 7 for a description of the intervention).

Finally, this chapter has been successful in achieving the third purpose of this literature review, this being to present possible analysis frames for the personal data relating to the participants' narratives of themselves and their concepts of dyslexia. Being aware of the differences between positivist and interpretivist extrinsic perspectives on dyslexia and the types of challenges being made against the FDA assisted me with my interpretation of the data generated from the intervention.

CHAPTER 5

SELF-CONCEPT AND DYSLEXIA

In this chapter I review a selected literature from both the wider research on self-concept along with studies that specifically focused on dyslexia and self-concept. Comparing and contrasting both sets of literature will provide a theoretical backdrop for the present study that: a) identifies the main areas of study that have been conducted on self-concept and dyslexia that are relevant to the present study; b) presents possible analysis frames for the participant's narratives of himself/herself and his/her concepts of dyslexia; and c) provides a theoretical model of self-concept for use within the present study. Another purpose for this review of the literature is to position the four research questions described in Section 5.4 in the literature relating to dyslexia and self-concept.

(N.B. As described further on in Section 5.1 the term 'self-concept' and 'self-esteem' are used interchangeably by some authors. However, for the purpose of the present study, I use the term self-concept to denote the general perception that an individual has of self, whilst I use the term self-esteem to refer to the evaluative component of self-concept. In this manner I view 'self-concept' as multifaceted (described in Table 5.1, point 'B'), with 'self-esteem' being an evaluative subset of self-concept. (Please view Table 5.1, point 'F' for further discussion relating to the evaluative component of self-concept).

5.1 Defining the term 'self-concept'

The study of self-concept 'has a long, controversial history and is one of the oldest areas of research in social sciences' (Marsh and Craven, 2006, p.134). And, as Marsh, Craven and McInerney (2003, p.4) assert, self-concept is 'one of the most important constructs within

[the] social sciences'. As a result, the significance of self-concept has become evident within a significant number of areas, such as: education and psychology (Huang, 2011, p.505); 'child and adolescent mental health' (Butler and Gasson, 2005, p.199); children and adolescents with learning disabilities (Prout, Marcal and Marcal, 1992, p.59). Not surprisingly, the literature in this area has reached 'gigantic proportions' (Hansford and Hattie, 1982, p.123).

Despite its long history, its significance within the social sciences and the vast amounts of literature in this area, attempting to define the term self-concept is problematic (Byrne, 1986, p.173). Like many terms that refer to aspects of self, the term self-concept seems to be steeped in definitional confusion and appears to have no clear universally agreed upon definition (Wylie, 1974, p.8; Hansford and Hattie, 1982, p.132; Byrne, 1984, p.429; Kobal and Musek, 2001, p.888; Butler and Gasson, 2005, p.190).

Perhaps the confusion that exists regarding a clear definition of self-concept is in part due to the 'varying conceptualizations [that] define the landscape of the self literature' (Harter, 1999, p.3). For example, the term self-concept might be used to describe the overarching perception an individual has of his or her self (Butler and Gasson, 2005, p.199). Whereas, in contrast, the term self-concept might be used specifically to refer to the 'evaluative judgments' an individual makes of their personal attributes (Harter, 1999, p.5). Whilst, in comparison, Shavelson and Bolus (1982, p.3) use the term self-concept to describe both the 'descriptive and an evaluative dimension' of self.

However, Butler and Gasson (2005, p.199) claim that there is growing acceptance that the term self-concept refers to 'an overarching view of self', whilst 'a person's evaluative assessment of themselves' can be referred to using the term 'self-esteem'. Though, both terms are often used interchangeably by some researchers (Riding and Rayner, 2001, p.244), (for examples see, Hansford and Hattie, 1982, p.132; Gallimore et

al., 1999, p.82; Elbaum and Vaughn, 2001, p.304; Marsh, Craven, and McInerney, 2003, p.3; Burden, 2005, p.80; Butler and Gasson, 2005, p.190; Terras, Thompson, and Minnis, 2009, p.307). Perhaps these terms have been used interchangeably because the conceptual differences between self-concept and self-esteem have not been differentiated on an empirical level (Huang, 2011, p.506).

As noted on page 111, for the purpose of the present study, I use the term self-concept to denote the general perception that an individual has of self, whilst I use the term self-esteem to refer to the evaluative component of self-concept (i.e. self-esteem being viewed as an evaluative subset of self-concept').

5.1.1 Unidimensional v multidimensional perspectives on self-concept

There have been two guiding viewpoints that have informed self-concept studies, these being the unidimensional and multidimensional perspectives of self-concept (Zeleke, 2004, p.146). Both perspectives have informed research in the area of self-concept and learning disabilities (Zeleke, 2004, p.146). The unidimensional view proposes a general self-concept (Marsh, 1989, p.417; Zeleke, 2004, p.146); or that there is a general factor of self-concept that dominates aspects of self-concept that are more specific (Marsh and Craven, 2006, p.135). Whereas the multidimensional perspective of self-concept proposes that self-concept, like the unidimensional model, consists of a general, or global, self-concept which in itself consists of specific facets, or domains, of self-concept (Shavelson et al., 1976, p.413 In this sense self-concept is made up of domain specific self-concepts such as academic, social, physical self-concept (Shavelson et al., 1976, p.413).

It appears that the multidimensional view of self-concept has taken a dominant foothold within educational research relating to self-concept (Zeleke, 2004, pp.146-147; Marsh and O'Mara, 2008, p.551). The appeal of the multidimensional perspective on self-

concept is that it permits greater understating of the relationships between self-concept and other constructs such as social, physical, and academic self-concept (Marsh, 1989; p.418). Further, multidimensional models are apparently superior in their ability to 'capture the complexity of self-evaluative judgments' (Harter, 1999, p.140).

The unidimensional view of self-concept seems to have lost its appeal in recent years and is no longer viewed as a dominant perspective within self-concept studies (Harter, 1999, p.117); due perhaps to there apparently being 'no empirical support at all for a unidimensional model of self-concept' (Marsh and Craven, 2006, p.136). Further, a unidimensional model of self-concept apparently conceals evaluative discriminations that individuals make in different areas of their lives (Harter, 1999, p.117) However, despite these shortcomings, the unidimensional view of self-concept remains the theoretical preference of some modern-day researchers such as Baumeister, Campbell, Krueger, and Vohs (2003, pp.1-44) who opted for a unidimensional model within their 'influential review' of self-concept literature (Marsh and O'Mara, 2008, p.542).

5.1.2 Integral elements to self-concept

To further the description given in the above section, self-concept can be conceptualised to consist of two distinctly different elements of self (Wylie, 1974, p.1; James, 1999, p.77; Harter, 1999, p.1; Ridsdale, 2004, p.250).

The two elements of self, initially described by William James (1890; cited by Harter, 1999, p.1), are the I-self ('self as subject, agent, knower') and the Me-self ('self as object, as known'). The I-self is believed to consist of four elements, these being, '(1) self-awareness, an appreciation for one's internal states, needs, thoughts, and emotions; (2) self-agency, the sense of the authorship over one's thoughts and actions; (3) self-continuity, the sense that one remains the same person over time; and (4) self-coherence, a

stable sense of the self as a single, coherent, bounded entity' (Harter, 1999, pp.6-15). The Me-self consists of a material self, encompassing our bodies and material possessions; a social self, comprising of our personal characteristics that can be recognised by others; and a spiritual self, consisting of our thoughts, nature, and morals (Harter, 1999, pp.6-15).

Harter (1999, p.15) informs us that the Me-self became known as the self-concept and became the main focus within early empirical research (Harter, 1999, p.15), due to this aspect of self being more easily observable (Butler and Gasson, 2005, p.190). However, the I-self, as the construer of the Me-self, has been given increased attention by researchers interested in the developmental processes of the Me-self (Harter, 1999, p.15). In addition, Harter, (p.6) explains that the 'distinction between the I-self and the Me-self have proved amazingly viable and appears as a recurrent theme in most theoretical treatments of the self'. As will be discussed within the following chapter (Section 6.1), bringing about change in self-concept requires a shift in the way the I-self perceives the Me-self (Ridsdale, 2004, p.250).

5.1.3 Self-concept and dyslexia

Over the past four decades there has been a growing interest in the relationship between self-concept and dyslexia; precipitated perhaps by the vast numbers of self-concept studies in other educational contexts (Byrne, 1984, p.427). However, regardless of this interest there remains a shortage of literature that focuses specifically on dyslexia and the significance of self-concept (Humphrey, 2002, p.30; Burden, 2005, p.9; Burden, 2008, p.189; Huck, Kemp and Carter, 2010, p.144).

The majority of studies carried out on dyslexia and self-concept have been conducted in the United States and have focused on children and adults experiencing 'learning disabilities' (Burden, 2008, p.189). However, despite the different use of

terminology between the UK and America it is often assumed, as Burden (2005, p.1) suggests, that the use of the term 'learning disability' and 'dyslexia' are roughly equivalent to each other, though Burden (2008b, p.396) warns that this may not always be the case as descriptions and definitions of the dyslexia population are constantly changing. In addition, Armstrong and Squires (2015, p.123) warn that the term 'dyslexia' and 'learning difficulties' despite being banded together by some authors mean different things as the term learning difficulty is also used to describe other forms of 'difference' such as autism, dyspraxia, and ADHD. Therefore, caution needs to be applied in attempts to draw conclusions from the findings arrived at from studies on dyslexia and self-concept (Burden, 2008, p.189; Riddick, Sterling, Farmer and Morgan, 1999, p.232).

5.2 Significant findings from dyslexia and self-concept studies

On reviewing a selected literature on dyslexia and self-concept, there are several interesting findings worthy of discussion that are relevant to the present study. These are, the relationship between dyslexia and: a) general self-concept, b) general self-esteem, c) academic self-concept, and, d) the relationship between academic self-concept and academic achievement. These areas are discussed within this section.

5.2.1 Dyslexia and general self-concept

Humphrey and Mullins (2002, p.196) warn that it is naive to attempt to conceptualise the influence that dyslexia might have on levels of self-concept and self-esteem. Despite such a warning, some authors (i.e. Elbaum and Vaughn, 2001, p.303; Burden, 2005, p.2) suggest that individuals with dyslexia run the risk of developing a negative self-concepts; perhaps due the high premium that society places on individuals being literate (Burden, 2005, p.7).

This view is consistent with the findings from a meta-analytical review of the literature on LD and self-concept (dating from 1974 to 1986) conducted by Chapman (1988, p.365) which found that LD students generally exhibited less positive general self-concepts to those of their normally achieving peers. Chapman (p.365), however, expresses reservations over this finding as a number of the LD groups had the same, or above, 'mean self-concept scores' to those of their comparisons groups. Chapman (p.365) points out that this finding should not be interpreted to mean that the majority of LD students have 'dysfunctionally low general self-concepts', as general self-concept may remain intact in students who achieve in none academic areas of their lives.

More recently, Ingesson, (2007, p.588) suggests that students with dyslexia should be 'encouraged in areas such as sports, social activities or special interests where they can do well and which makes them view themselves positively'. This view is, however, not consistent with the findings from an analysis conducted by Marsh (1989, p.428) of 12,266 questionnaires designed to measure the multiple dimension of self-concept as it was found that self-concept is not correlated with non-academic domains (see also, Marsh and Craven, 2006, p.139).

Whilst Chapman's (1988) findings, as noted above, point to dyslexic students having less positive general self-concept to their peers, which as Chapman, and Ingesson (2007) argue can be somewhat balanced out through achievement in other areas, not all would agree that dyslexics are prone to negative general self-concept in the first place. For example, Burden (2008, p.190) in his review of the literature argues that there are no significant differences between the general self-concepts of students with dyslexia and those of their non-LD counterparts. This view is supported by Zeleke (2004, p.162) who concluded, from his meta-analytical review of the literature on LD and general self-concept, that out of the 28 studies reviewed (conducted between 1987 and 2003), that the

majority of studies (68 per cent) showed no significant differences in general self-concept between LD students and their 'normally' achieving peers.

However, both Zeleke (2004) and Chapman (1988) focused their reviews on studies conducted on children with dyslexia. McLoughlin, Leather, and Stringer (2002, p.1) point out that the needs of dyslexic adults are distinctly different to those of children with dyslexia. Therefore, it is not possible to reliably determine from the findings proposed by Zeleke and Chapman if adults with dyslexia experience low levels of general self-concept as a result of dyslexia. However, a study by Hellendoorn and Ruijssenaars (2000, p.237) that interviewed 27 adults with dyslexia revealed that the interviewees' experience of dyslexia had *not* had a negative influence on their self-concepts.

In terms of conducting research on dyslexia and self-concept it is advised that rather than focusing research on general (global) self-concept, researchers should acknowledge the multifaceted nature of self-concept and accordingly aim their research at specific facets of self-concept (Zeleke, 2004, pp.146-147; Burden, 2008, p.190). This is consistent with suggestions made in more general self-concept studies. For example, Marsh and O'Mara (2008, p.549), suggest, from the perspective of the multidimensional and reciprocal effects model, that practitioners should 'target specific components of self-concept'. Similarly, Marsh and Yeung (1998, p.526) suggest that educational researchers would benefit from focusing their efforts on studying academic self-concept rather than global self-concept as general self-concept 'apparently cannot adequately reflect the diversity of specific self domains' (i.e. such as academic self-concept).

5.2.2 Dyslexia and general self-esteem

It appears that dyslexia can have a negative effect on levels of global self-esteem (i.e. the evaluative component of general self-concept). For example, a study conducted by

Ingesson (2007, p.580) reported that 40 per cent of the 75 students in her study claimed that 'dyslexia had influenced their self-esteem negatively 'quite a lot' or 'very much'. Burden (2008, p.192) points out that there is strong evidence that suggests that adolescents and adults experiencing persistent difficulties with literacy run the risk of poor levels of self-esteem. Terras, Thompson, and Minnis (2009, p.304) express a similar view by asserting that individuals with dyslexia may exhibit lower levels of self-esteem in comparison to people who do not experience literacy issues. Marsh (1990, p.547) found, from a comparison of 92 participants with low self-esteem against the same size control group with high self-esteem, that people with low self-esteem have 'self-knowledge structures that are less clearly defined, less temporally stable, and less internally consistent'. This view is in keeping with findings from Pollak's (2005) study into the identities of 33 university students with dyslexia as most reported having low levels of self-esteem (Pollak, 2005, p.141). Further, Riddick, Sterling, Farmer, and Morgan (1999, p.227) concluded from their study of 16 adults with dyslexia that their self-esteem was considerably lower than that of their control group.

However, Burden (2008, p.194) in his review of research into the relationship between dyslexia and self-perception, questions the relevance of self-esteem research that sets out to establish that dyslexics have negative self-esteem, as Burden believes this 'takes us nowhere'. Rather, Burden (p.194) suggests that research should focus on discovering 'exactly what ways such negative feelings are made manifest'.

5.2.3 Dyslexia and academic self-concept

Academic self-concept has been defined by Bracken (2009, p.92) as the feelings an individual has about themselves 'within a school or academic setting, or in relation to a student's academic progress'. Academic self-concept is viewed as a specific facet of

general self-concept. Wouters, Germeijs, Colpin and Verschueren (2011, p.586) state that academic self-concept has both a direct and indirect influence on numerous educational outcomes.

Burden (2005, p.80) suggests that our academic self-concept starts to develop early on in our school careers in response to the successes and failures we experience and mediated by those who play significant roles within our lives. Burden (p.80) asserts that over time a reciprocal relationship between poor academic self-concept and learning difficulties develops as the images we create of ourselves as learners (either negative of positive) influence motivational levels, self-efficacy (or learned helplessness) and our view of self as either an effective or ineffective learner.

In relation to the effects of dyslexia specifically on academic self-concept a clear negative difference exists in comparison to control groups of non-dyslexic peers (Burden, 2008, p.190). Zeleke (2004, p.161) states that the research finding regarding academic self-concept shows that an indisputable negative difference between students with dyslexia and their none-dyslexic counterparts. To this both Burden (2008, p.191) and Zeleke (2004, p.161) argue that it is little wonder that students with dyslexia have lower academic self-concepts given their experience of repeated failure in acquiring literacy.

This is consistent with the findings from Pollak (2005, p.143) in his study of the identities of 33 university students with dyslexia as the majority of the students held the view that 'academic life was a struggle' and that their ''difference' made them feel they had to work harder than their peers'. In addition, the academic self-concepts of these students reflected the view that it was difficult to 'maintain a positive approach to academic life' (Pollak, 2005, p.143). Further, Elbaum and Vaughn (2001, p.305) state in their meta-analytical review of the literature on intervention aimed at students with dyslexia, that the majority of research on self-concept and learning disability indicates that

students with LD have lower academic self-concepts in comparison to their non-LD counterparts.

5.2.4 Relationship between academic self-concept and academic achievement/ability

On starting this discussion on the relationship between academic self-concept and academic achievement it is perhaps important to define how the term academic achievement is being used within the present study. Kobal and Musek (2001, p.889) point out that there are two distinct definitions in use regarding academic achievement. The first definition is the actual attainment levels achieved by students, for example, an increase in knowledge or mathematical ability, this generally being measured using numerical scores (Kobal and Musek, p.889). The second definition is somewhat more subjective as it concerns itself with an individual's perception of academic achievement, e.g. the individual's attitude towards academic achievement (Kobal and Musek, p.889). Within the present study, it is the later definition that is used as I explored the influence that the non-congenital perspective on dyslexia and intervention may have had on the participant's perception of academic achievement rather than establishing if any 'actual' gains were made.

The issue of whether the way an individual feels about themselves in relation to a particular subject has a direct influence on achievement levels within that subject is a 'complex area of theory and research; with no 'absolute consensus' having been reached (Ridsdale, 2004, p.250). In agreement with this view Hansford and Hattie (1982, p.123-142), following their meta-analysis of the literature, conclude that the relationship between self-concept and achievement is 'neither precise nor clear'.

In a meta-analytical review of longitudinal studies conducted on the relationship between self-belief and academic achievement, Valentine, DuBois, and Cooper (2004,

pp.111-133) suggest that a positive reciprocal relationship exists between academic self-concept and academic achievement. Similarly, Marsh and Craven (2006, pp.133-163) presenting findings from their own research along with a meta-analysis of the literature conclude that the enhancement of academic self-concept has a positive effect on academic achievement. This is consistent with the findings from a recent meta-analysis (Huang, 2011, p.526) of 32 longitudinal studies that explored the relationship between self-concept and academic achievement suggest that positive self-concept has an influence on academic achievement and that this relationship is reciprocal.

Marsh and O'Mara (2008, p.549) explain that an improvement in academic self-concept enhances performance and that enhanced performance leads to an improvement in academic self-concept. A positive self-concept can also lead students to,

> set challenging yet attainable academic goals for themselves, feel less anxious in achievement settings, enjoy their academic work more, persist longer on difficult tasks, and, overall, feel better about themselves as a person and as a student (Bong and Skaalvik, 2003, p.32).

Whilst a positive academic self-concept may provide a strong predictor for academic achievement, the same does not appear to be true regarding positive self-esteem and achievement. Ulrich, üdtke, Köller, and Baumert (2006, p.347) following their analysis of 5,648 7th grade students concluded that positive self-esteem does not act as a clear predictor of achievement. Baumeister, Campbell, Krueger, and Vohs (2003, p.1) state that 'We have not found evidence that boosting self-esteem (by therapeutic interventions or school programs) causes benefits'.

5.3 The self-concept model used in this study

There are a great many models on self-concept that can be used for the purpose of exploring the relationship between self-concept and dyslexia. The choice of model used is down to the preference of the researcher. For example, Pollak (2005, pp.19-25) in his study into the identities of 33 dyslexic students studying in Higher Education elected to draw from a range of models which included: biological, cognitive experimentalist, experiential, psychodynamic, and social constructionism views of self-concept for the purpose of his study. Whereas, Burden (2005) in his study of 50 dyslexic boys studying at a specialist dyslexia school drew from the work of Eric Erikson (1955) and Carl Rogers (1951) for the purpose of his study.

Whilst, as discussed in the following chapter (where I describe the intervention that was developed for the purpose of this study), I draw on aspects of two psychological theories (i.e. Personal Construct Psychology (PCP) (Kelly, 1955), and Personal Centred Theory (PCT) (Rogers, 1951)) that could be used as models to understand self-concept, I decided instead, to use a model specifically relating to self-concept, this being, the Shavelson et al., 1976 model of self-concept (as described within Section 5.3.1).

The main reason for deciding to use the Shavelson et al., model within this study, is that, whilst aspects of the psychological theories listed above may be useful in terms of attempting to interpret descriptions relating to 'self' (self-concept), as they did within the present study they do not present themselves as a standardised models from which to attempt to understand self-concept that are generally used within the broad literature specifically on self-concept (described in Section 5.1). Both PCP and PCT are complex psychological theories in their own right, and adding to their complexity is the philosophical underpinnings of each theory (e.g. the ontological position of Constructive Alternativism that informs PCP and the ontological position of existentialism that

underpins PCT (and PCP) as well as the self-actualising position of PCT - discussed in relation to the intervention is the following chapter).

For the purpose of this study I decided to use the Shavelson model as its design was specifically intended as a model from which to understand self-concept and better suited to this study in relation to the research questions presented in Section 5.4. Whist other models specifically relating to self-concept are available (e.g. self-concept models proposed by Marsh, 1992; and, Lawrence, 1996), the Shavelson model provides, what I believe to be a robust framework from which to discuss dyslexia in relation to self-concept and that may act as a possible analysis frame relating to the participants' narrative of themselves and their concepts of dyslexia.

5.3.1 Description of the Shavelson model in relation to this study

In this section I describe and discuss a multidimensional model of self-concept proposed by Shavelson, Hubner, and, Stanton (1976, pp.411-415) in relation to dyslexia and the present study. This model was developed by Shavelson et al., following their seminal review of self-concept research and is commonly referred to as the Shavelson model (Byrne and Gavin, 1996, p.215).

The Shavelson model, despite being proposed 40 years ago, has been influential within modern-day research on self-concept (e.g. Byrne and Gavin, 1996; Byrne and Shavelson, 1996; Elbaum and Vaughn, 2001, p.304; Waugh, 2001, p.85; Bong and Skaalvik, 2003, p.3; Guérin, Marsh and Famose, 2003, p.142; Butler and Gasson, 2005, p.193; Marsh and Craven, 2006, p.135; Marsh and O'Mara, 2008, p.543; Möller, Streblow and Pohlmann, 2009, p.113; Huang, 2011, p.506).

Shavelson et al., (1976, p.411) describe seven features that outline their model, these being, that self-concept is, a) organised, b) multifaceted, c) hierarchical, d) stable, e) developmental, f) evaluative, and, g) differentiable; these features are discussed below in relation to the present study. (N.B. See Figure 5.1 for a pictorial representation of the Shavelson model). The seven features listed are described in relation to the present study within Table 5.1 below.

Figure 5.1   Shavelson et al., (1976) hierarchical and multifaceted model of self-concept
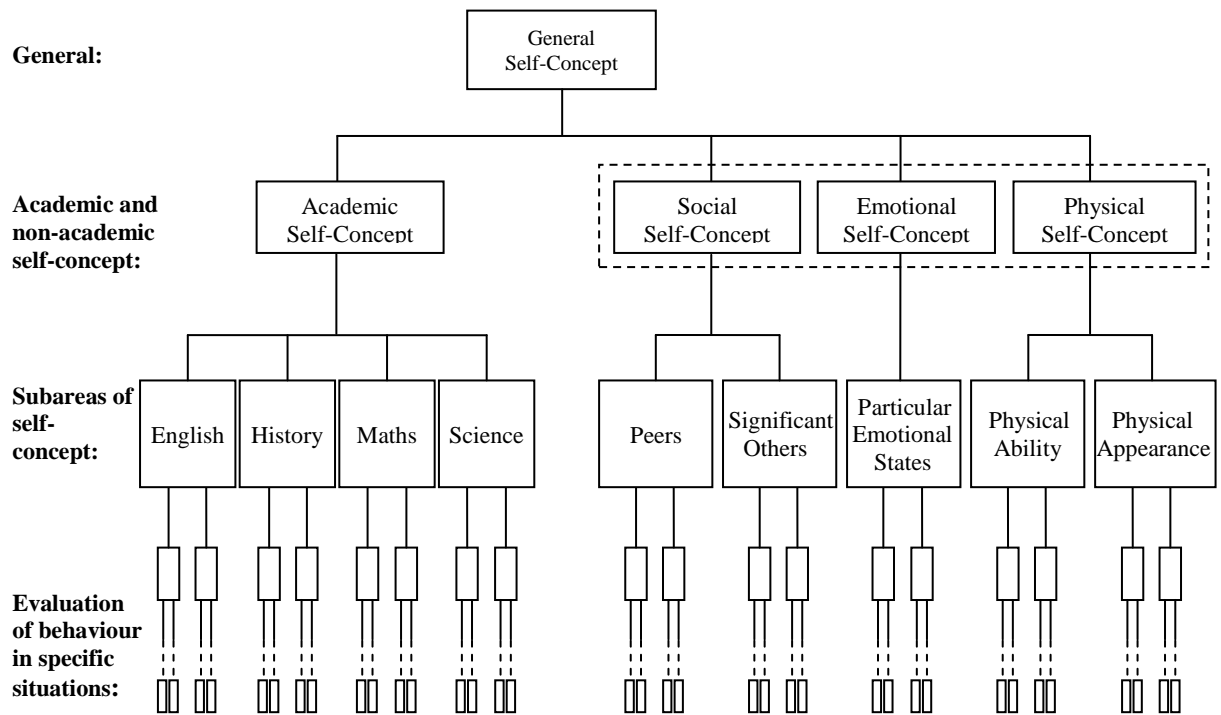
The Shavelson model of self-concept (Shavelson et al., 1976, p.413)

Table 5.1 Description of the Shavelson Model

Features of the Shavelson Model of Self-concept	Relevance to the present study
A) Organised Shavelson and Bolus (1982, p.3) describe how self-concept is believed to be structured and organised with people [apparently from late adolescence onwards, Harter, 1999, p.7] placing the enormous amount of information they hold about themselves into categories that are related to each other. This viewpoint is also reflected by Rogers (1951, p.136) who states that self-concept can be thought of as 'an organized configuration of perceptions of the self which are admissible to awareness'. McConnell (2011, p.5) asserts that there is substantial support that individuals organise their perception of self. This view is similarly shared by Markus, Smith and Moreland (1985, p.1494) who believe that the self-concept offers a framework from which we can organise our perception of life's experiences, interpret and comprehend our thinking and emotions, as well as understanding other people's behaviour. Apparently the organisational aspect of self-concept consists of 'an abstracted record of a person's past experience with personal data' (Baumeister, 1999, p.147). Amiot, Blanchard and Gaudreau (2008,	Whilst acknowledging the point made by Harter (1999, p.140), stated in the adjacent column, for the purpose of the present study I am inclined to agree with the view held by Shavelson and Bolus (1982, p.3) that individuals place information about their lives into categories that exist within some form of organisational structure. Therefore, I assume that the participants within the present study will have categorised their perception of dyslexia; and, that this categorised information exists within, (a hypothetical) organisational structure that is accessible, as Rogers (1951, p.136) would suggest, to a person's awareness [and expressed through their discursive descriptions of dyslexia]. I also assume that the category created to store information about dyslexia also relates to other categories within the participant's organisational structure as Shavelson and Bolus (1982, p.3) would argue. My intention is to assist the participants to explore the categories within their organisational structure of self-concept that relate to their perception of dyslexia (i.e. dyslexia self-concept. As described within the following chapter, this exploration was aimed at eliciting descriptions of dyslexia that related to the four research questions

Table 5.1 Description of the Shavelson Model

p.204) describe how the structure of self determines our actions and steers our behaviour in the various situations we encounter whilst simultaneously enabling us to formulate an opinion towards each situation. Similarly, Leary, Estrada, and, Allen (2009, p.148) state that without our 'storehouse of knowledge' with regard to our 'abilities, traits, weaknesses, and preferences, [we] would have difficulties weighing options and making decisions'. However, Harter (1999, p.140) points out that models that propose self-concept to be structured and organised have been created to serve the needs of theorists; whereas in actuality the way individuals organise their perceptions of self may be 'far more idiosyncratic'. Interestingly, the multidimensional structure of self-concept, such as the one represented within the Shavelson model, was formulated on a conceptual level rather than having been derived from empirical studies (Harter, 1999, p.126; Butler and Gasson, 2005, p.191). However, subsequent measurement instruments designed by Marsh and Shavelson (1985) support the multifaceted nature of Shavelson model (Marsh and Craven, 2006, p.136). Baumeister (1999, p.5) claims that our self-knowledge 'contains gaps, contradictions, inconsistencies, and plenty of material	relating to self-concept.

Table 5.1 Description of the Shavelson Model

that is at best very loosely connected together'. McConnell (2011, p.3) implies that there is still much to learn about how information relating to self is organised in our memories.	
B) Multifaceted The Shavelson model proposes that self-concept is multifaceted and, consistent with the general view of multifaceted model of self-concept as described in Section 5.1, as it consists of an overarching general self-concept comprising of multiple specific facets of self-concept, e.g., academic self-concept, social self-concept, physical, and, emotional self-concept (Shavelson et al., 1976, p.413). Shavelson and Bolus (1982, p.3) explain that the specific facets of self-concept relate to the system of categorisation assumed by the individual (described above in feature A). Therefore, we can assume, as suggested by Ridsdale (2005, p.251), that there is no limit to the array of specific facets of self-concept that a person may create, or to how each facet may be split into increasing levels of specificity. As Watson (2002, p.511) points out, '[our] sense of self is constantly evolving. We constantly reconfigure ourselves through multiple identities'. Therefore, in this sense, academic self-concept can split into subject specific self-concept, i.e., maths, which in turn may split into the view an individual has of	Within the present study I agree with the assertion (mentioned in the adjacent column) made by Ridsdale (2005, p.251) regarding there being no limit to the number of specific facets of self-concept that an individual may create. Therefore, for the purpose of the present study I assume that the participants will have created a specific facet of self-concept relating to their general experience of dyslexia, as well as facets of self-concept relating to specific aspects of their dyslexia. For example, I assume that the participant may have created a general view of themselves as dyslexic, and a view of how their dyslexia influences their academic endeavours, with more specific aspects of self (as a dyslexic person) perhaps having been created in relation to, let's say, reading and writing ability. Taking on board the suggestion made by Marsh and Craven (2006, p.138) that researchers should focus on specific facets of self-concept rather than specifically on global aspects of self-concept, the present study focused primarily on exploring the participant's dyslexia

Table 5.1 Description of the Shavelson Model

themselves in relation to, for example, multiplication and division (Ridsdale, 2005, p.251).	self-concept.
C) Hierarchical The Shavelson model postulates that global self-concept sits at the apex of a hierarchical structure that is represented as a pyramid (Ridsdale, 2004, p.251). The inferences we make about ourselves in relation to academic and non-academic areas (i.e. social, emotional, physical self-concept) represented on the first level below the apex; inferences about ourselves in relation to subareas such as maths, peers, physical appearance represented on the next level down; and, perceptions of our behaviours located at the base (Shavelson and Bolus, 1982, p.3). The hierarchical structure of self-concept appears to be an area of contention amongst some researchers. For example, Marsh and Yeung (1998, p.510) state that the 'issue of the hierarchical ordering of self-concept, [...] has not been resolved, despite its important theoretical and practical implications'. Marsh and Craven (2006, p.138) argue that hierarchical structure of self-concept is not as strong as had been anticipated, especially in adolescents and young adults. Despite	For the purpose of the present study I accept the notion that the structure of self-concept is likely to be hierarchical in its construction. Accepting that self-concept is multifaceted it is possible for me to theorise where a facet of dyslexia (which I refer to as dyslexia self-concept) might be placed within such a hierarchical structure. As such, placing a hypothetical facet of dyslexia within the hierarchical structure of self-concept would perhaps depend on the extent to which a person with dyslexia believes their dyslexia impacts on their lives. For example, Pollak (2005) describes four different types of students (with dyslexia) based on their discursive descriptions of themselves in relation to dyslexia. Of the four types of students described by Pollak, three use discourse of dyslexia that imply dyslexia to have an impact on the students' academic, social, emotional, and physical self-concepts. Therefore, in terms of placing a dyslexia self-concept within the Shavelson model that relates to these students, I theorise that it would perhaps exist directly under general self-concept yet above academic,

Table 5.1 Description of the Shavelson Model

such criticisms, the hierarchical structure of self-concept has been argued for by those such as Shavelson and Bolus (1982, p.3); Bong and Skaalvik (2003, p.22); Friedman and Haaga (2007, p.9).	social, emotional, and physical self-concept (see Figure 2.2). Whereas, the type of students that Pollak (2005) describes who use discourse of dyslexia which imply dyslexia to affect their academic life and not other dimensions of self-concept, I theorise that a dyslexia self-concept relating to this group would perhaps best be placed in between academic self-concept and sub-areas of self-concept (i.e. subject specific self-concept). The relevance of this to the present study is, as discussed within the following chapter, that I selected a participant for this research that conceptualise their dyslexia to mainly affect their academic self-concept and another participant that viewed their dyslexia to affect their social, emotional, and physical aspects of self-concept. I felt that is was beyond the scope of the present study to explore the student's perception of dyslexia in relation to all of the domains within the Shavelson model (i.e. their academic, social, emotional, and physical self-concept).
D) Stable One of the debates within self-concept research has been whether self-concept is stable or malleable (Markus and Kunda, 1986, p.858).	In relation to the present study an element of the intervention was to assist the participant to explore their general self-concept, academic self-concept, dyslexia self-concept, subject specific self-concept, and

Table 5.1 Description of the Shavelson Model

Considered from a unidimensional perspective of self-concept, it is thought that self-concept is resistant to change (Showers, Abramson, and Hogan, 1998, p.479). From this perspective it is thought that individuals seek information that is consistent with their view of self whilst keenly opposing information that may challenge an already established view of self (Markus and Kunda, 1986, p.858). However, from a multidimensional perspective of self-concept, change in the self-concept is believed to be easily and frequently brought about (Showers et al., 1998, p.479).

Though some advocates of the multidimensional perspective (i.e. Shavelson and Bolus, 1982, p.3) believe that general self-concept remains stable and harder to change whereas 'situational specific' self-concept is less stable and therefore more likely to change. Shavelson and Bolus (1982, pp.3-6) suggest that the more one descends the hierarchical structure of self-concept the less stable, over time, each particular facet of self-concept becomes, i.e. subject specific self-concept being less stable than academic self-concept. Though subsequent research has not fully supported this viewpoint (see Marsh and Craven, 2006, p.137).

However, Amiot, Blanchard and Gaudreau, (2008, p.204) argue

facets of self-concept that relate to specific academic skills such as reading and writing. Given that the stability of self-concept domains, according to the Shavelson model, becomes increasingly malleable the further down they are situated within hierarchical structure of self-concept, I anticipated that any change in self-concept will occur in a bottom up fashion from subject specific self-concept upwards.

Table 5.1 Description of the Shavelson Model

that our self-concept is flexible and has the ability to adapt and change in response to a variety of situations. Though Swann (1996, cited in Elbaum and Vaughn, 2001, p.304) asserts that once an individual's self perception has been negatively formed then it is extremely resistant to change. However, Burden (2005) concludes from his study of the self-concepts of 50 boys with dyslexia that academic self-concept is capable of change.	
E) Developmental Shavelson and Bolus (1982, p.3) describes how self-concept becomes progressively more multifaceted as we develop from childhood to adulthood. Shavelson et al., (1976, p.414) explain that very young children do not make a distinction between themselves and their environment. However, as a child grows and increases his/her range of experiences, he/she begins to distinguish between themselves and their environment (p.414). Though as children start to construct concepts that represent their notion of self (reflected by the use of the words 'I' and 'me') then he/she also begins to develop categories to make sense of the events in their lives (p.414). Then, with maturity, experience and the ability to use verbal tags, an individual's perception of self	As argued throughout this thesis I do not subscribe to the view that dyslexia has a congenital basis. Rather, I theorise that individuals who are currently being 'diagnosed' as 'dyslexic' are perhaps people who have a natural preference to express their thoughts using non-written word based mediums of communication (such as dance, music, art, verbal communication, drawing). Such individuals whilst experiencing persistent difficulties in their attempts to acquire literacy may develop a notion of self as negatively different in comparison to their peers who do not experience such difficulties. This negative difference, viewed from the developmental aspect of self-concept being discussed in this section, may then become increasingly more developed over time if the difficulties with literacy are not resolved. Through intervention (informed by the medical model of

Table 5.1 Description of the Shavelson Model

becomes more and more differentiated (p.414).	disability) such as the formal 'diagnosis' of dyslexia and the individual's acceptance of the given label 'dyslexic' the individuals view of self in relation to their difficulties with literacy may become progressively more differentiated, developed and ingrained within self-concept. The individual's perception of self, in this area, may then inform their behaviour (e.g. poor literacy skills) whilst their view of self as 'dyslexic' might act to maintain the belief that the acquisition of literacy skills is beyond their grasp due to impairment (e.g. a deficit within self).
	However, I theorise that this developmental process can be reversed through the creation and development of a non-dyslexic facet of self-concept (that can be rationalised on a theoretical level and integrated within the overall organisational structure of self-concept discussed in Table 5.1, point 'A' above). I theorise that the creation and development of such a facet of self-concept coupled with the development of academic skills, might produce a positive reciprocal effect that acts to further develop and strengthen a non-dyslexia self-concept whilst simultaneously weakening the influence of an existing dyslexia self-concept to the point where the individual is able to fully overcome their dyslexia related difficulties.

Table 5.1 Description of the Shavelson Model

	In other words, the more a 'dyslexic' person is able to perceive themselves as 'non-dyslexic' the more able they might be at overcoming their dyslexia related difficulties. And, the more a person overcomes his/her dyslexia related difficulties the more able they become at perceiving themselves as non-dyslexic. With this reciprocal process ultimately resulting in the dyslexia self-concept becoming redundant and being replaced with a stable non-dyslexia self-concept that permits the development of literacy skills (along with other related skills, e.g. memory and organisational skills). There appears to be a gap in the literature on dyslexia in this area resulting in an absence of theoretical understanding of the developmental process that an individual with dyslexia might go though as he/she reconceptualises himself/herself as a non-dyslexic person. The present study tentatively throws some light in this area.
F) Evaluative Shavelson and Bolus (1982, p.3) describe how self-concept has both a descriptive and an evaluative element that enables people to describe themselves (e.g. I am strong), and, evaluate themselves (e.g. I am good at lifting heavy weights). Shavelson et al., (1976, p.414) explain how	Therefore, in the context of the present study it is likely that the participants might make evaluations of their academic abilities in comparison to their perception of an ideal level of academic ability. Equally, he/she might make an evaluative judgment of self in comparison with his/her 'non-dyslexic' peers; or against the evaluations that the participant believes significant people in his/her

Table 5.1 Description of the Shavelson Model

evaluations 'can be made against absolute standards, such as the "ideal," and that they can be made against relative standards such as "peers" or perceived evaluations of "significant others."'. The evaluations that are made differ from person to person; with different people placing varying degrees of importance on the evaluations that are made (p.414). The degree of importance that people place on their evaluations depends on a number of factors, for example, former experiences, cultural background, and values (p.414).	life are making. Within this study I intend to explore the evaluative component (self-esteem) of the participant's academic self-concept, dyslexia self-concept, and perception of academic achievement/ability. This should be made possible as Harter (1999, pp.129-130) claims that most individuals evaluate themselves differently in specific areas of their lives; thus creating a 'profile of his/her sense of adequacy across relevant life arenas'.
G) Differentiable Finally, Shavelson and Bolus (1982, p.3) describe how self-concept can be viewed separately from other facets of self, for example as a separate construct from academic, sporting or artistic achievement. From this viewpoint, it is expected that a higher correlation will exist between achievements in one area of an individual's life, for example art, with the individual's perception of his or her self in that particular subject, in this case artistic self-concept (Shavelson et al., 1976, p.415). However, it can be expected that such a correlation would systematically decrease as we ascend the hierarchical structure of self-	In relation to the present study it can be assumed from the description given that dyslexia self-concept can be viewed as a separate construct to, for example, academic self-concept. This is important as it means that this facet of self-concept can be targeted within the intervention. The correlation between dyslexia self-concept and other self-concept domains is dependent on the participant's view of dyslexia. If the participant for example believes that dyslexia mainly impacts on their academic skills then it might be unlikely that a meaningful correlation might exist between his/her dyslexia self-concept and his/her social self-concept. On the other hand, in the case of a participant that perceives their dyslexia to effect all aspects of his/her life, there might

Table 5.1 Description of the Shavelson Model

concept (Shavelson and Bolus, 1982, p.6).	be significant correlations between their dyslexia self-concept and a greater number of other facets of self-concept.
The differentiation between self-concept and other facets of self can result in an individual having a positive view of themselves in one area of their life, for example sport self-concept, yet being in possession of a negative self-concept with regard a different component of self-concept, for example social self-concept (Elbaum and Vaughn, 2001, p.304).	
As a result of the differentiation of self-concept intervention may affect different aspects of self-concept. Therefore, intervention aimed at developing academic skills may have a greater effect on academic self-concept than on other facets of self-concept, whereas, intervention that focuses on developing social skills would have more of an effect on social self-concept (Elbaum and Vaughn, 2001, p.306; Marsh and Craven, 2006, p.144).	

5.4 Research questions relating to dyslexia and self-concept

As described in Section 5.2 findings from studies conducted on dyslexia and self-concept have reported that dyslexia does not have a negative effect on general self-concept. However, in relation to self-esteem it appears that dyslexia can have a negative effect on levels of general self-esteem. In addition, it is reported that dyslexia has a significant negative effect on academic self-concept. In addition, findings from more general self-concept studies have found that there is a reciprocal relationship between academic self-concept and academic achievement. These finding are listed in Table 5.2.

Table 5.2 List of significant findings from dyslexia and self-concept studies

Areas focused on	Summary of findings
1) Dyslexia and general self-concept	No significant difference between 'dyslexics' and 'non-dyslexic' peers
2) Dyslexia and general self-esteem	Lower levels of self-esteem in comparison with peers
3) Dyslexia and academic self-concept	Significant negative difference in comparison with peers
4) Academic self-concept and academic achievement	Reciprocal relationship between academic self-concept and academic achievement

The first three findings (listed in Table 5.2) are useful in terms of providing understanding into the influence that dyslexia, framed within the P-I-D-Paradigm, has on the specific self-concept. However, there appears to be a gap in the literature on dyslexia and self-concept framed within the I-E-D-Paradigm.

The fourth area noted in Table 5.2 is not a finding from dyslexia and self-concept studies but arrived at from the broader studies on self-concept. However, its importance within the present study is significant and warrants being incorporated into the present study as a research question as the intervention was geared to assist the participants to improve their skills in areas of focus that were selected by the participants.

Taking on board the suggestion made by Marsh and Craven (2006, p.138) that researchers should focus on specific facets of self-concept rather than specifically on global aspects of self-concept, the present study focuses primarily on exploring the participant's dyslexia in relation to dyslexia self-concept. Therefore, in order to address the gap in the literature the following research questions framed within the context of the I-E-D-Paradigm are addressed within this study,

1. What influence might a non-constitutional PoD and intervention (framed within the I-E-D-Paradigm) have on descriptions relating to dyslexia self-concept?

2. What influence might a non-constitutional PoD and intervention (framed within the I-E-D-Paradigm) have on descriptions relating to dyslexia self-esteem?

3. What influence might a non-constitutional PoD and intervention (framed within the I-E-D-Paradigm) have on descriptions relating to academic self-concept?

4. What influence might a non-constitutional PoD and emancipatory intervention (framed in the I-E-D-Paradigm) have on descriptions of dyslexia relating to academic achievement/ability?

It is my intention that by throwing light on the four research questions outlined above, that I will make an original contribution to theoretical knowledge in this area.

5.5 Summary of Chapter 5

Whilst the construct, self-concept, may be one of the most important constructs within the social sciences, consensus of the exact meaning of self-concept has not been reached. One area of confusion that can arise relates to the use of the terms self-concept and self-esteem sometimes being used interchangeably; however, as noted in Section 5.1, for the purpose of this study I view self-concept to be the general perception that an individual has of self, whilst I use the term self-esteem to refer to the evaluative component (i.e. subset) of self-concept.

Finally, as discussed within Section 5.6 three findings, arrived at from studies on dyslexia and self-concept that are framed within the P-I-D-Paradigm, and a finding from studies on self-concept, were outlined and formed the basis for the four research questions, which were framed within the I-E-D-Paradigm (as described in Section 5.4).

In addition, I presented a model of self-concept proposed by Shavelson et al., (1976) that acts as a guiding theoretical framework for use within the present study. As discussed this model of self-concept is premised on seven features, i.e. that self-concept is: a) organised, b) multifaceted, c) hierarchical, d) stable, e) developmental, f) evaluative, and, g) differentiable. The features of the model were discussed in relation to dyslexia and the present study. In addition, I noted how there was an apparent absence of theoretical knowledge regarding the developmental process an individual with dyslexia might pass through as he/she reconceptualises his/herself as a 'none-dyslexic' person. And, as mentioned, this is an area that I hope to make a significant contribution to knowledge in through the present study.

CHAPTER 6

DYSLEXIA PARADIGMS, DYSLEXIA

AND SELF-CONCEPT

Within Chapters 3 and 4, in my review of the literature on dyslexia, I broadly divided the differing perspectives on dyslexia that are reflected within the literature between four distinct dyslexia paradigms, as reflected in Figure 6.1.

Figure: 6.1   Four dyslexia paradigms consisting of differing perspectives on dyslexia
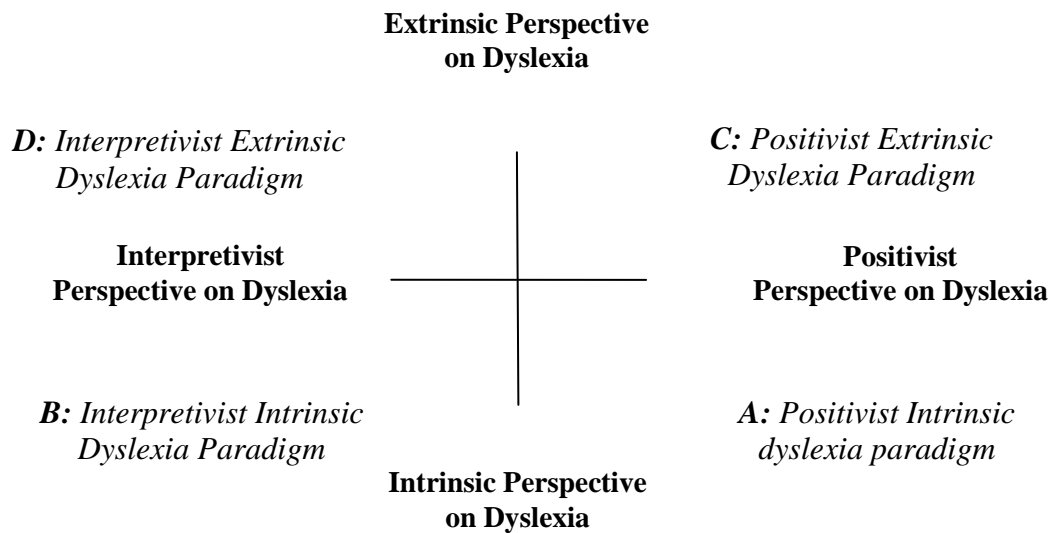
N.B. This diagram overlays Burrell and Morgan's (1979) model representing four worldview paradigms that underpin scientific inquire within the social sciences.

As described in Chapter 3, and as can be seen within Figure 5.1 the categories (dyslexia paradigms) are based on two factors that can be represented at opposed ends of an axis. The first factor being the theoretical standpoint held by dyslexia researchers, for example, positivist or interpretivist viewpoints. The second factor being whether the cause of dyslexia is believed to exist within the individual or externally to the individual, for example, intrinsic or extrinsic perspectives on dyslexia.

To reiterate, in Chapter 3, I refer to the four dyslexia paradigms as, Positivist-Intrinsic Dyslexia Paradigm (P-I-D-Paradigm), Interpretivist-Intrinsic Dyslexia Paradigm (I-I-D-Paradigm), Positivist-Extrinsic Dyslexia Paradigm (P-E-D-Paradigm), and the Interpretivist-Extrinsic Dyslexia Paradigm (I-E-D-Paradigm).

The four dyslexia paradigms, as indicated in Figure 6.1, can be overlaid onto Burrell and Morgan's (1979) model of sociological (worldview) paradigms, these being, a) Functionalist paradigm (where I locate the P-I-D-Paradigm), b) Interpretive paradigm (where I locate the I-I-D-Paradigm), c) Radical structuralist paradigm (where I locate P-E-D-Paradigm), and, d) Radical humanist (where I locate the I-E-D-Paradigm). Please view Figure 6.2 for an overview of each of the Dyslexia Paradigms within the context of the four sociological paradigms.

In this chapter I describe, in very broad brush strokes, my subjective interpretation of the general field of dyslexia and self-concept studies set within the four dyslexia paradigms listed above and described in Chapters 3 and 4. This chapter serves two main purposes, first it sets a philosophical backdrop for the following chapter that discusses self-concept and dyslexia, second, it presents possible analysis frames for the participants' narratives of themselves and their concepts of dyslexia.

Figure 6.2 Overview of four dyslexia paradigms overlaid onto sociological paradigms

(Radical Humanist Paradigm)

Interpretivist Extrinsic
Dyslexia Paradigm (I-E-D-P)

Key features:
Belief in subjective reality, thus: argue that dyslexia is 'socially constructed and socially sustained' (Morgan, 1980); views dyslexia to exist in the realm of consciousness and 'dominated by ideological superstructures of the social system [leading to] alienation or false consciousness' (Ardalan, 2012); question how individuals construe and maintain view of dyslexic; focus on 'transformation, emancipation, and critical analysis of modes of domination [wanting] people to reconstrue their "view" of "reality" and take appropriate action' (Boshier, 1990). (Subjective etiological view of dyslexia, i.e., no congenital basis for dyslexia).

Example perspectives on dyslexia (PoD)/studies:
- Orientation Theory (Poole, 2010)
- Social Interactionist Cooper (2009)
- [Current study, (Farruggia-Bochnak)]

(Radical Structuralist Paradigm)

Positivist Extrinsic
Dyslexia Paradigm (P-E-D-P)

Key features:
Belief in objective reality, thus: find no evidence re existence of dyslexia using 'scientific method'; view cause of dyslexia to exist in structures and systems that is reflected as 'social construct' (i.e. 'dominant force', Morgan, 1980) that creates a state of '"false consciousness"' (Boshier, 1990); focus on freeing the masses from "false consciousness" through structural and political change (Gottlieb, 1989).

Example PoD/studies:
- Elliott and Grigorenko (2014)
- Learning opportunities & social contest hypotheses
- Faults in orthographical system

Interpretivist Intrinsic
Dyslexia Paradigm (I-I-D-P)

Key features:
Framed within a Social Model of Disability, thus: Impairment exists within the individual and causes difficulties (sometimes framed as 'difference'); individual owns impairment and therefore difficulties; individual is disabled by structures and systems within society that do not adjust to accommodate individuals difficulties. (Objective etiological view of dyslexia i.e., 'impairment')

Example PoD/studies/initiatives:

- Dyslexia friendly school imitative (BDA)
- Herrington (2001)
- Burden (2005)

(Interpretive Paradigm)

Positivist Intrinsic
Dyslexia Paradigm (P-I-D-P)

Key features:
Framed within a Medical Model of Disability, thus: Impairment exists within the individual and causes dyslexia problem (mainly framed as 'difficulties'); individual owns difficulties; individual disables self and needs to be 'fixed' to fit into society/educational system. (Objective etiological view of dyslexia, i.e., 'impairment')

Example PoD/studies:

- Phonological deficit theory
- Cerebellar deficit hypothesis
- Magnocellular defect theory

(Functionalist Paradigm)

6.1 Dyslexia and self-concept in relation to P-I-D-Paradigm

In this section I present my interpretation of the broad field of dyslexia and self-concept studies within the context of the P-I-D-Paradigm.

Figure 6.3 Schematic representation of dyslexia and self-concept studies (P-I-D-Paradigm)
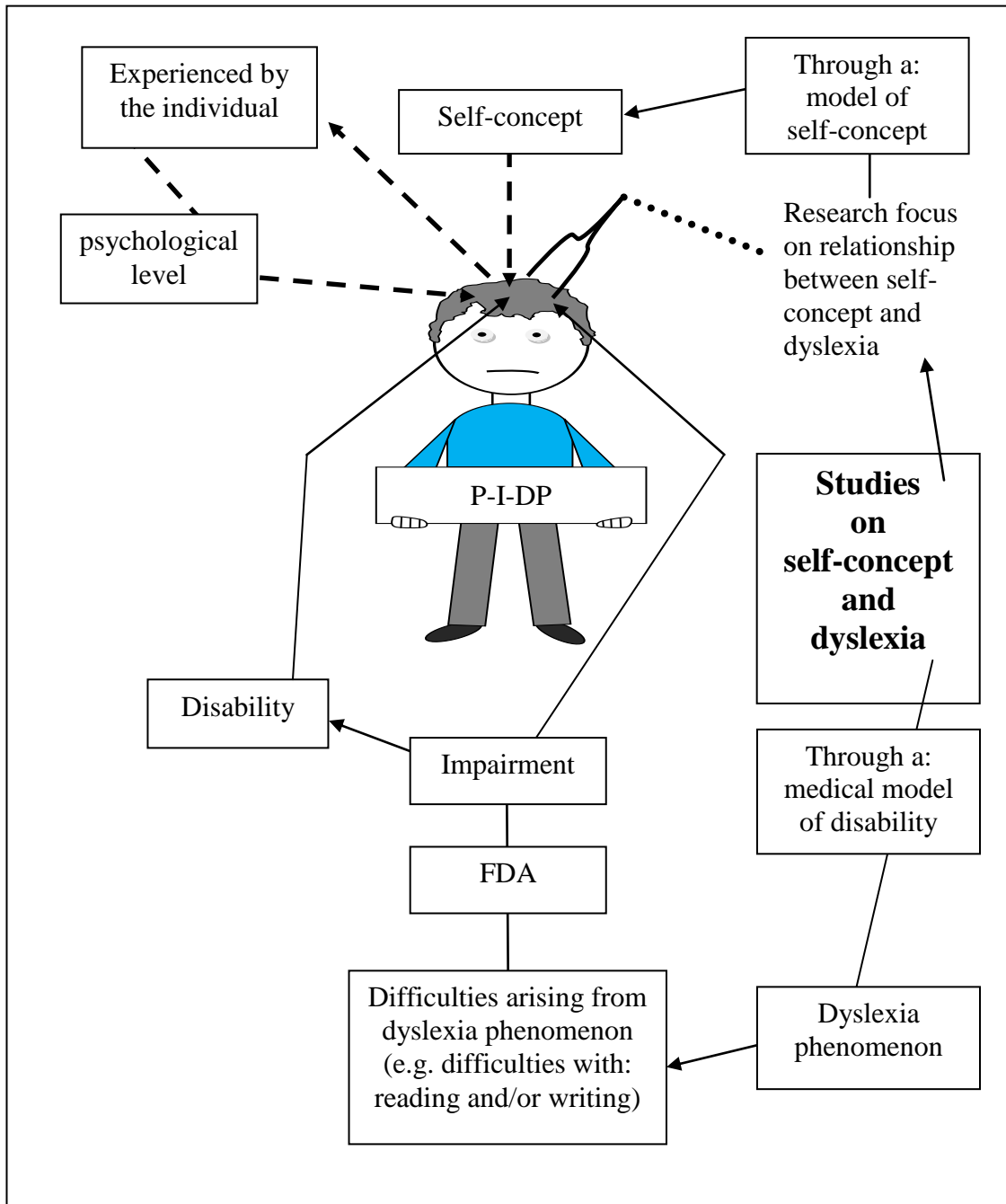
The bulk of studies on self-concept and dyslexia represented within the literature reflect the dominant P-I-D-Paradigm that is informed by medical model of disability. Within a P-I-D-Paradigm, both dyslexia (viewed as impairment) and self-concept exist within the individual as shown with Figure 6.3, typically at a neurological/biological level. The research focus tends to be on the relationship between self-concept (viewed through a given model) and dyslexia. As represented within Figure 6.3 the phenomenon of dyslexia, through a medical model of disability, exhibits itself in the form of difficulties, mainly with literacy, with the cause of these difficulties assumed to exist 'within' the individual (Poole, 2003) and reflect 'impairment' (Rose, 2009, p.36) of 'normal' functioning (Grigorenko et al., 2001, p.17) at the level of the brain (Nicolson and Fawcett, 2008, p.6) - shown in Figure 6.3 as the FDA. Therefore, as the difficulties are believed to stem from impairment within the individual so it is believed that the difficulties experienced are owned by the individual (Oliver, 1998). Similarly, the disability that the individual experiences is also viewed to stem from impairment and therefore also owned by the individual (Oliver, 1998).

In the context of the P-I-D-Paradigm the construct of self-concept is viewed to exists within the individual and experienced at a psychological level within the individual. However, unlike the I-I-D-Paradigm (described next - Section 6.2) there is little, but mainly, no, emphasis placed on understanding the individual experience of the dyslexia or of their sense of 'being' disabled.

Table 6.1 Examples of studies conducted within the P-I-D-Paradigm

Examples of studies conducted within the P-I-D-Paradigm	Type of study
Chapman (1988)	Meta-analytical review of the literature on LD and self-concept dating from 1974 to 1986
Zeleke (2004)	Meta-analytical review of the literature on LD and general self-concept dating from 1987 to 2003
Elbaum and Vaughn (2001)	Meta-analytic review of school based intervention aimed at enhancing the self-concepts of LD children and adolescents

6.2 Dyslexia and self-concept in relation to I-I-D-Paradigm

In this section I present my interpretation of the broad field of dyslexia and self-concept

studies within the context of the I-I-D-Paradigm.

Figure 6.4 Schematic representation of dyslexia and self-concept studies (I-I-D-Paradigm)
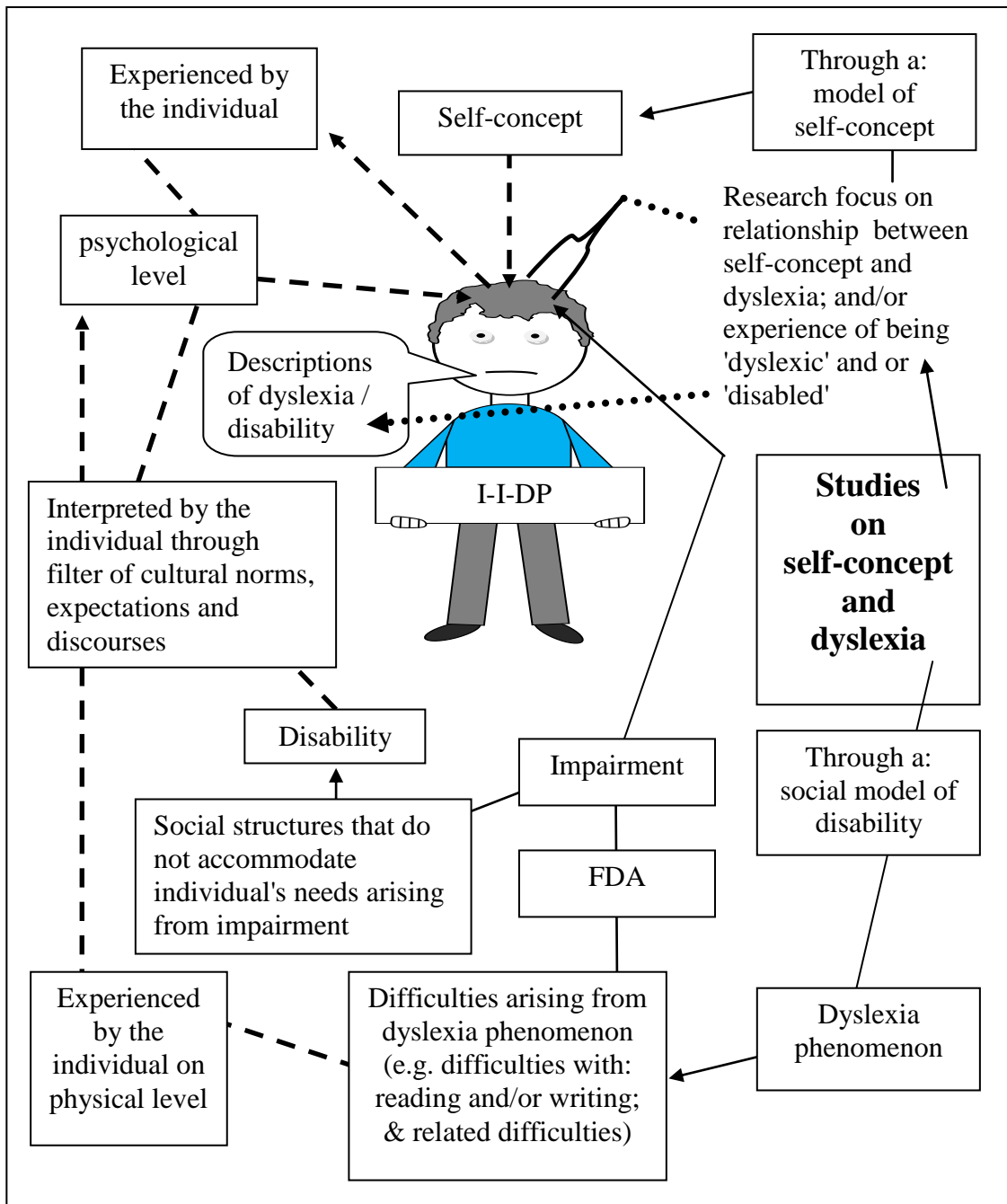
As the dominant focus has been on studies on dyslexia and self-concept within the P-I-D-Paradigm, there are, by default, fewer studies that have been conducted on dyslexia and self-concept from within the context of the I-I-D-Paradigm. From I-I-D-Paradigm both dyslexia (viewed as impairment) and self-concept exist within the individual as shown with Figure 6.4, typically at a neurological/biological level. The research focus tends to be on the relationship between self-concept (viewed through a given model) and dyslexia; and/or on the experiences of 'dyslexic' individuals accessed through their narrative descriptions of dyslexia. As represented within Figure 6.4 the phenomenon of dyslexia, viewed from a social model of disability, exhibits itself in the form of difficulties, mainly with literacy though the secondary difficulties (e.g. difficulties with, memory, organisational skills, social relationships) are acknowledged. These difficulties are believed to exist 'within' the individual (Poole, 2003) and reflect 'impairment' (Rose, 2009, p.36) of 'normal' functioning (Grigorenko et al., 2001, p.17) at the level of the brain (Nicolson and Fawcett, 2008, p.6) - shown in Figure 6.4 as the FDA. Therefore, as the difficulties are believed to stem from impairment within the individual so it is believed that the difficulties experienced are owned by the individual (Oliver, 1998). However, dissimilar to studies conducted within the P-I-D-Paradigm, the 'disability' that is experienced by the individual is not believed to be caused by impairment but rather by social forces that do not accommodate the needs of the individual (Oliver, 1998). In this sense the dyslexic individual does not own the disability (Oliver, 1998).

In the context of the I-I-D-Paradigm the construct of self-concept is viewed to exist within the individual and experienced at a psychological level. However, unlike P-I-D-Paradigm the focus of studies from the I-I-D-Paradigm is placed on the individual experiences of 'being' 'dyslexic' and/or 'disabled'. As depicted within Figure 6.4, the physical experience of 'difficulties' (with literacy skills, memory, time management etc.)

and the experience of being 'disabled' (by external societal forces) are interpreted on a psychological level through the individual's interpretation (i.e. 'personal constructs' if viewed through a Personal Construct Psychology framework (Kelly, 1955)), of external forces such as cultural norms, social expectations; and through interaction with 'discourses of dyslexia' (Pollak, 2005; Gwernan-Jones, 2010). These interpretations of 'difficulties' and 'disability' feedback into the individual's self-concept.

Table 6.2 Examples of studies conducted within the I-I-D-Paradigm

Examples of studies conducted within the I-I-D-Paradigm	Type of study
Ingesson (2007)	Interviews with 75 'dyslexic' student reported that 'dyslexia had influenced their self-esteem negatively 'quite a lot' or 'very much'
Burden (2005)	Interviews with 50 dyslexic students studying at a specialist dyslexia school
Collinson and Penketh (2010)	Interviews with dyslexic students in HE

6.3 Dyslexia and self-concept in relation to P-E-D-Paradigm

In this section I present my interpretation of the broad field of dyslexia and self-concept

studies within the context of the P-E-D-Paradigm.

Figure 6.5 Schematic representation of dyslexia and self-concept studies (P-E-D-Paradigm)
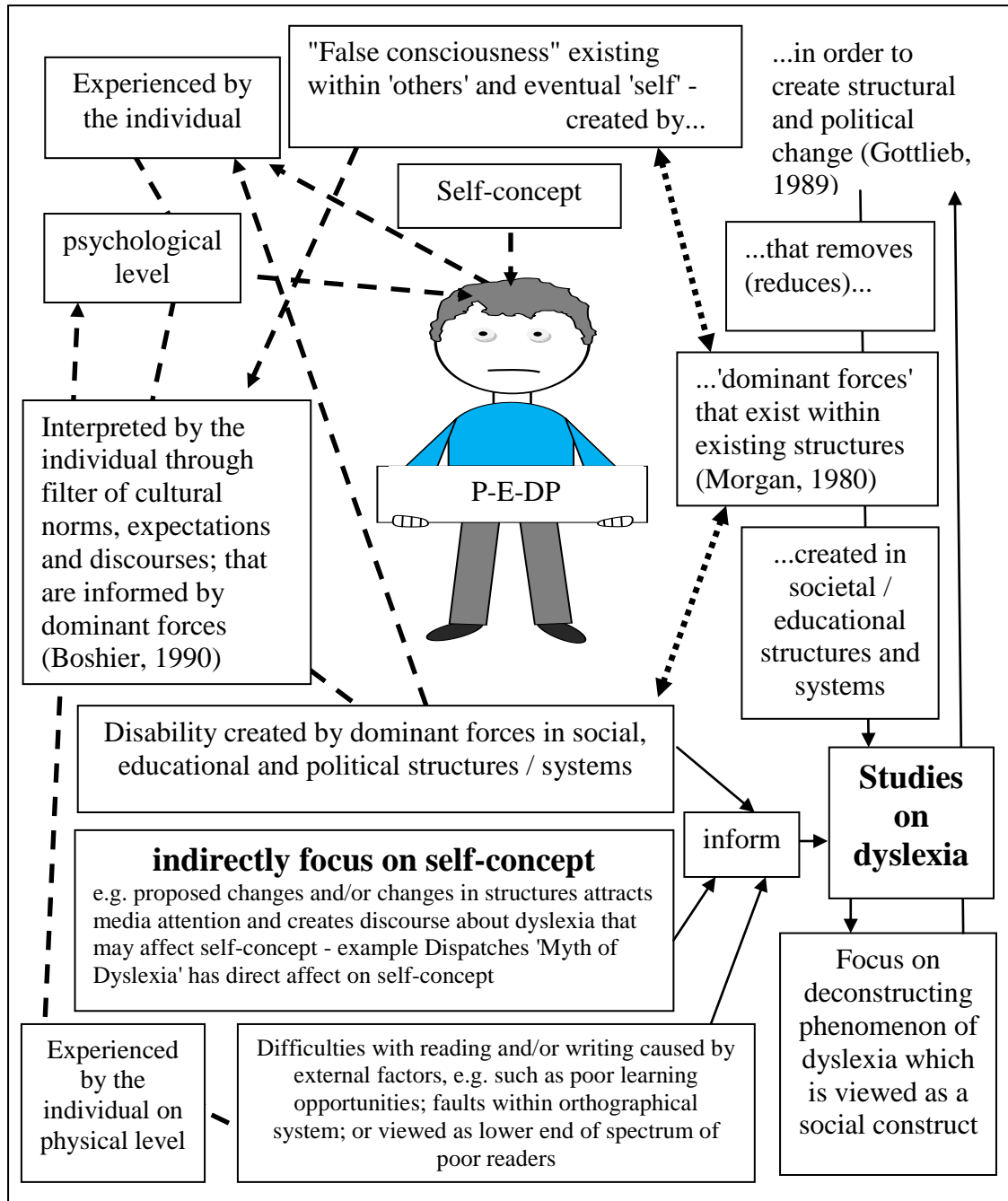
Whilst studies framed within the P-I-D-Paradigm and I-I-D-Paradigm have, as described in Sections 5.4.1 and 5.4.2, a direct focus on dyslexia and self-concept, studies that can be framed within P-E-D-Paradigm do not have a direct focus on self-concept. Rather the influence on self-concept is indirect, as depicted in Figure 6.5, and described within this section. The focus of studies within this paradigm focus on challenging the power that exists within the social, educational and political structures and systems that historically created the construct of dyslexia and that now acts to maintain the construct of dyslexia. As shown in Figure 6.5, (right-hand side) studies on dyslexia, framed within the P-E-D-Paradigm, are locked into a process (loop) of deconstructing dyslexia, in an empirical manner (due to a belief in objective reality), and attempts to create structural and political change that is informed by their empirical studies. Studies within this paradigm contextualise issues that are believed to be created by dominant social forces, such as difficulties with literacy and/or disability, within their own studies as a means of highlighting the dominant forces that are at play within the structures being focused on. As can be seen within Figure 6.5, a complex inter-connected and inter-related web of activity exists externally to the studies on dyslexia, though the activities/movement that takes place at an external level, feedback into the studies.

From P-E-D-Paradigm little or no attention is placed on measuring changes that may have taken place at a self-concepts level of those that may be affected by the studies that are being conducted. What is being attempted by studies of this type is to bring about change to create a system/structure that does not privilege one group over another. For example as in Elliott's (2005) argument that 'garden type poor readers' are denied access to support and resources that are made to 'dyslexic' students, whilst as Elliott (and others) argue there seems to be no distinct difference between the two groups (see Section 4.1.1.1). Similar to the I-I-D-Paradigm the 'dyslexic' individual continues to experience the physical

and psychological experience of literacy difficulties and the psychological experience of 'disability', however, within this model the interpretations of these experiences are believed to be influenced by a state of an false consciousness that exists within the masses that is created by dominant forces.

Table 6.3 Examples of studies conducted within the P-E-D-Paradigm

Examples of studies conducted within the P-E-D-Paradigm	Type of study
Elliott (2005)	Article: *The dyslexia debate continues*
Elliott and Gibbs (2008)	Article: *Does Dyslexia Exist?*
Elliott and Grigorenko (2014)	Book: *The Dyslexia Debate*

6.4 Dyslexia and self-concept in relation to a Radical I-E-D-Paradigm

In this section I present my interpretation of self-concept studies within the context of a

Radical I-E-D-Paradigm.

Figure 6.6 Schematic representation of this dyslexia and self-concept study (Radical I-E-D-Paradigm)
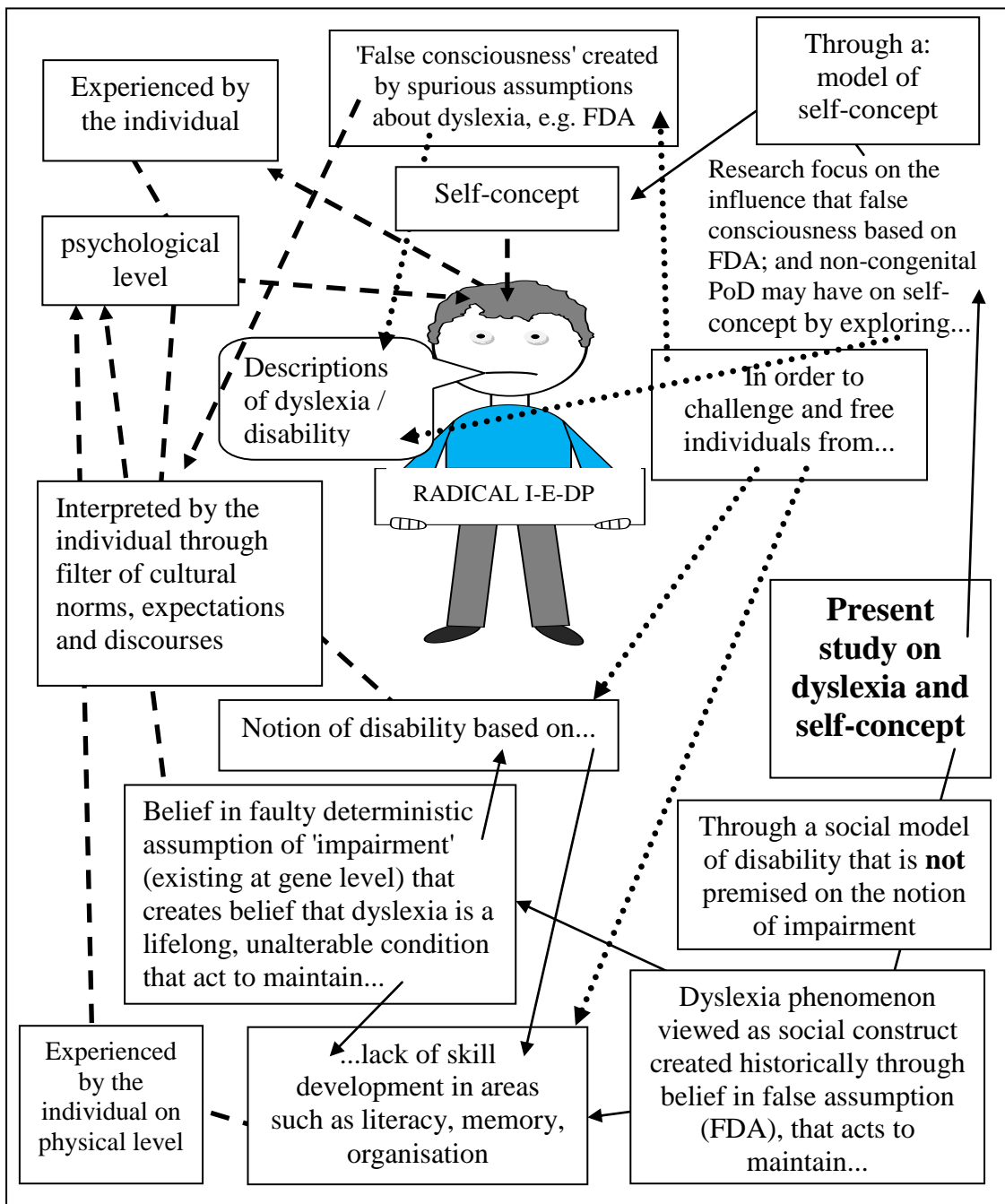
Whilst there are studies within the other three dyslexia paradigms, described in the previous three sections, that focus directly on dyslexia and self-concept (as with P-I-D-Paradigm and I-I-D-Paradigm) and indirectly on self-concept (as with P-E-D-Paradigm) there does not seem to be any studies framed within a I-E-D-Paradigm that are informed by the Radical Humanist paradigm (Burrell and Morgan, 1979) that have been conducted on dyslexia (that is not premised on the FDA) and self-concept. For this reason I give an overview of the present study that is represented in schematic fashion within Figure 6.6. This does not mean to say that there are not studies that are framed with the I-E-D-Paradigm that have an indirect effect on self-concept as studies of this type are acknowledged and described in Section 4.2 with three examples given within Table 6.4.

(N.B. In relation to discussion above, the following description relating to the Radical I-E-D-Paradigm is based on my subjective assumptions and theorising that informed the present study).

From the Radical I-E-D-Paradigm the phenomenon of dyslexia is viewed as a social construct that was created from an assumptions made about dyslexia by the early pioneers of dyslexia (please refer to Section 1.3), this being that dyslexia exists within the individual and stems from impairment of 'normal' functioning (referred to in this study as the FDA). However, the FDA has not been verified at an empirical level despite efforts to do so by positivist researcher over the course of nearly 120 years. From the Radical I-E-D-Paradigm the FDA is not taken as a given within dyslexia research and the authoritarian position that it holds within the literature on dyslexia is questioned (as in the case of the present study, see Chapters 3 and 4). The social construct of dyslexia, premised on the FDA, as depicted within Figure 6.6, acts to create a faulty deterministic assumption of impairment existing at a gene level and as a result has created the predominant view that dyslexia is an insurmountable condition that cannot be overcome fully by the dyslexic

individual. This in turn creates the notion of 'disability' that is maintained by the individual not being able to fully develop their skills with literacy, memory, organisational ability (and in other secondary areas that are reflected within the literature as secondary difficulties (see Section 1.3). As shown in Figure 6.6, the individual experiences primarily the physical aspects of literacy difficulties and the notion of disability which are then interpreted through a filter of cultural norms, expectations and discourses; (and other personal construct if viewed from a Personal Construct Psychology (Kelly, 1955) perspective at a psychological level). Differentiating the Radical I-E-D-Paradigm and the I-I-D-Paradigm in relation to these areas is that from the Radical I-E-D-Paradigm believe that the interpretation filter used by dyslexic individuals is informed by a state of 'false consciousness' relating to dyslexia based on dyslexia being informed by the unverified FDA.

In relation to the notion of disability, from the Radical I-E-D-Paradigm, this is considered through an adapted version of the social model of disability (Oliver, 1998). The social model of disability is premised on the view of individual impairment being the root cause of the difficulties experienced by the individual, whilst disability is created on a societal level as a result of rigid structures being in place that do not accommodate the needs of the 'impaired' individual (Oliver, 1998). However, from the Radical I-E-D-Paradigm, the social model of disability, when applied to the issue of dyslexia, needs to be adapted as it is not believed that difficulties arise from impairment. Therefore, this tenet of the social model is replaced with the notion of a 'pseudo' impairment (created by the FDA) that exists within the individual on a psychological level as 'false consciousness'.

Therefore, holding onto the same tenets as the social model of disability the 'impairment', in this discussion the 'pseudo' impairment, is viewed as the cause of the individual's difficulties, and owned by the individual - in the manner it is viewed within an

un-adapted social model of disability (Shakespeare, 2013). In addition, the social model of disability is further adapted by viewing disability to be created both by societal inflexibility and also by the dyslexic individual's, "false consciousness" informed, conceptualisation of dyslexia as an insurmountable genetic condition.

From the Radical I-E-D-Paradigm, therefore, disability is not viewed as a fixed entity but as a fluid construct that is proportionally created by the individual and by societal factors (e.g. not accommodating 'difference') which is dependent on levels of individual skills ability in literacy (and other related dyslexia difficulties). In other words, the more a dyslexic individual breaks free from false assumptions about dyslexia (e.g. that it is of genetic origin and therefore beyond their ability to control), the more likely he or she might be able, through persistent effort, to develop their literacy and other skills - thus, lessening, and ultimately removing the perception of self as 'disabled'.

From the Radical I-E-D-Paradigm the focus of the research on dyslexia and self-concept with a specific focus on exploring the influence that a 'false consciousness' (in the case of assumptions about dyslexia informed by the FDA) and a non-constitutional PoD may have on self-concept. As shown in figure 6.6, the self-concept is viewed through a chosen model of self-concept, the Shavelson model (1976) and acts as a window into the self-concept through the descriptions given by the participants (though from the Radical I-E-D-Paradigm, narrative is viewed as an abstraction of thought as thought is viewed as its own entity and beyond absolute description).

The final aspect of the Radical I-E-D-Paradigm study of dyslexia and self-concept, as shown in Figure 6.6 is to challenge (in the sense of challenging in a counselling skills context, see Section 7.1.5) false assumptions that may exist within the participants descriptions of dyslexia, in order that the individual can emancipate him/herself from the constraints that exist within their thinking about dyslexia, which from the Radical I-E-D-

Paradigm is done with the intention that individuals are then able to realise their potential (which is one of the aims of Radical Humanism).

Table 6.4 Examples of studies conducted from the I-E-D-Paradigm

Examples of studies conducted within the I-E-D-Paradigm	Type of study
Poole (2003)	Argument in article (discussed in Section 4.2.1.3) and that informed by I-E-D-Paradigm (not Radical) and that supports the present study
Poole (2010)	Argument in article (discussed in Section 4.2.1.3) and that informed by I-E-D-Paradigm (not Radical) and that supports the present study
Cooper (2009)	Argument in article (discussed in Section 4.2.1.1) and that informed by I-E-D-Paradigm (not Radical) and that supports the present study

6.5 Summary of Chapter 6

In this chapter I have presented three of the four dyslexia paradigms noted in Chapters 3 and 4, in relation to dyslexia studies on self-concept, these are, a) Positivist-Intrinsic-Dyslexia-Paradigm (P-I-D-Paradigm), b) Interpretivist-Intrinsic-Dyslexia-Paradigm (I-I-D-Paradigm), and, c) Positivist-Extrinsic-Dyslexia-Paradigm (P-E-D-Paradigm). However, rather than describing a hypothetical dyslexia study on self-concept relating to the Interpretivist-Extrinsic-Dyslexia-Paradigm (I-E-D-Paradigm), I have presented an overview of the present study that is framed in a Radical Interpretivist-Extrinsic-Dyslexia-Paradigm (Radical I-E-D-Paradigm).

CHAPTER 7

A NON-CONSTITUTIONAL PoD

AND EMANCIPATORY INTERVENTION

In this chapter I focus on achieving the second and third research objective described in Sections 1.6.2 and 1.6.3. As described, Research Objective 2 focuses on the development of a perspective on dyslexia that is not informed by the FDA (i.e. the view that the root cause of dyslexia exist 'within' the individual (Poole, 2003) and reflects 'impairment' (Rose, 2009, p.36) of 'normal' functioning (Grigorenko et al., 2001, p.17) at the level of the brain (Nicolson and Fawcett, 2008, p.6). And, Research Objective 3 required me to develop intervention that is high in emancipatory value.

I begin this chapter by providing a brief overview of the four main elements of the intervention in order to set a conceptual backdrop for further discussion about the intervention. I then discuss self-concept change and how it is theorised to be possible from the perspective of a multifaceted view of self-concept, (such as the Shavelson et al,. (1976) model that I use in this study as my preferred model of self-concept; see Section 5.3), to create a new 'non-dyslexic' facet of self-concept. I argue that there are four potential barriers to the creation of a 'non-dyslexic' facet of self-concept (see Section 7.3). I then present the non-constitutional perspective on dyslexia. Following this, I discuss my ontological standpoint that is informed by alternative constructionism and existentialism, along with two psychological perspective, Personal Construct Psychology (Kelly, 1955) and Person Centred Theory (Rogers, 1951), and explain the influence that these perspectives had on the design of the intervention. I end this chapter with a description of the basic counselling skills that I employed in the intervention.

7.1. Elements of the intervention

Figure 7.1 Overview of the four elements of the intervention

Data Collection:		Emancipatory Process:	
(Pre N-C-PoD) Semi-structured interviews combined with basic counselling skills Constant throughout steps 1– 4a	**Optional Techniques:** Used in process of eliciting & exploring Steps 1-4a; and in generating secondary data	*(What is dyslexia?)* **Step 1)** Elicit and explore (minimal amount of challenging – see Section 7.1.5 for description of 'challenging') participant's descriptions of dyslexia in relation to: Dyslexia S-C, Dyslexia S-E, Academic S-C, and perception of Academic achievement/ability	
		(What causes dyslexia?) **Step 2)** Elicit and explore (minimal amount of challenging) participant's etiological view of dyslexia	
		(Difficulties experienced) **Step 3)** Elicit and explore (minimal amount of challenging): a) broad description of difficulties relating to dyslexia b) specific area participant wants to focus on developing their skills in during intervention	*(Skill development* **Step 4a)** Assist participant to develop skills in area(s) specified by participant
(During 'Specific Action')		**Specific Action:** Describe and discuss N-C-PoD	
(Post N-C-PoD) Semi-structured interviews combined with basic counselling skills Constant throughout steps 4b–7	**Optional Techniques:** Used in process of eliciting & exploring Steps 4b-7; and in generating secondary data	*(What is dyslexia?)* **Step 5)** Elicit, explore, and challenge (in a counselling sense, see Section 7.1.5) the participant's descriptions of dyslexia in relation to: Dyslexia S-C, Dyslexia S-E, Academic S-C, and Academic achievement/ability	*(Skill development)* **Step 4b)** Continue to assist participant to develop skills in area(s) specified by participant **Step 4c)** Assist participant to be able to transfer learning to other contexts
		(What causes dyslexia?) **Step 6)** Elicit, explore and challenge participant's etiological view of dyslexia	
		(Difficulties experienced) **Step 7)** Elicit, explore, and challenge: a) description of the specific area participant focused on developing skills in during intervention b) broad description of difficulties relating to dyslexia	

In this section I provide a brief overview of the four main elements of the dyslexia support intervention (intervention) that was developed for the purpose of this study. The purpose of this section is to provide a conceptual backdrop for further discussions about the intervention within this chapter and in Chapter 8. As illustrated in Figure 7.1 above, the intervention consists of the following four main features,

- Data Collection
- Optional techniques
- Emancipatory Processes
- Specific Action

The elements listed above are described in the remainder of this section.

7.1.1 Data collection element of intervention

A constant aspect of the intervention, throughout the six sessions that made up the block of support offered to each participant, was the 'data collection' element of the intervention. As discussed in Section 8.1.1 the main method of data collection was semi-structured interviews that were used in combination with basic counselling skills. The combination of semi-structured interviews and basic counselling skills was used to deliver the 'Emancipatory Process' described in Sections 7.1.3 and 7.1.5. (N.B. a rationale for combining semi-structured interviews with basic counselling skills is provided in Section 8.1.1, and a description of the basic counselling skills used is given in Section 7.7). As can be seen in Figure 7.1 (left hand column) the data (in the form of narrative) was collected before, during, and after the 'specific action' (described in Section 7.1.4) taken in the intervention which was to introduce the participants to the N-C-PoD.

The reason for describing the 'data collection' aspect of this study (i.e. semi-structured interviews combination with basic counselling skills) as an element of the

intervention is that qualitative interviews can create a therapeutic environment for the interviewee (Birch and Miller, 2000, pp.189-200; Hollway and Jefferson, 2000, p.87). As Weiss (1994, p.134) points out, the 'research interviewer resembles a therapist by encouraging the respondents to develop thoughts and memories, by eliciting the respondent's underlying emotions, and by listening closely to the respondent's utterances'. Birch and Miller (2000, p.192) explain, that by 'inviting someone to talk about aspects of their life the researcher is asking that an individual translates their sense of 'self' into language.

In relation to the present study, inviting the participants to tell their 'dyslexia' stories (i.e. descriptions of dyslexia) was significant as differences in 'pre' and 'post' N-C-PoD data (i.e. narrative descriptions of dyslexia) acted as a means of subjectively 'measuring' changes in the self-concept in relation to dyslexia. As Chafe (1990, p.79) asserts, narratives can be viewed as 'overt manifestations of the mind in action: as windows to both the content of the mind and its ongoing operations'. (N.B. Please see Section 8.5.2 to view further discussion about 'narrative' in relation to the present study).

However, whilst I recognise that qualitative interviews might create a therapeutic environment, especially in combination with basic counselling skills, I was mindful during the delivery of the intervention not position myself (as Seidman, 2013, p.109, warns not too) as a 'therapist' (or 'counsellor') and, in order not to compromise my integrity in this area (Kvale, 2007, p.29), made this clear to the participants in this study (see Section 8.7, point 6 in Table 8.7).

7.1.2 Optional techniques element of intervention

Another element of the intervention was the use of five 'optional' techniques that were developed specifically for use in the intervention. The five techniques were Self-characterisation sketches (Kelly, 1955), Personal construct interviews, Assessment of needs interviews, Actual/ideal interviews, and Learning conversation (Harri-Augstein and Thomas, 1994).

The techniques listed above were used (where appropriate, see Section 8.2) in order to assist in the 'emancipatory process' (see Section 7.1.3 below) by eliciting and exploring the participants descriptions of dyslexia (in relation to self-concept) and etiological view of dyslexia. In addition, as indicated in Figure 7.1, the 'Assessment of needs interview' was used in the skills development aspect of the 'emancipation process'. (N.B. please view Section 8.2 for a brief description of the five techniques listed above and Appendix A for an in-depth discussion of the use these techniques in the intervention. Further, for a description of which optional techniques were used with which participants please refer to Section 8.2).

7.1.3 Emancipatory processes element of intervention ('pre specific action')

The emancipatory process element of the intervention was aimed at achieving Research Objective 4, which as described in Section 1.6.4, was to *'Explore the influence that a 'non-constitutional' perspective on dyslexia and intervention high in emancipatory value has on the self-concepts of 'dyslexic' students in tertiary education'*. The emancipatory process element of the intervention consisted of nine main steps. As illustrated in Figure 7.1, four steps (i.e. Steps 1, 2, 3, and 4a) of the emancipatory process were delivered before introducing the participant to the N-C-PoD (i.e. 'Specific Action' described in Section 7.1.4

below), with the remaining five steps (i.e. Steps 5, 6, 7, 4b, and 4c) were delivered following the special action.

(N.B. Steps 1, 2, 3, and 4a are described in this section as these steps represent the 'pre specific action' aspect of the intervention - and Steps 5, 6, 7, 4b, and 4c are described in Section 7.1.5 following a brief description of the 'specific action').

As indicated in Figure 7.1 the first step of the emancipatory process was to elicit and explore the participants descriptions of dyslexia in relation to the facets of self-concept that the first three research questions focused on (i.e. dyslexia self-concept, dyslexia self-esteem, and academic self-concept) and in relation to the participants perception of academic achievement/ability (i.e. the fourth research question) - please view Section 5.4.

The second step in the emancipatory process was to elicit the participants etiological view of dyslexia in order to determine if the participant viewed dyslexia as 'fixed' entity that was beyond their ability to change (e.g. viewing dyslexia to be of genetic origin), or as, for example, a 'difficulty', 'problem', or 'issue' that is not viewed as part of their genetic/biological makeup which can be overcome through skills development.

The third step was to elicit and explore the participants broad descriptions of how they believed dyslexia affected their lives. For example, the participants describing of how dyslexia impacted on their learning during their school years, or the difficulties that they may have experienced within other context such as in the workplace or social life.

Having elicited the participant's broad descriptions of the difficulties associated with dyslexia, the next step was to assess which area of difficulty the participant wanted to focus on developing their skills in during the intervention. This was achieved through the use of the 'Assessment of needs interview', which is one of the optional techniques noted in Section 7.1.2 and described in greater detail in Section 8.2 and in Appendix A.

The next step (Step 4a in Figure 7.1), in the emancipatory process, was to assist the participant to improve their skills in area that they chose to focus on during the intervention (i.e. arrived at during the third step noted above). For example, assisting the participants to improve their skills with literacy or memory ability. The support offered to the participants to improve their skills was not geared specifically to assist 'dyslexic' students. Rather, the support offered was the type of support that I would offer to both 'dyslexic'/'non-dyslexic' students alike (e.g. how to: plan an essay, answer the essay question, structuring paragraphs, cite and reference authors; and/or, improve memory skills using techniques suggested by Buzan (1998)).

During the four steps described above I 'challenged' the participants about their views and beliefs about themselves in relation to dyslexia. However, I purposefully minimised the amount of challenging during the first four steps of the intervention. The reason for this was that I wanted to generate data that would provide a 'truer' reflection of how the participants perceived themselves in relation to dyslexia (through narrative descriptions) before being introduced to the N-C-PoD. (N.B. Please see Section 7.1.5 for a description of 'challenging' in the context of counselling skills).

7.1.4 Specific action element of intervention

Once steps 1 to 3 had been completed (and step 4a was in progress) the next step taken in the intervention was to initiate the 'specific action' (i.e. loosely equivalent to "independent variable", using the experimental term). The specific action taken within the intervention was to introduce the participants to the non-constitutional perspective on dyslexia (N-C-PoD) described in Section 7.4. The N-C-PoD was introduced to the participants through

my reading out loud the description of the N-C-PoD (as described in Section 7.4) to the participants.

After describing the N-C-PoD to the participants I invited the participants to discuss the N-C-PoD by asking if the N-C-PoD had "made sense" to them (see Section 10.2.2 and Quote 5 to view the response of participant 2 when asked if the N-C-PoD had "made sense" to him). In addition, after describing the N-C-PoD I clarified my position in relation to learning literacy skills (see Section 10.2.2 and Quote 6).

7.1.5 Emancipatory processes element of intervention ('post specific action')

The 'post specific action' emancipatory process was to repeat the steps taken in the 'pre specific action' emancipatory process. However, an important additional factor during the 'post specific action' of the intervention was to increase the intensity of 'challenging'. Culley and Bond (2004, p.19) describe that,

> At its best, challenging provokes deeper exploration, by which we mean that clients are encouraged to explore what they have hitherto been unaware of or only dimly aware of, as well as what they may have been avoiding or overlooking.

Culley and Bond (2004, p.20) describe six different types of challenges which are briefly described in Table 7.1 below (left hand column) and where I applied these different types of challenging in the emancipatory process of the intervention (right hand column).

Another difference between the 'pre' and 'post' action emancipation process was to change the order that points 'a)' and 'b)' that were used in Step 3 (see Figure 7.1) during Step 7. Therefore, the focus in Step 7 was on eliciting, exploring, and challenging, a) the 'specific area' that was focused on during the intervention, and, b) broad descriptions of

difficulties relating to dyslexia. The purpose of changing the order of point 'a)' and 'b)' was in order to assist the participants to re-evaluate their perceptions of the dyslexia difficulties they described in the broad context (Step 3, point a) by transferring the learning that had taken place whilst developing skills in the areas that the participants had chosen to focus on.

Table 7.1 Types of challenges used in emancipatory process

Type of challenge:	Example of use in intervention:
Confrontation – 'is effective in helping clients to identify and face the games of ruses which they employ and which change'.	Challenged participant 2, Rico, about his description of himself as "stupid and thick" (Section 10.1.1), and himself as a "rough diamond" (Section 10.2.3).
Giving feedback – 'involves letting clients know how you experience them and their behaviour'.	Please view Appendix B, point 31, p.443 for an example of how I gave feedback to participant 2, Rico.
Giving information – 'can encourage clients to assess themselves and their situations differently'	The 'special action' was provided the participants with alternative (non-constitutional) information about dyslexia (see Section 7.4).
Giving directives – 'means openly directing the process. When, for example, you instruct a client to, 'Say to me what you wanted to say to her', you will be directing them to experience something different. This different experience is intended to provide some insight into how they thought about, and behaved in, the situation under discussion or what their inhibitions are about tackling a specific concern with a colleague'.	An example of a directive within the intervention was the use of one of the optional techniques noted in 7.1.2, self-characterisation sketches (Kelly, 1955). This technique required me to direct the participants to describe themselves from a third person perspective (see Section 8.2.1 and Appendix A for description of this technique).
Self-disclosure or self-sharing – 'means talking about your own experiences. Used sparingly, it has the effect of freeing clients to explore their own concerns in a more open and meaningful way'.	Please view Section 10.2.2, Quote 6 for an example of self-sharing with participant 2, Rico.
Immediacy – 'focuses both on the relationship between you and on what is happening now. Being immediate means offering clients your perspective on the interaction between you and encouraging them to reflect on what is happening'.	Please view Section 10.2.2, Quote 3 for an example of immediacy between myself and participant 2, Rico.

To conclude this section, I anticipated that the four elements of the intervention, described in this section, and in particular the emancipatory process in combination with the specific action, would lead the participants to greater levels of emancipation from dyslexia (i.e. perceiving dyslexia to be of non-constitutional origin).

7.2 Self-concept change

It appears that there is little disagreement that the enhancement of self-concept can bring about positive change in our lives (Marsh, 1989, p.417; Marsh and Craven, 2006, p.134; Bong and Skaalvik, 2003, p.32). As discussed in Section 5.3.4 a positive academic self-concept can bring about desirable changes in academic achievement. In relation to dyslexia the enhancement of self-concept and in particular academic self-concept is considered a significant outcome in education.

However, despite the recognised benefits of enhanced self-concept the majority of self-concept studies have not attempted to influence students' self-concepts but rather study '*de facto* relationships between academic self-concept and achievement' (Bong and Skaalvik, 2003, p.33). This has resulted in researchers having limited know-how in bringing about change in how students' perceive themselves (Bong and Skaalvik, 2003, p.33). Burden (2008, p.189) draws a similar conclusion noting that the majority of intervention programmes focus on developing students' skills and/or learning strategies without placing any significant attention on developing how students perceive themselves in relation to their abilities.

A possible reason why there is limited knowledge on how to bring about change in the way students perceive themselves is in part due to much of the research having focused on other aspects of self-concept. For example, self-concept researchers have, according to

Bong and Skaalvik (2003, p.32), had some success in throwing light on questions relating to the '..."what" and "why" of academic motivation' (e.g. 'what is the nature of academic self-concept' and 'why students form different self-evaluations'). In addition, Bong and Skaalvik (2003, p.32) explain that researchers have also examined some elements of the "how" aspect of academic self-concept by analysing "how" academic self-concept is 'created and how [it affects] subsequent motivation, learning, and performance'. In addition, Bong and Skaalvik (2003, p.32) point out that several 'how' type questions still remain unanswered, one of which is relevant to the present study, this being, *how* can practitioners and researchers: '...assist students to change their self-perceptions to a positive direction?'

It seems that this question is reflected within the literate on the enhancement of self-concept within the field of dyslexia research. For example, Elbaum and Vaughn (2001, p.322) conclude from their meta-analytic review of school based intervention aimed at enhancing the self-concepts of LD children and adolescents, that it is not clear 'what can be done to increase the low academic self-concept of many students with LD'.

Some 15 years on from Elbaum and Vaughn's (2001, p.322) findings (noted above), it appears that the literature, informed by the P-I-D-Paradigm, is still no closer to understanding how to bring about positive change in academic self-concepts of 'dyslexic' people. An exemplifier of this can be seen in the, 2016, fifth edition of 'Dyslexia A Practitioner's Handbook', authored by Gavin Reid, chair of the British Dyslexia Association (BDA). Rather than suggesting how to bring about positive change in the self-concepts of 'dyslexic' people, Reid (2016, pp.42-43) proposes that preventative measures should be taken to reduce the risk of children developing negative self-concepts in the first place, as can be seen,

> The identification and assessment of dyslexia are of crucial importance since a full assessment will facilitate the planning of appropriate intervention that will help to prevent the child from becoming engulfed by a feeling of learned helplessness.
>
> Preventing, or at least minimising, such failure removes the threat that intransigent learning difficulties will become so deeply embedded that they not only penetrate the affective domain and in particular the child's self-concept,...

Whist there is little being put forward in terms of how to bring about positive change in the self-concepts of 'dyslexic' people, there appears to be a near absence of literature on how dyslexic people can change their self-concepts from that of "being dyslexic" to that of "not being dyslexic". The focus of this section is on "how" to bring about change of this type, in other words from perceiving oneself as 'dyslexic' premised on a constitutional view on dyslexia (i.e. informed by the FDA) to that of viewing oneself as 'non-dyslexic' (i.e. not informed on the FDA).

7.2.1 A model of self-concept change

In order to bring about change in self-concept Ridsdale (2004, p.250) asserts that it is necessary to bring about change in how the existential self (I-self) perceives the categorical self (Me-self) both on a cognitive and emotional level. To achieve this, the individual has to create new categories or adapt existing categories (Ridsdale, 2004, p.250). The purpose of the existential self, Harter (1999, p.6) explains is to create an awareness of self that is separate from other people; whilst the purpose of the categorical self is to develop categories that enable the individual to define themselves (e.g., intelligence, age).

The essence of an existential self that shapes the uniqueness of our identities and a categorical self that gives structure to our perception of self is reflected within Person

Centred Therapy (Rogers, 1951). This can be seen within the following description about self-concept change given by Rogers,

> To perceive a new aspect of oneself is the first step toward changing the concept of oneself. The new element is, in an understanding atmosphere, owned and assimilated into a now altered self-concept. [...] Once the self-concept changes, behaviour changes to match the freshly perceived self' (Rogers, 1980, p.155).

The creation of a perceived new aspect of oneself, from the perspective of a multifaceted view of self-concept, such as that proposed by Shavelson et al., (1976), is possible and as Ridsdale (2005, p.251) asserts there is no limit to the array of specific facts of self-concept that a person may create. As Watson (2002, p.511) points out, '[our] sense of self is constantly evolving. We constantly reconfigure ourselves through multiple identities' (see Section 6.5.1, Table 6.1, point B). Therefore it is feasible in this sense that a person who currently views him or herself as dyslexic is able to create a new facet of self-concept that views self as 'non-dyslexic'. And then, assuming Rogers (1980, p.155) view, stated in the quote above regarding behaviour changing to 'match the freshly perceived self' is possible, the behaviour of such a person should change to match their view of self as 'non-dyslexic'.

A non-dyslexic facet of self-concept may be brought about as a 'dyslexic' person critically explores their perception of dyslexia. Rogers (1951, p.77) explains that as a person works through difficulties in a particular area of their life they enter into a process of 'reorganising their perception of self' (Rogers, 1951, p.77). It is, perhaps, during this process that a person experiencing persistent difficulties (in the case of the present study, with written language) might seek to gain a clear understanding into why they are experiencing difficulties within a particular area of their lives. Rogers (1951, p.77),

suggests that the picture we hold of ourselves inevitably alters in order to include the new perceptions of our experience.

7.3 Potential barriers in creating a 'non-dyslexia' facet of self-concept

I theorise that as a 'dyslexic' person enters into the process that Rogers (1951, p.77) describes above, that the potential for him or her to create a new 'non-dyslexic' facet of self-concept might be considerably reduced due to the forces of four main factors baring down on him or her, these forces I argue are,

- the absence of a non-constitutional perspective on dyslexia

- the debilitating effect caused by the belief that dyslexia exists at a gene level

- the oppressive dyslexia discourse that reinforces the medical framing of dyslexia

- the debilitating effect of dyslexia being portrayed as a disability

These factors are discussed below in the remainder of this section.

7.3.1 Absence of a non-constitutional definition of dyslexia

In order for a 'dyslexic' person to create a new 'non-dyslexic' facet of self-concept, I argue that a clear definition of dyslexia, that is not premised on the FDA, is need in order for the 'dyslexic' person to be able to make sense of why they are experiencing dyslexia type difficulties.

The need for a clear definition of dyslexia from which dyslexic students can make sense of their difficulties is reported in the literature framed within the P-I-D-Paradigm. For example, it is suggested that in order for a 'dyslexic' student to overcome their dyslexia difficulties a clear understanding of dyslexia should be sought (McLoughlin et al.,

1994, p.50; Miles and Miles, 1999, p.109; Burden, 2005, p.1). In addition, it has been suggested that 'dyslexic' students need to have a clear definition of dyslexia that provides a clear description of the etiological cause of dyslexia (Reid and Kirk, 2001, p.20; McLoughlin, Leather and Stringer, 2002, p.97).

The importance of 'dyslexic' students gaining a clear understanding of dyslexia in order to overcome their dyslexia difficulties is stressed within the P-I-D-Paradigm framing of dyslexia. For example, McLoughlin et al., (1994, p.50) assert that the greater the level of understanding held by a dyslexic person towards their dyslexia the better able they are to consciously overcome their dyslexia related issues. In addition, Reid and Kirk (2001, p.96) assert that dyslexic people 'have a responsibility to themselves to become familiar with their condition'.

However, within the P-I-D-Paradigm framing of dyslexia there is no consensus regarding the etiology of dyslexia (Narain, 2006, p.1209; Ouimet and Balaban, 2010, p.45); and as Tønnessen (1997, p.88); Paradice (2001, p.213); Evans (2004, p.1); and, most recently Elliott and Grigorenko (2014, p.4) point out, an agreed upon definition of dyslexia remains elusive. This, it is reported, can lead to confusion (Paradice, 2001, p.213) and misunderstanding occurring due to varied discourses about dyslexia (Pavey et al., 2010, p.6).

In order to avoid the issues noted above, I considered carefully the need to have a clearly defined definition of dyslexia that is not informed by the FDA for use within the intervention. However, I decided against writing a definition, in the traditional 'one paragraph' manner that we are familiar with (i.e. such as those described in Section 3.1.1). The reason for this was that of definitions being prescriptive in nature and going against my intention that the N-C-PoD might be of use as a meaning making template that might

be of use to 'dyslexic' students in their attempts to reframe their perception of dyslexia in a non-constitutional manner.

Rather, than a traditionally one paragraph presentation of a definition of dyslexia (that is not informed by the FDA), I decided that I would incorporate into the N-C-PoD (which to reiterate constitutes my 'personal' theory (Kelly, 1955) of dyslexia in the form of 13 assumptions - view Section 7.4) a definition of dyslexia spread of seven paragraphs (see Assumptions 5 to 11 in Table 7.2). I presented the definition in the context of my assumptions about dyslexia and framed the description in such a way as to make it clear that the definition was my theorising about dyslexia and a 'hypothesised' type definition *not* arrived at from a 'proven' theory (as can be viewed in Table 7.2). By presenting a definition of dyslexia in this manner I anticipated would keep the definition within the concept of the N-C-PoD being offered as a 'template' that might be of use to the participants and that he or she were free to adapt to suit their own 'personal' theories of dyslexia.

7.3.2 Debilitating effect caused by the belief that dyslexia exists at a gene level

As discussed in Section 4.1.1.5, there seems to be considerable agreement within the P-I-D-Paradigm that dyslexia is constitutional in origin (Gilroy and Miles, 1997, p.2). The constitutional origin of dyslexia is believed to 'have a significant genetic component' (Farmer, Riddick and Sterling, 2002, p.22). Whilst it is recognised that other factors such as inadequate learning opportunities may impact negatively on students becoming literate the differentiating point between those that are considered dyslexic and those that are viewed as 'garden variety poor readers' (Elliott, 2005), it is, as discussed in Section 4.1.1.5, believed to be the genetic makeup of the dyslexic individual that acts to distinguish between the two types of 'poor' readers.

As discussed in Section 4.1.1.5 it appears that the dominant view that dyslexia stems from unalterable genetic origin (see, McLoughlin et al., 2002, p.98; Ramus, Rosen, Dakin, Day, Castellote, and White, 2003, p.841; BDA, 2015; and Wadlington et al., 2005, p.17) has established the view that dyslexia is a lifelong issue (for examples see, Nicolson, 1996, p.191; Rack, 1997, p.75; Everatt, 1997, p.19; Riddick, Sterling, Farmer, and Morgan, 1999, p.232; McLoughlin, Leather, and Stringer, 2002, p.98; Ramus, Rosen, Dakin, Day, Castellote, and White, 2003, p.841; Pavey, Meehan, and Waugh, 2010, p.6; Kirwan and Leather, 2011, p.39; Nalavany, Carawan, and Rennick, 2011, p.63; Firth, Frydenberg, Steeg, and Bond, 2013, p.113; BDA, 2015). As such, dyslexia is portrayed within the literature to be beyond the 'dyslexic' individual's ability to completely overcome (Nicolson, 1996, p.191) or beyond a 'medical cure' (Wadlington et al., 2005, p.17).

As argued in Section 4.1.1.5, I believe that the view that dyslexia is of genetic origin and a lifelong condition is deterministic in nature. The type of determinism that I am referring to can best be described as 'genetic determinism'. This form of determinism is described by Hewett, O'Toole, Pugh, Lovatt, and Bryan (2006) to be directly linked to the genes within our DNA. From this perspective our behaviour is believed to be determined by our genes and so, as Hewett et al., (2006) put it, 'we are [from this perspective] but victims of our genetic makeup' and powerless to change our 'behavioural patterns'.

This determinist view of dyslexia, as discussed in Section 4.1.1.5, has the potential to restrict the dyslexic individual's ability to express free will over their situation especially if he or she believes, let's say, that dyslexia is something that is genetically 'fixed' and beyond their control to overcome. As Kerr (2010, p.97) argues in his critique of the dominate framing of dyslexia, 'literacy difficulty is, by its own definition, being attributed to an innate deficit within the student, which cannot be "cured" and which can barely be overcome'. As a result the 'dyslexic' individual may perceive him/herself as a

victim of his/her genetic makeup and unable to emancipate him/herself from this viewpoint.

Naturally, from the position of the N-C-PoD, the assumed genetic link to dyslexia is not viewed to be valid. Arguments against the view that dyslexia has a genetic factor have been put forward by a number of authors, as discussed within Section 4.1.1.5. However, to reiterate, a study by Rutter and Yule (1975, p.195) that set out to determine differences between poor readers and dyslexics concluded that there is not a 'genetically distinct syndrome of dyslexia'. Another compelling argument against the view that dyslexia has a genetic link has been the view that in order for our genetic makeup to evolve to incorporate a gene relating to a skill such as reading and writing it would take about 100,000 years for this to happen; yet, the invention of reading and writing is around 5,000 years old - leaving us short of around 95,000 years for this to have happened (Kerr, 2010, p.104).

Therefore, siding with the arguments put forward against there being a genetic link to dyslexia, I also believe that there is no genetic link to dyslexia. However, I theorise from a I-E-D-Paradigm viewpoint, that what may have been discovered is not a gene relating to the cause of dyslexia but rather a gene that is linked to the orientation for non-written word based mediums of communication, e.g. dance, oral expression, music, art, etc. And, whilst from a P-I-D-Paradigm viewpoint it would be beneficial to replace, *if possible*, the faulty dyslexia gene with a working version (as expressed by Grigorenko, 2001, p.110; see Section 4.1.1.5), such an act of genetic engineering (assuming that a 'dyslexia' gene existed) would be, viewed from a I-E-D-Paradigm, switching off our human need for multimodality forms of expression.

Framing the 'dyslexia gene' discussion in this manner presents a logical alternative viewpoint that can be, if needed, expressed to the participants within the intervention if a

barrier to creating a 'non-dyslexic' facet of self-concept rests on the participants view that dyslexia is of genetic origin. This is significant within the N-C-PoD as it removes the view that dyslexia is a lifelong condition which might be beyond the individual's ability to free his or herself from.

7.3.3 Oppressive dyslexia discourse that reinforces the medical framing of dyslexia

There appears within the literature, which reflects the P-I-D-Paradigm viewpoint, to be no shortage of discourses of dyslexia that reinforces the medical/deficit framing of dyslexia and that, I assert, acts to systematically oppress 'dyslexic' individuals through the imposition of the FDA.

One type of oppressive dyslexia discourse that contributes to the issue noted above is that of the use of medical terms that locate the cause of dyslexia to exist within the individual, for example terms such as 'impairment', 'deficit', 'defect', and 'dysfunction'. As noted in Section 3.1.1, there has been some effort made to exchange medical terms such as those listed above (in a move to try and avoid arousing controversy, Turner, 1997, p.11) with the word 'difficulties', however, as discussed in Section 3.1.1, whilst such terms may have been exchanged the underlying view that dyslexia stems from impairment remains firmly intact.

Another type of dyslexia discourse that portrays dyslexia as an insurmountable lifelong condition of biological origin is reflected in the literature though comments, remarks and assertions made by dyslexia researchers who hold this assumption. An example of this type of discourse can be seen in Miles, (2001, p.38) in which he comments,

> First and foremost we know that dyslexia has a physical basis –
> which means that blaming dyslexics for their struggles over literacy

is about as sensible as putting a crippled child in the middle of a
rugger scrum and telling him off for not coping.

Discourses of dyslexia, of the type described above, can have a detrimental impact on a dyslexic students academic as well as personal development (Pollak, 2005), which can result in some 'dyslexic' students feeling 'angry about how they have been misjudged and humiliated' (Copper, 2009, p.80).

Other forms of oppressive type discourse exist in the form of term or statements that reflect the view that dyslexia arises from a state of 'abnormal functioning' (Everatt, 1997, p.19). The 'abnormal functioning' view is implied through statements that view dyslexia to be the opposite of 'normal functioning' (see, Grigorenko, 2001, p.112; Everatt, Weeks, and Brooks, 2008, p.17). In addition, abnormal functioning is implied through language within studies that refer to comparison groups as 'normal'; an example of this is evident in Grigorenko's (2001, p.99) critique of 'Functional Brain Studies' where she comments '...studies of normal subjects...'. Further, the use of the term 'normal reader' implies that the 'dyslexic' reader to be 'abnormal' in functioning within the area of reading (see, Miller-Shaul, 2005, p.132). Furthermore, on a broader level, the abnormal functioning viewpoint is expressed in that view 'dyslexic' individuals to be less than 'normal' in comparison to the general 'normal' population, as expressed in the following text, 'This study examines [...] adults with dyslexia to see if they experience more problems [...] than the normal population' (Griffiths, 2007, p.276).

The corrosive effects that medical type discourse, such as the type noted above, can have on the identities of 'dyslexic' students has been well documented in Pollak's (2005) study on the identities formed by 'dyslexic' students studying in Higher Education. Pollak (2005, pp.125-126) noted how students that perceived themselves as dyslexic (framed

within medical type discourse) appear to create negative self-concepts that exhibit low levels of academic and social self-esteem, poor self-efficacy, and, low levels of self-worth. Conversely, students who perceive themselves furthest away from the medical discourse framing of dyslexia appear to have more positive self-concepts and fared better with the demands placed on them by student life (Pollak, p.126). In addition, Pollak (2005, pp.41-42) found that students who perceived their dyslexia as a 'biologically based deficit' lacked confidence and their academic self-concepts reflected a preoccupation with their perceived deficiencies.

As a result, whist developing my N-C-PoD I was mindful of the negative effects that medical type discourse can have on the way a 'dyslexic' person perceives his or her dyslexia. However, whilst formulating my 'personal' theory of dyslexia (i.e. which I present as the N-C-PoD; see Section 7.4), I was caught in a difficult situation. I had for approximately 20 years (from the age of 18 to 38) used medical type language to describe my perception of my dyslexia, up until the time that I emancipated myself from dyslexia (i.e. created a new 'non-dyslexic' facet of my self-concept) and therefore, some of the terms that I had previously used crept into elements of the intervention. For example, in transcribing the audio recording of each of the six sessions that made up the intervention (see Section 8.6.1) I became aware that despite my efforts not to use any medical type discourse within the intervention I had on a number of occasions used the term 'symptoms' of dyslexia.

However, on careful listening to the audio recordings I had not at any point used language that reflected the 'abnormal functioning' discourse described above, nor had I used terms such as 'defect', 'deficit', or 'impairment'. And, I had not used any medical type discourse within the description of the N-C-PoD that I read out to the participants during

the intervention (please see Table 7.2 for a description of the N-C-Pod that I read to the participants).

(N.B. As described in the following chapter, Section 8.6.1, I introduced the first participant to the N-C-PoD towards the end of the first session, and introduced the second participant to the N-C-PoD towards the end of the fifth session. The reason for the different timing related to the amount of 'pre' type data that I felt I needed to be able to address the Research Questions outlined in Section 5.4).

By using language within the intervention that did not reflect medical type discourse (bar the use of the term 'symptoms' on several occasion as discussed above) I felt would remove, or at least reduce, the potential barrier to creating a new 'non-dyslexia' facet of self-concept that I have argued may arise from the use of what I have referred to (and discussed) within this section as 'oppressive dyslexia discourse'.

7.3.4 Debilitating effect of dyslexia being portrayed as a disability

The final issue that I theorise may act as a barrier to 'dyslexic' students creating a new 'non-dyslexic' facet of self-concept is that of the debilitating effects of dyslexia being framed as a disability within the dominant dyslexia discourse that reflects the P-I-D-Paradigm view of dyslexia. Being exposed to discourse that reflects dyslexia as a disability has the potential, I argue, to anchor a 'dyslexic' person's view of dyslexia as an insurmountable condition, which in turn reduces the potential for the creation of a new 'non-dyslexia' facet of self-concept.

The following excerpt of text, presented in the quote below, provides some indication of the power of dyslexia discourse that reflects dyslexia as a disability,

...students with specific learning difficulties, which include dyslexia [...], need to be assured that their *disability* [my italics] will be understood precisely as such (Kirwan and Leather, 2011, p.33).

The view that dyslexia is a disability is reflected within the literature using language such as, 'specific language disability' (Miles et al., 1995, p.56); 'learning disabled' (Chapman, 1988, p.347); 'learning disabilities' (Elbaum and Vaughn, 2001, p.303, McNulty, 2003, p.63); 'severely disabled readers' and 'severely disabled in literacy' (Fawcett and Lynch, 2000, pp.67-68); and, 'hidden disability' (Macdonald, 2010, p.272).

From the P-I-D-Paradigm perspective it is believed that the 'dyslexic' person's disability is caused by their impairment. Moore, et al. (1998, p.12) explain that perspectives that view an individual's difficulties in a particular aspect of life through the medical model of disability assume that the cause of an individual's disability is intrinsic to the individual. The view that a dyslexic individual's supposed disability is caused by impairment, has, I argue, created "blaming" or "victim" type discourse within the literature that reflect the P-I-D-Paradigm viewpoint. An example of this type of discourse can be seen in the following excerpt taken from Narain (2006, p.1209),

All parents hope for a perfect child, but unfortunately some children are born with serious developmental disorders. These problems include language disorders (such as specific language impairment (SLI) and dyslexia).

In the above quote the author clearly expresses her view that 'being dyslexic' is less than a 'perfect' state of being and infers blame on the child for being 'born' with a 'serious developmental disorder [...]'.

In addition, some researchers, such as Zadina et al., (2006, p.922), view people who experience reading difficulties as 'unhealthy' as implied in the following excerpt, 'Subjects aged 18 to 25 years with identified reading problems and a group of *healthy* (italics are mine) controls were given cognitive and behavioural tests'. Further, the issue of dyslexia has been included, within its own chapter (Smith, 2012, pp.160-166), in the book Principles of Psychiatric Disorders edited by Nurnberger Jr and Berrettini (2012) and referred to by the authors as a 'current nosology [i.e. 'the branch of medical science dealing with the classification of diseases' (Thompson, 1996, p.930)] of psychiatric disorders' (p.xi). This clearly demonstrates that dyslexia is viewed by some as a disease entity of genetic fixed origin (D'Amato, et al., 2005, p.98).

Other examples of blaming type discourse can be seen in the following excerpts of text taken from a sample of literature framed within the P-I-D-Paradigm, '...handicap in affected individuals,' (Frith, 1999, p.211); '...the handicap experienced by the sufferer' (Frith, 1999, p.192); '...those affected to cope with their symptoms' (Narain, 2006, p.1209); 'at risk of reading failure...' (Snowling and Hulme, 2006, p.67); 'Finding an underlying deficit that links the disparate impairments associated with dyslexia would be major breakthrough' (Seidenberg, 2011, p2)' '...students with literacy problems' (Hatcher, Snowling and Griffiths, 2002, p.120); 'dyslexic individuals are impaired' (Snowling, 2001, p.38).

The negative effects of blaming type language relating to persistent difficulties in acquiring literacy skills can lead to a 'dyslexic' student developing a chronic view of self as a failure. As Johnson (1985, pp.174-175) warned us, some three decades ago, that models of reading failure that focus on deficit explanations, at the expense of broader factors (such as the influence that, anxiety, misconceptions about reading, life context, and motivational

forces, has on the individual reading ability) result in 'the terminal diagnoses of reading failure'.

Further, in addition to blaming the 'dyslexic' individual for being 'dyslexic' it appears that that it is not uncommon for 'dyslexic' students to be blamed for so called 'mistakes' that are being made. This is evident within the following excerpts of text, it 'is characteristic of the dyslexic, however, that he regularly makes mistakes which the rest of us make occasionally' (Gilroy and Miles, 1997, p.8); and, '...dyslexic adults [...] among other things, [...] make considerably more mistakes in reading aloud and in writing than non-dyslexic adults' (Poussu-Olli, 2001, p.161).

On the issue of 'mistakes', from his I-E-D-Paradigm standpoint, Cooper (2009, pp.71-72) argues that there is need for changes to be made in the way 'mistakes' are viewed within the learning process in order not to unduly create barriers to learning for 'dyslexic' students in HE. Cooper suggests that making mistakes should be included within the learning process for the following two significant reasons. First, that as a result of current attitudes to mistake making there are high numbers of 'dyslexic' students that 'feel acutely embarrassed about making mistakes [...] and carry this burden into new learning environments', and, second, that 'Feeling able to make mistakes is also part of valuing diversity and a key element of an inclusive environment' (p.72).

Being mindful of the negative effects that can arise from the view that dyslexia is a 'disability', as illustrated above, was significant to me when forming my 'personal' theory of dyslexia (i.e. that I present as the N-C-PoD in Section 7.4). First, it helped me to shape my thinking about dyslexia in relation to the medical model of disability and social model of disability. As I do not ascribe to the view that dyslexia has a genetic basis (see Section 7.3.2) my thinking does not align with either model of disability stated above as the notion of 'impairment' exists within both standpoints (as discussed in Section 3.2.2). As

Shakespeare (2013, p.216) makes clear from the medical model of disability the individual's impairment is viewed as the cause of disability, whilst from the social model of disability the individuals impairment is not viewed as the cause of disability but rather, as Shakespeare and others (i.e. Oliver, 1998) argue is created by a lack of adjustment within society to accommodate the needs of those with 'impairment'.

However, whilst not ascribing to the notion of the existence of 'impairment' from a N-C-PoD viewpoint, I do, as described in Section 5.4.4 believe that 'dyslexic' individuals who have not acquired the skill of literacy, are 'disabled' by social structures and systems that do not make adjustments to accommodate the needs of 'dyslexic' people that fall within this category. In this sense, as discussed in Section 5.4.4, I believe that the notion of being 'disabled' and the usefulness that this may serve the individual decreases in proportion to the levels of skills ability being acquired by the 'dyslexic' individual.

Holding the view of disability, as expressed above, I argue, is important as it enables the 'dyslexic' individual to access support whilst in the process of developing his or her skills within the framework of a N-C-PoD. When designing the intervention I felt that having a clear view of how the notion of disability might be framed within the context of a N-C-PoD would assist the participants to reframe their view of disability if his or her viewpoint in this area might have been causing a barrier in the creation of a new 'non-dyslexic' facet of self-concept from developing.

7.4 My 'personal' theory of dyslexia (non-constitutional PoD)

My personal theory (non-constitutional PoD) comprises of the following 13 assumption,

    1) Humans are predisposed to communicate

2) Humans communicate through various mediums

3) [That there are] Preferred medium of communication within education and
   society

4) Reason for preferred medium within education and society

5) Preferences for certain mediums of communication

6) Dyslexics preference for certain mediums of communication

7) That a spectrum of preferences exists

8) Dyslexics feeling uncomfortable/awkward with non-preferred medium

9) Dyslexics experience feeling of 'negative difference'

10) Unsuitable teaching methods

11) Dyslexia exists on a psychological level

12) Written language is an invention

13) There are no 'right' or 'wrong' ways to spell a word

The 13 assumptions listed above are elaborated on in Table 7.2 below.

Table 7.2 A Non-Constitutional Perspective on Dyslexia

Assumptions and Rationales	Description given to the participants	Some supporting literature
Assumption 1: Humans are predisposed to communicate **Rationale 1:** To set the context for further discussion.	"As humans it is naturally for us to communicating with each other. We communicate things like our thoughts, feelings, ideas, moods, etc, to other people, and, they communicate back to us too. I suppose it's because we are social creatures by nature and we have a need to interact and communicate with each other."	The view that humans are predisposed to communicate seems to be well represented within the literature on language development and communication (see, Rossetti, 2001, p.45). The need to communication is a crucial aspect of what make us human (Littlejohn and Foss, 2011, p.3; Finnegan, 2014, p.6). Communication is something that we 'do all the time [...] we listen, we write, we read [...] - or we draw, we mimic, we nod, we point, we shrug, and, somehow, we manage to make our thoughts known to one another' (Sperber, 1995, p.191).
Assumption 2: Humans communicate through various mediums **Rationale 2:** To acknowledge different forms of communication	"It seems that we all communicate in lots of different ways. For example, we might communicate using spoken language, written language, body language, drawing, dancing, singing, music, mime, sport, art and lots of other ways too. I call these 'mediums of communication'."	To communicate we employ a range of different resources. Several of the mediums (i.e. modes, resources) that we use to communicate (listed in Section 4.2.1.2) are 'text, images, and diagrams' (Bateman, 2008, p.1), 'gesture, artistic performance, music, dance, graphics and digital resources' (Martin, 2016, p.38); 'art, [...] mathematics, [...] and drama' (Harste, 2010, p.28), hearing, sight, touch, taste and smelling

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		(Epstein, 1985, p.37); to this list we could add, amongst other mediums, 'pictorial displays, visually codified graphics, and three-dimensional artefacts' (Finnegan, 2014, p.6). The significance for sharing the above assumption with the participants was to highlight that written language is one amongst many mediums of communication.
Assumption 3: Preferred medium of communication within education and society **Rationale 3:** To help paint the bigger picture	"If we look at the educational system it is clear that the preferred medium of communication is written language. When we go to school it is all geared around teaching us to read and write. We have to learn to read and write so that we are able to learn within lots of different subjects. The education system is based on written language and to become educated there is a requirement for us to become literate first." "On a social level it is easy to see that written language is the preferred medium of communication. We see written language everywhere. For example, if you go into a restaurant the menus are mostly written, lots of road signs	Whilst there has been a move by some in education to include a variety of modes of communication within learning environments the main model of communication is written language. As Fawcett and Lynch (2000, p.57) assert 'Literacy underpins education'. For this reason, it is an essential requirement for students to become proficient at reading and writing in order to be able to access learning opportunities (see Section 1.3). On a societal level spoken language is the main form of communication (Schmandt-Besserat, 1996, p.1). However, due to spoken words having no permanency, written language evolved out of the necessity to make spoken

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	are written, job adverts are in written formats. Lots of employers want you to send them a written CV. We see writing within adverts in magazines and billboards. This is not to mention the role that written language plays in newspapers, magazines and even on the television."	language permanent (Schmandt-Besserat, 1996, p.1). For this reason, written language has become a fundamental element within the infrastructure of most societies (Yunis, 2003, p.1). As a result we see written language all around us (Meek, 1991, p.4).
Assumption 4: Reason for preferred medium within education and society **Rationale 4:** To discuss the historical context	"So why has written language become the preferred medium within education and with society? Well perhaps it's because as humans we feel the need to record thinks like our thinking, our feelings, our ideas, our views, our plans etc. Also, it seems like people had, and still have, a need to record things that are happening or have happened within their lives and within society. People in the past needed to share information with other people that lived in different parts of the world. They also needed to pass on information to future generations." "Now, thousands of years ago people didn't have things like video recorders, tape-records, computers, etc, for them to record and share information. So, in the absence of all of the technology we have nowadays, written language was	Due to the permanency feature of written language, as noted in Assumption 3 above, it fast became (following the invention/development of written language around 5,000 years ago) the preferred medium of communication within many societies. Schmandt-Besserat (1996, p.1) asserts that the arrival of written language was 'a revolution in communication'; with writing being 'regarded as the threshold of history, because it ended the reliance upon oral tradition, with all the inaccuracies this entailed'. The invention of written language, that stemmed out of the necessity to keep records (Schmandt-Besserat, 1996, p.1), soon became recognised as an effective means of 'communicating at a distance and over periods of time'. In addition, written 'texts allow readers to argue, centuries

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	invented so that people could record and receive information. The invention of written language proved itself to be a good way for people to communicate with. For this reason it became well established and has been passed on throughout the ages, and even now that we have all this modern technology at our finger tips it is still the dominant medium of communication within education and within society."	later, about events long past, and to be curious about people long dead whose languages and ideas still seem to be alive and relevant' (Meek, 1991, p.2). In addition, 'writing allows us to capture our ideas when they arise and, in time, to sort and scrutinize, revise, and, subtract, and rectify them to arrive at a rigor of logic and depth of thought that would otherwise be impossible' (Schmandt-Besserat, 1996, p.1). The practical functionality of writing, in the absence of the new technologies that are available in the modern (e.g. audio and video devices, computers) became the preferred medium of communication with society.
Assumption 5: Preferences for certain mediums of communication **Rationale 5:** To discuss that we all have preferences and that this is a naturally part of human functioning	"It seems that on an individual basis we all have preferences for certain mediums of communication over others. For example, it seems that some people prefer to communicate vocally whilst other might prefer to write a letter, draw a picture, sing a song, communicate their message through dance or mime, or use a different form of communication that suits them. Perhaps it's just like how some of us have a natural preference for right-handedness whilst others have a	It may seem logical to assume that dyslexia stems from impairment as the majority of people attempting to become literate do so without experiencing persistent difficulties. Shaywitz et al., (2008, p.452) remarks that for this group of people, 'gaining meaning from print quickly and effortlessly, like breathing and speaking, is a natural part of life. For these men and woman, it is almost unimaginable how something that seems to come so naturally could be difficult

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	natural preference for left-handedness. Or, perhaps it similar to how some people have a preference to look through a telescope with their left eye whilst others prefer to use their right eye. Perhaps it's the same when it comes to communicating our inner selves using a particular medium over others; we simply have natural preferences for certain mediums of communication over others."	for others'. With literacy being gained 'so naturally' by the majority of people it seems valid, therefore, to assume that for those who are struggling to gain literacy skills that the cause of their difficulties stem from impairment in one or several areas of 'normal' perception and/or functioning. West (1997, p.19), despite viewing dyslexia as a 'handicap', which I do not agree with, states the following 'In other words, the complex of traits referred to as "learning difficulties" or "dyslexia" may be in part the outward manifestation of the relative strength of a different mode of thought, one that is available to everyone to one degree or another, but one that a few children (and adults) find it difficult to suppress. Too often, the gift is not recognized and is regarded only as a problem'. 'However some interesting extra findings emerged from all this detail. The only engineer was not dyslexic; there was no architect in either group, and the two most artistic boys, who were relatively inarticulate verbally and preferred to express themselves though art or music, were not dyslexic' (book

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		review by Miles, 1997, of 'Dyslexia over the lifespan: a fifty-five year longitudinal study, by Margaret B. Rawson').
		Not only does it seem that humans have a predisposition to communicate through language it seems that we are also predisposed to communicate through other mediums such as music (Hargreaves, MacDonald, and Miell, 2005, p.3).
		'Music appears to play a unique role in the individual and social development of human beings, and the predisposition to engage in musical activities seems to be a biological adaptation, acquired through evolution' (Hargreaves, MacDonald, and Miell, 2005, p.3).
Assumption 6: Dyslexics preference for certain mediums of communication **Rationale 6:** That we have preferences within the narrow context of dyslexia	"I am guessing [i.e. 'theorising' in scientific speak], and it is only a guess, but I think that maybe people who have been labelled as 'dyslexic' might be people who simply have a natural preference for mediums of communication that do not use written language. So for example, a dyslexic person might have a preference for mediums of communication such as spoken language, art, dance, mime, sport, etc. Perhaps a dyslexic person has a natural	Logan (2009, p.344) in her study of 36 dyslexic entrepreneurs and the relationship between the development of coping strategies and business success found that the majority of the participants were 'very good at oral communication'. Logan views the oral communication skills as a coping strategy as this skill is 'essential if the entrepreneur is to harness the necessary resources behind this vision and build a successful

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	preference for one particular medium of communication over all the others, or maybe they have several preferred mediums of communication that are not based on written language. So for example some dyslexic people might have a natural preference for, let's say, art, whilst a different dyslexic person might have a natural preference for art, dance, and physical movement, for example. Remember I'm just guessing about all of this – I'm just playing with ideas."	company'. I disagree with this view as oral communication is a modality of communication and as argued I view it as a mode of expression. 'There was a trend for dyslexics to perceive themselves as being better at communication than their non-dyslexic counterparts. This is not surprising because dyslexia literature suggests that dyslexics compensate for their lack of written skills by developing enhanced communication skills' (Nicolson and Fawcett, 1999, cited in Logan, 2009, p.343). This makes sense, however, it could be argued that the individual has a natural orientation to communicate through oral expression and that it is this preference that might cause the difficulties with literacy due to it not being their preferred medium of expression/communication. This is to flip over what Nicolson and Fawcett are saying. In addition, how do we know that it is not other factors that cause the enhanced oral skills?
Assumption 7: That a spectrum of preferences exists	"I'm also guessing that perhaps a spectrum exists between people who have a natural preference for mediums of	Shaywitz et al., (1992, p.145) believe 'that dyslexia occurs along a continuum and is best conceptualized as the tail of a

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Rationale 7: That we can have different preferences at different strengths	communication that are based on written language to those that have a natural preference for mediums of communication that are not based on written language. Perhaps the people that have the strongest preference for mediums of communication that are based on written language are at one end of this spectrum. With those that have a strong preference to communicate using mediums that are not based on written language are at the other end of this spectrum. I think that if this spectrum exists then it is perhaps the people at this end of the spectrum that might end up being label as 'dyslexic'."	normal distribution of reading ability'. Likewise, Elliott and Gibbs (2008, p.477) state that 'From the perspective of natural science it is evident that on the continuum of highly skilled to less-skilled readers, there is not clear discontinuity that provides an absolute categorical boundary for a diagnostic category of 'dyslexics''. 'Dyslexia is best thought of as a continuum, not a distinct category, and there are no clear cut-off points. Until recently, a child was deemed to either have or not have dyslexia. It is now recognised that there is no sharp dividing line between having a learning difficulty such as dyslexia and not having it' (Rose, 2009, p.33).
Assumption 8: Dyslexics feeling uncomfortable /awkward with non-preferred medium **Rationale 8:** To open discussion that people can feel uncomfortable using	"I'm also guessing that some people experience persistent difficulties with reading and writing, i.e. dyslexics, because they are perhaps at the far end of the spectrum that I've just mentioned. Maybe they have such a strong preference for a particular medium of communication that is not based on written language that it feels uncomfortable and awkward when trying to use written language. Maybe just like when	Writing about verbal and non-verbal thinking, Davis (1997, p.10) states 'People think in both verbal and non-verbal modes, but being human, we have a tendency to specialise. Each person will practise one mode as his or her primary mode of thinking and the other as a secondary mode'. Cooper's (2009) etiological view of dyslexia appears to be his belief, arrived at from his own research, that dyslexic

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their non-preferred medium of communication – to help externalise the cause of the feeling	someone who hasn't got a natural preference for music might feel uncomfortable and awkward when trying to use this medium of communication. Or, when someone who hasn't got a natural preference to communicate using art might feel uncomfortable and awkward when asked to draw a picture to represent how they are feeling." "I think that people who are at the far end of the spectrum that I mentioned (i.e. the people who have the strongest preference for mediums of communication that are not based on written language) are perhaps the people who experience the most discomfort and awkwardness when using written language. As I mentioned before I'm just guessing at all of this."	people are visual/holistic thinkers and are not suited to an educational system that is geared to cater for the needs of auditory/linear thinkers.
Assumption 9: Dyslexics experience feeling of 'negative difference' **Rationale 9:** To discuss why dyslexic feel what they	"I think that the feelings of discomfort and awkwardness experienced by people who have a preference for mediums of communication that are not based on written language might begin to develop feelings of 'negative difference'. I think this happens if these people compare themselves with people around them who are not having persistent	There are some 'dyslexic' students that view themselves as having a difference only within an academic setting – this type of dyslexic person has been categorised by Pollak (2005) as 'student' type dyslexics, 2005). We have at the other end of a spectrum those that perceive themselves as unintelligent using terms such as 'thick', 'stupid', 'idiot'.

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feel	difficulties with written language. This can lead them to think that there is something 'wrong' within them." "I think that people who are at the far end of the spectrum (i.e. the people who have the strongest preference for mediums of communication that are not based on written language) are perhaps people who experience the strongest feeling of 'negative difference' as a result of experiencing the most discomfort and awkwardness when using written language. Again I'm just guessing in this area too."	
Assumption 10: Unsuitable teaching methods **Rationale 10:** To assist in locating a possible cause externally to the individual	"I believe that the feelings of discomfort and awkwardness experienced by people who do not have a natural preference for mediums of communication are made worst when teaching methods that suit people who have a natural preference (or compatibility) with written language. I also think that the feelings of discomfort and awkwardness can be overcome if teaching methods that suite the dyslexic persons preferred medium of communication. I think that each dyslexia person has their own unique way of learning so in an ideal world they would be encouraged to create their	This assumption is informed by the teaching of Carl Rogers (1969) book Freedom to Learn.

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	own unique method of learning to read and write. In an ideal world the teacher would act as a facilitator and support each dyslexic student to achieve this. As a facilitator the teacher would share methods that have worked for other dyslexic people with the student so that they can 'try them out' and/or adapt them to suit their own unique learning preferences."	
Assumption 11: Dyslexia exists on a psychological level **Rationale 11:** To demonstrate an alternative viewpoint to that of a genetic cause – can overcome a psychological difficulty – to empower	"As a result of the way I am looking at dyslexia I am guessing that dyslexia exists on a psychological level. I believe that it is the way people who have a natural preference for mediums of communication that are not based no written language create a particular way of thinking about dyslexia – in other words a particular mindset. I think this mindset starts to be created when the feelings of discomfort/awkwardness and feelings of 'negative difference' start to be experienced. Then over time as the person continues to use unsuitable methods of learning they start to develop feelings of having something 'broken' or 'different' within themselves that is stopping them from gaining the ability to use mediums of communication that	The BDA (2015) state clearly that dyslexia has a neurological base and that it does not exist at a psychological level. However, etiological view is that dyslexia does not exist within the individual on a constitutional level and therefore argue that 'dyslexia' exists on a psychological level.

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	are based on written language." "I also believe that as this mindset has been created in the way that I have just mentioned it can also be overcome if the 'dyslexic' person starts using methods of learning that suite their own unique learning preference and begin to realise that they can learn to read and write." "I also think that a few other things come into the equation when it comes to the 'dyslexic' person creating the 'right' mindset to learn how to use mediums of communication that are based on written language. I shall cover these below."	
Assumption 12: Written language is an invention **Rationale 12:** To remove some of the authority that written language as a medium has – to show that 'faults' can exist within any invention and that	"As I mentioned before when describing why I think education and society have a preference for the medium of written language, written language was created as a way of recording and sharing information. So, I see written language as an invention. And, like most inventions I believe that there are flaws in its design (e.g. some words being difficult to spell). I think that these flaws do not show themselves much when someone has gained the skills of	Thomson (2001, p.92) states, in 'The Psychology of Dyslexia', that written language is an invention. Grigorenko (2001, p.114) acknowledges that written language is a cultural invention but also states that 'linguists and psychologists [...] wonder whether linguistic systems are not just a cultural invention but also the product of a specific trajectory of human development'. To this she adds, '...like any developing structure, reading might have been reshaped,

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| it is not beneficial to internalise the 'faults' | reading and writing as the methods these people use seem to compensate for the flaws within the invention. But, I believe that the flaws show themselves more when the person using written language is not using the most suitable methods for them to be able to use the invention of written language. For example, someone who does not have a natural preference for the medium of reading and writing may find that when using a pen these flaws show up more often than when they are typing on a computer."

"I believe that 'dyslexic' people have internalised the flaws that exist within the invention of written language. In other words, that they think that the difficulties they are experiencing with written language is their fault rather than them thinking it as a flaws within the invention of written language. This is understandable as these people may believe that written language exists within them rather than seeing it as something that is external to them. I think this does not happen as often when the invention is a physical object. For example, if a right-handed person tried to use a left-handed tin opener and found it to be awkward then they | and this reshaping might have been caused by (or be a cause of) some corresponding change in the brain'. She give the example of how, in the fourth century there was a shift in the way people read – from reading silently to oneself to reading out aloud. This argument goes against the view that it takes 100 thousand years for a skill like reading to be hardwired into our makeup (see Section 4.1.1.5) and that there would have to be considerable evolutionary pressure for this change to take place.

RE: Skills development

If the use of written language is viewed as a skill that is not linked any genetic factor then it is possible, with practice, and through use of a method that suits the individual's specific needs to learn how to master the skills needed to become literate.

Gilroy and Miles (1997, p.1) in 'Dyslexia at college' state 'Perhaps the simplest thing to say is that dyslexia involves a distinctive balance of skills'. They go on to say that '...dyslexics may often be very creative: they may have |

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	are less likely to think that the difficulties they are experiencing are their fault. Perhaps they would see that the fault exists within the left-handed tin opener."	special gifts in engineering, computer programming, art, modelling, and the like; many of them have high reasoning powers, and some of them show as sensitive appreciation to literature and drama'. 'The stumbling block is the written word'. Gilroy and Miles assertion, stated above, on one hand implies that dyslexia is skill based and then go on to say 'to use the medical term, dyslexia is a 'syndrome' (p.8).
Assumption 13: There are no 'right' or 'wrong' ways to spell a word **Rationale 13:** To assist in the removal of the view that the cause of the spelling 'mistake' exists within the individual	"I believe that that there is no 'right' or 'wrong' way to spell a word but rather that there is a conventional way to spell it. The reason I believe this is that a few hundred years ago there were many ways to spell the same word. For example, Kevin Ryan in his book 'Write Up The Corporate Ladder' (2003, page 5), explains that up until the eighteenth century people had spelt the word 'which' in the following ways: 'weche', 'wich', 'wyche', and, 'whych'. He also explains that it wasn't until the first 'comprehensive English dictionary' was published in 1755 that the English language was standardised, or in other words, that people were	There is no shortage of references to terms such as 'right spellings', 'wrong spellings', 'correct spellings', 'incorrect spellings', 'spelling mistakes', within the literature on dyslexia (for examples, see Critchley and Critchley, 1978, p.73; Sanderson, 1999, p.114; Litten, 1999, p.120; Zdzienski, 2001, p.155). The cause of spelling 'mistakes' is viewed by those ascribing to the P-I-D-Paradigm and I-I-D-Paradigm is located within the individual and is believed to stem from impairment located within the individual (for examples, see Riddick, 2001, p.224). Yet, until the standardisation of the English language in the mid-1750s

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	expected to spell words in one standard way. As a result I think that there are no 'right' or 'wrong' ways to spell a word but rather that there are only 'conventional' and 'unconventional' ways to spell words. I believe that what happens is that when dyslexic people spell a word 'unconventionally' and think that they have spelt it 'wrong' that they might think that they did something 'wrong' and internalise this feeling within their mindset towards reading and writing. They may believe that they can't get it 'right'. I believe that by seeing spellings as either being 'conventionally' or 'unconventionally' spelt helps to keep the flaws that exist within the invention within the invention itself."	(generally attributed to Samuel Johnson and the publication of his Dictionary of the English Language) there were more than one spelling for many words within the English language. As Riddick (2001, p.224) remarks 'In the sixteenth century spelling was more flexible and alternative spellings of many words were acceptable (as witnessed in Shakespeare's writing)'.

7.5 My ontological perspective and its influence on the intervention

There are two main ontological perspectives that are congruent within my thinking and that informed the theoretical design of the intervention. The first being 'constructive alternativism' (the philosophical position that informs Personal Construct Psychology (Kelly, 1955, pp.7-17)). The second being 'existentialism', the philosophical position that dates back to the mid-nineteenth century and that stems from the works of individuals such as Nietzsche, Heidegger, and in more recent times Binswanger, Boss, and Sartre (Funder, 1997, p.289).

7.5.1 Constructive alternativism - its influence on the intervention

Kelly (1955, p.17) refers to the ontological position inherent within constructive alternativism, in its basic essence, as 'substantival monism' (i.e. 'the doctrine that there is numerically only one entity in the world' (Dusek, 1999, p.24)). From this position, it is believed that the universe 'is real and not a figment of our imaginations, that it all works together like clockwork, and that it is something that is going on all the time and not something that merely stays put' (Kelly, 1963, p.7). It assumes that there is only one ultimate reality that exists and that we are all 'part and parcel' of this reality (Kelly, 1963, p.7). As individuals we are, as Dalton and Dunnett (1992, pp.6-7) put it, 'always trying to grasp hold of that real world but in fact only construct [our] own version of it'.

The constructions we make are, however, 'infinitely variable' as each individual is able to makes sense of the same event in their own unique way (Dalton and Dunnett (pp.6-7). Dalton and Dunnett (pp.6-7) elaborate further by explaining that the constructs created by individuals appear very really to each individual. Crucially, there are many alternative ways in which an individual may reconstrue a particular event; restricted only by the rules

the individuals has imposed on their own system of construing (Dalton and Dunnett, pp.6-7).

Further, as the rules that govern an individual's system of construing have been personally created it follows that each individual is able to change the rules and therefore the way they construe events within their lives (Dalton and Dunnett, pp.6-7). In other words, 'that all our present interpretations of the universe are subject to revision or replacement' and, 'that there are always some alternative constructions available to choose among in dealing with the world' (Kelly, 1955, p.15). To this Kelly (1955, p.15) adds, that no one 'needs to paint himself into a corner; no one needs to be completely hemmed in by circumstances; no one needs to be the victim of his biography'.

The influence of constructive alternativism played an important role within the present study as it provides a clear philosophical view that it is possible for the participant within this study to choose to reconstrue his or her perception of dyslexia in light of the non-constitutional perspective on dyslexia offered to him or her in the intervention. This provides additional support to the view expressed in Section 7.2 that it is possible, if viewed from a multifaceted model such as the Shavelson et al., (1976) model for a 'dyslexic' person to create a new 'non-dyslexic' facet of self-concept.

7.5.2 Existentialism - its influence on the intervention

Whilst some, e.g. Solomon, (1974, p.ix) argue that existentialism is a philosophical position, others such as Kaufmann, (1975, p.11) argue that existentialism is not a philosophy but rather 'a label for several widely different revolts against traditional philosophy'. Whilst I acknowledge both viewpoints, for the purpose of the intervention I focus on existentialism as a philosophical position.

In a nutshell, existentialism puts 'the experience of one's existence at the core of things' (Funder, 1997 p.286). According to this position, the 'only place and time' in which an individual 'really exist[s]' is within their consciousness and within a 'particular moment of time and space' (Funder, 1997, pp.287-289). Funder (1997, p.287) explains that although this position accepts that a 'broader reality might exist' it is only the part of this reality that the individual perceives or creates within each particular moment that is of any significance to the individual.

Existentialism had a significant influence on me wanting to focus the intervention on the 'here and now' (Culley and Bond, 2004, p.129) aspect of the participants dyslexia. Culley and Bond (2004, p.129) explain that the 'space for reviewing the past and considering the future is the present; these issues cannot be discussed anywhere else'. The 'here and now' aspect of intervention was important as the participant 'may gain new awareness by staying with and exploring their thoughts and feelings as they occur 'now' in relation to you and to what they are revealing' (Culley and Bond, 2004, p.129).

In addition, the emancipatory aspect of existentialism also had a significant influence on my approach to working with the participants in the intervention. Wartenberg, (2008, p.5) describes how, from an existential standpoint, the individuality of each person is a 'fundamental value of life' and therefore from this position there is a focus on existentialists to challenge the 'tendency of human beings to live their lives guided by standards valid for all (Wartenberg, 2008, p.5). From this viewpoint, there is a call for 'each of us to structure a life in a way that embodies what is distinctive about us as an individual. Rather than submit to the norms of what has been called 'the mass,' 'the herd,' and 'the crowd,' (Wartenberg, 2008, p.5). Therefore, from an existentialist perspective there is an emphasis on 'encourage people to develop their uniqueness, their own special qualities' (Wartenberg, 2008, p.5).

The 'critical' aspect of the existentialist position is congruent with my radical humanist paradigmatic viewpoint (expressed in Section 2.8.4) and the view held within it that the 'true' potential of individuals is often not realised due to the existences of a state of "false consciousness" (Morgan, 1980) that is created from the ideological viewpoints that exist to maintain the position of power that is concentrated in the hands of a minority of people within society. In addition, this aspect of the existentialist position is congruent with the critical position inherent in my epistemological viewpoint (discussed in Section 8.5.1) that orientates me to question taken for granted views held by those in positions of power (as demonstrated within this study with the critique of the authoritative position held by the FDA). The significance of this aspect of my ontological viewpoint in terms of its influence on the design of the intervention is that of the intervention being geared towards the emancipation of the participants from the possible existence of a "false consciousness" (Morgan, 1980) of dyslexia that may exist within their conceptualisation of dyslexia premised on the FDA.

7.6 Psychological theories that informed the intervention

In addition to constructive alternativism and existentialism playing a significant part in the theoretical/philosophical framework that guided the delivery of the intervention, these standpoints also informed my choice of psychological perspectives that informed the intervention, these being, Personal Construct Psychology (Kelly, 1955) and Person Centred Theory (Rogers, 1951). (N.B. Personal Construct Psychology (PCP) is informed by both constructive alternativism and existentialism, whilst Person Centred Theory (PCT) is informed by existentialism).

7.6.1 Personal Construct Psychology

Personal Construct Psychology (PCP) had an influence on the design of the intervention. The value that PCP adds to methodology (guiding the delivery of the intervention) is its ability to throw light on the subjective world of the individual (Merrett et al., 1999 p.29). This is achieved as the techniques used within PCP are designed to elicit how the individual interprets reality 'in terms of their existing mental structure, and the way in which, as a consequence, they behave towards it' (Cohen, Manion, and Morrison, 2000, p.337).

In addition to the role that PCP might have in terms of throwing light on the subjective experiences of an individual (in the case of this study the participants), as expressed above, PCP also had an influence on the design of the five 'optional' techniques that I developed to use within the intervention (see Section 8.2 for overview of the optional techniques and Appendix A for a full description). As discussed in Section 8.2 the optional techniques were designed to elicit the participant's perception of dyslexia, explore how the participants created these perceptions, and, how the participants perceptions of dyslexia influenced their behaviour within the context of his or her academic life.

7.6.2 Person Centred Theory

Person Centred Theory (PCT) focuses on the inner world and 'subjective experiences' of the individual (Ryckman, 1989, p.369). Its contribution to methodology (that guided the delivery of the intervention) is often measured in terms of its ability to build relationships between the therapist and the client, or in the case of the present study, myself as researcher and the participant, built upon 'empathy, acceptance and congruence' (Palmer, Dainow, and, Milner, 1996, p.6). This approach should ideally position the researcher and

a participant as equals within the relationship and creates the necessary environment for the development of mutual respect, understanding and learning.

The ideals associated with PCT were used as guiding principles within the intervention. These included many preconditions for learning, such as, the need for me to be genuine and honest; have an attitude towards the learner that values, accepts and trusts them; and the necessity for empathetic understanding (Rogers, 1980, pp.263-299).

Another essential aspect of PCT that influenced the design of the intervention is the assumption that people are locked into a continuous process of trying to self-actualize and as a result there is 'no final result, solution, answer or insight that can be achieved' (McLeod and Wheeler, 1995, p.283). For this reason there is extreme reluctance to diagnose or to try and categorise people, as associated labels are believed to be 'static' and act only to 'deny the growth or movement in a person's life' (McLeod and Wheeler, 1995, p.283). The majority of the labels placed on people are arrived at from the 'frame of reference' or 'worldview' of others and serve the 'purpose of the counsellor rather than those of the client' (McLeod and Wheeler, 1995, p.283).

The significance of this PCT on the shape of the intervention was that it creates the right environment for personal growth and development. In addition, it influenced my thinking about how I used the label 'dyslexia' to refer to myself during the interaction I had with the participants. I had decided in the design stage of the intervention no to refer to myself as 'dyslexic' before I had introduced the participants to the N-C-PoD as I did not want either of the participants to feel that I was endorsing the use of the label which I felt might have influence the amount of times they used the label dyslexia to refer to themselves. However, after introducing the participants to the N-C-PoD I explained that I still referred to myself as 'dyslexic' but that the meaning that I attached to the term 'dyslexia' was not of dyslexia being of constitutional origin. (N.B. I no longer refer to

myself as 'dyslexic' as 11 years have gone by since conducting the intervention and my thinking has developed in this area. I no longer view myself as either 'dyslexic' or 'non-dyslexia' anymore).

In addition, in relation to dyslexia support, and in particular counselling skills type support aimed at 'dyslexic' students, PCT has proven to be a useful model from which a range of dyslexia related issues can be addressed. McLoughlin et al., (1994) believe that generalised counselling offered to dyslexic students to overcome their personal, emotional, practical and work-related difficulties should run along the lines of PCT. This view is also held by Miles and Varma (1995, p.68) who explain that the general theories held within PCT should ideally form the basis of counselling work with dyslexic students. Though, Miles and Varma (1995, p.68) draw our attention to the need to balance this approach '…where the student is led to discover his own process and techniques of learning', with a directive approach. The counsellor in this approach (or in the case of this study me as researcher/dyslexia coach), assumes the role of teacher and organiser, with the focus being on providing 'specific help and advice with the very problems that are causing the student confusion and uncertainty' (Miles and Varma, 1995, p.68).

In this sense, PCT provide an ideal platform from which I employ basic counselling skills in the intervention (see Section 7.7).

7.7 Employing basic counselling skills

The subject of dyslexia can be a sensitive issue for many dyslexic people; a point that is well documented within the literature on dyslexia (see, Edwards, 1994; Morris and Turnbull, 2007; Riddick, 1996, 2009). Therefore, conducting research on a sensitive issue such as dyslexia is problematic as asking participants' questions about dyslexia to obtain

research data might lead to emotional distress in some cases. However, Coyle and Wright (1996, p.432) suggest that an appropriate way to generate data for research purposes, whilst at the same time being able to respond sensitively to any emotional distress that participants may experience, is to employ a mixture of interviewing and counselling skills. In addition, Coyle and Wright (1996, p.432) stated that those conducting interviews within a counselling framework do not have to have 'lengthy counselling training' or 'formal counselling qualifications' for this approach to work effectively. A minimum requirement for this approach to be effective is for the interviewer to be able to employ basic counselling skills (Coyle and Wright, 1996. p.439).

(N.B. Whilst it might have been possible, as Coyle and Wright (1996, p.439) mention, for me to have used this approach with only basic counselling skill, I decided to increase my competency in this area and undertook 90 hours of counselling skills training and achieved an AQA 'intermediate' qualification in the use of counselling skills).

Coyle and Wright (1996, pp.435-439) describe the essential basic counselling skills as follows,

- Paraphrasing
- Summarizing
- Empathy
- Unconditional positive regard
- Genuineness

The basic counselling skills listed above are described in the remainder of this section.

7.7.1 Paraphrasing

Paraphrasing is the ability to sum up what the interviewee has said, and provides a useful way of ensuring that the person conducting the interview has understood what the interviewee has said (Coyle and Wright, 1996, p.435). Culley and Bond (2004, p.35), describe paraphrasing as 'the skill of rephrasing what you understand to be the core message of the client's communication'.

7.7.2 Summarizing

Summarising is the ability to 'draw together the gist of what was said and encapsulates it in a brief statement' (Coyle and Wright, 1996, p.436). Culley and Bond (2004, p.38) describe summarising as the ability to provide longer paraphrases 'that bring together salient aspects of the session in an organised way'. Culley and Bond, (2004, p.38) explain that, at a basic level, are attending type summaries that are useful in that they 'give some coherence and order to what the client has been saying and their basic level the type of summarises that are the most useful are those that provide an overview of the work so far'.

7.7.3 Empathy

Coyle and Wright (1996, p.437) band together 'empathy, genuineness and unconditional positive regard' as 'constant features of eh counselling interview'. Culley and Bond (2004, p.17) describe empathy, along with the following two 'core conditions' describe in Sections 7.6.4 and 7.6.5, 'form the heart of a counselling relationship'. They go on to say that having [e]mpathic understanding means developing the ability and willingness to see clients' worlds as they see them'.

7.7.4 Unconditional positive regard

Unconditional positive regard is, according to Coyle and Wright (1996, p.438) the acceptance of the interviewee for being the person that they are. For Rogers (1961, p.283) unconditional positive regard is the act of the practitioner 'experiences a warm and caring for the client', this Rogers explains is the type of caring that is 'not possessive, which demands no personal gratification.' Expanding on this Rogers (1961, p.283) describes that this type of caring is reflected within an 'atmosphere which simply demonstrates "I care"; not "I care for you *if* you behave thus and so."'. For any significant learning to take place within a session Rogers believes that the practitioner needs to exhibit high levels of acceptance that enables the client to feel worth for who he or she is as a 'separate person'. This explains Rogers 'involves as much the as much feeling of acceptance for the client's expression of negative, "bad," painful, fearful, and abnormal feelings as for his expression of "good," positive, nature, confident, and social feelings'.

In relation to the intervention, I cared deeply for the two participants and placed their interests above my need to obtain data for this study. As discussed in Section 7.7.5, I developed meaningful relationships with each participant and I was mindful not to place conditions of worth (Rogers, 1978) on either of them.

7.7.5 Genuineness

Coyle and Wright (1996, p.438) describe genuineness, in a counselling context, 'to reside in the counsellor not hiding behind a professional mask but actively engaging in the counselling interaction as a real person, expressing reactions and feelings when appropriate'. Rogers (1961, p.282), using the term 'congruence' to describe convey the same message as Coyle and Wright's description above, explains the necessity for the therapist (in the context of this discussion me as the interviewer/dyslexia coach) to be

present within his or her relationship with the client and not hide behind a 'façade, or a role, or a pretense'. Rogers (1961, p.282) goes on to say that if the therapist is not fully congruent, i.e. the 'accurate matching of experience with awareness', then it is 'unlikely that significant learning can occur'.

In relation to the intervention I strove to exhibited genuineness and congruent within each session. On self-evaluating in this area I feel that I had developed meaningful, yet boundaried, relationships with both of the participants due to a shared identity of dyslexia and my genuine interest in each participant. The sense of 'otherness' was not present in the relationships that formed and I felt that there was a high level of congruence as a result of this. Being fully present within the each session and attentively listening to the participants descriptions of dyslexia, the difficulties they experience, and their worries and concerns struck deep within me as I had experience in my past, many of the 'problems' that the participants were experiencing at the time of the intervention.

7.8 Locating the N-C-PoD and intervention within the literature

In recent years there has been an increase in dyslexia research that promotes the use of approaches that can lead to the empowerment and/or emancipation of 'dyslexic' students (see Poplin, 1995; Casey, 2001; Herrington, 2001; McLoughlin, et al., 2001; McLoughlin et al., 2002; Reid and Kirk, 2001; Farmer, Riddick and Sterling, 2002; Leveroy, 2013; and, McDonagh, 2006).

Taken at face value, there are benefits to be gained for students receiving support that is geared towards empowerment and/or emancipation. Potential benefits of support that facilitates empowerment might include improved self-awareness and understanding and/or 'skills and strategy development which can lead to greater control' (McLoughlin,

2001, p.121). The potential gains for students receiving support that aspires to promote emancipation might be, for example, increases in 'critical consciousness' (Herrington and Hunter-Carsch, 2001), and 'freedom from the label disability' (McDonagh, 2006).

Whilst the potential benefits of empowerment or emancipation appear similar, there is a distinct difference between both empowering and emancipatory types of support in terms of their relationships with the power structures, systems, and thinking that informs theoretical approaches to support. For example, support that fosters empowerment, is reliant on students becoming empowered within the confines of the dominant dyslexia discourse, structures and systems (see Figure 7.2 below) that reflect a 'deficit-diagnosis-remediation model of dyslexia' (Mortimorea and Crozierb, 2006, p.237). Within this established framework the onus is on individuals having to 'change to fit in with existing society norms' (Rogers, 2005, p.30). As, Inglis (1997, p.4) points out, 'empowerment involves people developing capacities to act successfully within the existing system and structures of power'.

Whereas support that facilitates emancipatory goals differs from support that pursues empowerment, as emancipation pushes against existing systems and structures of power (Ingles, 1997, p.4). An example of this may be 'a refusal to accept the deficit and dependency role which has powerfully shaped policies and practices' surrounding disability and special educational needs (Barton, 1996, p.11).

The N-C-PoD and the intervention that I developed for the purpose of this study can be located within the literature that fosters emancipation. As described in Section 2.8.5, and elaborated on within the context of dyslexia and self-concept research in Section 6.4, I developed the N-C-PoD and intervention from an I-E-D-Paradigmatic position. The reason for assuming this position is that it is congruent with critical aspects of my

ontological viewpoint (see Section 7.5.2) and the critical aspects of my epistemological standpoint (see Section 8.5.1).

The intervention and N-C-PoD can be located on the outside of existing dyslexia structures and systems of power (please see Figure 7.2) as the N-C-PoD and intervention are not informed by the FDA.

Figure 7.2 Emancipation of dyslexia within the Radical I-E-D-Paradigm

'Sociology of radical change'
(Morgan, 1980, p.608)
'Challenge extant power relationships'
(Boshier, 1990, p.21)

Radical humanist paradigm   *Radical structuralist paradigm*

Interpretivist Extrinsic   Positivist Extrinsic
Dyslexia Paradigm   Dyslexia Paradigm

N-C-PoD &
I-E-DP (informed)
Intervention

Emancipation

Fourth dominant   Third dominant
dyslexia paradigm   dyslexia paradigm

Empowerment

**Dyslexia
structures
and systems
of power**

Subjective ─ ─ ─ ─ ─   ─ ─ ─ ─ ─ Objective

Oppression

Second dominant   First dominant
dyslexia paradigm   dyslexia paradigm

Interpretivist Intrinsic   Positivist Intrinsic
Dyslexia Paradigm   Dyslexia Paradigm

Interpretive paradigm   *Functionalist paradigm*

'Sociology of regulation'
(Morgan, 1980, p.608)
'Reinforce extant power relationships'
(Boshier, 1990, p.21)

7.9 Summary of Chapter 7

This chapter outlined the four elements of the dyslexia support intervention (intervention) in order to set a conceptual backdrop for discussions about intervention. In addition, I made clear my belief that it is possible for a 'dyslexic' person to create a 'non-dyslexic' facet of self-concept providing that he or she are in an environment that does not advocate dyslexia to be of constitutional in origin, provides a perspective on dyslexia that is not informed by the FDA, and does not use oppressive nor disabling dyslexia type discourse. This discussion set the background for the presentation of the non-constitutional perspective on dyslexia that constitutes 13 assumptions that make up my 'personal' theory of dyslexia. In addition, I made clear how my ontological position shaped the intervention and provided a philosophical/theoretical framework for the intervention. Finally, I described the basic counselling skills that were used within the intervention.

CHAPTER 8

METHODOLOGY: PART 2

METHODS AND PROCEDURES

In Chapter 2 I described my methodological approach to research and stated how my approach aligns with bricolage methodology (Section 2.3). I described the retrospective structural design of this study as a whole (Section 2.6) and the steps that lead up to me setting the first research objective, i.e. to challenge the authoritative position held by the FDA (i.e. the view that dyslexia exists 'within' the individual (Poole, 2003) and reflects 'impairment' (Rose, 2009, p.36) of 'normal' functioning (Grigorenko et al., 2001, p.17) at the level of the brain (Nicolson and Fawcett, 2008, p.6)).

As explained in Section 2.6 through the process of reviewing the literature to achieve the first objective I identified the 'problem' that this study would then focus on addressing, i.e. the need for: [a]] a non-constitutional perspective on dyslexia and [b]] emancipatory dyslexia support intervention informed (informed by the I-E-D-Paradigm; please see Section 1.4). The second research objective focused on addressing the first part of the research problem (i.e. 'a)') and led to my developing a non-constitutional perspective on dyslexia (presented in Section 7.4). As explained in the previous chapter this has been achieved by bringing together a number of assumptions and concepts from a variety of differing perspectives on dyslexia (see Section 7.4).

The third research objective focused on addressing the second element of the research problem (i.e. 'b)') and develop intervention high in emancipatory value (i.e. informed by the I-E-D-Paradigm). As noted in Section 7.7, this objective was achieved by combining basic counselling skills, interview methods, with a number of 'optional'

techniques and setting them into a theoretical framework informed by my ontological perspective, two psychological theories (i.e. PCP (Kelly, 1955) and PCT (Rogers, 1951) and the I-E-D-Paradigm (as described in the previous chapter).

In this chapter I describe how I achieved the fourth research objective, i.e. to explore the influence that a non-constitutional perspective on dyslexia and intervention high in emancipatory value (i.e. informed by the I-E-D-Paradigm) has on the self-concepts of 'dyslexic' students in tertiary education.

To achieve this I begin this chapter by discussing the semi-structured interview method that I used (in combination with basic counselling skills discussed in Section 7.7) in order to generate data to address the research questions. I then provide a brief description of the five techniques that I had developed and planned to schedule into the intervention (N.B. More in-depth descriptions of the optional techniques are provided in Appendix A). Following this I describe the pilot intervention and explain the changes that I made based on the participants feedback. I present my rationale for using a sample size of two participants within the main run of the intervention. In addition, I explain the recruitment procedures, and provide a description of the participants. I then discuss the method used to analyse the data and explain how the data was managed. Finally, I end this chapter with a description of the ethical considerations that guided the intervention.

8.1 Research methods

Research methods are the 'concrete techniques or procedures we plan to use' Crotty (1998, p.6). Crotty (1998, p.6) explains that the activities we engage in order to collect and analyse our data are our 'research methods'. Similarly, Robson (2002, p.81) describes research methods as the 'specific techniques' used to collect data. Tashakkori and Teddlie

(2010, p.276) describe research methods as the 'specific strategies for conducting research'. From an educational research perspective, Cohen, Manion and Morrison (2000, p.44) describe research methods as 'the range of approaches used in educational research to gather data which are to be used as a basis for inference and interpretation, for explanation and prediction'. Unlike methodology, which concentrates on designing a study in the most suitable way to address the research questions, research methods focus on generating and collecting data to address the research questions (Oppenheim, 1992, p.6).

In terms of selecting methods for data collection Conklin (2007, p.276) suggests that researchers should select methods 'which provides the most complete picture of the phenomenon, [thus] yielding the greatest increase in understanding'.

8.1.1 Methods used to generate data

One of the objectives of this research (Research Objective 4) was to explore the influence that a non-constitutional perspective on dyslexia (N-C-PoD) and intervention (informed by the I-E-D-Paradigm) might have on the self-concepts of 'dyslexic' students in tertiary education (see Section 1.6.4). To tentatively explore if any change in self-concept might have occurred after introducing the participants to the N-C-PoD required me to elicit descriptions of dyslexia from the participants which had the potential to cause emotional distress to the participants. Being mindful of this point, when designing the intervention I was guided by the idea, as expressed by Coyle and Wright (1996), of combining interview method with counselling skills (as described in Chapter 7).

Whilst, Coyle and Wright (1996, p.432) advocate the use of in-depth (unstructured) interview method for use within interviews conducted within a counselling framework, I did not feel that unstructured interviews would be appropriate for use in the intervention as I wanted to generate data to address the four research questions that focus specifically on

the influence that the non-congenital perspective on dyslexia might have on dyslexia self-concept, dyslexia self-esteem, academic self-concept, and academic achievement/ability. Therefore, I decided to employ semi-structured interviews as the main method of data collection as this method would enable me to elicit responses from the participant's relating specifically to the facets of self-concept that I wanted to explore in order to address the research questions.

Semi-structured interviews, Robson (2002, p.270) explains, like structured interviews, rely on a set of predetermined questions, but with this type of interview the order of the questions 'can be modified based upon the interviewer's perception of what seems most appropriate'. In addition, the researcher is free to change the wording of the questions, offer explanations to the interviewee, and leave out questions that seem inappropriate or add questions if appropriate (Robson, 2002, p.270).

The set of predetermined, but 'flexible', questions that I used within the intervention were centred on the two guiding umbrella questions that informed this study, i.e. 'What is dyslexia?' and 'What causes dyslexia? (see Sections 1.1 and 2.6.1). Asking the first question, or variants, of this question, elicits descriptions of dyslexia that were needed in this study to explore how the participants made sense of their dyslexia. Asking the second question, or variants of this question, elicits descriptions of the cause of dyslexia which was important in the intervention in order to explore if the participants held 'fixed' or 'flexible' etiological views on dyslexia.

Table 8.1 below gives examples of how the umbrella questions were modified for use in the intervention.

Table 8.1 Crib sheet used to guide semi-structured interview element of intervention

	What is dyslexia?	**What causes dyslexia?**
Relating to RQ:1 Dyslexia self-concept	**a)** What does dyslexia mean to you? **b)** What do you think dyslexia is? **c)** How would you describe dyslexia? **d)** If someone asked you to describe to them what dyslexia is, what would you tell them? **e)** If you were to draw a picture of dyslexia, then what would be in your picture?	**a)** What do you think causes dyslexia? **b)** Why do you think some people are dyslexia and some people aren't? **c)** Q: How would you know if someone is dyslexic? *Example Answer:* "They have trouble with spellings." *Follow on question:* "What would you say causes them to have trouble with spellings?"
Relating to RQs:2 and 4 Dyslexia self-esteem	**a)** What sort of things do you experience because of dyslexia? *Example Answer:* "I read very slowly and misunderstand most of what I read." (Explore why...) *follow on question:* "How does that make you feel?" **b)** How do you see yourself in comparison with your peers at college? **c)** How would you rate yourself at... (e.g. reading, writing, organisational skills).	**a)** How would you ideally like to be with, let's say, your reading ability? *Example Answer:* "I would love to be able to read without getting tiered after the first page." *Follow on question:* "What is causing you to get tiered?" *Example Answer:* "It's my dyslexia of course." *Follow on question:* "Are you able to change the part of your dyslexia that is making you tiered?" *Example Answer:* "No." *Follow on question:* "Why can't you change it?" *Example Answer:* "How can I change the way my brain is built."
Relating to RQ:3 Academic self-concept	**a)** Are there any main differences between you and your peers at university/college? **b)** How would you describe your dyslexia in relation to your university/college studies? **c)** How do you think your lecturers would describe dyslexia?	a) Are there any differences between you and your peers when writing essays? *Example Answer:* "Yes they know how to write them well and I don't." *Follow on question:* "Why is that?" *Example Answer:* "They're not dyslexia are they." *Follow on question:* "Why are they not dyslexic and you are? *Example Answer:* "It's how I was born."

8.1.2 Advantages and disadvantages associated within interview methods

There are a number of advantages associated with interviewing methods. Robson (2002, pp.272-273) suggests that the main advantages of interviews is that they are a 'flexible and adaptable way of finding out things' as well as having the 'potential of providing rich and illuminating material'. He also suggests that interviews can provide an 'obvious short cut in seeking answers to […] research questions' as they simply ask interviewees questions 'about what is going on'. Adding to this Robson suggests that the 'face-to-face interview' offers the researcher the benefit of being able to modify their line of enquiry if they feel an interesting response or underlying motive warrants being followed up. Further, Robson (2002, pp.272-273) adds that non-verbal clues can assist the researcher to understand the verbal responses of interviewees which, he suggests, can sometime change the meaning of the response or in some instances reverse its meaning completely. I felt that the advantages associated with interviews would be a benefit within the research that I wanted to carry out. I felt that the 'flexible and adaptable' aspect of semi-structured interviews along with the freedom to be able to 'modify the line of enquiry' matched well with my 'personal' methodological approach, which as described in Section 2.3 aligns with a bricolage research approach.

However, the possible advantages of carrying out interviews needs to be carefully weighed against the possible disadvantages that may come along with using them. Robson (2002, p.273) lists four possible disadvantages connected to the use of interviews, these being as follows. First, that the researcher requires 'considerable skill and experience' to be able make the most of the flexibility of interviews. Second, that a high level of professionalism is needed in order to counter possible biases as well as addressing any concerns regarding reliability that may arise due to the lack of standardisation associated with interviews. Third, that the act of interviewing can be time consuming. Four, that the use of interviews needs a high level of 'careful preparation', some of the examples Robson

gives are 'making arrangements to visit, securing necessary permissions […] confirming arrangements, rescheduling appointments'. Robson also makes it clear that the handling of data produced from interviews needs careful preparation in advance of carrying out any analysis.

8.1.3 Development of interview skills

In order to prepare myself for the delivery of the interviews I decided to further develop my skills and qualities within the following areas suggested by Hayes (2000, pp.115-119).

The first area that Hayes (2000) describes is the necessity for researchers to conduct interviews using a 'great deal of sensitivity'. This, she feels, is necessary in order to develop sufficient rapport with the participant 'so that they feel able to talk freely and to give their opinions without being influenced'. For this to happen, Hayes stresses the importance of researchers developing their 'verbal and non-verbal skills'. Some of the verbal skills that Hayes outlines are to do with the kind of verbal tone the researcher uses when asking or giving responses to questions − to this Hayes suggest that the researcher should adopt a tone that is 'friendly but polite'.

Other verbal skills that Hayes suggests should be developed are 'reflecting' which she outlines as 'the skill of saying back to the person what they have just said'. 'Amplifying' which she describes as 'taking what someone has just said and broadening out its relevance or scope, to make the interviewee's meaning clearer'. And, 'non-committal agreement', which Hayes defined as the researcher's 'ability to encourage another person to continue talking by expressing encouragement, but without actually expressing your own views'. In terms of verbal skills these are the main areas that Hayes suggests researchers should gain competency with.

The second area that Hayes suggests researchers (those planning to use interviews) should develop is the use of non-verbal skills. Hayes explains that one of the main issues in this area is that of 'non-verbal signalling' where the researcher may unwittingly guide the interviewee through smiling or nodding their head whilst favourable answers are being given. Or, on the other side of the coin, through 'frowning' if the interviewee 'says something unexpected or unwelcome'. To this Hayes adds that a 'skilled interviewer has a broad knowledge of the kinds of messages which non-verbal signals can convey, and uses these in order to make the other person as relaxed as possible'. Hayes suggests that techniques such as making eye contact with the interviewee as well as the researcher adopting 'appropriate styles of posture' can aid in helping the interviewee to feel comfortable.

8.2 'Optional' techniques

During the design phase of the intervention, and having already decided that semi-structured interviews would be the main method used to gather data, I sat back and began to envisage, as best I could, what the actuality of conducting the intervention would look like. I spent many hours, over several months, picturing myself in a hypothetical intervention session with an 'imaginary' participant sitting alongside me. I created a number of imaginary 'mock' sessions in order to try and anticipate what else, other than semi-structured interviews might assist me to generate additional data. These imaginary 'mock' sessions led me to anticipate that I might need a set of techniques to target specific facets of global self-concept (see Section 5.3.1) such as self-esteem (see Section 5.3.2), and, academic self-concept (see Section 5.3.3). I anticipated that by having a number of techniques incorporated into the framework of the intervention would enable me to gather

additional data relating to the facets of self-concept listed, that might not be captured by using semi-structured interviews alone.

In addition, I anticipated that a set of techniques (such as those listed below) would also enable the participants to explore their perceptions of dyslexia in greater depth than I thought might be achievable using interview methods alone. Further, I felt that a set of techniques of the type being discussed, might also act to support the participants to improve their skills development in the areas that they would be choosing to focus on during the intervention.

As a result I developed the following five techniques (described further on in this section) for use within the intervention,

- Self-characterisation sketches (Kelly, 1955)

- Personal Construct Interviews (Kelly, 1955)

- Assessment of Needs Interviews (designed specifically for use in this study)

- Actual/ideal Interviews (designed specifically for use in this study)

- Learning Conversation (Harri-Augstein, Thomas, 1994)

However, despite me having anticipated the need for the techniques listed above, and how I would use each technique to capture data relating to the specific facets of self-concept noted above - during the piloting of the intervention (see Section 8.3), my plans did not materialise in the what that I had hoped. As Robert Burns so aptly warns, 'The best laid schemes o' Mice an' Men, Gang aft agley [Go often askew]' (Burns, 1969, p.102).

As discussed in Section 8.3, two of the students that participated in the pilot-intervention described how the 'flow' of dialogue between us at certain points within a number of sessions had been jarred by my insistence that 'we' needed to use the techniques

listed above. As a result of this feedback I decided to reframe the role that the techniques would play within the intervention, in two distinct ways.

First, I decided that I would no longer viewed their role as techniques that 'had' to be used in the intervention. I decided instead to viewed them as "handy" type techniques that formed the essence of my metaphorical 'toolkit' that I would bring with me into each session. Second, I decided that I would integrate, as seamlessly as possible (to avoid 'jarring' dialogue), aspects from technique into the semi-structured interviews (informed by counselling skills) if I felt their use would be appropriate.

Please refer to Table 8.2 for an overview of which techniques were used with the participants during the intervention.

Table 8.2 Overview of which techniques were used in the intervention

Technique	Participant 1 (Angelo)	Participant 2 (Rico)
Self-characterisation sketches	**Used in Session 1** and discussed in Session 2.	**Used in Session 1** and discussed in Session 1 and 2.
Personal construct interviews	**Not used as a specific interview**. However, I applied the use of 'laddering' and 'pyramiding' where appropriate, throughout the intervention in order to explore construct that were elicited. N.B. Please see Appendix A for description, and Figures A.3 and A.4 for examples of the use of these techniques.	**Used in Session 2** as per description given in Appendix A. In addition, I used 'laddering' and 'pyramiding' where appropriate to explore constructs elicited from the participant.
Assessment of needs interview	**Used in Session 1** excluding the use of Salmon lines (see Appendix A for description of Salmon lines).	**Used in Session 1** and reviewed in Sessions 2 and 3.
Actual/ideal interview	**Not used** as participant felt it would not be of benefit to him after description of technique had been given.	**Used in Session 5** (See Appendix A for example)
Learning conversation	**Used in Session 2** and discussed in Session 4.	**Not used** as the opportunity to use this technique did not arise.

In the remainder of this section I present a brief overview of each of the 'optional' techniques listed above. Please note that I have included a more in-depth description of each technique in Appendix A.

8.2.1 Self-characterisation sketches

The Self-characterisation sketch (sketch or sketches) is a technique devised by Kelly (1955) and traditionally used within Personal Construct Psychology (PCP) to either begin eliciting, or further elaborate on, an individual's personal constructs (Dalton and Dunnett, 1992, p.129 and Ryckman, 1989, p.327).

This technique simply calls on the individual to write a sketch about themselves from the perspective of the third person. Writing from the perspective of the third person is, according to Ryckman (1989, p.328) a good way 'to make the task as nonthreatening as possible'.

The completed sketch can prove useful in revealing some of the individuals constructs, emergent poles to other constructs, issues and themes; which, if needed, can be explored further using techniques such as 'laddering' and 'pyramiding' (Dalton and Dunnett, 1992, p.129). (Laddering and pyramiding are described in Appendix A). Further, as mentioned, a sketch can be used to elaborate on constructs that have already been elicited. Employing sketches in this way, suggests Ryckman (1989, p.328), can help build a picture of how the 'client' perceives themselves before attempting to change certain constructs. (Please view Section A in Appendix A).

8.2.2 Personal construct interviews

The personal construct interview (PC-interview) is the term that I used to refer to the techniques of laddering and pyramiding used in PCP; these are described in Figures A.3, and A.4 in Appendix A). I planned to use a PC-interview during the intervention as a means of reviewing the participant's sketches (described in Table A.2 in Appendix A).

Dalton and Dunnett (1992, pp.125-127) explain how constructs elicited may exist anywhere within the hierarchy of the individual's construct system and how isolated constructs that are not referenced to the system as a whole tell very little about the system in its entirety. Exploring isolated constructs within the individual's system can be achieved by applying the techniques of laddering and pyramiding. Laddering is use to explore 'overriding, superordinate, abstract constructs' and discover *why* a particular construct is held, whereas pyramiding aims to discover the 'subordinate structure, the more concrete constructs of what something is, or how it can be recognised' (Dalton and Dunnett, pp.125-127).

8.2.3 Assessment of needs interviews

The assessment of needs interview (AN-interview) is the term that I use to descried the technique that I developed in advance of conducting the intervention that is aimed at establishing which area(s) the participants might need support with (e.g. support structuring assignments, reading comprehension, taking notes in lectures, etc). This is achieved through a fours step process, as described below.

The first step of the AN-interview is aimed at encouraging the participants to talk 'broadly' around any area of difficulty that they feel arises from their dyslexia.

The second step of the AN-interview concentrates on encouraging the participants to focus specifically on the difficulties that they feel impacted on their academic studies.

The aim of this stage is to produce a list of five areas (within an educational context) that the participants feel are affected by their dyslexia. This list is referred to as the topic list.

The third step of the AN-interview is aimed at exploring the participant's perception of each of the five topics listed. To achieve this I decided to carry out Salmon Lines (SL) (Salmon, 1988), for each of the topics on the topic list.

The fourth and final step of the AN-interview focuses on assisting the participants to formulate outcomes to be used as ways of measuring any gains in ability within each of the five topics listed. To achieve this, questions such as: "what sorts of things would you be able to do at the end of the time we spend together in terms of writing assignments", were used. The use of outcomes within this process was adopted from the final technique to be describe within this appendix, learning conversations (Harri-Augstein and Thomas, 1985).

8.2.4 Actual/ideal interviews

The actual/ideal interview (A/I-interview) was designed in the design phase of the intervention as a technique that I anticipated might be useful to elicit the participant's perception of their actual self and their ideal self in relation to dyslexia (or the construct he/she might use to describe the difficulties being experienced) and the topic that they had decided to focus on. I planned that by gaining some insight into these points might assist the participants to identify any imposed constraints to learning that the participants might had created within their personal theories of dyslexia. Further, several of the questions in the A/I-interview were designed in order to explore what the participants might believe to be the cause of their dyslexia.

I had planned the A/I-interview to act as a forerunner to the learning conversation (L-c) (the final technique to be described in this section). In preparation for the L-c, the A/I-interview would be used to assist the participants to choose one of the five topics (that he/she had listed) to focus on first within the intervention. This technique would be aimed at assisting the participants to explore his/her chosen topic.

8.2.5 Learning conversation

The learning conversation (L-c) is a technique used within educational coaching, designed by Sheila Harri-Augstein and Laurie Thomas (1985) and used within their theory of self-organised learning (Timmins 2003, pp.2-3). The L-c can be seen, in its simplest form, as a process that empowers the learner to systematically take control of their own learning whilst striving to become a self-organised learner. This is achieved through a four stage process that focuses on a topic within the learner's life that they wish to improve on by tackling a task or a number of tasks relating to the topic. The process is conducted jointly between the coach and the learner, or in the case of this study, the researcher/coach and participant/learner.

In this model the learner is encouraged to gain proficiency with the 'tools and methods' used within the theory of self-organised learning that foster 'thinking about thinking and the re-construction of thinking' (Timmins, 2003, p.10). Through an increase in proficiency in these areas the learner is 'said to be acquiring the characteristics of the self-organised learner and capable of identifying and responding to their own learning needs' (Timmins, p.11). Within this process, the learner is encouraged (if appropriate to task) to 'think of their general orientation to life and the values, aspirations and needs level, and to frame these in terms of purposes, which will of course be highly personal and relevant to the learner' (Timmins, p.11). The learner is encouraged to take as much control

as possible and 'internalise and generate their own reflective, awareness raising questions, within the learning conversation framework', as they work towards becoming a self-organised learner (pp.5-6).

8.3 Piloting the intervention

In order to gauge the effectiveness of the intervention I decided that it would be prudent to pilot the intervention beforehand. Yin (2003, p.79) stresses the importance of carrying out a pilot before embarking on the main data collection phase of the research. This provides the researcher with the opportunity to refine their data collection plans in terms of the 'content of the data and the procedures to be followed' (Yin, 2003, p.79). Yin (2003, p.80) suggests that the pilot study report 'should be explicit about the lessons learned from both research design and field procedures'. Please view Table 8.3 below to view description of the pilot intervention.

Table 8.3 Information relating to the pilot intervention

Description of the pilot	Recruitment procedure	Description of the participants
The pilot for the present study took place six months prior to the main delivery of the intervention in 2005. I felt that this would enable sufficient time for me to make adjustments to the design of the intervention from the learning that would inevitably take place from conducting the pilot.	To recruit the participants I posted flyers in the student pigeon holes within the youth work department (refer to Appendix D to view flyer). In addition, I placed a copy of the flyer on the notice board within the youth work department. In total I posted approximately 100 flyers and received seven responses. Prior to the pilot I arranged a one-to-one meeting with each respondent to explain what the pilot intervention would entail. The meetings lasted between 30 and 60 minutes. Following the meetings three of the respondents decided not to take part in the pilot. One of the three respondents said that he did not want to explore his perception of dyslexia. The other two respondents said that they would not be able to take part in the pilot due to them having existing time commitments.	Two of the four participants were in their second year of study whilst the other two were in their third year of study. Three of the four participants who took part in the pilot had been assessed for dyslexia whilst studying on the Youth and Community Work programme. The other participant had not been assessed for dyslexia but had undergone screening for dyslexia on starting their studies. The three participants who had been assessed for dyslexia prior to starting the programme had fairly high levels of awareness of their dyslexia and were not experiencing any significant difficulties with their course work. The other participant had lower levels of awareness of dyslexia and was experiencing some difficulties with completing course work on time.

8.3.1 Number of sessions in pilot

Unlike the main intervention described in the previous chapter, the pilot ran for three sessions instead of six sessions. The reason for this was that I felt that there was less need to spend time on relationship building as there seemed to be a certain level of commonality shared between the participants and myself due to us all being youth workers. In addition, I felt that some of the relationship building process had taken place during the one-to-one interviews that had taken place whilst recruiting the participants.

8.3.2 Making adjustments to the intervention - post pilot

There were three main issues that arose from the pilot intervention that needed addressing before the final run of the intervention that is reported in this thesis. In Table 8.4 below I describe the three issues that were identified and how they were addressed within the design of the intervention.

Table 8.4 Issues and solutions relating to the pilot

Description of the issue	How the issue was addressed
Issue 1: Delivering the intervention too rigidly The first issue that needed to be addressed was that two of the participants felt that I had delivered the intervention too rigidly and that I had not made sufficient allowances to accommodate for their personal learning styles. Culley and Bond (2004, p.200) warn that practitioners who over-emphasise the techniques that they are using run the risk of focusing the 'attention on the act of communicating' which 'may obscure a sense of the client as a 'person'…' as well as impact on the relationship that is being formed. The views of the participants were valid as on appraisal of my audio recordings it was strikingly evident that there were several times when I had insisted on using a particular technique (refer to Section 8.2 for a description of the techniques used within intervention) even though it was not being received well.	**Solution: Undertook 90 hours of counselling skills training** As a result I decided to undertake 90 hours of accredited counselling skills training in order to develop my ability to gauge the appropriateness of the techniques to meet the needs of the participants. In addition, I decided not to use all of the techniques that I had developed back to back as the main means of generating data as I had intended but rather to view the techniques as tools that I could use when I felt their use would be appropriate. Instead I opted, as explained earlier, to use semi-structured interviews as the main method to generate data.
Issue 2: Confusion relating to description of N-C-PoD The second issue that arose was regarding the way I had explained the non-constitutional perspective on dyslexia (N-C-PoD) to the participants.	**Solution: A written description of the N-C-PoD** As a result of this criticism I practiced explaining the N-C-PoD to several colleagues prior to the delivery of the main intervention and asked each

Table 8.4 Issues and solutions relating to the pilot

Three of the participants said that the way I had explained the N-C-PoD to them had caused them confusion. This was a valid criticism as at this stage of the research the N-C-PoD was a new concept to me and I had still not found a way to explain the essence of the N-C-PoD in a concise manner.	person to reflect back to me what I had explained to them. The feedback that I received enabled me to make adjustments to how I explained the N-C-PoD. In addition, I wrote up the 13 assumptions that form the essence of the N-C-PoD and read this out to the participant towards the end of the first session at the point where, a) I felt it was appropriate to do so (i.e. that it might be of benefit to the participant), and b) I felt that sufficient 'before' type data (in the form of narratives) had been gathered to address the research questions. I then gave a written copy of the N-C-PoD to the participants.
Issue 3: Writing in third person The third issue that arose from the pilot intervention regarded the instructions that I had given for two of the techniques, these being the instructions to initiate the self-characterisation sketches (Kelly, 1955) and the ideal/actual interview (refer to Appendix A for a description of these techniques). As can be seen in Appendix F, these techniques require the participant to describe themselves from a third person perspective. Two of the participants said that they had found it very difficult to describe themselves in this manner.	**Solution: Change instructions** As a result I decided to change the instruction when introducing these techniques to the participants by making the third person perspective optional.

8.4 Research aspect of the intervention

8.4.1 Sample size

As discussed in Section 8.1.1, I employed in-depth semi-structured interview method within the context of a counselling skills framework in order to produce rich descriptions of dyslexia. (Boyce and Neale, 2006, p.3) explain that in-depth interviewing 'involves conducting intensive individual interviews with a small number of respondents.' Therefore, I decided to focus this study on two participants in order to be able to generate data, in the form of narratives, which could be analysed in greater depth than if a larger sample size had been selected. Travers (2001, p.11) points out that if interpretation of data is sought then 'there are no benefits in working with large data sets, since these encourage a positivist mentality towards analysing interviews'. Travers (2001, p.11) goes on to explain that it 'becomes all too easy to present very short decontextualized extracts from interviews, rather than exploring how interviewees understand their activities in any depth'.

Interestingly, selecting a small sample size is not a practice that is exclusive reserved for interpretivist research but seems to be a appropriate approach within positivist orientated dyslexia research. As Miles and Miles (1999, p.17) points out, an underused design within dyslexia research is the single-subject design. Through use of single-subject design the researcher can be reasonably confident that if the participant's behaviour changes in the way predicted then it is likely to be as a result of the 'new treatment' introduced to the participant (Miles and Miles, 1999, p.17). The sense of certainty regarding the affects of new treatment is achieved by establishing during a 'baseline phase' where evidence is obtained to establish the participant's behaviour prior to the new treatment being introduced (Miles and Miles, 1999, p.17).

8.4.2 Recruitment procedure

To recruit the two 'dyslexic' students that participated in the intervention, I contacted 48 youth workers explaining that I needed to recruit participants for my research. In addition I posted flyers on notice boards within the three main universities in Birmingham and four colleges also located in Birmingham appealing for participants for my research (See Appendix D). I also appealed for participants through a local newspaper. Further, I described my research to 119 dyslexic students and 'non-students' that I had interviewed in order to develop my interviewing skills and broaden my understanding of dyslexia (see Section 2.6.2).

In total, six students showed an interest in taking part in the research. However, two of the students from this group withdrew their interest to participate in the intervention prior to the one-to-one meetings that I had arranged to assess their suitability as participants.

From the remaining 'pool' of four potential participants, I purposively selected a sample of two during the one-to-one meetings that I conducted with each of the potential participants. The criteria for this selection was based on my wanting to explore the influence that the N-C-PoD and intervention might have on the descriptions of dyslexia elicited from, a) a student whom I evaluated to have high levels of awareness of dyslexia and whom I positioned at Stage 4 of the Dyslexia Awareness Assessment Framework (DAAF) described in Section 2.6.1; and, b) a student whom I evaluated to have low levels of awareness of dyslexia and whom I positioned at Stage 3 of the DAAF described in Section 2.6.1. An additional criterion (due to the focus of this study being on dyslexia and self-concept in the context of tertiary education, see Section 1.2) was that the participants perceived their dyslexia to affect them mainly in an academic context ('Student type dyslexic', see Pollak, 2005), rather than in a broader 'social' context.

(N.B.:1, Stage 4 of the DAAF denotes 'Accepts own dyslexia', and Stage 3, 'Acknowledges own dyslexia'; please refer to Appendix E to view a brief description relating to stages 3 and 4 of this model. N.B.:2, Please refer to Tables 8.5 and 8.6 below for information relating to the two participants that assisted me during the recruitment process).

8.4.3 Description of the participants

In this section I describe the two 'dyslexic' students that participated in the intervention.

8.4.3.1 Participant 1: Angelo

The first 'dyslexic' student that participated in the intervention was Angelo, a 21 year old student studying at a college of further education in Birmingham. Angelo first heard about the present research through his learning support tutor who had mentioned it to him after reading a flyer (see Appendix D) that I had posted on the student notice board. The learning support tutor suggested to Angelo that he felt that he might benefit from taking part in the research. Consequently, I received a telephone call from Angelo in the early part of March 2005. The discussion we had was brief with Angelo explaining that he had been informed about my research by this support tutor so thought that he would give me a call to see if he could help me with my research. We arranged to meet up on the at the end of March 2005 for an informal discussion about Angelo's possible involvement in the research. (Please see Table 8.5 below for further details about Angelo).

8.4.3.2 Participant 2: Rico

The second young person to participate within the intervention was Rico, a 24 year old student studying for a social work degree at a Midlands based university. Rico first became aware of the research after reading a short story about my study that had been printed in a local newspaper. Subsequently, I received an email from Rico at the beginning of November 2005 asking is he could participant in my research. As a result I responded by email asked if Rico would like to meet up at a location and time of his choice so that I would be able to explain to him what would be involved if he decided to become a participant. Ultimately, we arranged to meet in mid November 2005 in a coffee shop that was attached to a city centre hotel. After I described what being a participant in the intervention would entail, Rico agreed to be a participant in the intervention. (Please see Table 8.6 below for further details about Rico).

Table 8.5 Information relating to Angelo the first participant

Motivation for participating	Educational commitments	Dyslexia assessment	Levels of awareness and understanding of dyslexia	Support provisions
I felt that Angelo would be an ideal participant for the intervention as it seemed that he might be at a 'teachable moment' (Havighurst, 1953). I got the impression that Angelo would be determined to see the intervention through to completion. Angelo said that being at college was the only time he had put a "lot of effort into working hard, to do reading, to try and read around my subject, to do the work, to do assignments, keep up in class". Also, I felt that Angelo was intrinsically motivated and seemed driven to try and understand dyslexia in greater	Throughout Angelo's participation within this piece f research he was attending a college of further education. Angelo had returned to college to take his A levels following a four year gap from education. Previous to this, Angelo had taken nine GCSEs whilst at school but felt that the grades he achieved did not accurately reflect his level of ability. He had decided to take his A levels for three main reasons. First, he wanted to prove to himself that he could "achieve at this level of education". Second, he felt that the experience of reengaging with	Angelo had been assessed for dyslexia by an educational psychologist just prior to him taking his GCSEs whilst aged 15. According to Angelo his assessment revealed that he was dyslexic (the assessment report was not available for me to see as Angelo said that he longer knew where it was. However, one of his support tutors informed me that she has seen it when Angelo first started to access their support). In addition, Angelo had been screened for dyslexia by a member of the support team on starting his A levels studies in order for them to ascertain	During my initial meeting with Angelo he expressed that he had made the decision to participate in the research as he wanted to try and gain a deeper understanding of dyslexia. He also said he wanted to have an input into research that he hoped would be of benefit to other dyslexic people.	During the period Angelo had spent at college, he had received three hours of support from the college per week in the following areas: "structuring essays, spelling basics, grammar, patterns and laws, creative writing and flow of writing". He also received 45 minutes per week with a specialised science tutor. This time was spent "going through things" that Angelo was unclear about within his physics class. In additional to this he received an extra four hours of support in the week prior to exams and an additional 15 minutes per hour

Table 8.5 Information relating to Angelo the first participant

depth. On asking Angelo why he wanted to participate in the research, Angelo responded by saying, "I feel frustrated over not knowing exactly what dyslexia is and what causes it. I want to trying to understand more about dyslexia. To give my views on dyslexia as a dyslexic person and then try and give my views on what dyslexia is and how it affects me and then to be open to your suggestions and ideas you have got and see how that affects me and my view might change. Hopefully might change my perception of dyslexia. Is it positive, is it negative, does it work, is it nonsense?"	education would help him to "switch [his] mind back on". Third, he felt that the experience would help to "mature" him for a career in business. Angelo was enrolled on a two year programme at a college of Further Education in Birmingham and was taking A levels in Physics, Biology and Psychology. Angelo participated within this research whilst he was in his second year of study.	how the team could best support him. The screening strongly indicated that Angelo was dyslexic. This was confirmed by the member of the support team who had conducted the screening.		during exams. Angelo explained that he had found the support very useful as it helped him to improve his levels of English and also to explore ideas and concepts relating to physics. Angelo used voice recognition software on his home computer to assist him to write essays. In addition, Angelo used a number of visualisation techniques that he had learnt from a dyslexia tutor which he said helped him to remember facts and figures.

Table 8.6 Information relating to Rico the second participant

Motivation for participating	Educational commitments	Dyslexia assessment	Levels of awareness and understanding of dyslexia	Support provisions
Within the first email that Rico sent me he had commented that he had been unsuccessful at completing two university courses in his past, had been working in jobs that were not satisfying, and had felt 'pretty thick'. However, this seemed not to have deterred Rico from starting a third course at university. Rico stated, "I feel that I would really like to make the best of my abilities and potential. I am aware that I am reasonably smart and could go much further academically and professionally in the future".	During the time that Rico participated in the intervention he was attending a university based in the West Midlands. Rico was in his second year of a degree in Social Work studies. Rico said that he had not been planning to go to university again, however, as part of his work as a trainee social worker he was required to become qualified to degree level. This meant that he had to go to university again. When I first started working with Rico he was in his second year of study. Rico worked full time but received one day off a	Rico had been assessed for dyslexia by a qualified consulting psychologist. The assessment was conducted as part of the access to work programme. Rico provided me with a copy of the assessment report on the proviso that I did not include it with my final report due to it containing sensitive information. The following description outlines a summary of the assessment findings that Rico agreed that I could include in this thesis. a) **General abilities:** the majority of Rico's abilities are in the high-average	The first email that I had received from Rico indicated that he wanted to gain a deeper understanding of dyslexia so that it would not act as a block in him achieving academically or on a professional level. "I am worried because it has been very hard and emotional so far on my journey. I don't know enough about dyslexia as a whole or how it really affects me, and most importantly, how I can overcome the challenges and achieve my full potential".	On the strength of Rico's assessment he received the following recourses: a) laptop with mind mapping software installed, b) a scanner, e) an MP3 player. In addition, Rico had invested in glasses that had coloured lenses despite these not being suggested within the recommendations of his assessment report. The report recommendations suggested that Rico 'may benefit from specialised tuition/support suitable for adults with dyslexia'. However, Rico was not receiving any specialised tuition or support at his work

Table 8.6 Information relating to Rico the second participant

I felt that Rico was sufficiently motivated to participate within the intervention.	week to attend university.	range of ability (better than 88% of the population). b) **Pattern of relative weaknesses:** Rico has relative cognitive weaknesses in Working memory, and, in Processing symbolic information at speed. c) **Pattern of relative strengths:** Rico has relative cognitive strengths in Logical (verbal) reasoning, Vocabulary, and, Everyday common sense. d) **Attainments in basic skills:** Rico's ability to understand text is in the high range of ability. His		place or at university. With this said, Rico was able to negotiate with his university to receive more study time per week if he needed it. Rico had also been awarded an additional 15 minutes per hour in exams.

Table 8.6 Information relating to Rico the second participant

| | | ability to read and decode single words is in the high range of ability. Rico's spelling is also in the high range of ability. Rico's phonological processing skills are in the average range of ability.

The findings of the assessment suggested that Rico experienced a specific learning difficulty (dyslexia). | | |
|---|---|---|---|---|

8.5 Methods used to analyse the data

Data analysis, Cohen, et al., (2000, p.147) explain, requires 'organizing, accounting for, and explaining the data; in short, making sense of the data in terms of the participant's definition of the situation, noting patterns, themes, categories and regularities'. Robson (2002, p.473) explains that there is no 'call for a particular approach to the analysis' of the data. Rather, the selection of a particular method should be made by the researcher by 'focusing on what is to be discovered, leading intuitively to the best approach for gathering that data that will most successfully apprehend the phenomenon at hand (Conklin, 2007, p.276).

8.5.1 The type of knowledge sought - my epistemological position

During the planning stage of the intervention I considered what type of approach I would use to analyse the data that would be generated from the use of semi-structured interviews combined with basic counseling skills (see Section 7.7). My overarching consideration was to explore my thinking in relation to the type of knowledge that I wanted to present in this thesis. The epistemological stance held by researchers naturally plays a significant role in the way that data is collected and interpreted in order to produce knowledge relating to the phenomenon being studied. As Travers (2001, p.9) points out, 'it is important to recognise that every researcher brings some set of epistemological assumptions into the research process (even if [he or she is] unaware of them!), and that these influence how [they] understand and interpret qualitative data'. Travers (2001, p.9) suggests that, in light of this, it is 'desirable' for the researcher to 'become self-conscious about these issues, and the way they are understood by different traditions'. For the reasons given above, within this section I make explicit my epistemological perspective in relation to data analysis.

In a broad descriptive manner, the epistemological position that aligns closest with my own thinking and therefore inherent within the present study is constructionism. This position contrasts sharply with objectivism. As Crotty (1998, p.42) explains constructionism takes the view that,

> All knowledge, and therefore all meaningful reality as such, is contingent upon human practices, being constructed in and out of interaction between human beings and their world, and developed and transmitted within an essentially social context.

From the constructionist's perspective therefore 'meaning' is not discovered as objectivists believe but constructed by 'human beings as they engage with the world they are interpreting' (Crotty, 1998, p.43). This view, taken to the extreme, holds that before 'there were consciousnesses on earth capable of interpreting the world, the world held no meaning at all' (Crotty, 1998, p.43). However, as Crotty (1998, p.43) points out, this does not mean that the world or the objects within the world did not exist as they perhaps do now, but simply that they held no meaning. Crotty (1998, p.44) elaborates this point and suggests that they (the world and objects) are the templates from which we generate meaning and that for this reason should be taken seriously. To this he adds, 'It is surely important, and liberating, to distinguish theory consistent with experienced reality from theory that is not' (Crotty, 1998, p.44). 'Objectivism' and 'subjectivism', he points out, 'need to be brought together and held together indissolubly – Constructionism does precisely that' (Crotty, 1998, p.44).

From this viewpoint I do not believe that a phenomenon, that we have labelled as 'dyslexia' (i.e. as a distinct constitutional entity), would exists in a world that had not developed and evolved (on a societal not congenital level) to use literacy. I believe that it is only the meaning that we have ascribed to those that experience persistent difficulties

acquiring literacy skills that exists. If we lived in a world devoid of literacy we would, I believe, by default, also be living in a world devoid of dyslexia.

Specifically focusing on the critical aspect of my epistemological position my thinking is congruent with the critical position inherent with social constructionism, which I feel is encapsulated within the following excerpt taken from Burr's (2015, p.2) description of social constructionism,

> Social constructionism insists that we take a critical stance toward our taken-for-granted ways of understanding the world and ourselves. It invites us to be critical of the idea that our observations of the world unproblematically yield its nature to us, to challenge the view that conventional knowledge is based upon objective, unbiased observation of the world.

In relation to the quote above, aspects of my critical approach to enquiry have been demonstrated in various sections of this thesis. For example, in Chapter 2 I undertook a critical appraisal of my philosophical position on starting this study in January 2000 (see Section 2.2). In addition, in Section 1.1 I described how I questioned my understanding of dyslexia through intense reflexivity over a period of four years. Further, in relation to challenging conventional knowledge this has been demonstrated within this study as I set Research Objective 1 that called on me to question the fundamental assumption that views dyslexia to exist within the individual and stem from impairment (i.e. the FDA - see Section 1.6).

Therefore, from the position of my epistemological perspective and within the context of a bricolage methodological approach (see Chapter 2), my aim is to produce knowledge that is not monological nor reductionist in nature (Kincheloe, 2004, p.24). As expressed through my epistemological standpoint, I do not ascribe to the notion that

dyslexia exists within the individual (at a congenital level). Rather, I believe that the phenomenon of dyslexia has been socially constructed and therefore 'dyslexia' only exists within the meaning that we have attributed to the phenomenon that we know as dyslexia.

As argued within Section 1.3 I believe that the genesis of the dominant paradigm of dyslexia (i.e. the P-I-D-Paradigm) sprang from the medical viewpoint held by the early pioneers of dyslexia (i.e. Hinshelwood, Pringle Morgan, Kerr, and, Orton). And as noted within Section 4.2.1.3, in contrast to the medical view of dyslexia, I share a similar view to Poole's (2010, p.220) Orientation Theory where the cause of dyslexia is viewed to be caused by 'disorientation' that arises from an 'incompatibility (interaction) between [a person's] *natural, thinking style* and the orthography adopted' [italics are mine]. I agree with Poole's view that disorientation arises from an individual's incompatibility with the orthography being used. However, the differentiating point between my view and Pool's is that I do not consider the incompatibility as a clash between *natural thinking style* and the orthographical system being used. Rather, I theorise that what we have labelled as 'dyslexia' is, perhaps, the observable behaviour that arises from a clash (incompatibility) between an individual's natural orientation to express (and receive information) his/her 'inner self' through a specific medium of communication/expression (e.g. art, sport, dance, music, oral communication), with that of written word based mediums of communication.

As a result, the type of knowledge that results from this study should be viewed as subjective knowledge. The findings are not intended to make generalisations or assist in predicting patterns of behaviour as would be the case if my thinking was informed by positivist notions of inquiry (Robson, 1999). Rather, the findings should be viewed within the context of my search for deeper meaning and increased theoretical understanding (Bassey, 1999, p.44) on how the participants in this study perceived their dyslexia in relation to the non-constitutional perspective on dyslexia that was offered to them and also

in terms of the influence that the emancipatory type intervention may have had on their descriptions of dyslexia.

Therefore, I view the findings presented in this study as 'suggestive' rather than 'conclusive' (Crotty, 1998, p.13), and that they may perhaps be useful, as a rough guide, in the 'meaning making' process of others within a similar context to the one this study was set in. However, as Graneheim and Lundman (2004, p.110) assert the author of a piece of work can only make suggestions concerning how they feel their work may be transferable to other contexts. In addition, the same authors point out that it is ultimately left to the reader's judgment as to whether or not the findings are transferable to another context.

To assist in the transferability of findings, Graneheim and Lundman (2004, p.110) suggest that the author should give a 'clear and distinct description of the culture and context, selection and characteristics of participants, data collection and process of analysis'. They also suggest that the author should provide a 'rich and vigorous presentation of the findings' along with suitable quotations in order to increase transferability.

8.5.2 Thematic Analysis

Having explored my epistemological standpoint I then considered which type of data analysis method might be appropriate to use in order to produce the type of knowledge that this study sought (as described above in Section 8.5.1). From the perspective of my 'personal' methodological approach, which aligns with bricolage methodology (see Section 2.3), an important principle is to reject the use of reductionist methods of data analysis (Kincheloe, 2004, p.87). Rather, from a bricolage approach researchers opt to employ, create or adapt, in the spirit of the bricolage approach, a method or methods of analysis (Berry, 2004) that produce 'thick descriptions and a glimpse of what could be'

(Kincheloe, 2004, p.32). This is in contrast to the 'thin abstractions' arrived at from quantitative approaches (Robson, 2002, p.455). As a result, I decided to approach the data analysis process in an intuitive, creative, qualitative manner in my attitude to minimize the degree of 'reductionism' that I assumed would inevitably occur through the process of analysing the data.

Therefore, when I approached the task of analysing the data (in the form of narrative that had been generated from the intervention, see Section 7.1) I decided not to select, in advance, a specific approach to data analysis such as content analysis (e.g. Krippendorff, 2004), thematic analysis (e.g. Braun and Clarke, 2006), or narrative analysis (e.g. Riessman, 2008). As Robson (2002, p.473) explains, there is no 'call for a particular approach to the analysis' of data. Neither is there 'one way, nor a right way, to approach data' (Bazeley, 2013, p.8). In addition, as Lyons (2016, p.4) points out, there 'is no formulaic way, no blueprint, of how [...] data are made sense of and the conclusions that are drawn'.

My goal, as I set out to analysis the data, was to combine the 'freedom' to be creative - which is a crucial tenet of the bricolage approach in relation to data analysis (Berry, 2004) - with a rigorous, trustworthy, approach to coding and interpreting the data in a qualitative manner. As Corbin (2009, p.52) asserts, '[it] is not whose approach one chooses but the "quality" of the research findings produced by an approach'.

Having conducted the analysis of the data through a process of placing 'context codes' (i.e. 'holistic codes'), notes (i.e. memos), open and closed codes on the data, arrived at the main themes that would tell the 'story' that the data 'told', I then located my approach to analysing the data in the literature. The reason for locating my approach in the literature was to enable me to evaluate if I had conducted the analysis of the data in a manner that is considered to be rigorous and trustworthy by comparing and contrasting my

approach with a method of data analysis that is widely used in the social sciences (discussed in Section 8.6).

On appraisal of the approach that I used to analyse the data (Section 8.6) I consider that my intuitive, creative, qualitative approach to data analysis is congruent with Braun and Clarke's (2006) description of thematic analysis. Braun and Clarke (2006, pp.78-79) define thematic analysis as 'a method for identifying, analysing and reporting patterns (themes) within data'. In addition, this approach enables researchers to 'easily communicate his or her observations, findings and interpretation of meaning to other who are using different methods' (Boyatzis, 1998, p.6). According to Boyatzis (1998, p.6) the 'increased ability to communicate allows more comprehensive understanding of the phenomenon'.

Riessman (2008, p.53) describes thematic analysis as 'the most common method of narrative analysis'. From a narrative analysis approach, human experience can be understood 'as a form of text construction, relying on the assumption that humans create their lives through an autobiographical process akin to producing a story' (Josselson, 2006, p.3). Expanding on this notion, Sanderson and McKeough (2005, p.134) explain that narrative derives from the 'assumption that individuals think, perceive, imagine, and make moral choices in accordance with narrative structures'. As a result, narrative data tends to be 'rich in intra- and interpersonal meaning-making information (Sanderson and McKeough, 2005, p.134).

However, despite thematic analysis being a form of narrative analysis, Riessman (2008, p.58) describes how from the perspective of thematic analysis 'language is viewed as a resource, rather than a topic of inquiry'. As such, Riessman (2008, p.62), explains, that those conducing thematic analysis 'are not generally interested in the form of the narrative, only its thematic meanings and "point."' In this sense thematic analysis places emphasis on

the 'act the narrative reports and the moral of the story' (Riessman, 2008, p.62). The 'primary focus', as Riessman (2008, p.59) explains, is on '"what" is said, rather than "how" or "to whom" and for "what purpose."' On appraisal of my approach to data analysis, I had, in the manner Riessman describes above, focused on 'what' was said by the participants rather than the other three focuses noted above by Riessman (2008, p.59).

To conclude this section, as described at the beginning of this section, I had decided not to adopt a specific data analysis method in advance of analysing the data that had been generated from the intervention. Rather, as described above I conducted the analysis of the data in an intuitive, created, qualitative manner. However, as discussed, having conducted the analysis of the data I located my approach to data analysis in the literature and consider my approach to be aligned with the description of thematic analysis given by Braun and Clarke (2006). The purpose for aligning my approach with an existing data analysis method, as explained, was to enable me to evaluate if I had conducted my analysis of the data in a robust and trustworthy fashion by comparing my approach with an existing method of analysis (please view Section 8.6.2).

8.6 Management and analysis of the data

An important consideration regarding the analysis of data is the need for researchers to express the often unseen processes of interpretation that takes place during this aspect of the research process (Mauthner and Doucet, 2003, p.414). To achieve this it is important that the methods are well described, transparent and are employed in a systematic and disciplined manner (Punch, 1998, p.200). A crucial question that needs to be satisfied therefore when assessing research is 'how did the researcher get to these conclusions from the data?' (Punch, 1998, p.200). Punch (1998, p.200) explains that if this question cannot be answered satisfactorily then it is difficult to place trust on the findings of the research.

Robson (2002, p.459) stresses that researcher have a responsibility to describe the approach taken to analysis their data. For these reasons, in this section I describe the methods and procedures that I employed to analyse the data.

8.6.1 Description of pre-analysis procedures

The intervention sessions were audio recorded using a digital recorder, having gained consent to do so from the participants. Following each session the audio recordings were uploaded onto my computer that was being kept in a secure office. The recordings were stored in a password protected file. A copy of the file was saved to disc, password protected, and stored in a locked filing cabinet.

The digital recordings were transcribed verbatim. Braun and Clarke (2006, p.87) assert that, as 'there is no one way to conduct thematic analysis, there is no one set of guidelines to follow when producing a transcript'. However, Braun and Clarke (p.87) suggest that, at the very least, researchers need to produce a 'rigorous and thorough 'orthographic' transcript – a 'verbatim' account of all verbal (and sometimes nonverbal – eg, coughs) utterances'.

When transcribing the audio recordings I removed some of, what I considered, to be unrelated information. The removal of what is considered to be unrelated to focus of the study is as, Riessman, (2008) points out, left to the discretion of the researcher. As a result I did not include information on unrelated topics such as discussion about the weather, sport, politics, and movies. In addition, repetitions of utterances such as "mmm", "you know", "well, you know", "it's kind of like", and, "sort of like" were reduced to a minimum within the transcripts if I felt their inclusion in the transcripts would not add any value. Long pauses, sighs and laughter were indicated within the transcripts using square brackets.

The transcripts were printed onto A4 paper leaving a margin of approximately three inches in width on the left hand side of each page, as recommended by Denscombe (2003, p.269). The margins were used to make notes and apply codes to the text as I analysed the transcripts (please refer to Appendix B, Figure B.1 to view an example of a transcript). The printed transcripts were checked against the audio recordings to ensure that they had been transcribed accurately. The transcripts relating to each session were then bound using a spine bar and locked away in a filing cabinet for safe storage when not being subjected to analysis.

8.6.2 Description of coding and data analysis process

After collecting all of the data from the intervention and having followed the pre-analysis procedure outlined above, I then undertook the following steps in analysing the data. As noted in Section 8.5.2 I compare and contrast my approach to data analysis, where relevant, with Braun and Clarkes (2006) description of thematic analysis.

(N.B. For ease of presentation I describe the steps that I undertook in the analysis of data in a sequential fashion within this section. However, the process of analysing the data was not conducted in a 'linear' process. Rather there was a moving backward and forward across the data set during the process of analysis).

8.6.2.1 Step 1: Immersing myself in the data

Once I had produced transcripts for each session of the intervention, I immersed myself in the data by listening and re-listening to the audio recordings in order of sessions for each block of intervention. Braun and Clark (2006, p.87) explain that immersion in the data is done in order to become 'familiar with the depth and breadth of the content'. Braun and

Clarke (p.87) suggest that before coding begins it is 'ideal to read through the entire data set at least once' before the researcher begins the process of coding the data.

However, rather than reading through the transcripts, as mentioned above, I listened and re-listened to the audio recordings, session by session, for each block of intervention. Dissimilar to Braun and Clarke's (2006, p.87) suggestion that 'it is a good idea to start taking notes or marking ideas for coding that you would go back to in subsequent phases', I did not make any notes (i.e. memos) at this stage as I wanted to gain an uninterrupted feel for the data (interaction that took place between me and the participants in the form of dialogue). Though similar to Braun and Clarke (p.87) suggestion I did not begin the process of coding during this phase of the analysis process.

During this step of the analysis process, I listen to the entire set of session (six in total) for the first run of the intervention (i.e. intervention with Angelo) three times in order to get a overall feel for each session and the intervention as a whole. I then repeated this process for the second set of sessions (six in total) that made up the second run of the intervention (i.e. intervention with Rico). Whilst this process was time consuming it did enabled me become 'familiar with the depth and breadth of the content' (Braun and Clarke, p.87) of each session and a conceptual overview of each block of intervention.

8.6.2.2 Step 2: Adding context codes

Having gained a conceptual overview of both runs of the intervention I then listened to the audio recordings again relating to the first block of the intervention (i.e. the six sessions of intervention relating to the first participants). However, on this occasion I began the process of coding the data by hand, writing the codes on the paper version of the transcripts whilst simultaneously reading the transcripts and listening to the audio recordings. The first set of codes applied to the data were context codes that I marked on

the transcripts by drawing a vertical line on the left hand side of the text to indicate the start and finish of the many topical contexts that occurred during each session (please view Appendix B, Figure B.2 for example). For example, if the discussion between myself and the participant related to writing skills development and the specific focus was on how to write a sentence, I entered the heading 'Skill development - writing - sentence formation' alongside the block of text that related to this context. I repeated this process for each of the six sessions.

What I refer to as a 'context code' is described by Miles, Huberman, and Saldana, (2014, p.77) as 'holistic' coding that can be '[applied] to a large unit of data in the corpus, rather that line-by-line coding, [which is used] to capture a sense of the overall contents and the possible categories that may develop'. Miles et al., (2014, p.77) go on to explain that this type of coding 'is often a preparatory approach to a unit of data before a more detailed coding or categorization [... and] is most applicable when the researcher has a general idea as to what to investigate in the data'.

8.6.2.3 Step 3: Adding line-by-line notes

Having applied context codes to the entire set of transcripts, I then read the transcripts, line-by-line, adding notes (memos) to both the participants 'utterances' and to my own (please refer to Appendix B, Figure B.2 to view example). The notes provided, for example,

- an indication of what I may have been doing during the session, e.g., '**Antonio:** Is this your assignment that's come back? [**Note:** I was looking at the essay that was on the table next to Rico]'

- my initial 'immediate' interpretation of the text, e.g. '**Rico:** My assignment yes the glowing one that I cried when I got it because I was so chuffed whereas normally I cry because I'm so upset. [**Note:** Relating to emotion]'

- additional specific context (in addition to the general context that I had indicated using 'context codes'), e.g. '**Antonio:** 66 per cent is a good mark isn't it? [**Note:** Improvement on previous essay marks]'

- my initial 'immediate' thoughts on how I might have made better use of my interviewing/basic counselling skills following a given utterance made by the participant, e.g. '**Rico:** I thought it was comical how I ended up crying because normally I do cry out of frustration and annoyance [...] **Antonio:** Mmm. You used nine references as well. [**Note:** I had not acknowledge Rico's feelings (i.e. point 32) – that is apart from the "mmm" at the beginning of the sentence. On reflection and now that I have more experience I think I would have reflected back what Rico had said and created some space for Rico to express how he was feeling in this area in more depth [...]

N.B. The examples above have been taken from the first page of the 'Written Version of Analysed Transcript of Session 5' provided in Appendix B.

8.6.2.4 Step 4: Adding closed codes and selecting data extracts

After completing the task of adding notes to each utterance on the transcripts, for each of the six sessions, I then read the transcripts again and attached closed codes to the data (i.e. deductive, 'theory-driven' coding (see Braun and Clarke, 2006, p.88; for an example please view Appendix B, Figure B.2). The closed codes related to the facets of self-concept (i.e. dyslexia self-concept, dyslexia self-esteem, and academic self-concept - including perception of academic achievement/ability) that the research questions focused on addressing, i.e. the influence that the N-C-PoD and intervention might have on the

participants descriptions of dyslexia relating to these facets of self-concept (see Section 5.4 to view the research questions). Having completed this process I grouped the closed codes for each session and selected the 'data extracts' that I would use as excerpts in the findings and discussion chapters (Chapters 9 and 10).

In addition, I added notes relating to the data extracts to capture the essence of why I had decided to use the selected data extracts (to view an example of a closed coded that was applied to the transcript please refer to Appendix B, 'Written Version of Analysed Transcript of Session 5, point 14). Similar to Braun and Clarke's (p.89) suggestion, I added codes systematically to 'the entire data set, giving full and equal attention to each data item'.

8.6.2.5 Step 5: Adding open codes and identifying emergent themes

In addition to adding closed codes to the data, as described in Step 4 above, I simultaneously added open codes to the transcripts as I read through the transcripts (i.e. inductive, 'data-driven' coding, see Braun and Clarke (2006, p.88). The open codes related to emergent themes within the data that were linked to each of the four closed codes described in Section 8.6.2.4. My aim whilst coding the data in this step was to produce, as Boyatzis (1998, p.x) suggests 'good code[s ...] that captures the qualitative richness of the phenomenon'.

In addition, I added notes to the open codes to the data that reflected my interpretation of the data. Similar to Braun and Clarke's (p.89) suggestion to I added codes 'for as many potential themes/patterns as possible'. To view an example of an open code that was applied to the transcripts please refer to Appendix B, 'Written Version of Analysed Transcript of Session 5, point 4.

8.6.2.6 Step 6: Dividing codes into 'pre' and 'post' N-C-PoD categories

The next step that I took was to find the point in the transcripts where I had introduced the participants to the N-C-PoD ('specific action' – see Section 7.1.4). For Angelo, the first participant, this was at the end of the first session as I had made the decision, at that point in the session, that I had collected sufficient amounts of 'pre' type data relating to the four research questions. In relation to Rico, the second participant, I had introduced him to the N-C-PoD towards the end of Session 5 as before this point I felt that we had not reached a 'saturation point' that reflected Rico repeating similar descriptions of dyslexia. Having located the point on the transcripts where I had introduced the participants to the N-C-PoD I divided the data set into two categories, i.e. 'pre' and 'post' N-C-PoD categories.

Categorising the codes in the manner described above was significant in the analysis of the data as it provided two sets of codes. This enabled me to analyse the 'pre' and 'post' N-C-PoD sets in search of indicators of change in the participants descriptions of themselves in relation to dyslexia. During this step in the process I read and reread the 'pre' and 'post' N-C-PoD codes relating to each facets of self-concept (i.e. dyslexia self-concept, dyslexia self-esteem, academic self-concept, and study skills achievement/ability). In addition, I grouped the codes into sub-categories that related to the context codes described in Step 2 (see Section 8.6.6.2). This enabled me to analyse the data in a more precise manner as 'pre' and 'post' codes were compared to each other within the same or similar context to each other (i.e. descriptions relating to self-esteem arrived at in the context of reading, which is a skill specific facet of self-concept, matched other descriptions of skills specific facets of self-concept that also were arrived at in the context of reading).

8.6.2.7 Step 7: Creating themes

Braun and Clarke (2006, pp.89-93) describe the following three main phases that are taken to arrive at the final themes from the data, 1) 'searching for themes', 2) 'reviewing themes', and, 3) 'defining and naming themes'.

The first phase (noted above), explain Braun and Clarke (pp.89-91), requires a shift in focus from the narrow focus applied to coding to the broader focus of bringing codes together to create candidate themes and sub-themes (p.89). This phase of the process ends 'with a collection of candidate themes, and sub-themes, and all extracts of data that have been coded in relation to them' (p.90). To achieve this, Braun and Clarke (p.89) suggest that the research needs to consider 'how different codes may combine to form an overarching theme'. Braun and Clarke (p.89) suggest that the use of 'visual representation' such as 'tables', 'mind-maps', or pieces of paper that have the codes written on them, can be useful in order to help sort out codes into themes. In relation to the present study, at this point in the analysis of the data I used the later approach and wrote each code on separate index cards to arrive at candidate themes and sub-themes.

Braun and Clarke (p.91) suggest that the next phase in the process is to review the candidate themes arrived at in the previous phase. Reviewing themes in this phase begins with the 'refinement' of candidate themes by checking that the themes are indeed themes that have sufficient data to support the theme, merging themes together or change the status of themes to sub-themes (Braun and Clarke, p.91). Once this has been achieved Braun and Clarke (p.91) suggest that it is important to check the 'validity of individual themes in relation to the data set, but also whether your candidate thematic map 'accurately' reflects the meanings evident in the data set as a whole'. The end result to this phase, as Braun and Clarke (p.92) explain is 'a fairly good idea of what your different themes are, how they fit together, and the overall story they tell about the data'.

Dissimilar to Braun and Clarke's process I did not produce a diagrammatic thematic map (as indicated by Braun and Clarke, pp.90-91). Rather, I had created a 'physical' thematic map (on the spare desk in my office) using the index cards that I had created to sort the codes that I had created into candidate themes and sub-themes (described above). This enabled me to 'physically' move themes from one part of the 'thematic map' to another in order to gain a conceptual overview of the data set and the validity of each theme within the overall story of data.

The final phase of this process is, as Braun and Clarke (pp.92-93) explain, to define and name themes once a 'satisfactory thematic map of the data' has been achieved (described above). By 'define' and 'refine' Braun and Clarke (p.92) are referring to the identification of 'the 'essence' of what each theme is about (as well as the themes overall), and [determine] what aspect of the data each theme captures'. Braun and Clarke (p.92) stress the importance of not trying to 'get a theme to do too much, or to be too diverse and complex'. To achieve this Braun and Clarke (p.92) suggest that the researcher should return to the 'collated data extracts for each theme, and organizing them into a coherent and internally consistent account, with accompanying narrative'. Once this has been achieved the next step is to review the working names given to each theme ensuring that each name is 'concise, punchy, and immediately gives the reader a sense of what the theme is about.

In relation to the present study, there were two types of final themes – those representing 'themes' that related to the entire data set and those that related to specific sessions within the intervention. Both theme types were entered into a table under each of the closed code heading described in Section 8.6.2.4, i.e. 'Dyslexia Self-concept', 'Dyslexia Self-concept', 'Academic Self-concept', and, 'Academic Achievement/ability' (please refer to Appendix B, Figure B.3 to view and example of the grouped themes).

8.6.2.8 Step 8: Presenting the findings

The final step that I took in the data analysis process was to formulate a way to present the findings relating to data arrived at from the closed coding process described in Section 8.6.2.4. These findings were enriched by the themes relating to each closed code. Braun and Clarke (2012, cited in Terry, 2016, p.115) state that the 'final stage involves weaving together all your analytic notes and the extracts you have selected to illustrate the themes into an argument that answers the research questions'.

Findings relating to the analysis of data relating to the first participant, Angelo, were presented under each of the research questions, in the form of excerpts of narrative in 'pre' and 'post' N-C-PoD fashion (see Chapters 9). In relation to the second participant, Rico, findings were arranged in a different fashion by presenting them as they occurred in the context of each session. The purpose for this was in order to contextualise the findings and give a sense of the interaction that occurred within the intervention. In addition, along with the finding relating to Rico, I also present short descriptions of each session from my vantage point as a dyslexia coach and then from my vantage point as an ex-dyslexic.

8.7 Ethical considerations

Robson (2002, pp.65-66) suggests that researchers should adhere to an ethical code of conduct that is relevant to their specific area of research. In relation to the present study the Revised Ethical Guidelines for Educational Research (British Educational Research Association (BERA), 2004) can be considered appropriate as it offers a robust set of ethical guidelines. Within this section I briefly outline the BERA guidelines and explain their influence on the present study.

8.7.1 The Revised Ethical Guidelines for Educational Research

The Revised Ethical Guidelines for Educational Research (BERA, 2004, p.5) state 'that all educational research should be conducted within the ethic of respect for: The person, Knowledge, Democratic Values, The Quality of Educational Research, and, Academic Freedom'. This code of ethics lists eight guidelines that focus on the following areas, 1) Voluntary Informed Consent, 2) Deception, 3) Right to Withdraw, 4) Children, Vulnerable Young People, 5) Incentives, 6) Detriment Arising from Participation in Research, 7) Privacy, and, 8) Disclosure (BERA, 2004, pp.6-10). These are considered below in relation to the present study.

Table 8.7 Ethical considerations

Ethical consideration	How applied in this study
1) Voluntary informed consent BERA (2004, p.6) stress that researchers obtain 'voluntary informed consent' from participants knowing that the participants 'understand and agree to their participation without any duress, prior to the research getting underway'. This entails researchers putting in place necessary measures to ensure all participants understand the demands that will be placed on them (BERA, 2004, p.6). BERA (2004, p.6) recommend that participants need to know 'why their participation is necessary, how it will be used and how and to whom it will be reported'. Hayes (2000, p.128) recommends that informed consent, permission to tape-record interviews, and use data collected within interviews for the purpose of research is best obtained in writing.	With regards to the present study, voluntary informed consent was gained in writing and is included within Appendix C.
2) Deception It is generally not considered ethical for researchers to deceive or trick participants in anyway within their research unless appropriate data cannot be collected in any other way (BERA, 2004, p.6). In which case researchers need to seek approval for carrying out such research from	However, in the case of the present study it was not necessary, and therefore not built into the research design, to use any form of deception or ruse to obtain data needed to address the research questions outlined within Chapter 6.

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an institutional or local ethics committee (BERA, 2004, p.6).	
3) Right to withdraw BERA (2004, p.6) stress that researchers need to inform participants that they have the right to withdraw from research with or without a reason and at any point within the research process. It is, however, acceptable for researchers to suggest (with care) an alternative research approach to the participants if they feel they may have caused, in some way, the participants' decision to withdraw (BERA, 2004, pp.6-7). BERA (2004, p.7) warn that researchers 'must not use coercion or duress of any form to persuade participants to re-engage with the work'. It is considered, in the majority of cases, appropriate for researchers to accept the decision made by the participant to withdraw (BERA, 2004, p.7).	An example, of how the right to withdraw guideline was respected within this study as the first participant, Angelo, despite having show interest to participate within the research, I did not hear from him for five months after the pre-session interview on the 22nd March 2005. I assumed that Angelo had changed his mind about taking part in the intervention so I did not contact him and respected his right to withdraw from the research without having to give me a reason. However, in the first week of September 2005 I received a phone call from Angelo asking me if the offer for him to take part in the research was still on.
4) Children, vulnerable young people BERA (2004, p.7) suggests that researchers working with children should adhere to the Article 3 and Article 12 stated within the United Nations Convention on the Rights of the Child. BERA (2004, p.7) state that 'Article 3 requires that in all actions concerning children, the best	In relation to the present study the age of the young people that participated within the pilot and the age of the young person that participated within the intervention that is reported within this thesis were all over the age of 21 and none were considered to be vulnerable.

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interests of the child must be the primary consideration'. BERA (2004, p.7) state that 'Article 12 requires that children who are capable of forming their own views should be granted the right to express their views freely in all matters affection them, commensurate with their age and maturity'. Therefore, researchers should ensure that children are supported to 'give fully informed consent' (BERA, 2004, p.7).	
5) Incentives BERA (2004, p.8) suggest that researchers should carefully consider the possible 'undesirable effects' of encouraging participants by offering them incentives especially if this may cause 'undesirable effects'. The use of incentives within research can be problematic as they have the 'potential to create a bias in sampling or in participant responses' (BERA, 2004, p.8).	In relation to the present study there were no physical incentives (e.g. gift vouchers) offered to the participant. However, it could be interpreted that the participant may have been incentivised by the prospect of improving his/her study skills ability.
6) Detriment arising from participation in research It is the responsibility of researchers to inform participants of any predictable negative effect that may impact on them as a result of their involvement within the research (BERA, 2004, p.8). It is also the	The issue of intrusion was a serious consideration that I bore in mind during the delivery of the intervention. I was aware that a certain degree of unavoidable 'intrusion' would occur as the intervention was designed to explore the participants' thinking about his dyslexia. For

Table 8.7 Ethical considerations

responsibility of the researchers to immediately inform the participants of any unforeseen detriments that might arise during the research process (BERA, 2004, p.8). It is important for researchers to recognise that participants may experience distress or discomfort in the research process' (BERA, 2004, p.7). Therefore, researchers need to 'take all necessary steps to reduce the sense of intrusion' and that researchers should take measures to put participants at 'their ease' (BERA, 2004, p.7). In addition, the guidelines explain that researchers need to immediately call to a halt 'any actions, ensuing from the research process, that cause emotional or other harm' (BERA, 2004, pp.7-8). Focusing on the issue of intrusion, Burgess (1989, p.17) stresses that 'researchers should be conscious of their intrusive potential, and should seek to minimize any intrusion'. However, in attempting to minimise the issue of 'intrusion', the researcher needs to give consideration to the 'cost/benefits ratio', and as Cohen et al., (2000, p.50) suggests strike a careful balance between their search for 'truth' and the potential risk of threatening the participant's rights and values. In situations where the cost/benefit ratio tips one way or the other, the researcher should attempt to resolve issues in a fashion that 'avoids the extremes of, on the one hand, giving up the idea of research and, on the	this reason both participants were informed from the onset that they may find the intervention stressful at times. Although, ultimately I took on board the advice given by Cohen et al., (2000, p.58) and made sure that the welfare of the participant was my first consideration. Ultimately, throughout the course of the participant's involvement within the intervention I intermittently reminded both participants that they had the right to withdraw from the study at any point, decline to answer a question, or to follow a line of inquiry that I may propose. To implement the point made by Hayes (2001, p.128 - see left hand column) about researchers not taking on the role of counsellors, I made it clear to the participant from the pre-interview stages of the selection process and intermittently during the intervention that the focus of the study was on 'dyslexia' and that although a number of counselling skills are used within the intervention that I was not a counsellor or therapist.

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other, ignoring the rights of the subject' (Cohen et al., p.58). Although, as Cohen et al., (2000, p.58) make clear, the 'welfare of the subjects should be kept in mind […] even if it involves compromising the impact of the research'.	
Another area touched on within the Revised Ethical Guidelines for Educational Research (BERA, 2004, p.12) is that of professional competence. BERA (2004, p.12) stress that researchers must not carry out 'work for which they are not competent'. Hayes (2000, p.128) warns against the researcher taking on the role of 'counsellor' where the line of questioning may have caused the participant to experience 'extreme distress'. Hayes continues by saying that it is the responsibility of the researcher not to put themselves in situations that are beyond the scope of their professional competence; it is both 'irresponsible and unethical' to attempt to handle such situations in an amateurish fashion (Hayes, 2000, p.128).	
The British Association for Counselling and Psychotherapy (BACP) Ethical Framework for Good Practice in Counselling & Psychotherapy (2001, pp.1-24) offer a clear distinction between the use of counselling skills and the use of formal counselling. Amongst several other points,	

Table 8.7 Ethical considerations

the guidelines claim that counselling skills are being used when a practitioner intentionally uses 'specific interpersonal skills, which reflect the values of counselling'. They suggest, again amongst several other points, that formal counselling 'involves a deliberately undertaken contract', with boundaries that have been clearly defined and agreed upon.	
7) Privacy An important ethical issue is that of 'confidential and anonymous treatment of participants' data' which is generally considered a norm within research (BERA, 2004, p.8). Researchers need to acknowledge the participants' right to privacy and therefore grant them 'their rights to confidentiality and anonymity' (BERA, 2004, p.8). However, researchers also need to recognise the rights of participants' who want to be indentified within the final report of the research or other publications (BERA, 2004, pp.8-9). BERA (2004, p.9) point out that researchers have a legal responsibility to comply with the Data Protection Act (1998) in the use and storage of personal data. This essentially means that participants have a legal right to know 'how and why their personal data is being stored, to what uses	This was an important consideration within this study and every effort was made to anonyms the narrative presented within Chapters 9 and 10. As well as changing the participants names and not presenting any personal information I also made sure that I changed details relating to hobbies and pastimes that might be used to identify the participants.

Table 8.7 Ethical considerations

it is being put and to whom it may be made available' (BERA, 2004, p.9). In cases where the researcher needs to make known the participants personal information to a third party then they must obtain permission from the participant (BERA, 2004, p.9). In addition, researchers must make sure that date is stored securely and that written forms of the research 'does not directly or indirectly lead to a breach of agreed confidentiality and anonymity' (BERA, 2004, p.9). Hayes (2000, p.129) makes it clear that not only is it the responsibility of the researcher to protect the identity of the participant but also anyone referred to by the participant, as this could act as a means of identifying the participant from information given about other people.	
8) Disclosure In some cases it might become necessary, following careful consideration, for researchers to disclose information relating to the 'continuation of illegal behaviour' obtained from the participant during the research process to the 'appropriate authorities' (BERA, 2004, p.9). It is also the responsibility of the researcher to 'consider disclosure' if participants reports behaviour that has the potential to cause themselves or others harm (BERA, 2004, p.9). In which case, researchers should	No statements were made within the intervention that needed to be disclosed. At the end of each session I made sure that there was adequate time remaining for debriefing. In addition, once the block of intervention had come to an end I gave each participant a copy of the transcripts for two purposes. First, for the participants to keep as a record of their involvement in the research. Second, so that the participants could check that I had anonymised their identities.

Table 8.7 Ethical considerations

make their intention to disclosure known to the participant, providing that it does not 'undermine or obviate the disclosure' (BERA, 2004, p.9). Once the research has been completed it is considered good practice for researchers to debrief the participants and to 'provide them with copies of any reports or other publications arising from their participation' (BERA, 2004, p.10).	

8.8 Summary of Chapter 8

This chapter focused on describing the methods and procedures that were employ for the purpose of generating and analysing data in order to achieve Research Objective 4, i.e. to explore the influence that a non-congenital perspective on dyslexia and intervention high in emancipatory value (premised on the I-E-D-Paradigm) has on the self-concepts of 'dyslexic' students in tertiary education; and thus throw light on the four research questions relating to dyslexia and self-concept (see Section 5.4).

As discussed in Chapter 7 the approach that I used within the intervention to work with the two participants was to combine a number of guiding values, philosophical positions, psychological perspectives, and interview method, with basic counselling skills. In this chapter I described the interview method used, i.e. semi-structured interviews and explained why I decided to employ this method of interviewing.

CHAPTER 9

FINDINGS AND DISCUSSION:

ANGELO'S DYSLEXIA STORY

In this chapter I present and discuss the finding relating to the first participant, Angelo. As described in Section 8.4.3.1, Angelo was 21 years of age when he participated in the intervention. Angelo was studying at a college of further education in Birmingham for his A levels. Angelo had been assessed for dyslexia by an educational psychologist prior to him taking his GCSEs whilst aged 15. According to Angelo his assessment revealed that he was dyslexic (the assessment report was not available for me to see). However, one of his support tutors informed me that she had seen Angelo's assessment when Angelo first started to access support at the college. In addition, Angelo had been screened for dyslexia by a member of the support team on starting his A level studies in order for the support team to ascertain how best to support Angelo. The screening strongly indicated that Angelo was dyslexic. This was confirmed by the member of staff from the support team who had conducted the screening. Angelo participated in the intervention whilst in his second year of study.

(N.B. Please refer to Section 8.4.3.1 and Table 8.5 for further details about Angelo, i.e. his motivation for participating in the intervention, his education commitments, level of awareness and understanding of dyslexia, and, the support provisions that Angelo had been accessing at college).

9.1 Dyslexia self-concept

In this section I present and discuss the findings relating to Angelo's descriptions of dyslexia before and after he was introduced to the N-C-PoD in the intervention. The finding and discussion in this section relate to Angelo's dyslexia self-concept and therefore are aimed at addressing the first of the four research questions relating to self-concept, this being,

> **Research Question 1:** What influence might a non-constitutional PoD and emancipatory intervention (framed in the I-E-D-Paradigm) have on descriptions of dyslexia relating to dyslexia self-concept?

In order to address Research Question 1, I present and discuss findings in the following areas,

- Angelo's description of 'self' in relation to dyslexia (Pre N-C-PoD)
- Angelo's definition of dyslexia (Pre N-C-PoD)
- Angelo's definition of dyslexia (Post N-C-PoD)
- Angelo's description of 'self' in relation to dyslexia (Post N-C-PoD)

9.1.1 Angelo's descriptions of 'self' in relation to dyslexia (Pre N-C-PoD)

Before being introduced to the N-C-PoD towards the end of the first session Angelo described himself as "*a dyslexic person*". He referred to himself twice as 'dyslexic' during the first session. Angelo stated "*my dyslexia*" twice and inferred having dyslexia (e.g. what I think dyslexia is to me; how it affects me) eight times.

As Angelo had made reference to himself as 'dyslexic' in the ways described above, I infer that Angelo had developed a specific facet of self-concept (Shavelson et a., 1976), a 'dyslexia self-concept'.

9.1.2 Angelo's definition of dyslexia (Pre N-C-PoD)

Before being introduced to the N-C-PoD towards the end of the first session Angelo seemed to be unsure whether or not dyslexia could be defined, as can be seen,

> **Quote 1**: Can it be defined? These are questions that I often thought to myself but never really known how to approach it, how to answer it, because for me it's always been this mystery (Session 1)

However, despite Angelo's uncertainty (as expressed within the excerpt above), when asked what causes dyslexia he replied,

> **Quote 2**: Maybe it's genetic, the way they're born with it. Maybe it's to do with the way they are brought up. I have never been able to sort of pin point it exactly and say "this is where it comes from – this is where dyslexia stems from (Session 1)

Angelo's description of dyslexia is wide-ranging and encompasses a biological and environmental view of the cause of dyslexia. Angelo's view expresses to extremes, the biological view that is premised on the FDA and which can be located in the P-I-D and/or the I-I-D Paradigms, and an environmental view that is not premised on the FDA and which can be located in the I-E-D and/or P-E-D Paradigms (see Section 7.3.2 for discussion relating to the view that dyslexia has a genetic basis (i.e. Gilroy and Miles, 1997; McLoughlin et al., 2002) and Section 4.2.1.3 for discussion relating to the ecological perspective on dyslexia (i.e. Poole, 2003, 2010).

9.1.2.1 Understanding of dyslexia (Pre N-C-PoD)

Angelo's uncertainty over the cause of dyslexia (Quotes 1 and 2), I assert, appears to mirror the position generally within the field of dyslexia research with there being no

consensus over the cause of dyslexia having been reached (Narain, 2006; Ouimet and Balaban, 2010; Tønnessen, 1997; Paradice, 2001; Evans, 2004; Elliott and Grigorenko, 2014). My assertion is illustrated further as Angelo describes how he has been unable to find a clear definition of dyslexia and that any definitions that had been offered to him he viewed as "very wishy-washy", as can be seen,

> **Quote 3**: The only thing I can really sort of talk about or understand is the way I see dyslexia. I have never really understood too much about it, because a lot of people have been given this "oh dyslexia affects everyone in different way" you know, well fair enough, it does but anyone I've spoken to just has a *very wishy-washy kind of sense of what it is. No-one seems to know where it comes from,* you know (Session 1)

However, as discussed in Section 7.3.1, from the P-I-D-Paradigm, it is recognised that in order for 'dyslexic' people to overcome their difficulties that a clear understanding of dyslexia is needed so that the 'dyslexic' individual is able make sense of his or her difficulties (McLoughlin et al., 1994, p.50; Miles and Miles, 1999, p.109; Burden, 2005). In addition, it has been suggested that 'dyslexic' students need to have a clear definition of dyslexia that provides a clear description of the etiological cause of dyslexia (Reid and Kirk, 2001, p.20; McLoughlin, Leather and Stringer, 2002, p.97).

However, it appears from Angelo's descriptions that he did not have a clear definition of dyslexia that reflected an obvious etiological cause of dyslexia from which to understand and overcome this dyslexia difficulties.

Angelo's need to understand what dyslexia is, and, what causes dyslexia appeares to be of considerable importance to him. Angelo had described to me in Session 1 that one of the reasons he had decided to participate in the intervention was *"...to understand more about dyslexia...".* His drive to understand dyslexia was reflected further in Session 1 as

Angelo used the constructs 'understand', 'understanding', and 'understood' within the context of understanding dyslexia a further 18 times, and, another 15 times within the context of difficulties experienced within a classroom setting.

Angelo indicated that he wanted to understand what dyslexia is in order to be able to find ways to overcome the difficulties that dyslexia presented him, as Angelo states,

> **Quote 4:** Knowledge is power, you know. The more I think about things, the more I understand it, the more I have ways of getting around it, you know (Session 1)

In addition, Angelo explained that he also wanted to increase his understating of dyslexia in order to reduce the negativity that he associated with dyslexia,

> **Quote 5:** I like the idea of being able to break down any negative association I have with dyslexia because even though I believe I have quite a positive view of what it is to me I do know there is negativity associated with it and there are times when you know perhaps it even works on a subconscious level to hold me back. So if I can break down that, if I can get a better understanding of what it is to me (Session 1)

It appears that Angelo need to understand the nature and cause of dyslexia is consistent, therefore, with, as stated above (underneath Quote 3), the view held in the P-I-D-Paradigm that in order for 'dyslexic' students to make sense of their difficulties a clear understanding of what dyslexia is (McLoughlin et al., 1994, p.50; Miles and Miles, 1999, p.109; Burden, 2005), and what causes dyslexia (Reid and Kirk, 2001, p.20; McLoughlin, Leather and Stringer, 2002, p.97).

The absence of consensus regarding a definition of dyslexia and the disagreement over the cause of dyslexia, I assert (from my I-E-D-Paradigmatic standpoint), can be seen

as a significant failing on behalf of the P-I-D-Paradigm and I-I-D-Paradigm, which I believe many 'dyslexic' people bear the brunt of in terms of the uncertainty that it can cause, as in Angelo's case (i.e. Angelo being uncertain whether dyslexia is caused by biological or environmental factors).

It seems that despite Angelo not having a clear definition of dyslexia (as discussed above) had not prevented him from developing a 'personal' theory (Kelly, 1955) of dyslexia that included the following description,

> **Quote 6:** I have spent a lot of time thinking about it. *I have spent a lot of time upset* as to why I can't do things and spent a lot of time reflecting, self reflection as to why am I getting that way, why am I feeling such things *when there is no need for it* (Session 1)

> **Quote 7:** All I can say is dyslexia is *this way of thinking* and because of this way of thinking, it has all this negative, negative things which will then say *"well if you have these negative things you are dyslexic"*. So, rather than saying dyslexic people think differently, its dyslexic people are really bad spellers (Session 1)

In the above descriptions (Quotes 6 and 7) it seems that Angelo is touching on the oppression caused by dyslexia systems and structures that act to systematically oppress individuals that do not 'fit' the societal 'norms', as radical structuralist might argue (Morgan, 1980; Boshier, 1990; Ardalan, 2012). In the rationale that I provide for Research Objective 2, i.e. *Develop a perspective on dyslexia that is not informed by the FDA* (Section 1.6.2) I argue that the current dominant framing of dyslexia acts as a form of social control that systematically oppresses 'dyslexic' students through the imposition of the FDA without offering any alternative perspectives on dyslexia that are not informed by this assumption.

Angelo's view, as expressed above, seems true of this as Angelo expressed that he considers dyslexia to be *"this way of thinking"* (Quote 7), which, not many would disagree, is a natural function of our minds, yet, as Angelo points out this is not accepted by those in power (expressed in his utterance, *"well if you have these negative things you are dyslexic";* Quote 7), without providing an choice of an alternative to the individual. As Hooks (2000, p.5) points out, oppression is caused by dominant forces creating an '*absence of choices* [...with this being the] primary point of contact between the oppressed and the oppressor'.

This one sided view of the persistent difficulties acquiring literacy through traditional teaching methods (World Federation of Neurology, 1968) that some people in society experience (i.e. 'dyslexics') is, I assert (from the my I-E-D-Paradigmatic standpoint), imposed on the individual and maintained by the authorities position held by the FDA that underpins the P-I-D-Paradigm and I-I-D-Paradigm (please view Section 3.1.3, and Section 3.2.3 for critique of the FDA in relation to both dyslexia paradigms mentioned). As argued in Section 6.4 (and Figure 6.6) I believe that the imposition of the FDA has created a state of "false consciousness" (Morgan, 1980) to exist in relation to dyslexia. I assert that, the existence of dyslexia "false consciousness" marginalises 'dyslexic' people and creates a state of "otherness".

9.1.2.3 Sense of difference - "otherness" (Pre N-C-PoD)

In Session 1 Angelo expressed that he felt a sense of difference between himself and other people, as can be seen from the following excerpts, "*why am I different*", "*there is something which makes me different from other people*". This sense of difference was reflected within the opening sentence of Angelo's self-characterisation sketch (see

Appendix), he wrote, "*Angelo has always seen himself as being different from other people*".

Angelo appears to perceive this sense of difference (described above) in terms of how 'dyslexic' people think differently to 'none-dyslexic' people. Angelo described dyslexia as "*a certain way of thinking, a certain way of processing information*". Angelo expressed how this '*certain way of thinking*' and 'certain way of processing information' had an effect on his ability to learn and "*take on board information*".

To sum up, the findings presented above highlight the following points,

a) That Angelo was uncertain if dyslexia could be defined (Quote 1)

b) That Angelo was uncertain about the causes of dyslexia; expressing that dyslexia might be caused by genetic or environmental factors (Quote 2)

c) That he was dissatisfied within the definitions of dyslexia that other people had given him, believing their answers to be "wishy-washy"; leaving him to believe that "no-one seems to know where it comes from" (Quote 3)

d) That Angelo had a strong drive to understand dyslexia, indicated by the number of time he referred to the constructs 'understand', 'understanding', and 'understood' in Session 1 (33 times in total); and that one of the reasons that Angelo had decided to participant in the intervention was to increase his understanding of dyslexia

e) That Angelo felt as sense of difference "otherness" between himself and his peers

The 'Pre' N-C-PoD descriptions that have been presented in this section provide a baseline from which to compare if any change in Angelo's descriptions of dyslexia relating to his dyslexia self-concept might have occurred after Angelo had been introduced to the N-C-Pod (see Section 9.1.3).

9.1.3 Angelo's descriptions of 'self' in relation to dyslexia (Post N-C-PoD)

Angelo made no reference to himself as dyslexic within the second, third and fourth session. However, Angelo stated "my dyslexia" three times within the second session, and twice in Session 5. He inferred having dyslexia, (e.g. "how it affects me") twice within the second session. However, Angelo did not make any further inferences of this kind within the remaining four sessions.

However, Angelo referred to himself as dyslexic twice within session five. In addition, he inferred that he viewed himself as dyslexic by stating "*we could talk to other dyslexic people*".

Within the final session (that took place after one year) Angelo no longer described himself as dyslexic but rather viewed himself as someone who had liberated themselves from dyslexia, as can be seen from the following excerpt,

> **Quote 8:** ...I don't really see myself as having dyslexia and don't see dyslexia as being anything more than a word used to describe a way of learning which you know now it's not dyslexic it's libexic as I'm liberated you know (Session 6)

As can be seen, it appears that Angelo's description of himself in relation to dyslexia had changed considerably from his description of himself as "dyslexic" in the Session 1 to being "libexic" (i.e. liberated from dyslexia) in Session 6.

Taken on face value it appears that a significant change had occurred in Angelo's dyslexia self-concept as a result of the N-C-PoD or by having participated in the intervention. However, a number of considerations need to be made before any such claims might be made.

First, approximately 12 months had lapsed between conducting Session 1 and Session 6, therefore, Angelo's description of himself in relation to dyslexia might have been influenced by other factors that had occurred in his life.

Second, Angelo was no longer attending college at the time when I conducted Session 6 which might have resulted in him no longer feeling 'dyslexic' due to not having to produce written work. As Pollak (2005) notes, some 'dyslexic' students can be considered as 'student' type dyslexics as dyslexia presents itself to this type of 'dyslexic' mainly when in academic studies.

Third, Angelo might have stated the utterance expressed in Quote 8 as a means of gaining my approval or to try and develop a stronger association between the two of us. I had after all, on several occasions within the 'Post' N-C-PoD sessions, expressed my views on dyslexia and how I did not consider myself to be 'dyslexic' in the way that I had in my past.

However, having made these considerations, there is the possibility that Angelo had genuinely changed the way he perceived dyslexia and how he conceptualised himself in relation to changes in his perception of dyslexia. If so this suggests that Angelo's dyslexia self-concept was malleable and open to change as suggested by the Shavelson model (see Table 5.1, point 'D' for discussion of the malleability of self-concept). In addition, it can be interpreted that Angelo had created a 'non-dyslexic' facet of self-concept within his organisational structure of self-concept (see Table 5.1, point 'A' for discussion on the organisational structure of self-concept) that Angelo was referring to as 'libexic'.

9.1.4 Angelo's definition of dyslexia (Post N-C-PoD)

In Session 2 Angelo had begun to change the way in which he described dyslexia. It seems that Angelo had begun to incorporate aspects of the N-C-PoD into his descriptions of dyslexia, as can be seen from the following excerpt,

> **Quote 9:** Well, this was sort of looking at the fact that we see a dyslexic person, you *see the problem as being within them*, "that person is dyslexic, that person has this". Rather than dyslexia comes from the *teaching methods* – *the way we are trying to input information into that person and we are trying to extract information* (Session 2)

The italics and underlining in the above excerpt indicate discourse that is the same or similar to that used within the description of the N-C-PoD, please see Figure 9.1 below.

Figure 9.1 N-C-PoD discourse (Assumptions 1 and 10)

> **Assumption 10: Unsuitable teaching methods**
> "I believe that the feelings of discomfort and awkwardness experienced by [dyslexic people ...] are made worst when *teaching methods* that suit people who have a natural preference (or compatibility) with written language. I also think that the feelings of discomfort and awkwardness can be overcome if *teaching methods* that suite the dyslexic persons preferred medium of communication. [...]"
>
> **Assumption 1: Humans are predisposed to communicate**
> "As humans it is naturally for us to communicating with each other. We communicate things like our thoughts, feelings, ideas, moods, etc, *to other people*, and, they *communicate back to us* too. [...]"

In Session 3 Angelo drew a comparison between his view of dyslexia and the N-C-PoD, as he explains,

> **Quote 10:** When I explained to you originally my idea of dyslexia was just you know it was a primitive thought – it was a primitive structure compared to how you have done yours. I viewed dyslexia as a different way of thinking and I process information differently and you sort of said well you know – describe *the channels and describe the <u>different forms</u> and different <u>mediums of expression</u> and how we can adapt* (Session 3)

The italics and underlining in the above excerpt indicate discourse that is the same or similar to that used within the description of the N-C-PoD, please see Figure 9.2 below.

Figure 9.2 N-C-PoD discourse (Assumption 2)

> **Assumption 2: Humans communicate through various mediums**
> ...For example, we might communicate using *spoken language, written language, body language, drawing, dancing, singing, music, mime, sport, art* and lots of other ways too. I call these <u>*'mediums of communication'*</u>."

As can be seen from the following excerpt Angelo felt that he had improved his definition of dyslexia,

> **Quote 11:** So even though dyslexia to me is the same sort of thing you have just given it more of a clear cut definition you know "ahhh, so that's it, if I think and if *I take information in better if I sort of use my preferred medium* by being creative – for me it's very visual – lots of colours and pictures you know. *It's my medium*

of creating as I've always liked doing things with my hands and really sort of adapting it and defining the idea (Session 3)

The italics in the above excerpt indicate discourse that is the same or similar to that used within the description of the N-C-PoD, please see Figure 9.3 below.

Figure 9.3 N-C-PoD discourse (Assumptions 5 and 6)

Assumption 5: Preferences for certain mediums of communication

"... we all have preferences for certain mediums of communication over others. ..."

Assumption 6: Dyslexics preference for certain mediums of communication

"... So for example, a dyslexic person might have _a preference for mediums of communication_ such as spoken language, art, dance, mime, sport, etc. ..."

During Session 6, which took place a year after the intervention had begun, Angelo described dyslexia in the following way,

> **Quote 12:** I would say that dyslexia is a label given to a particular learning style _where people are orientated to learning through various different mediums_ [assumption 2]. _As people we absorb information and we give out information and we do this certain channels_ [assumption 2] you know and I think if you divide it down very simply _into several different channels then someone who is dyslexic might not be orientated to putting out information or receiving it in written_ [assumption 6] _or spoken language – as simple as that. So it's by looking at other different mediums from which they can express themselves and developing those and encouraging those to help develop the other ones as in reading and writing. So we can sort of see a dyslexic persons is simply someone who isn't orientated to expressing themselves in such a manner –_

they might be much more skilled or appreciative in expressing themselves in a different form [assumption 6] like dyslexic people are generally known to be creative or you know.

The italics and underlining in the above excerpt indicate discourse that is the same or similar to that used within the description of the N-C-PoD, please see Figure 9.4 below.

Figure 9.4 N-C-PoD discourse (Assumptions 2 and 6)

Assumption 2: Humans communicate through various mediums
"As humans it is naturally for us to communicating with each other. We communicate things like our thoughts, feelings, ideas, moods, etc, *to other people*, and, they *communicate back to us* too. [...]"

Assumption 6: Dyslexics preference for certain mediums of communication
"...people who have been labelled as 'dyslexic' might be people who simply have a natural preference for mediums of communication that do not use written language. ..."

In the following excerpt, Angelo seems to be pointing out the irony in how people who have a preference for a medium of communication that is not based on written language do not tend to be viewed as 'less than normal'.

> **Quote 13:** So for me it's just simply a label and I love the fact – from what you were saying – *if a person can't dance we don't call them dance-lexic do we? And if they're not orientated to express themselves using music or art form we don't label them as faulty or as broken as we do with dyslexia.* So I think that is sort of my rough explanation – does that make sense? (Session 6)

It appears from Angelo's descriptions of dyslexia that his uncertainty of whether dyslexia could be defined and whether dyslexia was caused by biological factors or environmental factors (Section 9.1.2) was not reflected within his post N-C-PoD descriptions of dyslexia.

In Section 7.3.1 I argue that in order for a 'dyslexic' person to create a 'non-dyslexic' facet of self-concept that a clear definition of dyslexia, that is not premised on the FDA, is required in order that the 'dyslexic' person can make sense of why he or she experiences dyslexia type difficulties. It appears from the Post N-C-PoD descriptions above that Angelo had developed a clear definition of dyslexia that was not based on the FDA and informed by N-C-PoD discourse.

9.1.4.1 Understanding of dyslexia (Post N-C-PoD)

In Session 2 Angelo described how he wanted to gain a better understanding of dyslexia. Angelo implied that he still did not have a clear idea what dyslexia was due to the varying viewpoints on dyslexia. He went on to say, *"I really [...] want to explore my dyslexia within myself and to get your understanding and to really try and build on that I suppose"*. Further on during Session 2 Angelo implied that hearing about the N-C-PoD was good for him as he explains, *"[it was] "reinforcing a lot of ways I've been seeing my dyslexia"*.

In Session 3 Angelo describes how he wanted to understand the cause of dyslexia in order to be able to overcome it, he explains,

> **Quote 14:** If you don't know what the cause is how can you overcome it? I understood there was a cause and understand the symptoms. I said that dyslexia is a different way of thinking, a different way of processing information but that's all it was for me. A different way of processing but I wasn't able really to expand upon that, you know (Session 3)

In Quote 14 it appears that Angelo might have been 'stuck' (Culley and Bond, 2004) in his understanding of dyslexia and unable to move forward before being introduced to the N-C-PoD within the intervention.

Angelo went on to describe how the N-C-PoD had been useful as it enabled him to incorporate some of the thinking from the N-C-PoD to improve the strategies that he had already developed. Angelo went on to discuss this further by saying,

> **Quote 15:** You have given me your opinion as someone studying dyslexia and I have sort of looked at it, related it to my own viewpoints and agreed with it. "How can I adapt that and how can I understand that. Can I build upon that?" And, at the moment, it's the only sort of thing that explains to me what dyslexia is, which actually makes any sense, you know (Session 3)

During Session 5 Angelo described how he had *"always had a strong will – a strong want to know my dyslexia – to know what it is...".* Angelo went on to imply that as a result of gaining a better understating of dyslexia he had been able to utilise his intelligence to a greater extent than he had previously be able to.

Angelo went on to explain that he considered his understanding of dyslexia to be the same as the views reflected within the N-C-PoD and that this understanding had been sufficient for him to find ways to overcome the majority of his dyslexia related difficulties. However, Angelo mentioned that the N-C-PoD had been useful as it had enabled him to clarify and improve his own perception of dyslexia, which coupled with Angelo's motivation provided him with, as he stated, "new energy".

In Session 5 Angelo also spoke about the concept of dyslexia not being located within the individual and his reaction to this view, as he explains,

> **Quote 16:** You came along to me with this idea that dyslexia doesn't exist within me and I had this "what can he mean?" and I've been thinking of it all summer "what does he mean dyslexia doesn't exist with me" and really sort of playing it over in my mind. And then it kind of hit me – it's so true you know – it's not that dyslexia doesn't exist – it's that it doesn't have to exist... (Session 5)

Angelo described his realisation that dyslexia doesn't exist lead him to feel equal to other people.

Angelo explained how his increased understating of dyslexia gave him the impetus to *"try – and the right information [...] to create the right tools to solve the problem"*. Being armed with the 'right information' seemed to have been important for Angelo as he viewed himself as a *"problem solver"* who was going to *"solve"* the issue of dyslexia in his life. Angelo explained that he wanted to achieve this because he wanted to *"be the best Angelo [he] could be"*, even if this meant him changing the way he thought about dyslexia and the way he studied.

Angelo implied how the N-C-PoD had enabled him to change his thinking regarding his view of dyslexia being a different way of thinking, as he explains,

> **Quote 17:** ...rather than me just knowing I think differently it's about me knowing what the difference is... "You can just about do things in reading and writing format and you're struggling and getting behind but really why don't you start visualising everything you do and start colouring in everything you do?" and you start going "that really works for me" (Session 5)

During Session 6 Angelo reflected on the five sessions of intervention that had taken place the year before and commented,

Quote 18: I think the work that we did really helped me to clarify my understanding of dyslexia, really you know I had understanding of what it was – I don't think I ever saw dyslexia as a big problem in my life and it never really held me back that much. But the work we did together really helped clarify what dyslexia was and what it was that was stopping my potential (Session 6)

It appears that Angelo had reached a level of understanding of dyslexia that he was satisfied with. In addition, Angelo seemed to have unlocked his potential as a result of having a clearer understating of dyslexia as this meant he was able to develop strategies to overcome his difficulties.

9.1.4.2 Sense of difference - "otherness" (Post N-C-PoD)

Within Session 2 Angelo continued to describe a sense of difference between himself and *"non-dyslexic people"*. He spoke about how he could see a difference between himself and others as a child, as can be seen from the following excerpts "*from primary school it was building up and I noticed I was different, I realised that there was a difference*" and, "*I could see there was a difference between me and the other kids*".

In Sessions 3, 4, and, 5, Angelo spoke about being different to other people a further 27 times. However, during Session 6, which took place one year after the intervention had begun, Angelo did not refer to himself as different to other people and stated, "*Now I simply see dyslexia as a different form of learning – I learn in a different way*".

9.1.5 Summary of findings relating to Research Question 1

Research Question 1: What influence might a non-constitutional PoD and emancipatory intervention (framed in the I-E-D-Paradigm) have on descriptions of dyslexia relating to dyslexia self-concept?

After having been introduced to the N-C-PoD towards the end of Session 1, Angelo referred to himself as dyslexic seven times and inferred having dyslexia three times. However, in Session 6, Angelo described how he did not "really see [himself] as having dyslexia and [did not] see dyslexia as being anything more than a word used to describe a way of learning...". Angelo had previously viewed dyslexia as a way of thinking and of processing information (Quote 10). Perhaps Angelo having reframed his view of dyslexia from it being "this way of thinking" (Quote 7) and processing information to "dyslexia as being anything more than a word used to describe a way of learning..." might have created feelings of being liberated from how he had previously framed his dyslexia, i.e. as "a way of learning" in the sense that Angelo meant (Quote 11) was physical and under his control. Whereas the way we 'thinking' and 'processing information' exist on a cognitive level which might have been harder for Angelo to control. In this sense Angelo might have used the term "libexic" as a way for him to expressing that he had liberated himself from "the negative association" that he had mentioned in Quote 5 and that this may exist on a "subconscious" level and therefore out of his control.

However, irrespective of what may have caused this change in Angelo's description of dyslexia the most important things is that, from a Rogerian (1951) perspective, it is Angelo's view of himself that is of the greatest importance.

In relation to point a) (Section 9.1.2) regarding Angelo having a clear definition of dyslexia to make sense of this difficulties, it can be seen from Angelo's description (Quote

11) Angelo stated that the N-C-Pod had assisted him to develop his own definition of dyslexia and give "it more of a clear cut definition".

In relation to point b) (Section 9.1.2) regarding Angelo not having a clear understanding of the cause of dyslexia, it seems that Angelo had been able to make sense of the cause of dyslexia by drawing comparisons between literacy difficulties and people who are not orientate to express themselves using other mediums of expression and that "we don't label them as faulty or as broken as we do with dyslexia" (see Quote 13).

In relation to point c) (Section 9.1.2) that referred to Angelo's view that he had been given "wishy-washy" definitions of dyslexia by other people. Angelo described (Quote 15) that "at the moment, it's (N-C-PoD) the only sort of thing that explains to me what dyslexia is, which actually makes any sense,". Interestingly Angelo describes how he was intending to adapt the N-C-PoD and develop it further for his own needs. (N.B. As described in Section 7.3.1, I had hoped that the N-C-PoD might be of use as a meaning making template that might be of use to 'dyslexic' students in their attempts to reframe their dyslexia in a non-constitutional manner).

In relation to point d) (Section 9.1.2) and Angelo's need to understand dyslexia it seems that Angelo had addressed this as can be seen by his description in Quote 15 that the N-C-PoD "at the moment, it's the only sort of thing that explains to me what dyslexia is, which actually makes any sense".

In relation to point e) (Section 9.1.2) and Angelo's sense of feeling different to his peers, it seems that Angelo had addressed this by changing his definition of dyslexia from a different "way of thinking" and "processing information" to it being a way of learning, as can be seen, "Now I simply see dyslexia as a different form of learning – I learn in a different way".

9.2 Dyslexia self-esteem

In this section I present and discuss the findings relating to Angelo's descriptions of dyslexia before and after he was introduced to the N-C-PoD in the intervention. The finding and discussion in this section relate to Angelo's dyslexia self-esteem and therefore are aimed at addressing the second of four research questions relating to self-concept, this being,

> **Research Question 2:** What influence might a non-constitutional PoD and emancipatory intervention (framed in the I-E-D-Paradigm) have on descriptions of dyslexia relating to dyslexia self-esteem?

9.2.1 Dyslexic self-esteem (Pre N-C-PoD)

Before being introduced to the N-C-PoD within the first session Angelo's dyslexic self-esteem appeared to be positive, as can be seen from the following excerpt, *"I believe I have quite a positive view of what it [dyslexia] is to me"*. Angelo went on to mention his positive view of dyslexia a further four times within the first session.

Angelo went on to describe how his dyslexia had both a positive and negative side. The positive side, he expressed, assisted him in his problem solving abilities, as can be seen from the following excerpt,

> **Quote 19:** My ability to sort of solve problems, yeah, that's the positive side of things. I have understanding about things which some people don't quite grasp you know. For me that is my positive dyslexia, the way it helps me, the way that I can see things that other people can't even begin to understand (Session 1)

Angelo went on to rate the positive side of this dyslexia,

> **Quote 20:** ...I've always seen these things as linked you know. I have this positive thing but it has its drawbacks [...] for me it's been both and because the positive has been so much bigger, like a ten, the negative thing, for me has been negligible, doesn't matter, it's not important, I can always find a way round it – it has never really held me back (Session 1)

From this description it is evident that Angelo considers the positive aspect of his dyslexia to outweigh any negative aspects. Angelo described the negative aspect of his dyslexia in the following way,

> **Quote 21:** I believe I have quite a positive view of what [dyslexia] is to me. I do know there is negativity associated with it and there are times when you know perhaps it even works on a subconscious level to hold me back (Session 1)

From the descriptions given above it appears that Angelo evaluates his dyslexia mainly positively as he feels it enables him, as stated, to solve problems, and understand things that other people find difficult to grasp.

In the following quote it appears that Angelo has been able to avoid developing a negative evaluation of himself in relation the difficulties he experienced at school, (i.e. by not seeing himself as "stupid or dumb",

> **Quote 22**: ...due to this processing information will affect your ability to learn, will affect your ability to take on board information. So it's not the fact that I'm stupid or dumb but the fact that I have problems. I never could do my times tables, I could never do this, you know all these problems I had as a child was not the fact that I couldn't do it but perhaps the way that I was taught it – the information never set in, you know (Session 1)

From the descriptions presented in this section it appears that Angelo had high levels of self-esteem in relation to his dyslexia before being introduced to the N-C-PoD and participating in the intervention.

9.2.2 Dyslexia self-esteem (Post N-C-PoD)

In session two I asked Angelo what he would like to get out of the session, he replied,

> **Quote 23:** Maybe more confident – I know how it affects me and I know ways around that you know. I know how dyslexia affects me in certain ways and I can ignore that and I can work on building strategies around that. Really sort of look at this, "this is the fault where the engine is let's try and work around that (Session 2)

As can be seen, Angelo seems to think that he needs more confidence. As within the first session Angelo states that he knows how dyslexia affects him and how he has had to develop strategies to overcome his difficulties.

However, it seems that Angelo is referring back to his view that dyslexia may affect him on a "*subconscious level*" by using a metaphor about there being a *"fault where the engine is"* (Quote 23). Perhaps Angelo was experiencing a dip in levels of self-esteem specifically connected to him not knowing 'exactly' what dyslexia is (as described in Section 9.1.2. I asked Angelo (Session 2) if he wanted to explore his dyslexia and gain more understanding. Angelo replied that he wanted *"Something that you can actually see rather than just sort of vaguely kind of know it exists"* (Session 1).

In Session 3 Angelo mentioned how he had found it interesting to listen to me talk about dyslexia within the previous session as he had *"never really had much of a negative association with dyslexia"* (Session 3). Angelo explained that the difficulties he had experienced had been relatively minor (Session 3). In Session 3 Angelo also spoke about

how he had felt a "*little bit more free*" to write notes the way he wanted to in class; he remarked how "*It doesn't really matter*" and how he started "attacking" his work (Session 3). Angelo went on to describe that a shift in his thinking had taken place,

> **Quote 24:** Again it's like looking back and you saying "why don't you ask someone how to spell that word – what difference does it make?" and *it's almost like I've been told*, well if I ask someone, *I feel stupid and it makes me feel rubbish.* And it's like "well, hang about, *it doesn't matter, it's irrelevant you know*" (Session 3)

The above excerpt provides a glimpse into how Angelo evaluated himself in relation to other people knowing about his difficulties with spelling words. Angelo seems to be suggesting that he had been regulating his behaviour to fit socially expected norms, i.e. "*it's almost like I've been told*" (Quote 24). This excerpt indicates how Angelo felt about himself in relation to his difficulties with spellings, i.e. "*I feel stupid and it makes me feel rubbish*" (Quote 24). It appears, therefore, that Angelo's dyslexia self-esteem may have been low specifically in relation to his spelling ability. It can also be interpreted that his self-esteem in this area was becoming more positive as he was not placing as much importance on his difficulties with spellings as he had previously, as seen in his utterance, "*it doesn't matter, it's irrelevant*" (Quote 24).

Angelo went on to say,

> **Quote 25:** I realise I've got a mind which is just as *normal* as everybody else, *just as clever* as everyone else's you know, but let's just try and get information in there that's easier, it's "ok, let's just go for it – colour pens, this, that and the other". And I find just repeating the words, I'm in class and I will just say words out loud you know "mmm, this word". It's just little things like that and it's just like, it's not having that fear, that little kind of sometimes like

"ahhhhh" like a tether holding me back. Just like "oh, it doesn't
matter anymore" (Session 3).

In the excerpt above (Quote 25) it can be inferred that Angelo had previously viewed his *"mind"* to be 'abnormal' (i.e. in contrast to his use of the world *"normal")* in comparison to other people (presumably none-dyslexic people). Angelo stated that his mind is "just as clever" as other peoples. It seems that Angelo may have previously thought that his 'mind' had not been 'normal' in the past due to him finding it difficult on occasions to "get information" into his mind. It can also be inferred that Angelo had previously been fearful about not having a 'normal' mind but that he had been successful in overcoming this fear which he suggest was stopping him from engaging fully in learning.

Angelo's re-evaluation of himself suggest that his global dyslexia self-esteem i.e. self-esteem relating to his dyslexia (as he refers to his dyslexia being a difference in the way he processes information – which we can assume takes place in his mind) becoming more positive. Therefore, it can be interpreted that Angelo's self-esteem is becoming more positive in his general and in specific facets such as academic ability (i.e. as indicated by Angelo feeling free to use different coloured pens in his note taking and repeating certain words in class that he wanted to remember).

9.3 Academic self-concept

In this section I present and discuss the findings relating to Angelo's descriptions of dyslexia before and after he was introduced to the N-C-PoD within the intervention. The finding and discussion in this section relate to Angelo's academic self-concept and therefore are aimed at addressing the third of four research questions relating to self-concept, this being,

Research Question 3: What influence might a non-constitutional PoD and emancipatory intervention (framed in the I-E-D-Paradigm) have on descriptions of dyslexia relating to academic self-concept?

9.3.1 Description of academic self-concept (Pre N-C-PoD)

Before being introduced to the N-C-PoD towards the end of session one, Angelo described himself, within an educational context, as an "*intelligent person"*. He described himself as someone who has *"a very visual imagination, [is] very creative"*, able to *"solve problems"*, and, in possession of a *"very analytical mind"*. In addition, Angelo described himself as someone who had *"a huge mass of brilliant ideas"* (Session 1).

It appears from the above descriptions that Angelo had a positive view of himself in terms of his mental abilities and qualities. As the excerpts above are both descriptive and evaluative it can be interpreted that Angelo's general academic self-concept and general academic self-esteem may have been positive on him beginning the intervention.

The following excerpt, taken from the self-characterisation sketch (Kelly, 1955) that Angelo completed prior to the first session, gives an insight into the subject specific facets of Angelo's academic self-concept,

> **Quote 26:** At school Angelo showed great interest in some of his classes, doing well when he applied himself. A few lessons did [not] seem to suit him to good. Getting suspended and sent home on several occasions (Self-characterisation sketch, Session 1)

(N.B. Please refer to Appendix A, for a description of Self-characterisation sketches)

The excerpt presented above (Quote 26) indicates that Angelo's subject specific self-concept differed between certain lessons at school. However, it tells us nothing about which subjects Angelo had 'great interest' in or which lessons did not suit him.

The following excerpts give a clearer view of the subject specific facets of Angelo's academic self-concept. The excerpts have been taken from session four where Angelo described his childhood memories of education.

Angelo described how he was *"fascinated by science"*, that he loved *"technology and resistant material – woodwork and metalwork and all this sort of stuff that I could really get my hands on and always loved to do"* (Session 4). He went on to say that he 'loved' elements of his geography class such as *"map reading"* and *"learning how the land was formed"* (Session 4). He also expressed how he *"loved"* English classes, Angelo explains,

> **Quote 27:** I loved when we read poetry – very short snappy words and I tried to decipher what people had meant. I loved when we read books and tried to analyse those. For me parts of it were very interesting and I thought "wow this is really good" and I would get on well with it (Session 4)

In addition, Angelo described how he *"loved"* drama, acting and dance and that he had found these subjects *"very easy"*. When asked if he was good at any of these subjects Angelo replied,

> **Quote 28:** I was competent – I was happy – I was good – I enjoyed it because it was very easy for me to do – there was no pressure or anything – I could go and I could apply myself and try hard – whether I was good or not – I had a sense of learning – a sense of being and playing characters (Session 4)

In addition, Angelo describes how he had the ability to solve equations that the majority of his classmates were unable to answer (Session 1). Angelo describes this in the following way,

Quote 29: I have noticed that when I'm sitting in [my physics class] and the teacher has done an equation on the board perhaps and I've answered in seconds. And I've looked around and everyone else is sort of scratching their heads, looking at a bit of paper and I have sat there and said "it's easy; I've worked it out, what's the problem?" I see that I have abilities where I can just sort of turn around and see problems and equations and solve them in a blink of an eye (Session 1)

However, despite Angelo's stated interest in certain subjects at school it seems that he was not happy with having to produce written work that accompanied the subjects he enjoyed, as Angelo explains,

Quote 30: But even to all this positive side – all this side that I used to love and enjoy and have fun doing – there was loads of negative – I always had to write – I always had to try and do things I didn't like to do and I had to force myself to do it and I really had to struggle to try to get my ideas out in such a way... (Session 4)

It appears from the excerpts presented above that Angelo's subject specific academic self-concept appears to have been positive in relation to many of the subjects at school. However, as Angelo implies in the above excerpt he found it difficult to express his thinking using written language.

From Angelo's descriptions of himself in relation to school and learning it appears that Angelo may of had a positive general academic self-concept. It seems that Angelo's subject specific academic self-concept may have also been positive. This finding is not consistent with studies by Burden (2008, p.190), Zeleke (2004, p.161), Pollak (2005, p.143), Elbaum and Vaughn (2001, p.305) which imply that students with dyslexia are likely to experience negative academic self-concepts (refer to Chapter 3). However, it

appears that the skill specific facet of Angelo's academic self-concept (i.e. using written language) might not have been as positive as the other facets mentioned.

9.3.2 Description of academic self-concept (Post N-C-PoD)

After being introduced to the N-C-PoD Angelo continued to view himself in a positive manner, as can be seen from the following excerpt taken from the second session,

> **Quote 31:** I am very creative – I visualise things [...] I love playing with things. I'm really good with electronics – taking things apart, putting them back together. Just see how things work [...] Anything sort of hands on I really like (Session 2)

In addition, in Session 2 Angelo went on to say that he is able to think in *"ingenious ways"*. In the third session Angelo stated, *"I am good at dancing, I am good at music"*. This positive view of self continues into Session 4 with Angelo stating that *"I have always been quite a good learner"*.

It appears from these descriptions that Angelo's general academic self-concept remained stable. This is consistent with the Shavelson model (1976) that suggest that the self-concept domains that are closest to the apex of the hierarchical structure, such as academic, social, and physical self-concept are likely to remain stable over time (Section refer to Section 6.5.1 and Table 6.1, point D).

However, it seems that Angelo's academic self-concept in terms of his perception of his 'mental ability' (Shavelson et al., 1976, p.415) might have experienced a moderate change. This might have occurred as a result of a great many factors unrelated to the N-C-PoD or the intervention and so cannot be attributed specifically to Angelo having been influenced by the N-C-PoD. However, Angelo explained that, as a result of the

intervention, his *"level of learning is so much higher"*, and that the intervention has resulted in him having a *"keen mind for research [and] reading"*.

Angelo explains how he had overcome the issue of not being able to express this thinking using written language, as can be seen,

> **Quote 32:** when it comes to a passage of writing – I know how to read it as quickly as everyone else. When it comes to these physics questions when I had to visualise and read, well I know how to visualise and read. I know how to write it different so that I can tackle it at the same speed (Session 6)

The excerpt above (Quote 32) indicates that Angelo's academic self-concept specifically relating to his study skills and ability had improved in comparison to how he had describe his academic self-concept in this area prior to being introduced to the N-C-PoD (i.e. that he found it difficult to express his thinking using written language, i.e. *"...I had to force myself to [write] and I really had to struggle to try to get my ideas out in such a way..."*.

It seems that Angelo's descriptions relating to academic self-esteem had improved as he expresses that he can read and write as quickly as everyone else in his class; as noted in Section 6.5.1 and Table 6.1, point F, evaluations of self 'can be made against relative standards such as "peers"' (Shavelson et al., 1976, p.414). In addition, the following excerpt where Angelo describes his exam results provides an insight into how Angelo's academic self-esteem had improved,

> **Quote 33:** Three A levels – got an 'A' in physics, an 'A' in psychology which is pretty impressive because psychology is just all writing – and a 'C' in biology (Session 6)

Further, it appears from Angelo's remarks regarding him knowing how to read and write as quickly as his peers that he had become empowered and that his sense of control had shifted into his own hands.

Angelo described how through gaining a clearer understanding of dyslexia he was able to realise his potential, as he explains,

> **Quote 34:** I think the work that we did really helped me to clarify my understanding of dyslexia, [...] I had understanding of what [dyslexia] was – I don't think I ever saw dyslexia as a big problem in my life and it never really held me back that much. But the work we did together really helped clarify what dyslexia was and what it was that was stopping my potential (Session 6)

Angelo explained that as a result of this understating of dyslexia he gained improvement in his learning ability, which he stated precipitated the following outcomes,

> **Quote 35:** It made the last sort of six, seven months of my study really easy – my speed of learning accelerated greatly [...] and I found I wasn't getting stuck in classes and it was being able to overcome those few difficulties that I hadn't realised why I was getting caught up in them (Session 6)

In addition, Angelo described how he felt freer to try new ways of learning without being self-conscious, as can be seen in from the following excerpt,

> **Quote 36:** I noticed from our session just the improvement to try new things – my willingness to not care about using more colours and speaking to all my teachers and saying can you do it in a different way and really being able to try different methods of taking information in (Session 6)

9.4 Academic achievement/ability

In this section I present and discuss the findings relating to Angelo's descriptions of dyslexia before and after he was introduced to the N-C-PoD within the intervention. The finding and discussion in this section relate to Angelo's perception of academic achievement/ability and therefore are aimed at addressing the fourth research questions, this being,

> **Research Question 4:** What influence might a non-constitutional PoD and emancipatory intervention (framed in the I-E-D-Paradigm) have on descriptions of dyslexia relating to academic achievement/ability?

Before being introduced to the N-C-PoD towards the end of Session 1 Angelo described how he had been unable to overcome the issue of occasionally going blank in class. (Going blank when presented with information is an area of dyslexia difficulty that has been noted by Hunter-Carsch and Herrington, 2001, p.203). This issue occurred mainly when Angelo was answering questions or reading text within a time constraint. It seems that this issue was of importance to Angelo as he went on to discuss this issue on six separate occasions during the first session. As a result of the importance that Angelo placed on him occasionally going blank addressing this issue became one of the main focuses within intervention.

Angelo described how he believed the issue of going blank in class was an aspect of his dyslexia, he explains,

> **Quote 37:** I have always had this mental block perhaps and always labelled it as this is my dyslexia to me, this is what it is... This is what holds me back; this is what gets in the way... And the problems only occur when I am reading things, when I am doing written stuff, so the mental tie for me is always been when I hit this block. For me this is what it is, this is dyslexia (Session 1)

As can be seen from the excerpt above the issue of going blank in class is a significant aspect of what Angelo perceived to be his dyslexia. In addition, Quote 37 reveals that Angelo believes that this issue was blocking his potential, i.e. *"This is what holds me back; this is what gets in the way".*

Within Session 3 Angelo stated *"I think I have found a solution, a reason why it sometimes happens and a way around it"*, as he explains,

> **Quote 38:** It feels like if I worked out were the cause of the problem is, why sometimes I sit there struggling and frustrated and not just sort of notice the fact that I am struggling, notice that I am different and I think "what is it that is causing that – what makes me different?". Why do I read that passage, why do I read it carefully and not understand it? I think it's because it's the *wrong channel* and it makes it difficult and I think "oh, it's because of that, this is the niggle, this is how I can sort it out" and ultimately it's like "waaaaah you know, I can feel it changing, I can feel better about it, not because perhaps I'm doing better but because I know what it is that is really preventing me from continuing (Session 3)

Within the excerpt above Angelo explains that the cause of the issue is that he is using the "wrong channel" when trying to understand information being presented to him. Angelo uses the word 'channel' to refer to an aspect of the N-C-PoD this being 'mediums of communication'. It seems that Angelo has incorporated this concept into his thinking and is associating the cause of the issue to him using an unsuitable medium of communication.

Despite Angelo claiming that he knew what was causing the issue to occur it appears that the issue was still occurring but Angelo explained that it was easier to *"get around it"* by trying different methods of learning (Session 3), i.e. using different colours to underline his work.

However, within session five Angelo described how he was able to prevent the issue from occurring in the first place. Within the following excerpt, which begins with an example of Angelo's self-talk; Angelo implies that the issue is not occurring as he is able to absorb information to prevent him going blank,

> **Quote 39:** ...we are going to prevent you from having problems – we are going to prevent you not learning" and essentially prevention is better than cure you know. Preventing all these things from not sticking in – I'm really kind of getting all the information into me in my manner and not be behind in class, not be frustrated, not sort of being "I've done this – how can I not remember all these things?" [...] Before perhaps I would not really think about dyslexia but I would notice "ah, how am I going to memorise that – I'm really struggling with this question" now it's "I'm not going to have that – I'm going to change it beforehand so that I don't go blank (Session 5)

9.4.3 Summary of findings relating to Research Question 4

Research Question 4: What influence might a non-constitutional PoD and emancipatory intervention (framed in the I-E-D-Paradigm) have on descriptions of dyslexia relating to academic achievement/ability?

To sum up, from the descriptions presented in this section, it appears that Angelo's view relating to the cause of him occasionally going blank changed over the course of four sessions. To begin Angelo was unsure what caused the issue to occur but felt that it was perhaps caused as a result of him being presented with information that he was not able to visualise in order to extract its meaning. After being introduced to the N-C-PoD Angelo felt hat the cause of the issue was that he was using an unsuitable medium of expression when trying to understand information. Finally, by Session 5 Angelo explained that he had

found a way of preventing the issue from occurring by using mediums of expression that enabled him to understand information presented to him in class.

9.5 Summary of Chapter 9

The findings presented in this chapter suggest, from the descriptions of dyslexia that Angelo provided, that he had gained the levels of understanding that he had sought. In addition, Angelo described how his perception of dyslexia had changed from that of viewing dyslexia as a "way of thinking" and as a "way of processing information" had change to that of Angelo viewing dyslexia as a learning style that involved him learning through the use of different mediums of expression. This can be considered as significant as it appears that this shift in his thinking had enabled him to overcome the issue of occasionally "going blank" through him using creative ways to help him with his learning. Another significant finding is that of some of the discourse used by Angelo (post N-C-PoD) to describe dyslexia matching closely to the discourse that I used in my description of the N-C-PoD.

In addition, and in relation to the first research question, it appeared that Angelo might have created a 'non-dyslexic' facet of self-concept as by Session 6, the final session in the intervention that took place 12 months after the main block of intervention, Angelo said that he no longer viewed himself as 'dyslexic' (please view Quote 8).

In relation specifically to the influence of the N-C-PoD and intervention on Angelo's levels of self-esteem, Angelo had high level of self-esteem on starting the intervention both in the way that he viewed himself in an academic context and in the context of his dyslexia. However, it can be interpreted that Angelo having gained the ability to overcome the issue of occasionally "going blank" in lectures by adapting aspects

of the N-C-PoD into his approach to learning might have enhanced his self-esteem. In relation to Angelo's academic self-concept, it appeares when Angelo began the intervention that he viewed himself in a positive way, describing himself as an "*intelligent person*"; having, *"a very visual imagination, [and] very creative"*, and someone who was able to *"solve problems"*, and, in possession of a *"very analytical mind"*. Finally, in relation to the fourth research question, it seems, as mentioned, that having been introduced to the N-C-PoD that Angelo was able to adapt this approach to learning to overcome the issue of occasionally "going blank".

CHAPTER 10

FINDINGS AND DISCUSSION:

RICO'S DYSLEXIA STORY

In this chapter I present and discuss the finding that arose from conducting the intervention with Rico, the second 'dyslexic' person to participate in the intervention. As described in Section 8.4.3.2, Rico was 24 year old when he participated in the intervention. Rico was a part-time student studying for a social work degree at a Midlands based university. Rico had been assessed for dyslexia by a qualified consulting psychologist. The assessment was conducted as part of the access to work programme. Rico provided me with a copy of the assessment report (see Table 8.6 for a summary of the assessment report).

(N.B. Please refer to Section 8.4.3.2 and Table 8.4 for further details about Rico, i.e. his motivation for participating in the intervention, his education commitments, level of awareness and understanding of dyslexia, and, the support provisions that Angelo had been accessing at college).

In this chapter I present and discuss the findings in a different fashion from how I presented and discussed the findings in Chapter 9 relating to Angelo (the first participant). In main, I focus the findings on two of the sessions from the intervention, Sessions 5 and 6. The reason for this is that these sessions were the most significant in the intervention as Rico's descriptions of dyslexia had significantly changed from those given in the previous four sessions. Rico had, as will be discussed, managed to change the way he described dyslexia as a phenomenon and also in relation to himself (i.e. his 'dyslexia self-concept') without having been introduced to the non-constitutional perspective on dyslexia (N-C-PoD). This is a significant finding as I had anticipated that the N-C-PoD might be of

greater importance as an agent of change than the intervention that had been offered (please view Chapter 7 for description of intervention). (N.B. I introduced Rico to the N-C-PoD towards that end of Session 5 - please refer to Section 10.2.2). In addition, Rico's descriptions of dyslexia during Session 6 reflected elements of the N-C-PoD and therefore this is reason why I focus the findings mainly on this session too.

However, to set a contextual backdrop from which to present Rico's descriptions of dyslexia from the two sessions noted above, I present a brief descriptive overview of aspects of Session 1 to 4 that are related to dyslexia and self-concept (Section 10.1). I have presented these descriptive overviews in the form of excerpts of dialogue that took place between me and Rico. The main reason for this is to give some indication of the types of questions that I used in the intervention.

Finally, another difference between how I present and discuss the findings in this chapter to how I presented them in the previous chapter is that I have included four brief evaluative descriptions of Rico's development during Sessions 5 and 6, two from my vantage point as the person delivering the intervention (i.e. a dyslexia coach), and two from my vantage point as an 'ex-dyslexic'. The purpose for this is to provide some reflexive insight of the intervention from these two different viewpoints.

10.1 Rico's descriptions of dyslexia (Pre N-C-PoD, Sessions 1 - 4)

As noted above, this chapter focuses mainly on two sessions, Sessions 5 and 6.

10.1.1 SESSION 1: Summary of Rico's descriptions of dyslexia (Pre N-C-PoD)

Not long after Session 1 had begun, Rico described, from memory, his dyslexia assessment report. As can be seen in Figure 10.1, Rico described how the main difficulty he experienced because of dyslexia was limited organisational skills that affected his essay writing ability and occasionally caused him difficulty to express himself orally in a way that he felt represented his level of intelligence.

Figure 10.1 Session 1 dialogue - dyslexia assessment report

52. **Rico:** He [educational psychologist] said that I have pretty limited organisational skills, full stop really, and that I've struggled to organise information which comes in with the essay writing as well. I have trouble, I can take in different bits of information but putting it together and making sense of it is where I kind of go to pot really and this is where it really becomes obvious like say when I am speaking and things. Things occur to me but they don't come out clearly because for some reason the idea can occur but actually getting the mouth in gear and getting the words out in an intelligent way doesn't always happen.

Rico describe how he feel his age (24 yrs old) at the time of the assessment had gone against him, resulting in him having a 'fixed' view of dyslexia due to no support being offered (point 54, Figure 10.2). Rico described that this was causing him to feel "shite" about his situation and describe how he felt the 'system' was letting him down by saying "It's like sorry "we are going to write you off because at 24 you are too old" (point 56, Figure 10.2).

Figure 10.2 Session 1 dialogue - Rico's feelings about EP report

53. **Antonio:** And if you were to go by the psychologist's report, does he think that this is something that is fixed or something can be changed?

54. **Rico:** Well, I think from what they seem to think about me is that it was fairly fixed in terms of my ability because of my age at discovering the dyslexia so overall they kind of fed back this whole kind of there's not much point in bothering with you because you have probably got used to your ways of doing things now.

55. **Antonio:** How does that make you feel?

56. **Rico:** It's shite. I think that's a really shite way to put it you know. It's like sorry "we are going to write you off because at 24 you are too old". That's mental.

Further on in Session 1 Rico described how he felt stigmatised by not being able to learn at the same level as his peer (point 88, Figure 10.3) due to him being "stupid and thick" (point 90, Figure 10.3).

Figure 10.3 Session 1 dialogue - Rico evaluating himself as "stupid and thick"

88. **Rico:** Yeah, we are all starting at the same time. I mean there are a couple of people that yes, that have done social work stuff before but a lot of the stuff that we are learning now is very new to most people. But in general it seems that even the people with no previous experience can grasp it and I get very frustrated because I can't do it. That does create a sense of stigma for me.

89. **Antonio:** How?

90. **Rico:** Well, because I am stupid and thick and I can't pick it up when they can and then I get jealous.

However, when challenged about his evaluation of himself as '"stupid and thick" (point 90, Figure 10.4), Rico explained that he did not actually think of himself as "stupid or thick" but that he felt this way in comparison to his peers (point 94, Figure 10.4). Interestingly, Rico described how, if left to his own devices and by not having to adhere to the existing

way of doing things that he would not experience these feelings to the same degree (point 94, Figure 10.4).

Figure 10.4 Session 1 dialogue - challenging Rico's evaluation of himself

90. **Rico:** Well, because I am stupid and thick and I can't pick it up when they can and then I get jealous.

91. **Antonio:** Is that what you say to yourself?

92. **Rico:** Yeah.

93. **Antonio:** Do you feel that really Rico?

94. **Rico:** Yeah, I think I do but I don't like it because I don't think I'm stupid and thick really but I feel in comparison to other people stupid and thick. If I could go off and do things in my own sort of little world, in my own way then it wouldn't be such a problem but the trouble is because I have to adhere to what everyone else does to some extent. I have to go to these bloody meetings, I have to have these discussions and I'm always sat there at the end thinking what the hell am I meant to say.

Rico assumed that the cause of the difficulties he experiences with learning (in comparison to his peers) to "dyslexia" but was not entirely sure if dyslexia was the cause (point 102, Figure 10.5). Rico went on to explain that he was feeling "a bit defensive about" the issue of dyslexia and it seemed to be causing him some angst as he implied that he viewed himself as an intelligent person who had been given a label (dyslexia), classified as disabled, and then "written off" by the system (point 104, Figure 10.5). It appeared, that he was feeling oppressed by a system that did not accommodate his "very different way of doing things" (point 104, Figure 10.5). To sum his situation up, Rico said that "So it's a bloody mess really" (point 104, Figure 10.5).

Figure 10.5 Session 1 dialogue - Rico describes situation to be a "bloody mess"

102. **Rico:** I assume its dyslexia because that's what I have been told, I don't know. I think that I learn in completely – well not completely – but in a pretty critically in a different way to a lot of other people.

103. **Antonio:** That's what you think yourself or what you have been told?

104. **Rico:** I think that's what I feel. I think because part of it is that I've become a bit defensive about this whole dyslexia thing. I'm not thick and I'm not going to be written off and I'm not disabled. I have just a very different way of doing things but I've got to find out what that way of doing things is because I don't know properly [laughter]. So it's a bloody mess really.

10.1.2 SESSION 2: Summary of Rico's descriptions of dyslexia (Pre N-C-PoD)

Towards the beginning of Session 2 Rico appeared to have become accustomed to the label of dyslexia (in comparison to how he felt in Session 1 (see point 104, Figure 10.5). Rico expressed this by saying, "I think one of the key things for me is really since I had that test that yes I am dyslexic". His acceptance of the label of dyslexia appeared to have caused him to reflect on his past and identified that there had been something not 'quite right about him', as he states, "I mean I spent the whole of my life blissfully unaware but I knew, looking back, that there was something shaky about me".

Figure 10.6 Session 2 dialogue - Rico's etiological view of dyslexia

222. **Antonio:** What causes you to not be able to go into detail even though you have just read it – what's the cause of this?

223. **Rico:** I actually can't remember it.

224. **Antonio:** What's causing this – let's say in comparison to your peer group who can remember it, what's the difference about them and difference about you?

225. **Rico:** I think it's just that I learn in a really whole different way and I take in information through my ears and not through my eyes.

226. **Antonio:** And why are you learning in a different way to them?

227. **Rico:** Because I'm dyslexic – I don't know – because I'm wired differently – I'm completely different in learning.

Figure 10.7 Session 2 dialogue - Rico's "Fixed but" flexible view of dyslexia

227. **Rico:** Because I'm dyslexic – I don't know – because I'm wired differently – I'm completely different in learning.

228. **Antonio:** Is it something that's fixed – is the dyslexia something that's fixed and can't be changed?

229. **Rico:** I think your learning styles to some extent are kind of fixed but, I've been learning more to become a more reflective person. [...] So I've learnt a new way of learning to some extent but I think for me, my best, my best way of learning is probably going to, always going to be listening because that is the way I think I am built really from basic bricks and mortar [sigh].

Figure 10.8 Session 2 dialogue - Rico uncertain of genetic view of dyslexia

230. **Antonio:** So if that's the basic way you are built okay, from bricks and mortar – you're built in this particular way so is your dyslexia built into you? What I am trying to get at is – can your dyslexia be got rid of – can an individual get rid of their dyslexia so that it no longer exists?

231. **Rico:** I think you can minimise the impact it has on your life by learning skills around it say like the organisation or I don't know, learning perhaps a new way to read things.

232. **Antonio:** So is dyslexia something like an eyeball and you can't get rid of it, you wouldn't be able to see would you – is dyslexia like a finger that you can't get rid of – do you know what I mean?

233. **Rico:** I don't know, I mean I'd like to think that you can get rid of it really, I would like to think that you could overcome it and that but I don't know if it's still something that is an essential part of who you are.

Figure 10.9 Session 2 dialogue - Rico would rather not be 'dyslexic'

234. **Antonio:** Do you feel that it could be got rid of?

235. **Rico:** If it could be got rid of, I would if I could – if I knew how to then I would.

236. **Antonio:** Why would you?

237. **Rico:** Because I want to be able to – I mean I – basically because of the constraints that are put on me at the moment – if I was presented with another way of learning then I'd probably be happy because it would mean that I fitted. But I want to be able to assimilate the information that I'm given as fast as possible and this information is given in a certain way in certain media so I mean to some extent yes I could get rid of that aspect of dyslexia but then again the fact that I can think laterally.

10.1.3 SESSION 3: Summary of Rico's descriptions of dyslexia (Pre N-C-PoD)

Figure 10.10 Session 3 dialogue - Rico not knowing what dyslexia is

472. **Antonio:** Mmm.

473. **Rico:** At the moment I don't really know what it is. I know that dyslexia makes you crap with reading and writing and various things like that and that you tend to be quite creative. But beyond that I don't really know why people are dyslexic or where or what or how, no, all my wondering words.

Figure 10.11 Session 3 dialogue - Rico locates dyslexia to exist in his brain

483. **Rico:** Well I suppose for me, if I draw a very bad picture of a brain, there we go, yeah, and some waggle bits. Right ok, my brain, now I don't know where it comes from but there's the memory bit which has gone wrong.

Figure 10.12 Session 3 dialogue - Rico describes short term memory as "poo"

485. **Rico:** My short term memory is poo. However, I can still remember what my biology teacher taught me in my second year of secondary school. But remembering what I was doing yesterday or what I need to do now is kind of the problem [laughter].

486. **Antonio:** Right, so you've put "memory's gone wrong"?

487. **Rico:** Yeah, and things like getting half way through what I'm trying to do and forgetting what I was doing is really annoying.

Figure 10.13 Session 3 dialogue - Rico locates dyslexia to exist in his brain

514. **Antonio:** So how else would you describe your dyslexia?

515. **Rico:** Ok, my dyslexia brain. Right, numbers are not good, sequences and numbers I can't process them. Or I can but very badly. [Pause] And I avoid them.

Figure 10.14 Session 3 dialogue - Rico viewings self as not 'normal' by comparison

531. **Rico:** Dazed, it's like, I don't know like concentration just goes. I can operate as quite a normal person if it weren't for this kind of part of my head just bottoming out every time [laughter] it's like a car just breaking down because it feels like it – sounds really stupid. But that really causes me trouble with organising.

532. **Antonio:** You said "operate as a normal person"?

533. **Rico:** Ok, operate as a non-dyslexic person who doesn't have this strange bottoming out of brains thing where it breaks down every now and again. Probably it will be quite good because it seems like loads of my colleagues seem to be able to just concentrate.

10.1.4 SESSION 4: Summary of Rico's descriptions of dyslexia (Pre N-C-PoD)

The following two Figures, 10.15 and 10.16, provide some indication of how Rico described his perception of dyslexia at the time that Session 4 took place. As can be seen, Rico changes how dyslexia made him feel, from "shaky" to that of him feeling "different".

Figure 10.15 Session 4 dialogue - Rico changed view of dyslexia to "difference"

444. **Rico:** I think it's my 'difference'.

445. **Antonio:** Mmm.

446. **Rico:** I think it's my different learning style.

447. **Antonio:** What does the word 'dyslexia' evoke in your mind?

448. **Rico:** Just a difference, it's something I wanted to think before but before 'dyslexia' used to evoke 'shaky' in my head whereas at the moment it feels like a difference.

Figure 10.16 Session 4 dialogue - Rico no longer feeling "shaky"

502. **Rico:** My dyslexia used to make me feel 'shaky' but I say I have gone from 'shaky' to 'different' so there is less stigma attached, that's the journey I have come along since I've met you – I think.

503. **Antonio:** Right.

504. **Rico:** So that's where I am now. So I've gone from 'shaky' to 'different'. Well I am different and there's no way I'm going to avoid that.

10.2 SESSION 5 - Rico's thinking already aligned with the N-C-PoD

In this section I discuss the findings from Session 5 (the penultimate session of the intervention) and the work that I did with Rico, the second young person to participant in the intervention (premised on the I-E-D-Paradigm).

10.2.1 Rico's descriptions of himself in relation to dyslexia (Pre N-C-PoD)

This session began with Rico talking about an essay that had recently been marked. The essay had been marked at 66 per cent. Rico describe how he had felt "gobsmacked" and could not believe that he had received this high mark. Rico spent the first 15 minutes of this session talking about his writing 'method' and how he was developing it in order to address the examiners feedback. Rico said that he was glad that he had *"found out about dyslexia otherwise [he] would have gone through life feeling a bit shit"* and then laughed about this (Session 5). It seemed that Rico had began to view himself more positively, *"Yeah, well I feel good, I actually feel good about myself and that's a miracle"* (Session 5). It seems that Rico had started to believe in his writing ability more than he had in previous session and that his skills specific self-esteem had improved. An indication of this can be seen in the following excerpt,

> **Quote 1:** Yeah. So I actually feel capable for the first time in my life and I think that is why things keep getting done, strangely. I just think "oh hay ho I'll just get on with that" instead of saying "aaahhhhh I've got to do it aaaahhhhhh I can't do it aaahhhhh I'm going to fail" I just go I've got to do that essay and just do it without going through all of that [laughter] (Session 5)

Adding to the gains that Rico seemed to have made, as indicated above, was that 'dyslexia' was not occupying his thoughts as much as it had before this session. Rico explained that,

Quote 2: It's not an issue, I think it occupies my thoughts in terms of I'm aware that I'm in conscious incompetence at the moment, I know there's a problem and I know there are certain things that need to do about it and I'm sort of learning how to do them. But it's certainly not occupying my emotions in the same way. It's always hovering around in the background I know it's there but that's just because I'm learning new things about it so my awareness is bound to be quite high at the moment (Session 5)

Rico, explained how his views on dyslexia had changed by saying, *"I don't think it is a dreadful, awful thing it's just a different way of doing it"* (Session 5). Rico compared his current view of dyslexia with how he had been viewing dyslexia in previous sessions by saying that for him *the "key thing is being aware that there is a way around the obstacle"* (Session 5).

10.2.2 Introducing the N-C-PoD to Rico

Before reading out loud the description of the non-congenital perspective on dyslexia to Rico, I thought I would mention to him that many of his descriptions of dyslexia that he had shared with me had matched quite closely with the view I hold of dyslexia (as expressed within the N-C-PoD), as I explained to Rico,

Quote 3: Antonio: The way you're describing dyslexia Rico, you know I'm just sitting here and thinking "that your thinking is close to my own thinking about dyslexia." There might be some gaps in what you are saying so it might be useful to have my slant on dyslexia as you could use bits of if you wanted to fill in your gaps. Basically the way you're seeing things is very similar to the way I'm seeing things (Session 5)

Following the above prelude, I read out the description of the N-C-PoD. Rico sat quietly as I read out the 13 assumptions that formed the essence of the N-C-PoD (see Section 7.4). Rico did not stop me to ask any question but did on several occasions say "Mmm" or "That makes sense". After I had finished reading out the description of the N-C-PoD to Rico, I asked if it had made sense to him, Rico replied,

> **Quote 5:** It makes sense and it's really clear how you explain it and I think it's interesting as it is making me think that my natural channel was certainly voice because of the singing and learning the foreign language. I'm really strongly orientated to that sort of voice and sound more than the visual or anything else you know. And if I were going to say my second one would be sort of art and dancing. Again it's very sensory it's feeling that's what gets me able to express myself, yeah (Session 5)

Rico and I spent 15 minutes discussing some small points about the N-C-PoD. In addition, I felt that it was important for me to clarify my position about learning and so explained,

> **Quote 6:** Antonio: For me it's very much about not saying "I've got this natural orientation towards a particular medium so I won't use written language". For me it's about let me open up as many of these different mediums as possible. Let me try and become more musical. Let me try and become artistic. Let me try and engage in as many ways of communicating my inner self. Let me do some sculpting. It's all about skills. Like I say reading and writing is an invention so let me develop the skills to learn how to use this invention (Session 5)

The reason for clarifying the point above was to emphasise the importance of becoming literate (in the reading and writing sense) and to make it clear to Rico that I was not suggesting (through the description of the N-C-PoD) that literacy skill are not worth

developing due to 'dyslexic' people perhaps having a natural preference for alternative mediums of expression. After making this point clear we spoke very little about the N-C-PoD, though towards the end of the session Rico returned the discussion to the N-C-PoD by saying, *"it make[s] sense [and] what you are saying about sort of this idea of us having channels that we're naturally predisposed to. I mean it's making me think back to school as I was always, always, always on the outside"* (Session 5). I did not pursue why Rico had linked the N-C-PoD with the childhood experience that he describe to me as I thought it may be more beneficial, in a storying (Wierenga, 2001) sense to create some space within the session for Rico to tell his story.

Wierenga (2001, p.1) describes that telling the story of one's life, or in the case of Rico, a particular aspect of one's life such as dyslexia, is according to Wierenga (2001, p.1) 'central to each person's ability to negotiate the world powerfully'. The 'storying' of one's life, claims Wierenga (p.4), is the 'act of listening to, telling, re-telling or revising a story', which should be viewed as an ongoing creative process. This I felt was a significant consideration. Therefore, rather than me attempting to gain insight into how Rico's story and the N-C-PoD may have been linked I sat and listened to Rico's story about his childhood experiences at school. Following Rico's story, we did not talk about the N-C-PoD again within Session 5.

10.2.3 My viewpoint as a dyslexia coach (Session 5)

I thought that Rico was making good progress with his skills development and it seem that he did not need much support in this area. Rather, I spent some time confronting Rico about his view of being a *"rough diamond"* in the context of his professionalism at work (Session 5). Culley and Bond (2004, p.20) describe confrontation as 'effective in helping clients to identify and face the games of ruses which they employ and inhibit change'. I

wanted to explore why Rico held this view and see if it might be acting as a barrier to him reaching his 'full' potential. Asking 'why' in this context is informed by the 'laddering' technique which is used in PCP (Kelly, 1955) to explore *why* people hold certain constructs (Dalton and Dunnett, 1992, pp.125-127). However, after beginning to exploring, in broad strokes, the 'why' aspect of Rico's view of himself, I decided that it might be more beneficial to Rico if I shared my perception of professionalism (Session 5) in order to provide Rico with an alternative viewpoint to his own.

(N.B. Please see Figure A.3 in Appendix A for further description of laddering).

10.2.4 My viewpoint as an 'ex-dyslexic' (Session 5)

From my ex-dyslexic (and researcher) standpoint, I wondered what Rico thought of the N-C-PoD. I knew I would have to wait until the following session (Session 6) to find out if this perspective on dyslexia had been useful to him in anyway. In comparing Rico's 'dyslexia' journey with my own, it seemed that we had gone down completely different paths to arrive at a similar 'dyslexia' destination (i.e. mindset). As described in Section 1.1 (where I describe my motivation for conducting this study), to arrive at the point that Rico had described himself to be at within this session, (i.e. having reduced the impact of dyslexia in his life from being a "huge" problem to a problem that he now considered to be an "inch" in size (Session 5), had taken me years to achieve - yet Rico had reached this point in a matter of weeks.

10.3 Findings and discussion re Research Questions (Session 5)

In this section I present and discuss the findings relating to the research question from the analysis of data that was generated in Session 5.

10.3.1 Dyslexia self-concept (Session 5) relating to RQ:1

Rico explained how he no longer viewed dyslexia as a "huge" problem in his life and that it had now reduced down to a problem that was an "inch" in size (Session 5). Further on in the session Rico stated,

> **Quote 7:** When we started I felt a very high level of incapability you know a total lack of ability to do anything about it or change it. Now it's completely different and it's sort of the problem was very big and my ability to do anything about it was very small; it's changed around my ability to do something is great and the problem is very small. It's just flipped it around for me (Session 5)

What is significant here is that Rico was able to achieve this without need of a 'new' perspective of dyslexia (N-C-PoD) as I had not, at this point (i.e. Quote 7), introduced him to the N-C-PoD (N.B. I introduced Rico to the N-C-PoD towards the end of Session 5). When designing the intervention my focus was on obtaining 'pre' and 'post' data so that I would be able to explore the influence that the N-C-PoD might have on the way the participants perceived themselves in relation to dyslexia before and after being introduced to the N-C-PoD. In the case of Rico the 'before' type data continued up until nearly the end of Session 5 as Rico seem keen to keep on exploring his perception of dyslexia. And, it would seem that that through this period of intense exploration of his perception of dyslexia that Rico had found a way to reframe dyslexia without need of a template (i.e. the N-C-PoD) to make sense of his dyslexia. However, the N-C-PoD may have been useful in providing Rico with some additional I-E-D-Paradigm type discourse to use in his description of dyslexia. This can be interpreted through the Person Centred Approach (Rogers, 1951) and the view that in the right environment individuals will find the solution to their own problems (Culley and Bond, 2004, pp.23-24).

10.3.2 Dyslexia self-esteem (Session 5) relating to RQ:2

The following description (Quote 8) provides some insight into how Rico evaluated himself in relation to dyslexia,

> **Quote 8:** I think really now I'm kind of heading more towards the "shit happens", and it has happened. So what I now know is that there are ways around it and I think that is the key thing and I think that the key thing is being aware that there is a way around the obstacle because otherwise if you just get sort of dumped with this huge, what seemed at the time, this huge label and this kind of huge kind of difficulty.

It appears from Rico's description (Quote 8) that he had accepted his 'dyslexia'. The acceptance of dyslexia is the fourth stage on my theorised DAAF model (i.e. Stage 1: 'dyslexic but unaware of it", Stage 2: 'suspect self as dyslexic', Stage 3: 'acknowledges dyslexia', Stage 4: 'accepts dyslexia', Stage 5: 'dyslexia no longer viewed as a difficulty', please see Appendix).

In addition, Rico states that the "key thing is being aware that there is a way around the obstacle" (Quote 8), which gives an indication that Rico was feeling 'empowered' and had high self-efficacy (Bandura, 1977). Further, Rico seems to feel that the label dyslexia has been 'dumped' on him which, I assert, suggest a shortcoming of support services informed by the P-I-D-Paradigm relating to assessment of dyslexia framed in the medical view that dyslexia exists at the gene level - leaving some dyslexic people feeling disempowered, as it seems was the case for Rico.

In addition, as can be seen in the following description (Quote 9) Rico seems to have improved his self-esteem and overcame some of his emotional difficulties,

> **Quote 9:** You know it's funny really since we've been doing this my emotions have really started to balance out whereas originally I had a long-term history of depression and it's going slowly bit by bit not like noticeably but by looking back it's like 'wow' I'm a lot more even and balanced than I was and I don't feel like a failure or broken or wrong or anything. I know I've got tendencies to be a bit moody and that's that.

An issue that appears frequently within the literature is that of dyslexia and depression (i.e. 'lack of interest, low motivation and low self-esteem' (Reid and Kirk, 2001, p.134)). However, there still remains contention regarding the relationship between dyslexia and depression. For example, Scott (2004, p.166) asserts that there is a lack of evidence to support an explicit link between dyslexia and depression due, as she claims, to it defying 'accurate measurement of its true nature'; as well as research not making a clear distinction between clinical depression and low mood. Scott (p.167) goes on to argue that the bulk of evidence on depression and dyslexia is 'correlative rather than causative [and] the correlations move in both directions'. However, Reid and Kirk (2001, p.115), whilst acknowledging the wide-ranging causes and indicators of depression, suggest that depression may be a by-product of individuals viewing their dyslexia as an insurmountable obstacle whilst succumbing to a succession of repeated failures.

An issue that has existed for those searching for 'methods of early identification and treatment' has been to make a distinction between depression caused by biological factors (endogenous depression) and the type of depression (exogenous depression) caused by social factors and/or negative life experiences (Burden, 2005, pp.25-26). Despite the distinction that may exist between the two types of depression they can in some cases be interlinked rather than experienced separately (Burden, 2005, p.26).

With regard the later type of depression mentioned, Burden (2005, p.26) goes on to explain that individuals who view themselves as negatively positioned within the ranks of their peers when conducting 'highly valued activities' (such as literacy and numeracy) are at risk of developing feelings of depression. Such feelings may be significantly amplified if the individual feels unable to positively alter their ranking amongst their peers (Burden, p.26). The risk of depression is further increased if an individual's efforts to acquire literacy skills are misinterpreted by others and attributed to the individual being lazy or not paying enough attention (Fawcett, 1995, p.14).

Heath and Wiener (1996, pp.34-44) in their study 'Depression and Nonacademic Self-perceptions in Children with and without Learning Disabilities' concluded (following the comparison of 66 children with learning disabilities against 69 none learning disabled children) that a significant relationship exists between self-perceived social acceptance and depression exclusively amongst the students with learning disabilities.

10.3.3 Academic self-concept (Session 5) relating to RQ:3

Rico stated, whilst discussing his own writing skills development, that what he had learnt about writing should be taught in schools to dyslexia and non-dyslexic, as he describes,

> **Quote 10:** I think everyone should be taught this stuff, dyslexic or not. I mean I struggled so much with my essays. You should be taught how to write proper essays at school. I thinking everyone should be shown how to do this stuff [basic literacy skills development] at school (Session 5)

Rico's comment, (Quote 10), is aligned, on the 'flipside' with those who argue that there is no difference between dyslexia and poor readers (e.g. Siegel, 1992; Shaywitz et al., 1992; Presland, 1991; Stanovich, 1994; Elliott, 2005; Elliott and Gibbs, 2008; and, Elliott and

Grigorenko, 2014) and that the intervention that works for dyslexic students works well for non-dyslexic students too. Whilst Rico's comment, as complementary as it is, does not reflect the type of support that I was giving him. From Rico's comment it seems that he had perhaps assumed that the type of support that I was offering him, in terms of skills development, had been tailored to meet the specific needs of dyslexic students, when in actuality it had not. I had been offering Rico very basic principles in structuring paragraphs, forming sentences, organising the writing task, and basic memory exercises.

On reanalysing the data relating to the times that I supported Rico develop his literacy skills I had mentioned 16 times "I do it like this" (or variations to this effect), and also said 12 times "This has worked with a few of the 'dyslexic' students that I've worked with" (or variations to this effect). This may have influenced Rico's thinking about the 'non-dyslexic' type methods being used. Therefore, perhaps this suggests that what works for 'non-dyslexic' people also works for 'dyslexics' if delivered in intervention that is premised on the I-E-D-Paradigm.

10.4 SESSION 6: Rico no longer describing himself as 'dyslexic'

In this section I discuss the findings from Session 6 (the final session of the intervention) and the work that I did with Rico, the second young person to participant in the intervention (premised on the I-E-D-Paradigm).

10.4.1 Rico's descriptions of himself in relation to dyslexia (Session 6)

In this session Rico did not describe himself as dyslexic. Instead, Rico said that he now described dyslexia by saying,

Quote 11: It's the difference, it's a diversity thing. It's like some people are left-handed some people are right-handed, some people are really good at singing, and you know things like that. I know music is my way (Session 6)

However, Rico said that he had continued to use the term 'dyslexia' as a shortcut to explain to other people why he was using a laptop and special software that work had provided for him (Session 6). Rico explained that when he used the term dyslexia that it did not have the same meaning attached to it as it had before, he said,

Quote 12: Internally I don't really register dyslexic, it hasn't got quite you know the bell tolling and the man with the big black cloak and the scythe going "aaaaaaaaaaaaa", it's not kind of doom and gloom. It's just a quick and easy way that they will relate to it; they know that I'm just not so good in reading and writing. But the way how I understand it is not the same (Session 6)

Rico had also stopped using the term "shaky' to describe how dyslexia made him feel and reported instead that he was feeling 'solid' (Session 6). In relation to Rico feeling solid, he stated further on in the session that,

Quote 13: You know and that has been the biggest sort of learning that I'm not crap and I'm not broken or shaky in any means. I feel really solid and you know ready for anything. I don't feel emotional about my work anymore, which I've never felt like that (Session 6)

Rico said that he had his "old ambition is back" (Session 6), and that the work we had done together had "changed [his] life", as he explains,

Quote 14: But seriously what you do has really been helpful, it's really a sort of life changing thing. It's changed my life, its changed

the way I look at things, it's changed what I'm going to do in my future you know or how I'm going to approach anything in my future. It's just a complete change, so much for the better, it's challenged me and made me think about dyslexia (Session 6)

Finally, Rico said that he did not require any further support but that he would like to stay in contact and perhaps meet up in the future.

10.4.2 My viewpoint as a dyslexia coach (Session 6)

I felt satisfied that Rico had developed his skills in reading, essay writing, memory skills, and organisational ability to the point that he no longer felt he required any further support. However, the most significant point from my dyslexia coaching perspective was that Rico seemed to have begun his journey as a self-organised learner (Harri-Augstein and Thomas, 1985). From a Person Centred Approach (Rogers, 1951) it seems that Rico was able to resolve his own 'difficulties' and was moving in the direction of becoming a 'fully functional person'. Rico no longer requiring support is significant as it suggest that the intervention (premised on the I-E-D-Paradigm) and delivered using basic counselling skills (Section 7.7) might have contributed to Rico not having built up dependency on support.

(N.B. I did not including the N-C-PoD in the description given as I do not consider the N-C-PoD as a significant contributory factor in Rico bringing about the change that he had achieved 'Pre' N-C-PoD).

10.4.3 My viewpoint as an 'ex-dyslexic' (Session 6)

From an 'ex-dyslexic' perspective it had been satisfying to see how Rico was able to use the label dyslexia as a short cut to explain to people why he had been given a laptop and

special software, yet, not attach his "old" thinking about dyslexia to this label. This suggests that Rico's, whilst perhaps not knowing all of the intricacies of the N-C-PoD or the I-E-PoD (I assume), was able to retain his developing non-congenital view of dyslexia whilst being immersed in a society that makes sense of dyslexia within the P-I-D-Paradigm. However, my concern is, based on my own experience, that it is easy to fall back into old ways of thinking about dyslexia as the P-I-D-Paradigm discourse and the attitudes of 'others', in my own case, was so powerful that I often slipped back into my "old" dyslexic self when it served me well to do so.

10.5 Findings and discussion re Research Questions (Session 6)

In this section I present and discuss the findings relating to the research question from the analysis of data that was generated in Session 6.

10.5.1 Dyslexia self-concept (Session 6) relating to RQ:1

Rico's descriptions of his 'dyslexic' self had changed dramatically from how he had been describing dyslexia in previous sessions. For example, Rico had described how he viewed dyslexia in the following way,

> **Quote 15:** It's the difference, it's a diversity thing. It's like some people are left-handed some people are right-handed, some people are really good at singing, and you know things like that (Session 6)

This description contrasted significantly with the description he gave in Session 1. It appears that Rico had created a 'new' facet of self-concept as the Shavelson model theorises possible (see Section 5.3.1).

In relation to the need to offer the N-C-PoD to dyslexic students as a template from which to make sense of their dyslexia (see Research Objective 2, Section 1.6.2), it seems that Rico had been able to reframe his dyslexia without need of a template (as can be seen in Session 5). However, it appears that the N-C-PoD might have been useful in providing Rico with some additional I-E-D-Paradigm discourse to use in his descriptions of dyslexia.

10.5.1.1 No 'genetic' link to dyslexia

The second significant finding is that of Rico using discourse that reflected language that I used within my description of the non-congenital PoD (N-C-PoD) that I had presented to him towards the end of Session 5, as reflected in Quotes 16 and 17 below. (N.B. As discussed in Section 4.1.1.5 one of the arguments against the FDA is the view that there is no genetic link to dyslexia).

> **Quote 16:** It's the difference, it's a diversity thing. It's like some people *are left-handed* some *people are right-handed*, some people are really good at singing, and you know things like that (Session 6)

> **Quote 17:** Yeah, I'm brown eyed, so what. Again it could be anything and it's just the way I am you know. And at the moment, probably not for much longer, I taking a bit longer to read and write things. But I imagine I've probably speeded up a whole lot (Session 6)

As can be seen from the excerpt given above the language Rico uses reflects Assumption 5 of the N-C-PoD, as can be seen in Figure 10.17.

Figure 10.17 Assumption 5 of the N-C-PoD

Assumption 5: Preferences for certain mediums of communication

"It seems that on an individual basis we all have preferences for certain mediums of communication over others. For example, it seems that some people prefer to communicate vocally whilst other might prefer to write a letter, draw a picture, sing a song, communicate their message through dance or mime, or use a different form of communication that suits them. Perhaps it's just like how some of us have a _natural preference for right-handedness_ whilst others have a _natural preference for left-handedness._ Or, perhaps it similar to [...]. Perhaps it's the same when it comes to communicating our inner selves using a particular medium over others; we simply have natural preferences for certain mediums of communication over others."

10.5.2 Dyslexia self-esteem (Session 6) relating to RQ:2

For example, as indicated in his remark about no longer seeing himself as "shaky" but rather that he now felt "solid" (Quote 13). From a Personal Construct Psychology (Kelly, 1955) perspective this can be seen as an indication that change had occurred in Rico's personal construct system. The construct "solid" might be seen as change of the 'emergent' pole that Rico used to describe his feelings towards dyslexia. In the first session Rico had used the term "shaky" to describe how dyslexia made him feel, yet within this session Rico's had used the construct "solid".

10.5.3 Academic self-concept (Session 6) relating to RQ:3

In this session Rico explained that he was thinking about going on to do his masters in Social Work after finishing his degree. He explained that he now felt confidence to do a masters because he felt that he _"could be so much more"_ and stated that he had come to

realise this. He also spoke about how his reading skills had improved and that he had recently started reading for pleasure each day as well as reading for his essay writing. In addition, he explained that he was able to prepare for essay writing by being organised and planning in advance. Further, Rico described that he was no longer feeling emotional during the task of writing essays. Rico was also aware that his writing skill were not yet matching his (perceived) ability.

10.6 Summary of Chapter 10

The findings presented in this chapter have highlighted that Rico had, unlike Angelo, had very little time to explore his perception of dyslexia as he had not long (approximately eight months) been assessed for dyslexia before participating in the intervention. Rico had not accepted the label of 'dyslexic' preferring to describe the issues as part of when he began to participate in the intervention and expressed his dissatisfaction of a system (Access to Work programme) that on the one had labelled him as 'dyslexic' and on the other not offered any one-to-one support to him. However, by the second session Rico had begun to accept the 'dyslexic' label and began to explore his perception of himself in relation to dyslexia without me feeling it appropriate to introduce him to the N-C-PoD. As a result, over the course of the following five session Rico explored his perception of dyslexia within the intervention up until the point where in Session 5 he no longer felt that dyslexia was a significant issue in his life. Rico explained how he no longer viewed dyslexia as a "huge" problem in his life and that it had now reduced down to a problem that was an "inch" in size (see Section 10.3.1). This is a significant finding and one that I had not anticipated at the beginning of the intervention as I had falsely assumed that to reach this point Rico's development would have take him much longer and would possibly need the N-C-PoD as a template for this to have been achieved.

However, in order to provide Rico with the same resource that I had provided Angelo with (i.e. a description of the N-C-PoD) I introduced Rico to the N-C-PoD towards that end of Session 5. Another significant finding is that by Session 6 Rico had begun to use discourse that reflected aspects of the N-C-PoD see Section 10.4.1. In relation to the first research question it appear that Rico was able to create a new 'non-dyslexic' facet of self-concept as he described how he no longer viewed himself as dyslexic (see Section 10.4.1). However, Rico described that that he continued to use the term 'dyslexia' as a shortcut to explain to other people why he was he had access to his own laptop at work. Though, whilst doing this Rico described how he had not attached the same meaning to the term 'dyslexia' as he had done before Session 5.

In relation specifically to the influence of the N-C-PoD and intervention on Rico's levels of self-esteem, it appears that over the course of the intervention (six sessions in total), Rico had gained higher level of self-esteem and stated that his "old ambition [was] back". In relation specifically to Rico's academic self concept it appears that Rico's view of himself in the context of education had become more positive with him reporting that he was thinking of going on after his degree to do his masters. In relation to Rico's perception of his academic abilities, Rico indicated that he felt able to continue to improve his study skills by himself without need of further support.

Finally, in relation to Rico's evaluation of the intervention, Rico reported,

> But seriously what you do has really been helpful, it's really a sort of life changing thing. It's changed my life, its changed the way I look at things, it's changed what I'm going to do in my future you know or how I'm going to approach anything in my future. It's just a complete change, so much for the better, it's challenged me and made me think about dyslexia (Session 6)

CHAPTER 11

CONCLUSION AND DISCUSSION

11.1 Conclusion about the N-C-PoD and emancipatory intervention

This study challenged a fundamental dyslexia assumption (FDA) that underpins the bulk of literature on dyslexia, i.e. the view that the cause of dyslexia exists 'within' the individual (Poole, 2003) and reflects an 'impairment' (Rose, 2009, p.36) of 'normal' functioning (Grigorenko et al., 2001, p.17) at the level of the brain (Nicolson and Fawcett, 2008, p.6).

My critique of the FDA began with a preliminary review of a wide range of literature on dyslexia which resulted in my dividing the literature into four distinct paradigms based on research orientation, i.e. positivist and interpretivist paradigms, and the etiological standpoints taken of dyslexia, i.e. intrinsic (congenital) or extrinsic (non-congenital) cause of dyslexia. The four paradigms as described in Chapters 3 and 4 are, a) Positivist-Intrinsic-Dyslexia-Paradigm (P-I-D-Paradigm), b) Interpretivist-Intrinsic-Dyslexia-Paradigm (I-I-D-Paradigm), c) Positivist-Extrinsic-Dyslexia-Paradigm (P-E-D-Paradigm), and d) Interpretivist-Extrinsic-Dyslexia-Paradigm (I-E-D-Paradigm).

Whilst both the P-E-D-Paradigm and the I-E-D-Paradigm view the cause of dyslexia to exist extrinsically to the individual, the weight of arguments against the FDA have been from the P-E-D-Paradigm. For example, the view that there is no distinct difference between poor readers and dyslexia (e.g. Shaywitz et al., 1992; Elliott, 2005; Elliott and Gibbs, 2008; and Elliott and Grigorenko, 2014); and the view that the 'cause' of dyslexia exists within the orthographical system (Spencer, 2000).

There have been significantly fewer challenges against the FDA coming from the I-E-D-Paradigm; though, whilst fewer in number, the challenges that have been made

against the FDA are none the less compelling. For example, Cooper's (2009) view that dyslexia arises from a clash between the natural visual/holistic thinking style of the 'dyslexic' and an educational system that is geared to cater for the needs of auditory/linear thinkers; and, Poole's (2010, p.221) view that dyslexia occurs from 'disorientation [caused by] incompatibility (interaction) between ['dyslexics'] natural, thinking style and the orthography adopted'.

However, despite the plausibility of the arguments being made against the FDA the dominant discourse on dyslexia is that of dyslexia being constitutional in origin i.e. existing at a gene level. This has led to the view that dyslexia is a lifelong, insurmountable, difficulty, which at best can be remediated through professional intervention, i.e. assessment and literacy skills development. Though, in recent years, there has been a call from some (i.e. Poplin, 1995; MacKay, 1997; Casey, 2001; Herrington, 2001; McLoughlin, et al., 2001; McLoughlin et al., 2002; Reid and Kirk, 2001; Farmer, Riddick and Sterling, 2002) for support to be geared towards the empowerment of 'dyslexic' people so that they are armed with the 'knowledge', in order 'to improve self-awareness and understanding' (McLoughlin, 2001, p.121), and the 'tools', needed for 'skills and strategy development which can lead to greater control' (McLoughlin, 2001, p.121).

The move towards the empowerment of 'dyslexic' people has, however, not included a call for a radical review of existing systems (i.e. identification, assessment, support intervention, or pedagogical practices), or of existing structures (i.e. dyslexia organisations, educational institution, or political policy) that are premised on the FDA. It appears that the arguments against the FDA and the 'actual' existence of a unique dyslexia entity (Stanovich, 1994, Shaywitz et al., 1992; Elliott and Grigorenko, 2014) have had little impact on the dominant approach to the issue of dyslexia that is framed within the P-I-D-Paradigm. It would seem that Foucault's (1986) argument that when alternative ways of

thinking about an area of study exist, that this thinking takes place outside the dominant discourse and happens in a type of wilderness where it tends to be 'easily lost or forgotten' (Sercombe, 2010, p.77). Therefore, it seems set that the empowerment of 'dyslexic' people, will continue (for now) to take place within existing systems and structures, which is not untypical of acts of empowerment (Ingles, 1997).

Whilst there has not been any radical questioning of existing systems and structures that are premised on the taken for granted FDA, from within the systems and structures themselves, there has been a considerable move towards softening existing systems and structures, mainly by two significant forces. The first is the influence of the social model of disability (Oliver, 1998) which has, in the past two decades, given rise to an increase in the numbers of dyslexia studies that view the so called 'disability' of dyslexia to be created by the inflexibility of existing systems and structures to accommodate the needs of 'dyslexic' individuals.

The second, act of softening existing systems and structure, has been the British Dyslexia Association's Dyslexia Friendly Schools initiative that has precipitated a great many educational institutions to put in place policy and practice aimed at meeting the needs of 'all' students, thus creating a conducive learning environment for 'dyslexic' students. This initiative is supported by a 'new' attitude towards dyslexia (reflected by Gavin Reid (2016), the current chair of the BDA), from it being a 'negative' intrinsic feature of the 'dyslexic' individual, to dyslexia being celebrated as a 'positive' intrinsic feature of the individual, which, as Reid (2016) suggests, should be viewed to be far greater than the 'negative' effects of dyslexia on the individual.

Though, whilst the softening of existing systems and structures, and the act of empowering 'dyslexic' people rather than remediating the difficulties experienced by 'dyslexic' people paints a picture of a brighter future for 'dyslexic' people it does not mean

that to continue to endorse the FDA, as a 'given' (i.e. a fundamental assumption), is ethically just.

As Kelly (1955) points out, once a fundamental assumption has been questioned it can no longer stand as a given in further discourse. And, as emphasised by this thesis, the validity of the FDA should not exist as an a priori assumption as the validity of FDA is dependent on one's ontological orientation (i.e. objectivist v subjectivist) and ones epistemological preference (i.e. either for objective 'empirical' and 'value free' evidence of the existence of dyslexia as an entity in its own right, - or, the subjective view that dyslexia is not a unique entity but rather an indication of the effects caused by a mismatch between the natural thinking/learning preferences, of a minority of people, and the current imposition of 'teaching' through a non-preferred orthographical medium of thought representation (Cooper, 2009; Poole, 2010).

From the perspective of those, who can be considered to endorse the ideologies of the P-I-D-Paradigm, and who are orientated to an objective view of reality and epistemologically inclined to choose 'value free' objective evidence over subjective reasoning, (and who might not consider the empirical 'evidence' that there is no genetic basis for dyslexia (Shaywitz et al., 1992; Elliott and Grigorenko, 2014)), might, perhaps, side with the views portrayed by the "masses" in order to maintain the status quo and the current systems and structures in place (i.e. typical to the functionalist paradigm proposed by Burrell and Morgan (1979)). Though, as Tønnessen (1997, p.79), who echoes the voices of those such as Elliott and Grigorenko (2014), warns, researchers should be cautious about adopting, without question, the dominant dyslexia paradigm as there 'is never any guarantee that the majority is right'.

From the perspective of those, who can be considered to endorse the ideologies of a Radical I-E-D-Paradigm, (myself as a case in point), who are orientated to a subjective

view of reality and epistemologically inclined to constructionism (i.e. objectivism and subjectivism brought together (Crotty, 1998, p.44)) and who *do* consider the empirical 'evidence' that there is no genetic basis for dyslexia (Shaywitz et al., 1992; Elliott and Grigorenko, 2014)), might, as I have done, actively take part in questioning the taken for granted assumptions (i.e. the FDA) held by the "masses" (i.e. those who endorse the ideologies of the P-I-D-Paradigm).

Primarily, from a Radical I-E-D-Paradigm position, my focus in this study, as expressed in Section 6.4, has been on questioning, as I have asserted, the existence of "false consciousness" that I believe has been created by the FDA and which exists in the thinking of 'dyslexic' individual (i.e. those who view dyslexia to have a constitutional basis). My critique of the FDA in relation to existing systems and structures has been to contribute to the debate against the existence of dyslexia (as an unique entity) that is taking place from those (e.g. Elliott and Grigorenko, 2014) who I consider to be arguing from the position of the P-E-D-Paradigm, and that I consider can be located within the structuralist paradigm proposed. I theorise that in order for any significant change to take place in the 'minds' of 'dyslexic' people (in relation to emancipating themselves from the "false consciousness" that I assert exists) within large number within society, that a radical change of the systems and structures in place needs to happen.

From my ethical standpoint, not to question the existence of the power imbued within current systems and structures relating to dyslexia that are premised on, what can be viewed as a spurious assumption (i.e. the FDA), goes against the ethical responsibility that I have, as a doctoral student researching dyslexia, to ensure that those who might not have a natural orientation to learn through written-word based modalities of communication are not systematically oppressed or marginalised within society.

Another reason that I had for questioning the basis on which exiting dyslexia systems and structures exists (i.e. the questioning of the FDA), was to create a theoretical platform and justification for the development of emancipatory intervention for use within this study. Whilst, as noted above, the empowerment of 'dyslexic' students, taken at face value, has potential benefits (i.e. increases in self-awareness and skills development, McLoughlin, 2001, p.121), this type of support, however, continues to endorse the FDA as a valid assumption. What needs to be considered is, that if the FDA is not valid (as argued in this thesis) and the difficulties that are being experienced by the 'dyslexic' individuals arise from a clash between natural thinking/learning styles of the 'dyslexic' individual and the orthographical system in use (Cooper, 2009; Poole, 2010), then what are we empowering students to do - "fix" the faults that arise from this mismatch of learning and teaching preferences? As, Inglis (1997, p.4) points out, 'empowerment involves people developing capacities to act successfully within the existing system and structures of power'; and to this I assert, even if there is no certainty that the underlying assumptions of these systems and structures are valid, beyond any reasonable doubt.

My thesis has argued, from the position of the Radical I-E-D-Paradigm, that the type of intervention that is most appropriate, in the current climate of uncertainty surrounding the validity of the FDA (i.e. Elliott and Grigorenko, 2014, and others such as those mentioned above), needs to be emancipatory in nature and sits outside existing systems and structures. As ingles (1997, p.4) asserts, support that facilitates emancipatory goals differs from support that pursues empowerment, as emancipation pushes against existing systems and structures of power.

Emancipatory intervention that sits outside existing systems and structures creates an environment where a 'dyslexic' student is able, if they choose, to explore his or her perception of dyslexia in a balanced manner considering both, perspectives on dyslexia

that are premised on the FDA, along with those that are not (i.e. such as the non-constitutional perspective on dyslexia, please see Section 7.4). The potential gains for 'dyslexic' students receiving support that is geared towards emancipation in this manner might be increases in 'critical consciousness' (Herrington and Hunter-Carsch, 2001), and/or 'freedom from the label disability' (McDonagh, 2006).

The emancipatory intervention that I developed in this study was effective in creating an environment that was conducive for the two participants to explore their perceptions of dyslexia (expressed in the form of their descriptions of dyslexia). Whist, as discussed in Section 8.2, my early attempts to design emancipatory intervention was to develop five techniques that I had anticipated would assist the participants to critically explore their perceptions of dyslexia, it was, in the end the combination of semi structured interview method with basic counselling skills that formed the practical aspect of the intervention (see Section 7.7).

The intervention, as described above and in Chapter 7, was informed by the Radical I-E-D-Paradigm, and set the right type of environment for the two 'dyslexic' participants two explore their perceptions of dyslexia in two distinctly different ways but that led each to arrive with similar views of dyslexia (elaborated on in Section 11.2 below).

11.2 Conclusion of findings relating to the first participant, Angelo

The first participant, Angelo, began the intervention having already developed his thinking about dyslexia for over six years. He viewed dyslexia as a "way of thinking" and as a "way of processing information". He described how he had tried to gain a deeper understanding of dyslexia in order that he would be able to find ways around the difficulties he experienced. The most significant difficulty that he experienced and that he associated with

his dyslexia was that of occasionally "going blank" in lectures when he was unable to understand the questions being asked or when under the pressure to complete a task on time. Angelo described how he had asked other people for definitions of dyslexia that would enable him to gain greater understanding of his dyslexia. However, he described that the definitions people had offered were "wishy-washy" leaving him unable to develop his understanding of dyslexia to the level that he felt satisfied with. As a result (and due to me having elicited the 'Pre' N-C-PoD data that I needed) I introduced Angelo to the N-C-PoD towards that end of the first session.

The findings from the support that I offered Angelo (presented and discussed in Chapter 9) suggest, from the descriptions of dyslexia that Angelo provided, that he had gained the levels of understanding that he had sought. In addition, Angelo described how his perception of dyslexia had changed from that of viewing dyslexia as a "way of thinking" and as a "way of processing information" to that of Angelo viewing dyslexia as a learning style that involved him learning through the use of different mediums of expression. This can be considered as significant as it appears that this shift in his thinking had enabled him to overcome the issue of occasionally "going blank" through him using creative ways to help him with his learning. Another significant finding is that of some of the discourse used by Angelo (post N-C-PoD) to describe dyslexia matching closely to the discourse that I used in my description of the N-C-PoD (as indicated in Chapter 9).

In addition, and in relation to the first research question, it appeared that Angelo might have created a 'non-dyslexic' facet of self-concept as by Session 6, the final session in the intervention that took place 12 months after the main block of intervention, Angelo said that he no longer viewed himself as 'dyslexic', as can be seen,

> ...I don't really see myself as having dyslexia and don't see
> dyslexia as being anything more than a word used to describe a
> way of learning which you know now it's not dyslexic it's libexic
> as I'm liberated you know (Session 6)

In relation specifically to the influence of the N-C-PoD and intervention on Angelo's levels of self-esteem (i.e. the second research question), Angelo had high level of self-esteem on starting the intervention both in the way that he viewed himself in an academic context and in the context of his dyslexia. However, it can be interpreted that Angelo having gained the ability to overcome the issue of occasionally "going blank" in lectures by adapting aspects of the N-C-PoD into his approach to learning might have enhanced his self-esteem. In relation to Angelo's academic self-concept (i.e. research question 3), it appeared when Angelo began the intervention that he viewed himself in a positive way, describing himself as an "*intelligent person*"; having, *"a very visual imagination, [and] very creative"*, and someone who was able to *"solve problems"*, and, in possession of a *"very analytical mind"*. Finally, in relation to the fourth research question, it seems, as mentioned, that having been introduced to the N-C-PoD that Angelo was able to adapt this approach to learning to overcome the issue of occasionally "going blank" in class.

11.3 Conclusion of findings relating to the second participant, Rico

The second participant, Rico, had, unlike Angelo, had very little time to explore his perception of dyslexia as he had not long (approximately eight months) been assessed for dyslexia before participating in the intervention. Rico had not accepted the label of 'dyslexic' preferring to describe himself as "shaky" when he began to participate in the intervention. In addition, he expressed his dissatisfaction of a system (Access to Work programme) that on the one had labelled him as 'dyslexic' and on the other not offered any

one-to-one support to him. However, by the second session Rico had begun to accept the 'dyslexic' label and began to explore his perception of himself in relation to dyslexia without me feeling it appropriate to introduce him to the N-C-PoD. As a result, over the course of the following five sessions Rico explored his perception of dyslexia within the intervention up until the point where in Session 5 he no longer felt that dyslexia was a significant issue in his life. Rico explained how he no longer viewed dyslexia as a "huge" problem in his life and that it had now reduced down to a problem that was an "inch" in size (see Section 10.3.1). This is a significant finding and one that I had not anticipated at the beginning of the intervention as I had falsely assumed that to reach this point in Rico's development would have take him much longer and would possibly need the N-C-PoD as a template for this to have been achieved.

However, in order to provide Rico with the same resource that I had provided Angelo with (i.e. a description of the N-C-PoD) I introduced Rico to the N-C-PoD towards that end of Session 5. Another significant finding is that by Session 6 Rico had begun to use discourse that reflected aspects of the N-C-PoD (see Section 10.4.1). In relation to the first research question it appear that Rico was able to create a new 'non-dyslexic' facet of self-concept as he described how he no longer viewed himself as dyslexic (see Section 10.4.1). However, Rico described that that he continued to use the term 'dyslexia' as a shortcut to explain to other people why he had access to his own laptop at work, as can be seen,

> Internally I don't really register dyslexic, it hasn't got quite you know the bell tolling and the man with the big black cloak and the scythe going "aaaaaaaaaaaaa", it's not kind of doom and gloom. It's just a quick and easy way that they will relate to it; they know that I'm just not so good in reading and writing. But the way how I understand it is not the same (Session 6)

In relation specifically to the influence of the N-C-PoD and intervention on Rico's levels of self-esteem (i.e. research question 2), it appears that over the course of the intervention (six sessions in total), Rico had gained higher level of self-esteem and stated that his "old ambition [was] back". In relation specifically to Rico's academic self-concept (i.e. research question 3) it appears that Rico's view of himself in the context of education had become more positive with him reporting that he was thinking of going on after his degree to do his masters. In relation to Rico's perception of his academic abilities (i.e. research question 4), Rico indicated that he felt able to continue to improve his study skills by himself without need of further support.

Finally, in relation to Rico's evaluation of the intervention, Rico reported,

> But seriously what you do has really been helpful, it's really a sort of life changing thing. It's changed my life, its changed the way I look at things, it's changed what I'm going to do in my future you know or how I'm going to approach anything in my future. It's just a complete change, so much for the better, it's challenged me and made me think about dyslexia (Session 6)

Finally, Rico stated,

> So for me you know for me to have that understanding of how I related to it through all good bits and the bad bits – that was really positive, yeah. And then when you introduced me to your idea [i.e. N-C-PoD] it was sort of like a light going on – like bloody hell, yeah, that's it (Session 6)

11.4 Similarities and differences between participants

The analysis of data that related to each participant was kept at the individual level as it was not my intention to produced objective findings from which to make generalisations or for predicting patterns of behaviour (see Section 8.5.1). Rather, in congruent with my constructionist standpoint, my intention was to produce subjective finding that reflect the influence that the N-C-PoD and emancipatory intervention (informed by a Radical I-E-D-Paradigm) might have on the self-concept of 'dyslexic' students at the individual level.

However, there were a number of anecdotal similarities and differences between the participants. Table 11.1 provides an overview of the similarities and differences between the participants in relation to Dyslexia self-concept, Dyslexia self-esteem, Academic self-concept, and perception of Academic achievement/ability.

Table 11.1 Similarities and differences between participants

Findings relating to:	Participant 1, Angelo	Participant 2, Rico
Dyslexia self-concept (Pre N-C-PoD)	Described himself as 'dyslexic' on starting intervention (Section 9.1.1)	Did not begin to describe himself as 'dyslexic' until Session 2 (Section 10.1.2)
(Post N-C-PoD)	Indication that 'non-dyslexic' facet of self-concept created (Section 9.1.3, Quote 8)	Indication that 'non-dyslexic' facet of self-concept created (Section 10.4.1, Quote 11)
Dyslexia self-esteem (Pre N-C-PoD)	Positive dyslexia self-esteem (Section 9.2.1)	Negative dyslexia self-esteem (Section 10.1.1)
(Post N-C-PoD)	Positive dyslexia self-esteem (Section 9.2.2)	Positive dyslexia self-esteem (Section 10.3.2)
Academic self-concept (pre N-C-PoD)	Positive academic self-concept (Section 9.3.1)	Negative academic self-concept (Section 10.1.1)
(Post N-C-PoD)	Positive academic self-concept (Section 9.3.2)	Positive academic self-concept (Section 10.5.3)
Perception of academic achievement/ability (pre N-C-PoD)	Difficulty overcoming "going blank" (Section 9.4, Quote 37)	Difficulty writing essays (Section 10.1.1)
(Post N-C-PoD)	Overcame difficulty of "going blank" (Section 9.4, Quote 38)	No longer viewed himself as having difficulties at writing essays (Section 10.6)

As presented in Table 11.1 Angelo and Rico differed to each other at the beginning of the intervention as Angelo described himself as 'dyslexic', whereas Rico did not described himself as 'dyslexic' until the second session. However, similar to each other, it appears that both Angelo and Rico were able to create 'non-dyslexic' facets of self-concepts as they both no longer described themselves as 'dyslexic'.

In relation to dyslexia self-esteem, it appears that Angelo began the intervention with positive self-esteem, which remained stable thought the duration of the intervention. Whereas, it appears that Rico began the intervention with negative dyslexia self-esteem, though by the end of the block of intervention there appears to have been a positive change in how he evaluated himself in relation to dyslexia.

In relation to academic self-concept it appears that Angelo began and finished the intervention with a positive academic view of himself. Whereas, it appears that Rico had begun the intervention with negative academic self-concept, however, he ended the block of intervention with positive academic self-concept.

Similar to each other, both participants described at the start of the intervention that they experienced dyslexia difficulties; for Angelo this was "going blank", and for Rico this was difficulties in writing essays. However, by the end of the intervention both participants described how they had developed their ability to overcome the difficulties noted above.

In addition to the anecdotal similarities and difference relating to self-concept and perception of academic achievement/ability there were two further anecdotal similarities between the participants that are worthy of mention in this section.

First, both participants began the intervention describing dyslexia in similar ways to each other, i.e. as "a way of thinking" or "away of processing information", however, both participants ended the block of intervention describing dyslexia as a "difference in learning style". This indicates that both participants had moved from holding a 'fixed' view of

dyslexia (as "thinking" and "processing information" in the context implied, i.e. inexplicable processes of the brain, is beyond human ability to wilfully control), to a 'malleable' view of dyslexia (as a "learning style", in the context implied could be adapted to accommodate alternative mediums of expression). This is significant as it implies that the participants may have been, on starting the intervention, viewing dyslexia as an unalterable neurological basis (a constitutional view of dyslexia), whereas, towards the end of the block of intervention both participants may have been viewing dyslexia as a phenomenon that was not caused by genetic factors.

The second anecdotal similarity between the participants was that of both participants having incorporated discourse that I had used in my description of the N-C-PoD into their descriptions of themselves in relation to dyslexia. This can be considered as significant as it indicates that some of the assumptions that make up the N-C-PoD may have been integrated into their 'personal theories' of dyslexia.

To conclude, whilst, as described at the beginning of this section, the analysis of the data relating to each participant was kept to the individual level, there are, as indicated in this section, anecdotal similarities and differences between the findings relating to each participants. Whilst it is important to recognise that there may have been other factors in the lives of the participants that may have contributed to the similarities in findings relating to both participants, it appears that the N-C-PoD and emancipatory intervention may have had an positive influence on the participants in relation to how they perceived themselves in relation to dyslexia.

11.5 Recommendations

Figure 11.1 Pictorial representation of recommendations from this study
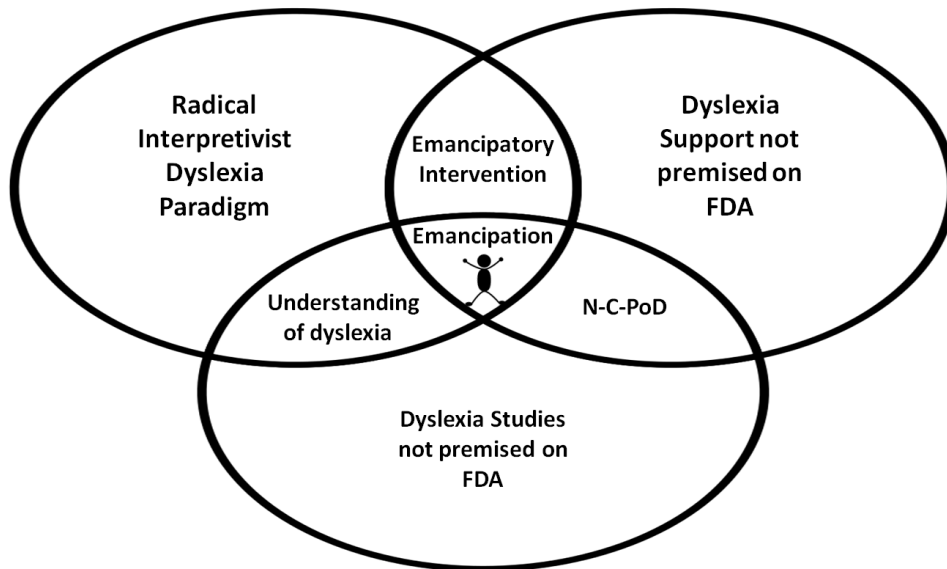
In this study I have asserted that it is ethically unjust, in the current climate of uncertainty surrounding the validity of the FDA, to continue to endorse systems, structures, policy and practice that is informed by constitutional views of dyslexia (see Section 11.1). In order to address this ethical issue my overarching recommendation is that dyslexia support intervention should not be premised on the FDA (see Figure 11.1) and therefore move beyond current remedial-skill-development support, and/or dyslexia support that is geared towards empowerment (please refer to Section 7.8). Rather, I recommend that dyslexia support intervention should be emancipatory in nature and that a N-C-PoD for use as an informative conceptual template should be made available to those accessing dyslexia support (see Figure 11.1). As indicated by this research, the use of emancipatory dyslexia support intervention (not premised on the FDA) and N-C-PoD, appears to have created an environment that was conducive to the two participants in this study in terms of both

participants improving levels of skill development and reframing their perceptions of themselves as 'non-dyslexic' (please refer to Sections 11.2 and 11.3).

Another recommendations resulting from this research, as indicated in Figure 11.1, is that studies on dyslexia should not assume a priori the FDA and to abandon the dominant motive within the P-I-D-Paradigm to search for the 'cause' and 'treatment' of dyslexia. Rather, I recommend that it would be more appropriate for studies on dyslexia to be conducted within a Radical I-E-D-Paradigm framework (see Section 6.4) in order that we increase our theoretical and pragmatic understanding of how to support 'dyslexic' students to reframe their perceptions of themselves as 'non-dyslexic'.

The recommendation described above is of particular importance at this moment in time as those such as Elliott and Grigorenko (2014, pp.177-182) are urging that the term 'dyslexia' (which they believe to be an arbitrary social construct that servers no useful purpose in supporting students that are struggling with their literacy development should be abandoned in favour of the term 'reading disability'. Whilst replacing the term 'dyslexia' with 'reading disability' may, as Elliott and Grigorenko (2014, p.178) assert, 'dispense with much of the conceptual and political baggage associated with dyslexia' it does not act to validate the identities of 'dyslexic' individuals who view dyslexia to be more than "just" a literacy difficulty (please refer to the description of secondary issues of dyslexia in Section 1.3).

11.6 Potential area for further research

This study has indicated that the use of the N-C-PoD and emancipatory intervention appears to have been a contributory factor in the positive changes that the two 'dyslexic' participants brought about in the way they view themselves in relation to their perceptions

of dyslexia. However, this study focused on intervention with two students studying in tertiary education. Therefore, a potential area for further research might be to use the N-C-PoD, an adapted version of it, or a similar version of it (i.e. a totally different non-constitutional PoD), and emancipatory intervention that is informed by the Radical I-E-D-Paradigm or a similar emancipatory approach, within different educational context and different with a different age range of participants. Doing this will hopefully throw light on the influence of such an approach within other contexts.

11.7 My professional development

In relation to my professional development, I have learnt more than I had ever imagined possible. When I began this study some 16 years ago as a newly emancipated 'dyslexic' - I had not yet found my feet as a 'non-dyslexic' and was overwhelmed with the enormity of the task of conducting doctoral research on the subject of dyslexia. Now, on writing the final part of this chapter, as neither a 'dyslexic' or 'non-dyslexic', I again feel overwhelmed by the enormity of the task that now lies in front of me as I set out, armed with the small amount of knowledge that I have gained, to try and bring about change in the way dyslexia is currently being viewed.

My final thought on my professional development as I write this last paragraph of this thesis, is that whilst having argued from a specific position in this thesis, that of the Radical Interpretivist Extrinsic Dyslexia Paradigm, I hope that my thinking does not become entrenched in this viewpoint to the point that it stops me from seeing beyond it to a way of thinking that might serve me better to bring about change.

"And The Waltz Goes On"

Sir Anthony Hopkins

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APPENDIX A

OPTIONAL TECHNIQUES

Self-characterisation sketches

The Self-characterisation sketch (sketch or sketches) is a technique devised by Kelly (1955) and traditionally used within Personal Construct Psychology (PCP) to either begin eliciting, or further elaborate on, an individual's personal constructs (Dalton and Dunnett, 1992, p.129 and Ryckman, 1989, p.327).

To understand what is meant by the term constructs within this context, there is a need to understand some of the thinking that informs the theory of PCP. Within this theory of psychology an individual's psychological processes are driven mainly by their need to anticipate future events, situations and actions (Dalton and Dunnett, 1992, p.12). As a result, it is believed that all individuals are in a 'constant process of construing, ('placing an interpretation upon') events, situations and actions in order to formulate a structure that enables whatever is being observed to take on shape and meaning for the individual' (Dalton and Dunnett, p.12). The structure created during this process consists of constructs that enable the individual to discriminate 'between observed items […] in terms of similarity and contrast' (Dalton and Dunnett, (1992, p.13).

Dalton and Dunnett (1992, pp.13-14) explain that constructs are psychologically created entities that are often, but not always, symbolised using words. Dalton and Dunnett (p.14) make it clear that the words we label the construct with simply act to represent it and are in no way the construct itself. Often many of the constructs we create do not have a verbal tag attached to them, i.e. 'non-verbal' constructs or 'preverbal' constructs (Dalton and Dunnett, p.14).

A technique used to elicit some of the constructs held by an individual is the self-characterisation sketch. This technique simply calls on the individual to write a sketch about themselves from the perspective of the third person. Writing from the perspective of the third person is, according to Ryckman (1989, p.328) a good way 'to make the task as nonthreatening as possible'.

The completed sketch can prove useful in revealing some of the individuals constructs, emergent poles to other constructs, issues and themes; which, if needed, can be explored further using techniques such as 'laddering' and 'pyramiding' (Dalton and Dunnett, 1992, p.129). (Laddering and pyramiding are described the following section, see Figures A.3 and A.4). Further, as mentioned, a sketch can be used to elaborate on constructs that have already been elicited. Employing sketches in this way, suggests Ryckman (1989, p.328), can help build a picture of how the 'client' perceives themselves before attempting to change certain constructs.

A sketch is generally initiated with instructions similar to those suggested by Dalton and Dunnett (1992, p.128) and reflected within the following example (Figure 7.1).

Figure A.1 Example of the instructions given to initiate a sketch

'I want you to write a character sketch of Harry Brown [the 'client'], just as if he were the principal actor in a play. Write it as it might be written by a friend who knew him very *intimately* and very *sympathetically,* perhaps better than anyone ever really could know him. Be sure to write it in the third person. For example, start out by saying, "Harry Brown is…" (Dalton and Dunnett, 1992, p.128).'

I decided to modify the above instructions to make them specific to the focus of dyslexia. This was achieved by taking into account the following two considerations. The first consideration regarded the issue of asking the participant to 'write' a sketch as I thought

this might create an obstacle for participants who might be experiencing difficulties with writing. This issue was overcome by changing the instructions to emphasise that alternative mediums to written language were perfectly acceptable. Alternative mediums of expression are regarded as an acceptable way of carrying out a sketch (Dalton and Dunnett, 1992, p.129).

The second consideration I made took into account the point made by Dalton and Dunnett (1992, p.128), that the client has the right to choose whether or not they want to share the completed sketch with the professional [researcher]. As a result, I planned to us a sketch within the intervention as an optional method, with the instructions modified from 'I want you…' to 'If you want to…' in order to reflect this point. The full instruction given to the participant's were therefore modified to the example given within Figure 7.2.

Figure A.2 Example of modified instructions to initiate a sketch

> 'If you want, you can create a character sketch about (participants name), just as if (he/she) were the main actor in a play about their dyslexia. You can do it in a format that suits you, i.e. writing, drawing, audiocassette, video, acting, etc. However, create the sketch of (participant's name) from the perspective of a friend who knew (him/her) very *intimately* and very *sympathetically,* perhaps better than anyone ever really could know (him/her). Make sure you create it from the perspective of the third person. For example, you could start by saying "(participants name) is…" (Dalton and Dunnett, 1992, p.128 [Modified instructions])

In Table A.1, see below, I present a description of how I had originally planned to use sketches within the intervention by providing a rationale for their inclusion, how I planned to schedule the sketches into the intervention and, how I thought the sketches might be initiated within the intervention.

Table A.1 Information relating to Self-characterisation sketches

Rationale for the planned inclusion of sketches into the intervention	How I planned to schedule the sketches into the intervention	How I planned to initiate sketches into the intervention
I had decided to incorporate sketches within the intervention for the following reasons. I felt that sketches might prove to be a good way of easing the participants into the intervention as they are written (or expressed in other forms) from the perspective of the third person. I felt that the use of this technique might prove to be successful in assisting the participants to detach themselves sufficiently enough from issues relating to their dyslexia. I hoped this would create an opportunity for the participants to begin the process of exploring issues that might have a high emotional content. In addition, Fransella and Dalton (1990, p.53) suggest that sketches can be a good starting point within the process of	I had planned to schedule two sketches into the intervention. I intended to introduce the first sketch within the first session and review it during the second session (jointly with the participant) using the personal construct interview (described in the following section). The second sketch would take place during the penultimate session in the intervention with it being reviewed during the final session of the intervention. Scheduling sketches to take place towards the beginning and end of the intervention, would provided additional 'before' and 'after' data (to that generated by semi-structured interviews) needed to address the research questions. In addition, I hoped that the sketches would act as a useful way for the participants to gauge any changes to the way	I had planned that the sketches would be initiated using the instructions outlined in Figure A.2 above. Following the completion of each sketch I planned to ask the participants if they would like to review their completed sketch with me. I also planned to ask the participants if they would rather read the sketches out loud or whether they would prefer me to do so. As an alternative to this, I planned to explain that I would be happy to read the sketch before the session ended and add any additional comments that they wished to make.

Table A.1 Information relating to Self-characterisation sketches

eliciting an individual's constructs in order to gain a sense of how they view themselves in relation to a particular issue. Cohen et al., (2000, pp.337-338) explain how, from the perspective of PCP, 'each person has access to a limited number of 'constructs'' and that we use these constructs to evaluate the phenomena that constitutes our reality. As a result, I decided that I would uses sketches as a means of eliciting some of the constructs that would give an insight into how the participants viewed themselves in relation to their dyslexia. Further, I felt that sketches would be a good way for the participant to begin the process of 'telling their dyslexia story'. Telling the story of one's life, or in the case of this study a particular aspect of one's life such as dyslexia, is according to Wierenga (2001, p.1)	they perceived dyslexia by being able to compare the two sketches.	

Table A.1 Information relating to Self-characterisation sketches

'central to each person's ability to negotiate the world powerfully'. The 'storying' of one's life, claims Wierenga (p.4), is the 'act of listening to, telling, re-telling or revising a story', which should be viewed as an ongoing creative process. I felt that by beginning the intervention using a sketch would help in the process of 'getting to know' the participant and also provided an initial indication of how much the participant was prepared to disclose about their dyslexia. I felt that this was important as it would enable adjustments to be made regarding the pace at which the intervention could be delivered and also the intensity at which the sketches would be explored. For example, I assumed that there might be underlying sensitive issues around dyslexia that might become evident from the sketch, for instance, feelings of intense embarrassment at		

Table A.1 Information relating to Self-characterisation sketches

being dyslexic, would need to be approached sensitively and at a pace that the participant would feel comfortable with. Furthermore, I anticipated that sketches would be an ideal technique to use as a means of generating additional data (to the data produced by semi-structured interviews) to provide further insight into how the participants might be viewing dyslexia.		

Personal construct interviews

The personal construct interview (PC-interview) is the term that I used to refer to the techniques of laddering and pyramiding used within PCP; these are described in Figures A.3, and A.4). I planned to use a PC-interview within the intervention as a means of reviewing the participant's sketches (described in the previous section).

Dalton and Dunnett (1992, pp.125-127) explain how constructs elicited may exist anywhere within the hierarchy of the individual's construct system and how isolated constructs that are not referenced to the system as a whole tell very little about the system in its entirety. Exploring isolated constructs within the individual's system can be achieved by applying the techniques of laddering and pyramiding. Laddering is use to explore 'overriding, superordinate, abstract constructs' and discover *why* a particular construct is held, whereas pyramiding aims to discover the 'subordinate structure, the more concrete constructs of what something is, or how it can be recognised' (Dalton and Dunnett, pp.125-127).

Examples of how the techniques of laddering and pyramiding might be used within the PC-interview are demonstrated in figure A.3 and A.4. (N.B. please note that Figure A.3 and A.4 are based on the examples of laddering and pyramiding given by Dalton and Dunnett (1992, pp.125-127) that I have contextualised to make them specific to the subject of dyslexia).

Figure A.3 Example of how laddering might be used within the PC-interview

Researcher:	You stated in your sketch that dyslexic people are 'abnormal' [emergent pole] and that non-dyslexic people are 'normal' [contrast pole]. This statement tells us a bit about 'how' you distinguish between certain people but doesn't explain 'why' you do. Can you explain 'why' you distinguish between people in this way?
Participant:	I'm not sure really…
Researcher:	Would you like to explore 'why' you distinguish between people as you do?
Participant:	Ok then…
Researcher:	Ok, let's start then by finding out which of the two types of people you would rather be, 'abnormal' or 'normal'?
Participant:	Well, I'd much rather be 'abnormal' of course!
Researcher:	How do you see yourself now then?
Participant:	As 'abnormal'?
Researcher:	Why is it important for you to be the type of person who is 'abnormal'?
Participant:	Because an 'abnormal' person in the sense of being dyslexic **isn't restricted to one way of thinking** [emergent pole].
Researcher:	Isn't restricted to one way of thinking?
Participant:	Yes, they're not restricted to one way of thinking.
Researcher:	So what sort of a person is someone who is restricted to one way of thinking
Participant:	Someone who **thinks they are right all the time** [contrast pole].
Researcher:	So which sort of person would you rather be – someone who isn't restricted to one way of thinking or someone who thinks they are right all the time?
Participant:	Someone who isn't restricted to one way of thinking.
Researcher:	Why do you feel it is important to be the sort of person who isn't restricted to one way of thinking?
Participant:	Well… (10 second pause) …it enables me to **see things clearly** [emergent pole] and not be judgmental I suppose.
Researcher:	Ok, what sort of person is one who is unable to see things clearly?
Participant:	Umm… (Prolonged silence) …

Based on an example given by Dalton and Dunnett (1992, pp.125-127)

There are three points worth noting within the above example of laddering (Figure A.3).

First, it may seem unusual that the participant identifies themselves to be 'abnormal', as this term generally carries negative connotations. However, as Dalton and Dunnett (1992, p.126) suggest, such seemingly unusual identifications begin to make obvious sense as the 'superordinates are explored'. In the example it becomes obvious as the construct 'isn't restricted to one way of thinking' vs 'thinks they are right all the time' are elicited. In other words the participant perhaps believes that dyslexic people have the ability to look at a situation from different perspectives.

Second, as indicated if Figure A.3, an important aspect of laddering is "checking out" the meaning of the words used by the participants. Dalton and Dunnett (1992, p.126) view this as an essential aspect of laddering (and also pyramiding), carried out in order to make sure that the therapist [researcher] has 'got them right, and that the client is happy with his [her] answer'.

Third, as can be seen within Figure 7.3, the participant begins to find difficulty in answering the questions towards the end of the dialogue (as indicated by the long pauses) and how they fail to provide a contrast pole to 'see things clearly'. Dalton and Dunnett (1992, p.126) suggest that the client will find it harder and harder to find answers as each superordinate level is reached. However, they go on to say that even when contrast poles cannot be found that the emergent pole is still of value as the client obviously sees it as importance.

The following example provided in Figure A.4 demonstrates how pyramiding might be used during the PC-interview. Please note how the participant provides what seem to be firmer answers to the questions asked by the researcher than those given within the above example (i.e. within Figure A.3). The answers given during pyramiding are less abstract and more concrete in nature.

Figure A.4   An example of how pyramiding might be used within the PC-interview

Researcher:	From what you have said so far about 'abnormal vs normal' we can start to build a picture of 'why' you have formed this construct. Would you like to explore exactly 'what' you mean when using the terms 'abnormal' and 'normal' within the context of dyslexia? And, also explore 'how' you recognise when someone is 'abnormal' or 'normal'?
Participant:	Ok, let's give it a try.
Researcher:	Ok then, let's explore what sort of a person is 'abnormal' first – For instance, how would you recognise someone who is 'abnormal'?
Participant:	They are **always empathetic listeners** (emergent pole) for a start off!
Researcher:	Always empathetic listeners to which sort of people?
Participant:	To the sort of people who see things differently, you know like kids that are struggling to fit in at school or in to the club.
Researcher:	What do you see as the contrast to someone who is always an empathetic listener?
Participant:	Someone **always enforcing his or her own perspective** (contrast pole) on those sorts of kids.
Researcher:	How would you recognise someone who was always enforcing his or her own perspective onto those sorts of kids?
Participant:	That's easy – they are the **pen pushing type of person** (emergent pole) always in the office making rules and regulations up without consulting the kids.

(Based on an example given by Dalton and Dunnett, 1992, p.126)

In Table A.2 I present a description of how I had originally planned to use PC-interviews within the intervention by providing a rationale for their inclusion, how they would be scheduled into the overall block of intervention, and, how the PC-interviews might be initiated within the intervention.

Table A.2 Information relating to PC-interviews

Rationale for the planned inclusion of PC-interviews into the intervention	How I planned to schedule PC-interviews into the intervention	How I planned to initiate PC-interviews into the intervention
There were a number of reasons why I had planned to incorporate PC-interviews into the intervention. As mentioned in the description above, I felt that PC-interviews would be an effective means of further exploring the participant's constructs that arose from their sketches. I also felt that through the process of exploring their dyslexia related constructs the participants would gain a deeper understanding of how they were conceptualising their dyslexia. In addition, I felt that the PC-interview might prove a good way of producing additional data (to the data generated from semi-structured interviews) to provide further insight into how the participants might be conceptualising dyslexia.	I planned to include two PC-interviews within the intervention. I planned to schedule the first PC-interview to be used within the second session. I then planned to conduct a second PC-interview to take place during the penultimate session of the intervention. By scheduling the PC-interviews to take place towards the beginning and end of the intervention I had hoped would have provided additional 'before' and 'after' data needed to address the research questions.	I planned to initiate the PC-interview by explaining to the participants that I would be asking a number of questions to further explore some of the constructs that emerged from their sketch. Within my instructions I planned to make it clear that there are no right or wrong answers and that the participant should try and answer the questions as openly and honestly as possible. In addition, I would explain to the participants they had the right to skip questions and return to them later on in the PC-interview or bypass them completely if they wish to. The PC-interview would, I hoped proceeded along similar lines indicated within Figures A.3 and A.4.

Assessment of needs interviews

The assessment of needs interview (AN-interview) is the term that I use to descried the technique that I developed in advance of conducting the intervention that is aimed at establishing which area the participants feels they need support with (e.g. support structuring assignments, reading comprehension, taking notes in lectures, etc). This is achieved through a fours step process, as described below.

The first stage of the AN-interview is aimed at encouraging the participants to talk 'broadly' around any area of difficulty that they feel arises from their dyslexia. For example, this stage may involve the participant describing childhood experiences of dyslexia, how dyslexia may have impacted on relationships, or, how the participant feels they are treated by family and friends. A discussion in this area might be initiated using the example prompt given in Figure A.5.

Figure A.5 Example of possible prompt to determine potential areas of difficulty

Let's have a look at the sort of things that you may encounter during a typical day on your course and see if any of the things you might come across present you with any difficulties, problems or concerns. For example, let's imagine that your day begins with a lecture in which you want to take notes; does this present you with any difficulties or problems? In the afternoon you might be asked to take part in some role play but before you can assume your role you are given a handout consisting of several A4 pages to read first, would this cause you any difficulties? Later on in the day you may be required to write on the wipe board in front of the year group, would having to do this cause you any concern or problems? Before setting off home your tutor asks you to read several handouts during that evening in preparation for the following days discussion, would this present you with any concerns?

The second stage of the AN-interview concentrates on encouraging the participants to focus specifically on the difficulties that they feel impacted on their academic studies. The aim of this stage is to produce a list of five areas (within an educational context) that the participants feel are affected by their dyslexia. This list is referred to as the topic list.

It is important that the participants selected their own topics rather than them being encouraged to focus on topics that I might feel they needed to improve on. Tolhurst (2006, p.3) stresses that coaching sessions need to be centred on assisting the learner to improve their skills within a particular area of focus chosen by the learner. This hopefully will make this aspect of the intervention specific and meaningful to each participant rather than it merely being a research exercise to generate data for the research.

The third stage of the AN-interview is aimed at exploring the participant's perception of each of the five topics listed. To achieve this I decided to carry out Salmon Lines (SL) (Salmon, 1988), for each of the topics on the topic list. For example, if the topic being focused on concerns writing assignments, then the participants would be asked to indicate on a SL (see Figure 7.5) their response to the following questions that were based on an example given by Merrett et al., (1999, p.41).

1a) How would you describe someone really good at writing assignments and where would you put them on the SL?

1) Do you know someone who is really bad at writing assignments and if so where would you put them on the SL?

2a) Do you know someone who is really good at writing assignments and if so where would you put them on the SL?

2) Where do you see yourself on this SL on starting this intervention?

3) Where would you like to be following this intervention?

4) Where would you like to be by the end of your studies?

5) Where do you think your peers would put you on this SL?

6)   Where do you think your tutor would put you on this SL?

7a)   Where do you think your tutor would like you to be on this SL?

Figure A.6   Example of a Salmon line used within the intervention
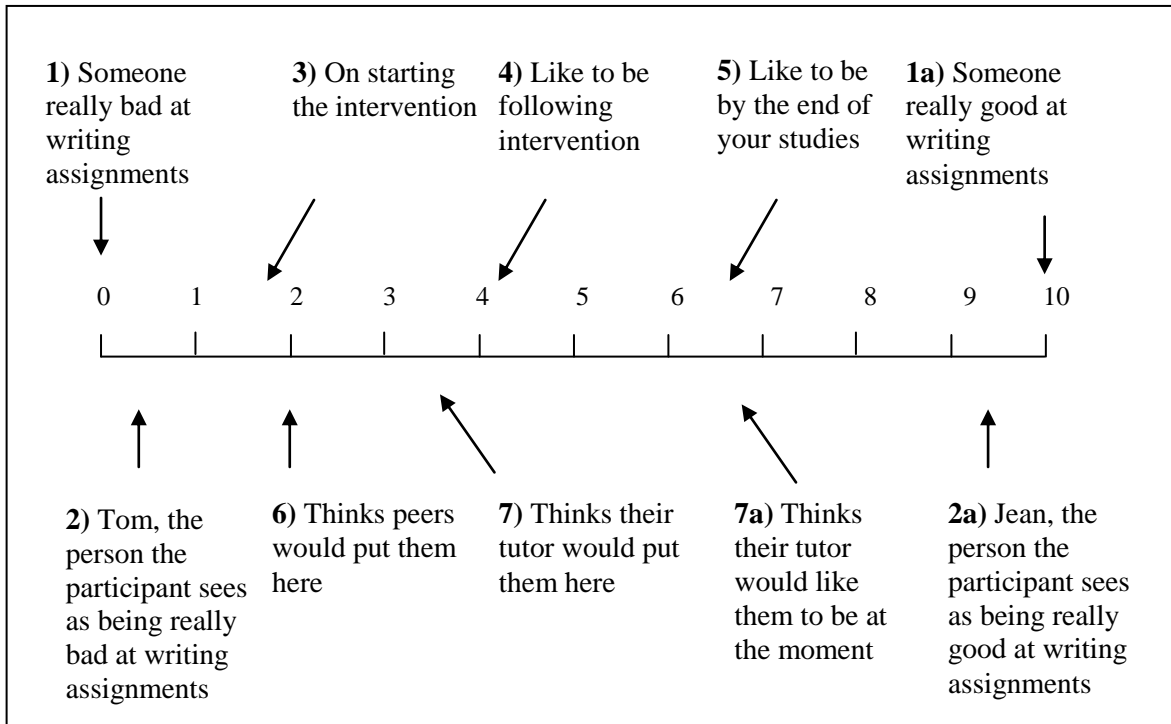
Once the SL have been completed they will be reviewed by me and participants. The completed SL would be reviewed without me challenging the participant in anyway. These reviews would basically consisted of me reading out where the participants had placed themselves on the SL and then assisting the participants to explore the answers they have given in more depth. For example, I might ask explorative type questions that ask the participant to explain 'why' they placed themselves or other on the Salmon line in the way they have. This might be instigated with the question "why do you think your tutor would put you at 6 on the Salmon Line?". The reason for not challenging the views of the participants was to safe guard against the likelihood of me influencing their answers.

The fourth and final stage of the AN-interview focuses on assisting the participants to formulate outcomes to be used as ways of measuring any gains in ability within each of the five topics listed. To achieve this, questions such as: "what sorts of things would you be able to do at the end of the time we spend together in terms of writing assignments", were used. The use of outcomes within this process was adopted from the final technique to be describe within this appendix, learning conversations (Harri-Augstein and Thomas, 1985).

Within Table A.3 I present a description of how I had originally planned to use AC-interviews within the intervention by providing a rationale for their inclusion, how they would be scheduled into the overall block of intervention, and, how the AC-interviews might be initiated within the intervention.

Table A.3 Information relating to the AN-interviews

Rationale for the planned inclusion of AN-interviews into the intervention	How I planned to schedule AN-interviews into the intervention	How I planned to initiate AN-interviews into the intervention
I planned to incorporate AN-interviews into the intervention for the following two main reasons. First, as mentioned above , I planned that the AN-interview would prove to be an appropriate means of determining the topics that the participants felt they needed support with. Assessment is according to Culley and Bond (2004, p.16; p.67) a fundamental aspect of any support process for a number of reasons, these being to determine: a) what issue(s) the client may need assistance/support with; b) whether the support on offer is suitable to meet the client's needs; c) if the practitioner is able to work with the client. For these reasons I decided that a form of assessment would be crucial within the	I planned to schedule two AN-interviews into the intervention. The first AN-interview I thought would be placed within the second session and the other within the final session of the intervention. As with the sketches and PC-interview, the reason for planning to use AN-interviews towards the start and end of the block of intervention was that I thought it would be a good way of providing additional before and after type data that I felt I would need to address the research questions. In addition, I felt that using AN-interviews would provide an opportunity for the participants to draw comparisons between their starting point and where they had arrived	I had planned to initiate the AN-interview by asking the participant to state the general topics relating to their dyslexia; these would be noted down as mentioned in the description given above in the description of the first stage of the process. As mentioned within the description of AN-interview given above, the areas stated may be quite broad and cover a wide range of problems or concerns that are not entirely connected with dyslexia or education. Therefore, in order to narrow down the field I planned to ask the participants to focus more specifically on areas that were connected to their course of study (refer to the second stage described above). My aim would have been to initiate this by using the prompt stated in Figure A.5.

Table A.3 Information relating to the AN-interviews

intervention. Second, I felt that the use of AN-interview would be an effective way of generating additional data to provide further insight into how the participants might be viewing dyslexia.	at after participating in the intervention.	I anticipated that a prompt might prove useful in assisting each participants to create a list of five topics that he/sh felt they needed support with. Once the list had been created I would give a summary of each of the topics listed to the participant to check that I had understood the identified topics in the way he/she had intended me too. In addition, I also aimed to check, what, if any, support the participants may have received in the past relating to the topics listed. Having satisfied this I planned to ask the participants to prioritise the list and choose a topic that he/she wanted to focus on first within the intervention. I then planned to ask the participants the seven Salmon line questions (listed above) and asked him/her to indicate their answers on the Salmon lines that I had prepared in advance (refer to the third stage described above). Finally, as mentioned,

Table A.3 Information relating to the AN-interviews

		I planned to ask the participants to formulate outcomes for each of the topics so that he/she might be able to gauge what progress, it any, they might have made over the course of the intervention.

Actual/ideal interviews

The actual/ideal interview (A/I-interview) was designed in the design phase of the intervention as a technique that I anticipated might be useful to elicit the participant's perception of their actual self and their ideal self in relation to dyslexia (or the construct he/she might use to describe the difficulties being experienced) and the topic that they had decided to focus on. I planned that by gaining some insight into these points might assist the participants to identify any imposed constraints to learning that the participants might had created within their personal theories of dyslexia. Further, several of the questions in the A/I-interview were designed in order to explore what the participants might believe to be the cause of their dyslexia.

I had planned the A/I-interview to act as a forerunner to the learning conversation (L-c) (the final technique to be described within this appendix). In preparation for the L-c, the A/I-interview would be used to assist the participants to choose one of the five topics (that he/she had listed) to focus on first within the intervention. This technique would be aimed at assisting the participants to explore his/her chosen topic.

The A/I-interview consists of a series of questions which are presented in table format and referred to as the actual/ideal chart (A/I-chart) (see Figure A.7). As can be seen, the A/I-chart is divided down the middle to form two halves. The left-hand side of the A/I-chart is made up of 'actual self' type questions and the right-hand side of the A/I-chart is made up of 'ideal self' type questions.

Figure A.7 The Actual/Ideal Chart

Question	[ASPECT ROW]	[AREA ROW]	Follow-up Question	[ASPECT ROW]	[AREA ROW]
Q14: What sorts of things has *Name* tried to improve on this aspect - area?	A14:	A14a:	**Q14.1:** Did the things *Name* tried in the past help improve or make thing worst?	A14.1:	A14.1a:
Q13: How do significant people in *Name's* life view this aspect – area?	A13:	A13a:	**Q13.1:** How much impact does their thinking have on *Name* re Asp - area	A13.1:	A13.1a:
Q12: How much does this Asp – area occupy *Names* thoughts?	A12:	A12a:	**Q12.1:** What sorts of things does *Name* think about re Asp – area?	A12.1:	A12.1a:
Q11: Does this aspect – area *Name* has stop them from achieving or help them to achieve things?	A11:	A11a:	**Q11.1:** How does *Name* know it was Asp - area that stopped or helped them achieve?	A11.1:	A11.1a:
Q10: Does *Name* feel there are any advantages arising from this aspect – area? If yes what?	A10:	A10a:	**Q10.1:** Does *Name* feel this advantage would be lost if Asp – area was cured?	A10.1:	A10.1a:
Q9: List the most significant symptoms and/or behaviour that demonstrates *Name* to have aspect and the area stated	A9:	A9a:	**Q9.1:** does *Name* think these symptoms are fixed or can be changed?	A9.1:	A9.1a:
Q8: How does it make *Name* feel to have aspect and the area that arises from it?	A8:	A8a:	**Q8.1:** Give an example of when *Name* experiences this feeling at its worst/best	A8.1: :	A8.1a:
Q7: What is the cause of the aspect area stated? **WRITE ANSWERS HERE**	A7:	A7a:	**Q7.1:** How does *Name* know this to be the cause? write answers here	A7.1:	A7.1a:

Central figure section:

Q1: What label do you use to describe the difficulties that you have with written language? A1:_____

Q15: Can you imagine an ideal person that does not have the difficulties that you have A15:_____

Q2: Which of the five topics that you identified would you like to focus on during this coaching? A2:

Q15a: Can you give a name to this 'ideal' imaginary person? A15a:

Q3: What changes would you ideally like to bring about re the facet of self and topic you are focussing on? A3:

Q15.1: What changes would your ideal person make to facet of self and topic you are focussing on? A15.1:

Q3.1: What is the purpose for wanting to make these changes? A3.1:

Q15.2: What do you think your ideal person sees as the purpose(s) for wanting to make these changes? A15.2:

Q4: How will you know when the changes you want to make have been achieved? A4:

Q15.3: How would your ideal person know when they have achieved the changes they want to make? A15.3:

Q5: How do you think you can bring about the changes that you are looking to make? A5:

Q15.4: How would your ideal person bring about the changes they are looking for? A15.4:

Q6: Give a brief description to define the aspect problem/concern *Name* has: A6:

Q16: Give a brief description to define someone without the aspect or problem/concern *Name* has: A16:

Question	[ASPECT ROW]	[AREA ROW]	Follow-up Question	[ASPECT ROW]	[AREA ROW]
Q17: What has caused this person **not to have** the same aspect - problem/concern that *Name* has?	A17:	A17a:	**Q17.1:** How does ideal person (IP) know this to be the cause?	A17.1:	A17.1a:
Q18: How does it make this person feel **not to have** the aspect or problem/concern *Name* has?	A18:	A18a:	**Q18.1:** Give an example of when IP experiences feelings best and worst	A18.1:	A18.1a:
Q19: List the most significant symptoms/behaviour that demonstrate this person **not** to have the aspect or problem/concern	A19:	A19a:	**Q19.1:** Does IP think these symptoms are fixed or can be changed?	A19.1:	A19.1a:
Q20: Does **not having** the aspect or problem/concern *Name* has create any drawbacks?	A20:	A20a:	**Q20.1:** Does IP feel these advantage and disadvantage would be lost if they had the same a/a as participant?	A20.1:	A20.1a:
Q21: Does **not** having this aspect – problem/concern stop this person from achieving or help them to achieve things?	A21:	A21a:	**Q21.1:** How does IP know that it is by not having the same a/a as p has, stop achieve or achieve things?	A21.1:	A21.1a:
Q22: How much does this Asp – problem/concern occupy this persons thoughts?	A22:	A22a:	**Q22.1:** What sort of things does IP think about due to them not having the same a/a as participant?	A22.1:	A22.1a:
Q23: How do significant people in this persons life view them for **not** having the aspect or problem/concern *Name* has?	A23:	A23a:	**Q23.1:** Do the views of these significant others have an impact on IP? if yes what?	A23.1:	A23.1a:
Q24: What sort of things has this person done so that they **do not** have the aspect or problem/concern that *Name* has?	A24:	A24a:	**Q24.1:** How do you know the things that IP had done, or not done, has helped them to not have the same a/a as p?	A24.1:	A24.1a:

The outline of a person that can be seen in the middle of the A/I-chart is a visual attempt to symbolise the participant's actual self and their ideal self in relation to dyslexia and the topic being focused on, which is hopefully achieved as it simultaneously divides and brings together both sets of questions. To assist in this, six actual self and six ideal self questions are placed directly on the outline of the person. These are the initial questions that are asked before asking the set of question on the left hand side of the chart and then those on the right hand side.

The initial design of the A/I-interview required the participants to answer the questions from the third person perspective, in order to as Ryckman (1989, p.328) suggests, 'to make the task as nonthreatening as possible'. However, during the pilot-intervention I found that I had difficulty ask the questions in a way that would elicit third person perspective answers. One of the students that participated in the pilot-intervention reported how she had found the questions difficult to understand and that it had been quite annoying at times for her to continually have to put herself into a third person mindset. As a result I changed the questions to the first person perspective for use within the intervention.

Within the following table (Table A.4) the actual self type questions are represented on the right hand side of the A/C-chart. Please note that I have included the answers that the second participant, Rico, had given in his attempts to explore the difficulties that he was having to become literate at reading written scores of music that would aid him to play the piano at a higher level.

Table A.4 Actual type questions for Actual/Ideal interview

'Actual Self' Questions	Rationale for asking 'Actual Self' Questions	Example: Answer given by Participant
Question 1 ('Actual Self')**:** What label do you use to describe the difficulties that you have with written language?	This question was aimed at getting the participant to use their own label to describe their dyslexia. I did not want to donate the term dyslexia as I felt that it was important for the participants to use their own label. Obviously, if the participant had already produced their own label earlier on in the intervention then this question was not relevant. (N.B. for simplicity the word 'dyslexia' has been used within the following questions).	**From A/I-Chart:** **A1:** "Difference." **From transcript (Session 5):** REF: 446.P2: "I think it's my different learning style." REF: 448.P2: "Yeah, it's just that difference, it's something I wanted to think before but before 'dyslexia' used to evoke 'Shaky' in my head whereas at the moment it feels like a difference."
Question 2 ('Actual Self')**:** Which of the five topics that you have identified (within the AN-interview) would you like to focus on during this research?	This question prompted the participant to choose a topic to focus on from the five topics they had listed during the AN-interview.	**From A/I-Chart:** **A2:** "Reading music notation." **From transcript (Session 5):** REF: 452.P2: "Yes. Can we put reading music notation because that is one that I am really stuck on – yeah that's one I'm really stuck on." REF: 454.P2: "I've been given a solo to do in my choir this Christmas but I can't read the music so I

Table A.4 Actual type questions for Actual/Ideal interview

		take Dictaphone along and I record the singing so that I can learn it by ear. And everyone is like "but how can you sing so well when you can't read music?", like it's sort of some kind of prerequisite that you know. From what I know Phil Collins couldn't read music but he is a good musician."
Question 3 ('Actual Self')**:** What changes would you ideally like to bring about regarding the topic that you are focusing on?	This question prompted the participant to add more detail to the outcomes that were arrived at during the AN-interview. This question was also aimed at trying to reveal if the participant was placing any limitations on the degree of change that they felt they would be able to bring about.	**From A/I-Chart:** **A3:** "Read it fluently. Sight sing." **From transcript (Session 5):** REF: 460.P2: "...actually I would say I would actually like to be able to sight sing so that I can actually read it and sing it at the same time, what is written on the same page." REF: 464.P2: "It's reading the meaning and producing the meaning orally."
Question 3.1 ('Actual Self')**:** What is the purpose for wanting	This question is a 'purpose' type question adapted from L-c that was aimed at assisting the participant gain a sense of direction (Timmins, 2003, p.10) with	**From A/I-Chart:** **A3.1:** "Get somewhere. Not held back."

Table A.4 Actual type questions for Actual/Ideal interview

to make these changes?	respect to the topic under consideration. Assisting the participant to gain a sense of direction is explained further on within the description of the L-c.	**From transcript (Session 5):** REF: 466.P2: "Being able to get somewhere in life, not hold me back."
Question 4 ('Actual Self'): Describe how you will know when the changes you want to make have been achieved?	This question was aimed at getting the participant to focus on the outcomes that had already been set during the AN-interview and to rethink them and make adjustments to them if they needed to. (The outcomes were reviewed again during the L-c).	**From A/I-Chart:** **A4:** "Pass music grades." **From transcript (Session 5):** REF: 468.P2: "In the long term I would be able to do my music grades and pass my exam. And what I'm hoping is that once I qualify I'm going to have this extra money from my job and I can actually get back into doing my music."
Question 5 ('Actual Self'): How do you think you will be able to bring about the changes that you are looking to make?	This question assisted the participant to begin the process of creating strategies that they felt would help them to overcome the issue(s) related to the topic that they had decided to focus on. (The creation of strategies is explained shortly within the description of the L-c).	**From A/I-Chart:** **A5:** "Find my war around mental block. Find someone to teach me using theory written with sound." **From transcript (Session 5):** REF: 476.P2: "I think really to hunker down and

Table A.4 Actual type questions for Actual/Ideal interview

		actually try and learn the theory would be a good start because in the past when I try to learn it all makes very little sense and I try and I try and I try and then I get to the point when I just can't get beyond that feeling of mental block. It's kind of being able to find the way, ultimately find my way around my mental block."
Question 6 ('Actual Self')**:** Can you give a brief description of the sorts of issues you experience whilst engaging with the topic that you are focusing on?	This question was aimed at assisting the participant to elaborate on the issues they experienced as well as assisting me to check that I had understood the issues in the way that the participant wanted me to.	**From A/I-Chart:** **A6:** "Info is presented in an opposite way to my own way of learning." **From transcript (Session 5):** REF: 482.P2: "I really don't learn in the same way as the mainstream people do, and what they do with music theory very particularly is you get books and books of music notation written down and somehow you are expected to drink it in from your eyes and I can't do that. It just doesn't go in that way [laugher]. That's where I particularly, where I come up at loggerheads with the system – is they expect me to

Table A.4 Actual type questions for Actual/Ideal interview

		learn in a certain way and they only provide information in that way." REF: 486.P2: "Yes that's true because I can sing really proficiently you know and I can do lots of the bits around the music. It's related to how they teach the theory." REF: 487.R: "And what about your difference?" REF:488.P2: "Well it represents everything." REF: 489.R: "That's both of them?" REF: 490.P2: "Yeah, generally the music, my degree is all at odds with my way of learning."
Question 7 ('Actual Self'): What do you believe to be the cause of the issues that you have mentioned?	This question tried to find out what the participant believed to be cause of the issues that they are experiencing. This was an important question as it helped produce data that was used to identify what influence, if any, existing perspectives of dyslexia have had on the participant's personal theories of dyslexia.	**From A/I-Chart:** *Re: Aspect (i.e. Dyslexia):* **A7:** "DYSLEXIA. Way I process new info." *Re: Topic (i.e. Music):* **A7a:** "Limited teaching methods."

Table A.4 Actual type questions for Actual/Ideal interview

		From transcript (Session 5): REF: 492.P2: "Well I suppose it's the dyslexia but that can be classified as the way I process information." REF: 495.R: "And then what about with the music – what's the cause of you not having learnt to read music?" REF: 496.P2: "They are very limited on how they teach it, it's only one way."
Question 7.1 ('Actual Self'): How do you know that this is the cause of the issues that you have mentioned?	This question was aimed at finding out the source of the participant's knowledge and what they had based their knowledge on. This was an important question as it helped to identify potential self imposed blocks to learning that may have been created by the participant.	**From A/I-Chart:** *Re: Aspect (i.e. Dyslexia):* **A7.1:** "Comparison with peers." *Re: Topic (i.e. Music):* **A7.1a:** "Not in right format." **From transcript (Session 5):** **A7.1:** REF: 520.P2: "Because I've seen how other people learn. When I'm around different people in a

Table A.4 Actual type questions for Actual/Ideal interview

		learning environment they do it differently."
		A7.1a: REF: 524.P2: The way I'm trying to learn it is not resulting in my passing the grades, that's the actual "how I know this is the cause" it's the way I'm trying to learn that's not resulting in me passing the grades so it's got to be wrong.
		525.　R: Why can't you learn it?
		526.　P2: It's not in the right format.
Question 8 ('Actual Self'): How does it make you feel to be dyslexic and have the issues that you experience when engaging with the topic that you will be focusing on?	This question served two main purposes, these being, first, it acted as a way of identifying issues that have an emotional content that may not have surfaced during the AN-interview.　Second, it provided an insight into how the participant responded emotionally to their dyslexia and the issues relating to their chosen topic. The emotional impact of dyslexia on the individual and the need for support is an area that has been well documented (i.e. McLoughlin, 1994; Hornby, 1997; Turner, 1997; Ott, 1997; Reid, 1998; Miles and Miles, 1999; Reid and Kirk, 2001;	**From A/I-Chart:** *Re: Aspect (i.e. Dyslexia):* **A8:** "Shaky. Different." *Re: Topic (i.e. Music):* **A8a** "Really, really Angry!." **From transcript (Session 5):**

Table A.4 Actual type questions for Actual/Ideal interview

	Farmer et al. 2002; Frank, 2003; Scott, 2004; Carroll and Iles, 2006). Many of the emotional difficulties noted within these texts such as serious depression and mental health issues were beyond the scope of this research. Therefore, it was only with the emotional difficulties that have a direct impact on educational achievement such as a low self-esteem, lack of confidence and raised anxiety levels connected to dyslexia and which impacted on the participant's academic performance that the intervention focused on addressing.	
Question 8.1 ('Actual Self'): Can you give an example of when you experience these feelings a lot and not much?	This question helped to add a bit more depth of understanding to the issues being focused on.	**From A/I-Chart:** *Re: Aspect (i.e. Dyslexia):* **A8.1:** "Reading around people. Writing essays." *Re: Topic (i.e. Music):* **A8.1a:** "Profound desperation – Can't get in my head learning cords." **From transcript (Session 5):**

Table A.4 Actual type questions for Actual/Ideal interview

Question 9 ('Actual Self'): Can you list the most significant symptoms and/or behaviours which demonstrate that you are dyslexic?	This question mirrors question 7 as it aimed to identify the influence that existing perspectives of dyslexia may have had on the participant's thinking. This is important as it helped to uncover some of the self imposed constraints to learning that existed within the participant's personal theories of dyslexia. For example, one of the participants that took part in the pilot answered this question with: "being unable to read and write due to a fault in short term memory", as the 'symptom' that demonstrated that they were dyslexic.	**From A/I-Chart:** *Re: Aspect (i.e. Dyslexia):* **A9:** "Bad essays. Good NVQ's. Slow reading." *Re: Topic (i.e. Music):* **A9a:** "Throwing books. Not passing exams." **From transcript (Session 5):**
Question 9.1 ('Actual Self'): Do you think that the symptoms and/or behaviour are fixed or do you think they can be changed?	This question is aimed at finding out whether the participant believes that their symptoms and behaviour result from 'fixed cognitive characteristics and processes' or whether they believe them to be 'personally constructed' (Timmins, 2003a, p.6). This is an important criterion to uncover as the participant may be holding on to deep rooted beliefs that there is	**From A/I-Chart:** *Re: Aspect (i.e. Dyslexia):* **A9.1:** "Root cause no. Symptoms can be changed." *Re: Topic (i.e. Music):* **A9.1:** "Same [as answer A9.1]."

Table A.4 Actual type questions for Actual/Ideal interview

	little that is within their control to change (Timmins, 2003, p.6).	**From transcript (Session 5):**
Question 10 ('Actual Self')**:** Are there any advantages and/or disadvantages arising from your dyslexia and from the issues relating to the topic that you are focusing on?	This question generated information that formed an important part of the review of the A/I-chart that took place once the chart had been completed. N.B. this question is based on the ABC Model developed by Tschudi (1977, cited in Dalton and Dunnett, 1992) that is 'useful in exploring the possible reasons behind not moving from one pole of a construct to another apparently more attractive one, or for examining difficulties in making a decision between two alternatives' (Dalton and Dunnett, 1992, pp.159-160).	**From A/I-Chart:** *Re: Aspect (i.e. Dyslexia):* **A10:** "Creative. Good at NVQ's. Good with people. Hard to learn." *Re: Topic (i.e. Music):* **A10a:** "Good musical ear. Hard to learn formal stuff." **From transcript (Session 5):**
Question 10.1 ('Actual Self')**:** What would happen to the advantages and/or disadvantages that you have just mentioned if	This question continues to elicit more information to identify any potential reasons why the participant might be holding on to existing thinking about dyslexia that might not be serving them well.	**From A/I-Chart:** *Re: Aspect (i.e. Dyslexia):* **A10.1:** "No advantages lost. Hope to lose disadvantages!"

Table A.4 Actual type questions for Actual/Ideal interview

your dyslexia and the issues relating to the topic that you are focusing on were resolved?		*Re: Topic (i.e. Music):* **A10.1a:** [Same as A10.1]. **From transcript (Session 5):**
Question 11 ('Actual Self')**:** Does being dyslexic and having the issues relating to the topic you are focusing on stop you from achieving or help you to achieve things in your life – if so what and how?	This question continues to elicit more information to identify any potential reasons why the participant might be holding on to existing thinking about dyslexia that may not be serving them well.	**From A/I-Chart:** *Re: Aspect (i.e. Dyslexia):* **A11:** "Helped get people skills. But bad school history." *Re: Topic (i.e. Music):* **A11a:** "Good music memory. Can't get formal qualifications." **From transcript (Session 5):**
Question 11.1 ('Actual Self')**:** How do you know it is your dyslexia and/or the issues relating to the topic that you are focusing on that have stopped or	This question aims to reveal 'self imposed constraints to learning' that may exist within the participant's personal theories of dyslexia.	**From A/I-Chart:** *Re: Aspect (i.e. Dyslexia):* **A11.1:** "Looking back at it in hindsight – Retrospectively." *Re: Topic (i.e. Music):*

Table A.4 Actual type questions for Actual/Ideal interview

helped you from achieve these things?		**A11.1a:** [Same as A11.1]. **From transcript (Session 5):**
Question 12 ('Actual Self'): How much does being dyslexic and having the issues relating to the topic you are focusing on occupy your thoughts?	This question helped to gauge the extent and impact that being dyslexic and having the issues relating to the topic being focused on has on the participant's thinking.	**From A/I-Chart:** *Re: Aspect (i.e. Dyslexia):* **A12:** "A lot (was). Now much less." *Re: Topic (i.e. Music):* **A12a:** "When training a lot. Now given up. Try to avoid." **From transcript (Session 5):**
Question 12.1 ('Actual Self'): What sort of things do you think about regarding your dyslexia and the issues relating to the topic that you are focusing on?	This question is aimed at bringing to the surface any issues that the participant may wish to work through during this research. For example, one of the participants that took part in the pilot said that she was constantly worrying that her peers would discover that she is dyslexic.	**From A/I-Chart:** *Re: Aspect (i.e. Dyslexia):* **A12.1:** "At first my inferiority but less now." *Re: Topic (i.e. Music):* **A12.1a:** "What if! What I could have done in my life." **From transcript (Session 5):**

Table A.4 Actual type questions for Actual/Ideal interview

Question 13 ('Actual Self'): How do significant people in your life view your dyslexia and the issue relating to the topic that you are focusing on?	This question is aimed at finding out if any of the participant's referents [around dyslexia] have been internalised through the influence of the views of significant others within their lives (Timmins, 2003a, p.20).	**From A/I-Chart:** *Re: Aspect (i.e. Dyslexia):* **A13:** "Mum – Quite a disappointment. See Tape!." *Re: Topic (i.e. Music):* **A13a:** "Amazement that I can't read. I think they think I'm stupid." **From transcript (Session 5):**
Question 13.1 ('Actual Self'): Have the views of these significant others had an influence on you in anyway – if yes how?	This question is aimed at finding out the influence significant others have had on the participant's referents (see Timmins, 2003a, p.20).	**From A/I-Chart:** *Re: Aspect (i.e. Dyslexia):* **A13.1:** "Mum's thoughts really were big impact." *Re: Topic (i.e. Music):* **A13.1a:** "Integrity as a musician." **From transcript (Session 5):**
Question 14 ('Actual Self'): Have you tried in the past to		**From A/I-Chart:**

Table A.4 Actual type questions for Actual/Ideal interview

overcome your dyslexia and the issues relating to the topic that you are focusing on – if yes what sort of things have you tried?		*Re: Aspect (i.e. Dyslexia):* **A14:** "See Tape." *Re: Topic (i.e. Music):* **A14a:** "Tried to read books - unsuccessfully." **From transcript (Session 5):**
Question 14.1 ('Actual Self'): Did the things you tried in the past help improve or make things worse?	Both questions were aimed at assisting the participants to review strategies that they may have tried in the past. Reviewing past actions in advance can act as useful reference points during the creation of new strategies (this is described further on within the description of L-c).	**From A/I-Chart:** *Re: Aspect (i.e. Dyslexia):* **A14.1:** "Buzan – No. Techno – some help. Antonio – a lot of help." *Re: Topic (i.e. Music):* **A14.1a:** "NO!!!." **From transcript (Session 5):**

The following table (Table A.5) presents the ideal type questions that are represented on the right hand side of the A/I-chart.

Table A.5 Ideal type questions for Actual/Ideal interview

'Ideal Self' Questions	Rationale for asking 'Ideal Self' Questions	Example: Answer given by Participant
Question 15 ('Ideal Self')**:** Can you imagine an ideal person that **does not have dyslexia** and the issues relating to the topic you are focusing on?	The participant is encouraged to think of someone that they know personally rather than the ideal person being fictitious, obviously they can change the name of the person. Picturing someone they know can help with the remodelling of behaviour, as a fictitious 'ideal' person may have behaviour that is humanly impossible to obtain.	**From A/I-Chart:** **A1:** "Yes." **From transcript (Session 5):**
Question 15a ('Ideal Self')**:** Can you give a name to this 'ideal' imaginary person?	The purpose of this question is to make it easier to make reference to their 'ideal' person.	**From A/I-Chart:** **A1:** "Bob." **From transcript (Session 5):**
Question 15.1 ('Ideal Self')**:** What, if any, changes do you think your ideal person would make to your dyslexia and to the	This question mirrors question number 3 and continues the process of checking to see what, if any, influence existing perspectives on dyslexia may have had on the participant's personal theories of dyslexia.	**From A/I-Chart:** **A3:** "." **From transcript (Session 5):**

Table A.5 Ideal type questions for Actual/Ideal interview

issues relating to the topic you are focusing on?		
Question 15.2 ('Ideal Self')**:** What do you think your ideal person sees as the purpose(s) for wanting to make these changes?	This question mirrors question 3.1 and is a 'purpose' type question that is used within the L-c in order to give the participant a sense of direction (Timmins, 2003, p.10).	**From A/I-Chart:** **A3.1:** "Get somewhere. Not held back." **From transcript (Session 5):** "Being able to get somewhere in life, not hold me back."
Question 15.3 ('Ideal Self')**:** Can you describe how your idea person would know when they have achieved the changes they want to make?	This question mirrors question number 4 and is an 'outcome' type question used within the L-c (Timmins, 2003, pp.18-19).	**From A/I-Chart:** **A4:** "Pass music grades." **From transcript (Session 5):**
Question 15.4 ('Ideal Self')**:** How would your ideal person bring about the changes they are looking for?	This question mirrors question number 5 and is a 'strategy' type question used within the L-c (Timmins, 2003, p.17).	**From A/I-Chart:** **A5:** "Find my way around mental block. Find someone to teach me using theory written with sound."

Table A.5 Ideal type questions for Actual/Ideal interview

		From transcript (Session 5):
Question 16 ('Ideal Self')**:** Can you give a brief description of the sorts of issues that your ideal person might face when engaging with the topic you are a focusing on?	This question mirrors question 6 and was aimed at exploring how the participant perceives the non-dyslexic state as well as revealing some of their thought about the topic they are focusing on.	**From A/I-Chart:** **A16:** "Bob can learn info presented in mainstream way." **From transcript (Session 5):**
Question 17 ('Ideal Self')**:** What has caused your ideal person **not to be dyslexic** and not to have the issues relating to the topic you are focusing on?	This question mirrors question number 7 and was aimed at exploring the extent of influence that existing perspectives on dyslexia may have had on the participant's perception of dyslexia and personal theories of dyslexia. For example, the answer given by one of the participants who took part in the pilot responded to this question by saying, "because they have a 'normal' brain which means that they can read properly". This reflects P-I-PoD discourse that is premised on the FDA.	**From A/I-Chart:** *Re: Aspect (i.e. Dyslexia):* **A17:** "They learn in the mainstream way." *Re: Topic (i.e. Music):* **A17a:** "They can process written info better." **From transcript (Session 5):**

Table A.5 Ideal type questions for Actual/Ideal interview

Question 17.1 ('Ideal Self')**:** How does your ideal person know this is the cause?	This question mirrors question number 7.1 and tries to reveal the source of the participant knowledge regarding dyslexia as well as helping to understand what they may have based their knowledge on.	**From A/I-Chart:** *Re: Aspect (i.e. Dyslexia):* **A17.1:** "They are probably unaware of there ever being reason not to be able." *Re: Topic (i.e. Music):* **A17.1a:** "They are comfortable with it." **From transcript (Session 5):**
Question 18 ('Ideal Self')**:** How does it make your ideal person feel **not to have dyslexia** and the issues relating to the topic you are focusing on?	This question mirrors question number 8 and serves two main purposes - first, this question helped to identify potential emotional related issues and concerns that the participant may wish to focus on during the intervention. Second, answers to question 18 helped me to gain insight into how the participant believes others without dyslexia might respond	**From A/I-Chart:** *Re: Aspect (i.e. Dyslexia):* **A18:** "Quite pleased about being normal." *Re: Topic (i.e. Music):* **A18a** "Pretty dam pleased with self - not subject to limitations."

Table A.5 Ideal type questions for Actual/Ideal interview

	emotionally to the issues that they were focusing on. The answers to this question were compared and contrasted to the answers given by the participant to question 8 during the review of the A/I-interview once the A/I-chart had been completed.	**From transcript (Session 5):**
Question 18.1 ('Ideal Self')**:** Give an example of when you think your ideal person might experience these feelings at their best and at their worst.	This question mirrors question number 8.1 and helps provide additional information about the participant's emotional state relating to their dyslexia. As with question 18, the information generated by this question was reviewed jointly with the participant once the A/I-interview had been completed.	**From A/I-Chart:** *Re: Aspect (i.e. Dyslexia):* **A18.1:** "Fulfilled, happy and confident wring an essay." *Re: Topic (i.e. Music):* **A18.1a:** "Creative when learning a new piece." **From transcript (Session 5):**
Question 19 ('Ideal Self')**:** Can you list the most significant symptoms and/or behaviour that demonstrate that your ideal person does **not have dyslexia** and the does not have the issues	This question mirrors question number 9 and helped provide additional information about how the participant perceives their dyslexia. Answers to this question were compared and contrasted with the answers given by the participants to question 9. This was done during the review of the A/I-interview that	**From A/I-Chart:** *Re: Aspect (i.e. Dyslexia):* **A19:** "Read comfortable. Write good essays. Get good grades." *Re: Topic (i.e. Music):*

Table A.5 Ideal type questions for Actual/Ideal interview

relating to the topic you are focusing on?	took place once the A/I-chart had been completed.	**A19a:** "Perform new piece with ease and pass exams." **From transcript (Session 5):**
Question 19.1 ('Ideal Self'): Does your ideal person think that these symptoms and/or behaviour is fixed or that they can be changed?	This question mirrors question number 9.1 and was aimed at finding out whether the participant held a belief in 'fixed cognitive characteristics and processes' or the view that these are 'personally constructed' (Timmins, 2003a, p.6).	**From A/I-Chart:** *Re: Aspect (i.e. Dyslexia):* **A19.1:** "Bob is completely unaware of there being any issues. Lucky git!" *Re: Topic (i.e. Music):* **A19.1:** "Same [as answer A19.1]." **From transcript (Session 5):**
Question 20 ('Ideal Self'): Does your ideal person feel there are any advantages and disadvantages that arise from **not having dyslexia** and the issues relating to the topic that you are focusing on?	This question mirrors question number 10 and was useful in trying to identify any potential reasons why the participant might be holding on to existing thinking about dyslexia that might not be serving them well. N.B. this question is based on the ABC Model developed by Tschudi (1977) that is 'useful in	**From A/I-Chart:** *Re: Aspect (i.e. Dyslexia):* **A20:** "Jealous of my positive aspects." *Re: Topic (i.e. Music):* **A20a:** "Amazed at how Rico can learn a tune so quickly."

Table A.5 Ideal type questions for Actual/Ideal interview

	exploring the possible reasons behind not moving from one pole of a construct to another apparently more attractive one, or for examining difficulties in making a decision between two alternatives' (Dalton and Dunnett, 1992, pp.159-160).	**From transcript (Session 5):**
Question 20.1 ('Ideal Self')**:** Does your ideal person feel these advantages and disadvantages **would be lost** if they were dyslexic and if they had the same issues relating to the topic that you are focusing on?	This question mirrors question number 10.1 and was useful in trying to identify any potential reasons why the participant might be holding on to existing thinking about dyslexia that might not be serving them well.	**From A/I-Chart:** *Re: Aspect (i.e. Dyslexia):* **A20.1:** "No probably be same as me." *Re: Topic (i.e. Music):* **A20.1a:** [Same as A20.1]. **From transcript (Session 5):**
Question 21 ('Ideal Self')**:** Has **not having dyslexia** and the same issues relating to the topic that you are focusing on stopped your ideal person from achieving things or help them to achieve	This question mirrors question number 11 and was useful in trying to identify any potential reasons why the participant might be holding on to existing thinking about dyslexia that might not be serving them well.	**From A/I-Chart:** *Re: Aspect (i.e. Dyslexia):* **A21:** "Don't have to learn other ways of doing things." *Re: Topic (i.e. Music):*

Table A.5 Ideal type questions for Actual/Ideal interview

things? (Explain)		**A21a:** "Bob can't do harmonics, ad lib, scat and improvise." **From transcript (Session 5):**
Question 21.1 ('Ideal Self')**:** How does your ideal person know that by them **not having dyslexia** and the issues relating to the topic you are focusing on has stopped them from achieving things or helped them to achieve things?	This question mirrors question number 11.1 and was useful in trying to identify any potential reasons why the participant might be holding on to existing thinking about dyslexia that might not be serving them well.	**From A/I-Chart:** *Re: Aspect (i.e. Dyslexia):* **A21.1:** "Blissfully unaware until hit a problem in learning." *Re: Topic (i.e. Music):* **A21.1a:** [Same as A21.1]. **From transcript (Session 5):**
Question 22 ('Ideal Self')**:** How much does **not having dyslexia** and the issues relating to topic that you are focusing on occupy the thoughts of your ideal persons?	This question mirrors question 12 and helped to gauge the extent and impact that being dyslexic and having the issues relating to the topic being focus on has had on the participants thinking. In addition this question was also aimed at highlighting self-imposed constraints to learning that may have been created by the participants comparing	**From A/I-Chart:** *Re: Aspect (i.e. Dyslexia):* **A22:** "Zero." *Re: Topic (i.e. Music):* **A22a:** [Same as A22]. **From transcript (Session 5):**

Table A.5 Ideal type questions for Actual/Ideal interview

	themselves to their non-dyslexic counterparts. For example, one of the participant that took part in the pilot believed that only dyslexic students could possibly spend time worrying over the difficulties connected to their studying.	
Question 22.1 ('Ideal Self')**:** What sort of things does your ideal person think about as a result of them **not having dyslexia** and the issues relating to the topic you are focusing on?	This question mirrors question number 12.1 and was aimed at providing additional information to support question 22.	**From A/I-Chart:** *Re: Aspect (i.e. Dyslexia):* **A22.1:** "Thinking about how they will do it. Not panicking." *Re: Topic (i.e. Music):* **A22.1a:** [Same as A22.1]. **From transcript (Session 5):**
Question 23 ('Ideal Self')**:** How do significant people in the life of your ideal persons view them for **not having dyslexia** or the issues relating to the topic	This question mirrors question number 13 and is aimed at finding out if any of the participant's referents [around dyslexia] have been internalised through the influence of the views of significant	**From A/I-Chart:** *Re: Aspect (i.e. Dyslexia):* **A23:** "Seen as normal and conventional, no need to worry."

Table A.5 Ideal type questions for Actual/Ideal interview

you are focusing on?	others within their lives (Timmins, 2003a, p.20).	*Re: Topic (i.e. Music):* **A23a:** [Same as A23]. **From transcript (Session 5):**
Question 23.1 ('Ideal Self')**:** Do the views of these significant others have an impact on your ideal person in anyway – if yes how?	This question mirrors question number 13.1 and is aimed at finding out the influence significant others have had on the participant's referents (see Timmins, 2003a, p.20).	**From A/I-Chart:** *Re: Aspect (i.e. Dyslexia):* **A23.1:** "Perhaps feels like no-one cares." *Re: Topic (i.e. Music):* **A23.1a:** [Same as A23.1]. **From transcript (Session 5):**
Question 24 ('Ideal Self')**:** Has your ideal person done things in the past that caused them **not to have dyslexia** and not to have the issues relating to the topic you are focusing on? These questions mirror questions 14 and 14.1 and		**From A/I-Chart:** *Re: Aspect (i.e. Dyslexia):* **A24:** "Born like it and fits in." *Re: Topic (i.e. Music):* **A24a:** [Same as A24]. **From transcript (Session 5):**

Table A.5 Ideal type questions for Actual/Ideal interview

| **Question 24.1** ('Ideal Self'): How do you know it was the things that your ideal person did that caused them **not have dyslexic** and not to have the issues relating to the topic you are focusing on? | helped to prepare the participants for the forming of a strategy that took place during the planning stage of the L-c. Both questions were aimed at assisting the participants to review strategies that they may have tried in the past. Reviewing past actions in advance can act as useful reference points during the creation of new strategies (this is described further on within the description of L-c). | **From A/I-Chart:** *Re: Aspect (i.e. Dyslexia):* **A24.1:** "Naturally like it - not had to do anything." *Re: Topic (i.e. Music):* **A24.1a:** [Same as 24.1]. **From transcript (Session 5):** |

Once the both sets of questions had been asked the next step is to explore the A/C-chart and assist the participants to draw meaning from the A/I-chart by comparing and contrasting both sets of answers, (i.e. actual and ideal answers). In order to assist in this step of the A/I-interview, I included a 'procedure checklist' which sat at the bottom of the I/A-chart (not shown in Figure A.7).

Finally, a number of evaluation type questions were included to find out the participants' views regarding the use of this technique within the intervention. These evaluation type questions were used to assist me to make ongoing amendments to the A/I-interview and to the A/I-chart.

Figure A.8 Procedure check list that accompanies the Actual/Ideal chart

A/C-Interview procedure checklist

Pre-chart: Verbal overview to include: Purpose; What this chart aims to do; How the chart works; Complete all questions.

Post-chart: Assist student to draw meaning from chart, i.e. *Comparisons, Myths.* Discuss participant's perception of the chart.

Further questions:

Post Chart Q1: Has this chart been useful / not useful? Please state how / why.

Post Chart Q2: Are there any questions that you feel would have been good to ask?

Post Chart Q3: How does the aspect [i.e. a topic that the participant wants to focus on and improve their skills in. This could be, for example, focussing on becoming a good writer, artist, dancer / area being focused on make you feel now you have filled in this chart?

Table A.6 Information relating to A/I interviews

Rationale for the planned inclusion of A/I interviews into the intervention	How I planned to schedule the A/I interviews into the intervention	How I planned to initiate the A/I interviews into the intervention
There were five main reasons for me wanting to include the A/I-interview into the intervention, these being:	I had planned to schedule two A/I-interviews into the intervention. The first to take place during the third session and the second within the penultimate session. My intention had been to conduct an A/I-interview with both participants, i.e. one to take place before the participants had been introduced to my 'personal' theory of dyslexia (i.e. the non-constitutional PoD), and the other shortly afterwards. I had hoped that by scheduling two A/I-interviews into the intervention would produce additional date to address the research questions.	I planned to initiate the A/I-interviews by asking the participant if they were interested in exploring their perception of their actual and ideal self in relation to dyslexia. I explained that I would be asking a series of questions and that we would be entering the answers they gave onto the A/I-chart. In addition a brief definition of the concepts 'actual' self and 'ideal' self were given along with a brief overview of the structure of the A/I-chart.
First, the A/I-interview would hopefully act as a means of continuing the process of exploring the participant's levels of self-esteem in relation to dyslexia once the PC-interview (see Section 7.3) had been conducted.		The next step that I took was to begin asking the participant the questions presented in Tables A5 and A6. Due to the high number of questions a comfort break was taken after the 'actual' self type questions had been answered (i.e. at the end of question 14.1). In total it took just over one hour to complete the A/I-chart.
Second, as already noted, the A/I-interview would act as a forerunner for the use of the L-c. Many of the questions within the A/I-interview mirrored questions that are used within the L-c to elicit the learner's purposes, strategies and outcomes. This gave an opportunity for the participants to work through some of the issues relating to these	**Actual introduction of A/I-interviews:** *Participant 1 (Angelo):* The first participant did not wish to conduct an A/I-interview. *Participant 2 (Rico):* I felt that it might be	

Table A.6 Information relating to A/I interviews

areas in advance of the L-c.	beneficial for the second participant to take part in an A/I-interview. After giving an overview of this technique and explaining the A/I-chart (see Figure A4) to the participant she agreed to answer the questions in the chart. As noted, I have provided the answers she gave alongside the questions presented within Table A5 as an example to assist in my description of how this technique may be of use within intervention of the type developed within this study. Only one A/C-interview was conducted as an opportunity to use this technique again did not arise.	The final step taken was to analyse the A/I-chart jointly with the participant by working through both sets of answers that the participant had given (i.e. answers to the actual self type questions and answers to the ideal self type questions that had been asked). Comparisons were drawn between both sets of answers and where appropriate I challenged the answers that the participant had given. Culley and Bond (2004, pp.19-20) highlight the importance of challenging within the context of supporting an individual to bring about changes that they are looking to make regarding the issue(s) that they are focusing on. Culley and Bond (p.19) explain that 'at its best, challenging provokes deeper exploration' of areas relating to issues being focused on, that they may have 'been unaware of or only dimly aware of, as well as what they may have been avoiding or overlooking'. They go on to

Third, including the A/I-interview into the intervention gave me an opportunity to explore how the participants viewed their actual self in comparison to their idea self. I felt that this was an important element of the intervention as it enabled the participants to attempt to bring their actual and ideal selves closer during the review of the answers they had given during the A/I-interview. It is believed within the Person Centred Theory (Rogers, 1951) that, with all other things being equal, an individual is psychologically healthier the closer their perceived actual and ideal selves are to each other. In addition, the closer the gap between an individual's actual and ideal self the higher their self-esteem.

Fourth, I felt that the completed A/I-chart would act a visual representation of the

Table A.6 Information relating to A/I interviews

participant's actual self and their ideal self. This I hoped would make it easier for the participants to conceptualise the differences between their actual and ideal selves as they were able to refer to the chart to check the answers they had given.
 	
       Fifth, I anticipated that by including the A/I-interview into the intervention would generate additional data to address research questions.
		warn that without challenging the 'counselling becomes aimless and clients do not gain the new insight essential for goal setting and change' (Culley and Bond, 2004, p.133). Further, they stress that unless clients are influenced to take on 'different perspectives, they are unlikely to move beyond their present limiting views – those that are keeping them stuck or immobilised' (Culley and Bond, p.133).
		
		       The technique of challenging is also used within a coaching context for the same reasons, i.e. for 'highlighting inconsistencies in thinking or suggesting the consideration of alternative strategies or approaches' (Cox, 2003, p.13).
		
		       There were three main types of challenging techniques that were built into the design of the A/I-interview. The following three techniques (suggested by Culley and

Table A.6 Information relating to A/I interviews

		Bond, 2004, p.20) were used where appropriate, these being, a) Confrontation, which was used to assist the participant to 'identify and face the games or ruses which they employ and which inhibit change'; b) Giving feedback, which was used to as a way of letting the participant know how I was experiencing 'them and their behaviour'; and, c) Giving information, which was used to encourage the participant to 'assess themselves and their situation differently'.

Learning conversation

The learning conversation (L-c) is a technique used within educational coaching, designed by Sheila Harri-Augstein and Laurie Thomas (1985) and used within their theory of self-organised learning (Timmins 2003, pp.2-3). The L-c can be seen, in its simplest form, as a process that empowers the learner to systematically take control of their own learning whilst striving to become a self-organised learner. This is achieved through a four stage process that focuses on a topic within the learner's life that they wish to improve on by tackling a task or a number of tasks relating to the topic. The process is conducted jointly between the coach and the learner, or in the case of this study, the researcher/coach and participant/learner.

Within this model the learner is encouraged to gain proficiency with the 'tools and methods' used within the theory of self-organised learning that foster 'thinking about thinking and the re-construction of thinking' (Timmins, 2003, p.10). Through an increase in proficiency in these areas the learner is 'said to be acquiring the characteristics of the self-organised learner and capable of identifying and responding to their own learning needs' (Timmins, p.11). Within this process, the learner is encouraged (if appropriate to task) to 'think of their general orientation to life and the values, aspirations and needs level, and to frame these in terms of purposes, which will of course be highly personal and relevant to the learner' (Timmins, p.11). The learner is encouraged to take as much control as possible and 'internalise and generate their own reflective, awareness raising questions, within the learning conversation framework', as they work towards becoming a self-organised learner (pp.5-6).

The L-c delivered within the intervention was modelled on the descriptions of learning conversations given by Timmins (2003), these being 'Managing Learning Conversations' and 'Process Questions for Managing Learning Conversations'. Timmins (2003) explains

how the L-c consists of four main stages, with each performing a distinct function, these being: 1) 'identification of a topic and task'; 2) 'planning'; 3) 'action' and 4) 'review of action' (p.3). These stages are outlined in the following table.

Table A.7 Information relating to stages 1 - 4 of the Learning Conversation

Stages 1 - 4 in Learning Conversation: Identification of topic & task, Planning, Action, Review of Action	
Purpose	**Additional information, instructions, and, role of the coach**
Stage 1: This state of the learning conversation serves two distinct purposes. The first is to identify a 'topic' within the learner's life that they wish to focus on and bring about positive change in. Timmins (2003, p.3) gives examples of topics as 'reading for learning, learning to teach in the classroom, learning to be an effective parent, learning to play the guitar'. In relation to dyslexia, topics might be for example, learning to structure assignments, learning to take notes within lectures, learning to read more effectively, learning to reduce stress at exam times. The second purpose of this stage is to identify an 'immediate task' within the 'topic' that the learner wishes to focus on during the L-c (Timmins, p.3). An example of an immediate task (relating to 'learning to structure assignments') might be learning to structure a paragraph. In addition, another aim during this stage of the L-c (as per the instructions given by Timmins (2003, p.5)) was to try and elicit the participants perception of the task that they had decided to focus on and also to try and	My plan, for this stage of the L-c was to explain to the participants that my role within this exercise, would be to act as the coach and facilitator. In addition, I would explain, (as per the instructions given by Timmins (2003, p.8) that I would not be imposing my thinking regarding the task or the actions they might take to make improvements. In addition, I at this stage it is important to explain that I would assist by providing the initial tools that would enable the participants to 'explore their theories, constructs, assumptions, governing values and theories of action' in relation to the topic and task being focused on (Timmins, 2003, p.4). Timmins (2003, p.7) explains that it is acceptable for the coach to donate 'ideas' providing that the learner is given a range of options and is able to make an uninfluenced choice.

Table A.7 Information relating to stages 1 - 4 of the Learning Conversation

elicit the action(s) that the participant felt they might take to improve their skills and ability relating to their chosen task. Timmins (2003, p.5) advises that the coach 'should attempt to avoid a controlling, overly-donating and directive style'. It is within this stage (if the L-c had been used in isolation) that the learner would identify the topic and task that they wished to focus on. However, within the case of this study this was achieved during the AN-interview (the second technique used within the intervention). Despite this, this stage created an opportunity to checking with the participants that the topic and task that they had already arrived were the ones that they still wished to focus on within the L-c.	
Stage 2: The purpose of stage 2 is to plan the work that the learner will need to undertake to improve their skills relating to the topic they have chosen to focus on. There are three areas of the L-c process that need careful attention during the planning stage, these are, 'purpose (P)', 'strategies (S)' and 'outcomes (O)' (Timmins, 2003, p.3). These areas are defined in brief by Timmins (2003) as: - Purpose give a sense of direction to activity and thinking' (p.10) - Strategies are the action(s) 'to be carried out' and are constructed for each 'purpose' formulated by the learner (p.16).	In addition, within this stage of the L-c Timmins (2003, p.17) suggest that the coach assists the learner to generate new strategies. This can be done by assisting the learner to review the 'strengths and weaknesses' of the strategies that they may have used in the past (Timmins, p.17). During this process the learner is 'encouraged to build on' past strategies 'in a manner that is meaningful' and that relates well to the purposes already elicited (Timmins, p.17). The coach then elicits the learner's outcomes in relation to the actions to be carried out (Timmins, p.17). Within the present study, I began the process of assisting the participants to develop strategies and

Table A.7 Information relating to stages 1 - 4 of the Learning Conversation

- Outcomes are used to, a) forecast what the 'state of affairs' will be once the purpose has been achieved; and, b) establish how the learner will 'judge the quality of what has been achieved (pp.18-19). During this stage of the L-c Timmins (2003, p.10) suggests that the coach elicits the learners purposes for wanting to improve their skills and abilities relating to the topic and task being focused on. This is done to help give the learner a sense of direction (2003, p.10). White et al., (1982, pp.273-274) suggest that many young people leave special educational programmes without having gained a clear sense of purpose. The next step that is taken during this stage of the L-c was to, a) check with the participants to find out if their purposes, strategies and outcomes are 'meaningful and worth pursuing and relate well to each other' (Timmins, p.14); b) assist the learner to find a way of recording their thoughts and feeling in relation to their learning as they work on the task that they have chosen to focus on (Timmins, p.16). This assists the learner to gain greater awareness of 'learning how to learn, in relation to task and topic' that they have chosen to focus their efforts on (Timmins, p.16). The final step to be taken during this stage of the L-c is for the learner and coach to settle on the Purpose, Strategy and Outcome that will be used within the L-c (Timmins, 2003, p.21). These are then entered into the first column	outcomes during the A/I-interview (refer to A/C-interview purpose type questions 5 and 15.4; and outcome type questions 4 and 15.3). As a result, the participants already had a basic strategy and outcomes in place that were then developed further developed this stage of the L-c.

Table A.7 Information relating to stages 1 - 4 of the Learning Conversation

of the Personal Learning Contract (Timmins, 2003, p.21). (An outline of the Personal Learning Contract is presented in Figure A.9) The coach and learner then agree on a means of recording the 'action' that will take place as the learner tackles their task (Timmins, 2003, p.21). This is an important aspect of the L-c as recordings are reviewed within stage 4 of the L-c.	
Stage 3: The purpose of stage 3 is to put in to action the plan that was developed during stage 2 of the L-c. During this stage of the L-c there is little for the coach to do other than letting the learner 'get on with it' (Timmins, 2003, p.21). However, if need be the coach 'may be on hand to help keep a behavioural record of the learner's behaviour if the task is immediate' (Timmins, 2003, p.21). The learner is also encouraged to keep a record of their thoughts and feelings as they work on the task at hand (Timmins, p.22).	
Stage 4: The purpose of stage 4 is to review the actions that will have been carried out in relation to the Purposes, Strategies and Outcome and also the thinking and feelings the learner had whilst focusing on the task (Timmins, 2003, p.22). During this stage of the L-c the coach assists the learner to 're-construct and describe the actual behaviour' that the learner carried out whilst focusing on	

Table A.7 Information relating to stages 1 - 4 of the Learning Conversation

the task (Timmins, p.22). Timmins (2003, p.22) suggests that the review 'might begin with a consideration of the learner's behavioural record' and that this could be 'supplemented by their additional diary of thoughts, feelings and intentions in relation to the activities carried out'. Timmins (2003, p.22) acknowledges that the learner may also rely on his or her memory in the process of recalling the events that have taken place. However, he does suggest that the learner keep a record whilst they are carrying out their plan or as soon as possible afterwards as this 'ensures an accurate re-construction of the learner's actual actions and the reasons and feelings associated with these' (Timmins, 2003 p.22). Recalling 'this information allows the learner to become aware of the model (actions, thoughts, feelings and intentions) driving behaviour in the real life context' (Timmins, 2003, p.22).	

Once the review of action, mentioned above, has taken place the learner completes the middle column of the Personal Learning Contract (refer to Figure A.9) to reflect what 'actually' took place as the learner carried out their action theory (Timmins, 2003, p.22). With the first two columns of the Personal Learning Contract completed, a comparison between what 'actually happened' (second column) and the learner's initial action theory (first column) can be conducted (Timmins, 2003, pp.22-23). With the third column of the Personal Learning Contract showing the interpretation of the differences between the information recorded in column 1 and 2. From the conclusions drawn (entered within the third column of the Personal Learning Contract) a 'more robust and effective model [learners action theory]' can be developed to 'drive future behaviour' (Timmins, p.23).

Once the Personal Learning Contract has been completed and analysed, as described in Table A.9, the L-c nears the completion of a 'cycle' within the overall L-c process (Timmins, p.23). To round off this stage of the L-c is to encourage the learner to 'reflect on the information now represented in the Personal Learning Contract and to appraise their strengths and weaknesses in relation to their task behaviour' (Timmins, 2003, p.23). The learner records these strengths and weaknesses in the appropriate space on the Personal Learning Contract. By reflecting on the weaknesses recorded on the Personal Learning Contract, it is hoped that the learner gains a 'fresh insight into task related actions, purposes and outcomes' and in so doing formulates a new and more appropriate "inner conversation", to drive future action' (Timmins, p.23). 'Rounding off' this phase of the L-c in such a fashion creates a natural opening for a new learning cycle to begin if appropriate.

Figure A.9   Example of the Personal Learning Contract (PLC)

The Personal Learning Task Analysis Form

Name ……………………………………………………………...
Date compiled ……………………………………………………
Date reviewed …………………………………………………….

	BEFORE	AFTER	DIFFERENCE	
P U R P O S E	What is my purpose	What actually was My purpose	Describe essential difference(s)	P U R P O S E
S T R A T E G Y	What Actions?	What did I do?	Differences?	S T R A T E G Y
O U T C O M E	How shall I judge my success?	How well did I do?	Differences?	O U T C O M E

What are your stren	**REVIEW**	Weaknesses?

Table A.8 Information relating to the Learning Conversation

Rationale for planned inclusion of learning conversations into the intervention	How I planned to schedule the learning conversation interviews into the intervention	How I planned to initiate the learning conversations into the intervention
There were two main reasons for wanting to include the L-c into the intervention. First, I wanted to include a method into the intervention that would empower the participants to take control of their own learning which I hoped would eventually reduce the chances of them becoming dependent on support. In addition, from an educational coaching perspective, a recognised way of preparing young people to be able to handle unknown future events is to encourage them to be responsible for their learning, become adaptable, and have the confidence to learn how to taken on new learning in different situations (Turnbull, 2009, p.4). I felt that the L-c was a suitable method that would equip the participants with the necessary tools and	Timmins (2003, p.23) recommends that four to five L-c cycles need to be carried out within a 'particular skill domain' in order to maximise the learner's chances of internalising the L-c process. However, despite the recommendation made by Timmins, I planned to limit the number of L-c cycles to two. The reason for this was that I did not feel there would be enough time to focus on more than two cycles. As a result, I planned to schedule two L-c cycles into the intervention. The first, I planned would take place within the fourth session and the second one take place within the penultimate session. As with the other four techniques described within this Appendix I scheduled the L-c to take place towards the beginning and end of the intervention in order	The L-c would be initiated by me explaining to the participants that the next phase of the intervention would concentrate on assisting them to try and overcome the issues relating to the task and topic that they had chosen to focus on. In addition, I would description of the L-c that included a brief overview of the four stages as well as a brief description of the theory of self-organised learning. I would also explained to the participants that once this method had been learnt by them that they would be able to apply it to other issues relating to their dyslexia and/or to improve their skills and abilities in other areas of their lives. The four stages would then be worked through with the participants (refer to the four stages described above).

Table A.8 Information relating to the Learning Conversation

methods to be able to improve on other topics within their lives relating to dyslexia once the intervention had come to an end. Empowering the participant to take control of their own learning and encouraging them to be able to tackle other topics and tasks was congruent with the empowerment model (radical) (Cooper and White, 1994) that informs my youth work approach. Second, I anticipated that including the L-c into the intervention would generate additional data to address the research questions.	to generate data to address the research questions.	

APPENDIX B

EXAMPLE OF DATA ANALYSIS

Figure B.1 Example of transcript showing margin on leftside of page for coding

Participant 2: Rico

Session 5 – 6th January 2006

1. **Antonio:** Is this your assignment that's come back?
2. **Rico:** My assignment yes the glowing one that I cried when I got it because I was so chuffed whereas normally I cry because I'm so upset.
3. **Antonio:** 66 per cent is a good mark isn't it?
4. **Rico:** Yes I was amazed and they have written a glowing report in here but basically they say "see through essay for further comments". Basically it's just where I put full stop in there at the very end of my brackets. I was pretty consistent because I kept on doing it.
5. **Antonio:** It's just attention to detail, small little things really.
6. **Rico:** Yes but apart from that I mean they were very positive.
7. **Antonio:** Do you usually get lots of scribble over your work then?
8. **Rico:** Yeah, and the kind of "what the hell is this doing here?" and "that doesn't make sense" you know. Yet there is nothing in it at all and I'm gobsmacked.
9. **Antonio:** Let's have a read of it. So this is the criteria on this side. Wow it says "excellent work which is well argued, structured, intelligent and shows evidence of through research analysis, organisation and expression". I don't have to read any more.
10. **Rico:** No.
11. **Antonio:** Excellent. Wow fantastic.
12. **Rico:** That's the one I have got but the actual notes are on the other side.
13. **Antonio:** So you are in this one.
14. **Rico:** Yes which is brilliant for me as I'm just four points off a first for that one, which had it not been for several full stops I probably would have got it I think. I'm so chuffed, such a big difference, I'm gobsmacked.
15. **Antonio:** [Pause]. Yeah, and that's all it is, just the full stops.
16. **Rico:** Yes that seems to be the only criticism and putting in a bit more of the political aspect in it you know.
17. **Antonio:** Mmm, it's says here "a very good essay".
18. **Rico:** Yeah, and I was like "haaaaaaaaaaaa" I was so absolutely gobsmacked and so chuffed you know. I'm waiting for the first one to come back that I did using the method you show me as such. I'm hoping it's not a fluke, that's what I'm paranoid about now [laughter].

Figure B.2 Example of analysed transcript – Participant 2: Rico – Session 5 – Page 1

Written Version of Analysed Transcript of Session 5

Context Code/points 2-25: Validation of skills improvement – (Pre-N-C-PoD)

1. **Antonio:** Is this your assignment that's come back? [**Note:** I was looking at the essay that was on the table next to Rico]
2. **Rico:** My assignment yes the glowing one that <u>I cried when I got it because I was so chuffed whereas normally I cry because I'm so upset</u>. [**Note:** Relating to emotion]

Open Code/point 2: Change of emotions
Note: This indicates a shift in the emotional connectivity relating to writing ability from one extreme, i.e. crying due to happiness (now) and crying in the past due to not being able to get the grades that Rico wanted.

3. **Antonio:** 66 per cent is a good mark isn't it? [**Note:** Improvement on previous essay marks]
4. **Rico:** Yes I was amazed and they have written a glowing report in here but basically they say "see through essay for further comments". Basically it's just where I put full stop in there at the very end of my brackets. I was pretty consistent because I kept on doing it. [**Note:** Rico had not anticipated a 'glowing report]

Open Code/point 4: Validating Personal Theory re Writing
Note: In PCP (Kelly, 1955) this can be viewed as Rico validating his personal theory of writing method. It also indicates that he is reflexive in his evaluation of his work as indicated by comments re needing full stops. This can be interpreted as Rico incorporating this into his personal theory of writing method in line with Kelly's (1955) view that individual amend their personal theories in order to better anticipate future events (i.e. relating to Kelly's fundamental postulate). In relation to the non-congenital PoD the above fits into the assumption relating to 'correctness' and conventions imposed on writing and how this fits into the P-I-D-Paradigm informed by the functionalist paradigm (Burrell and Morgan, 1979) and the need to preserve traditional structures and systems.

5. **Antonio:** It's just attention to detail, small little things really. [**Note:** Comment made before having read through report]
6. **Rico:** Yes but apart from that I mean they were very positive. [**Note:** Rico's appraisal of report]
7. **Antonio:** Do you usually get lots of scribble over your work then? [**Note:** Exploring in order to compare and contrast]
8. **Rico:** Yeah, and the kind of "what the hell is this doing here?" and "that doesn't make sense" you know. Yet there is nothing in it at all and I'm gobsmacked. [**Note:** Rico comparing report with comments in previous reports – surprised re positive difference]
9. **Antonio:** Let's have a read of it. So this is the criteria on this side. Wow it says "excellent work which is well argued, structured, intelligent and shows evidence of through research analysis, organisation and expression". I don't have to read any more. [**Note:** I was praising Rico and highlighting the positive aspects of the report]

10. **Rico:** No.
11. **Antonio:** Excellent. Wow fantastic. [**Note:** I was praising Rico – celebrating in his success]
12. **Rico:** That's the one I have got but the actual notes are on the other side. [**Note:** Rico seems to be keen for me to read the markers notes too]
13. **Antonio:** So you are in this one. [**Note:** I pointed to the grading criteria]
14. **Rico:** Yes which is brilliant for me as I'm just four points off a first for that one, which had it not been for several full stops I probably would have got it I think. I'm so chuffed, such a big difference, I'm gobsmacked. [**Note:** It seems that Rico has interpreted that he got the 'lesser' grade due to his punctuation which seems to be a good thing as punctuation is a skill that he could improve on whereas in contrast it is not possible to control the mindset or the 'whims' of markers. In other words Rico's view is potentially more empowering]

Closed Code/Points 14: Dyslexia self-esteem - positive
Data extract note/point 14: See note above. Also, use the word "gobsmacked" as it seems a good word to use as it expresses that Rico was happy and surprised too about his essay grade.
[N.B. Selected for use in Thesis Section 10.2.1 in Chapter 10]

15. **Antonio:** [Pause]. Yeah, and that's all it is, just the full stops. [**Note:** It did seem from my interpretation of the report that a few marks may have been lost do to grammatical inconsistencies – supporting Rico's interpretation of the grade]
16. **Rico:** Yes that seems to be the only criticism and putting in a bit more of the political aspect in it you know. [**Note:** Indication that Rico was aware that he could also improve the content of his essay writing – demonstrating that he was not holding a one sided view of why he had not received a first]
17. **Antonio:** Mmm, it's says here "a very good essay". [**Note:** Celebrating Rico's success with him]
18. **Rico:** Yeah, and I was like "haaaaaaaaaaaa" I was so absolutely gobsmacked and so chuffed you know. I'm waiting for the first one to come back that I did using the method you show me as such. I'm hoping it's not a fluke, that's what I'm paranoid about now [laughter]. [**Note:** Some indication that Rico was not entirely sure that his success had been down to a change in method or improvements in his essay writing skills]
19. **Antonio:** Mmm.
20. **Rico:** I've fluked in the past but I think that the way that it is put together and with the ease with which it came together I think that certainly where I'm getting bad marks on structure is certainly knocking all of that out, it's making my argument more coherent so it makes more sense to people which is helping me to get a better mark because they can understand it. But even if I get a lower mark on the next one then it will probably be a whole lot better. [**Note:** Rico seems to be reflecting on his skills development and anticipating that the following essay mark should reflect a better mark than he used to receive]

Open Code/Point 18 and 20: Luck v Skill – uncertainty over next essay mark)
Note: It is interesting how Rico said that he was worried that getting a better mark may have been a fluke and was feeling "paranoid" that the next essay mark may not be so good. McLoughlin et al., (1994); Pollak, (2005); Burden, (2008), talk about how some dyslexic

students attribute success to luck rather than viewing it to be a result of something they have done. However, in point 20, Rico compares the cause of his success (i.e. 66 per cent essay mark) with past experiences and then links his success with his 'new' writing skills ability.

21. **Antonio:** You really are defining things well. I'm seeing questions as heading on the top of each paragraph. [**Note:** Pointing out some noticeable changes in the essay in comparison to previous essays that Rico had shown me]
22. **Rico:** [Laughter].
23. **Antonio:** So what would the question have been here? [**Note:** My remark related to a discussion that we had about using headings as questions and providing the answer to the question within text below the heading]
24. **Rico:** I have no idea [laughter]. [**Note:** It seems that Rico was flexible in the writing skills approach that he was developing and not limiting himself by routinely following a particular technique or suggestions that I had made – that he had forgotten to use the technique, chosen not to use it, or didn't have time to think about that specific aspect of his essay when I asked him]
25. **Antonio:** Oh.

Context Code/points 26-33: Appraisal of skills development aspect of intervention – (Pre-N-C-PoD)
26. **Rico:** <u>I think everyone should be taught this stuff, dyslexic or not. I mean I struggled so much with my essays. You should be taught how to write proper essays at school. I thinking everyone should be shown how to do this stuff at school.</u> [**Note:** I think I can use this in the thesis as it seems that Rico might have thought that I had used methods that were specifically for 'dyslexic' students when I hadn't... think about this and make an open code for it]
27. **Antonio:** Mmm.
28. **Rico:** It seems to be a <u>magical thing</u> that <u>they</u> thing you should grasp. [**Note:** Had Rico missed out some early steps in his learning perhaps or did the methods that the teachers used not suited him, or what other factors need to be considered – such as being distracted by others, not motivated, absence from school... etc]
29. **Antonio:** Mmm. I think you are right. [**Note:** I was agreeing with Rico as I had been in a similar position (i.e. re my thinking) about not having been shown how to write essays... though when I reflect on this I have spoken to lots of 'non-dyslexic' people who also say they weren't shown how to write essays...]
30. **Rico:** I'm so chuffed [laughter]. [**Note:** I think Rico might have been experiencing some disbelief as previous essay marks were not so high]
31. **Antonio:** I can tell you are [laughter]. It feels really positive and satisfying to see you doing so well. [**Note:** Sharing my feelings about Rico's essay mark – example of genuine interest in Rico – i.e. 'valuing' in counselling skill terms]
32. **Rico:** I thought it was comical how I ended up crying because normally I do cry out of frustration and annoyance and being fed up with the other essay grades and then I got that one and broke down crying [laughter]. [**Note:** Sign of a shift in emotions from crying in frustration to perhaps relief... or other possible factors, i.e. that Rico realised that he was able to control his situation and that it was not a fixed 'problem', - think about this more]
33. **Antonio:** Mmm. You used nine references as well. [**Note:** I had not acknowledge Rico's feelings (i.e. point 32) – that is apart from the "mmm" at the beginning of the sentence. On reflection and now that I have more experience I think I would

have reflected back what Rico had said and created some space for Rico to express how he was feeling in this area in more depth. It was an important 'utterance' and one that Rico might/or might not use in his storying of this turning point... a follow up study would be brilliant to follow up on all of, or the most salient ones at least, so that I would be able to answer a lot of open bits of data]

Open Code/Point 26: Methods suiting 'dyslexic' and 'non-dyslexic' alike
Note: This comment is aligned, in a flipside manner, with those who argue that there is no difference between dyslexia and poor readers (e.g. Elliott, 2005; Elliott and Gibbs, 2008; and, Elliott and Grigorenko, 2014; and see Chapter 4 re argument in this area) and that have suggested that methods suited for 'dyslexics' are equally suited for 'all' learners (Though Roger Lindsay, in his review of Pavey et al., (2009) book does not agree with this). I think this would be a good excerpt to use as it may have been that Rico thought that the support that I had been offering him had been designed for 'dyslexic' students and not simply basic literacy type skills development. It is almost like a placebo effect – though I'm not too sure on what I am thinking here. Perhaps, that 'any' good enough skills development intervention (for 'non-dyslexics' might work well for 'dyslexic' student's if they are perceiving it as intervention specifically for 'dyslexic' students. I don't know. I will need to think and read into this or something relevant to it. Another thing that comes into my mind is that it might be the environment (i.e. the 'therapeutic' approach that might have been created through the use of basic counselling skills such as reflecting and paraphrasing and of course the foundational 'core' skills such as empathetic listening, acceptance/valuing, etc) that may have caused Rico to have developed his skills as it might have assisted him to address any negative barriers that may have existed in this thinking about literacy. Or, it might be in relation to my approach that was informed by the Radical I-E-D-Paradigm. Think about all of this. I need to also think about the possibility that the discourse that I used around the methods such as 'I use this technique' might have led to Rico assuming that as I was 'dyslexic' not long before the intervention with him – that the methods or techniques were specifically designed for 'dyslexic' people. I need to go through the other transcripts and/or tapes if I have time to see what I had said (i.e. how I had packaged it up).

Data extract note/point 26: See notes above relating to point 26. Also I think it might be a good point to discuss in the thesis as the use of 'dyslexia' friendly methods is noted by some (those mentioned above) with the literature and is a controversial issue – so this throws a bit of a different angle on it that may be useful to return to in future discussions or writing that I might do in this area.

[N.B. Data Extract/point 26 - Selected for us in Thesis: Quote 10 in Chapter 10]

Context Code/points 34-38: Essay writing skills - Anticipating future events (PCP) – (Pre-N-C-PoD)
34. **Rico:** <u>Yes I'm doing quite well actually.</u> I think that for the next essay I've got something in the realm of sixteen references. I'm reading more broadly, more widely now. [**Note:** Rico seems to be more organised than he was in early essay writing preparation and more confident. Also, his evaluation of himself suggest that his skill specific facet of self-concept is more positive than it was in earlier sessions]

35. **Antonio:** What's brought that about? [**Note:** Exploring what Rico perceives to be the cause of his increased ability – is he linking it the mechanics of essay writing?]

36. **Rico:** I think just that <u>I'm not so afraid of it</u> all – more than anything. <u>I don't feel so daunted by it</u> and <u>I'm kind of enjoying it</u> and I'm <u>being more organised up front</u> at the beginning. Like say if I've got a month to do the essay then I'll spend the first week gathering as much information or booking my place or hiring these books you know. Then I go around and nick books off my colleagues and photocopy them as well [laughter], go around harvesting stuff. <u>I don't feel so negative about it all</u> and I <u>kind of quite enjoy it</u>. I've got all my plans together and I'm in the middle of doing all the reading. It's due in on the 19th and I'm doing really well as I've got, four, five, no six study days between now and then to get it done. [**Note:** I think this answers my question (note in point 35). 'Empowerment'? This would be a good excerpt to use in the thesis as it shows a shift in Rico's emotions relating to essay writing as he has moved to not feeling so afraid of writing essays and that he is now finding some enjoyment in the writing process – sign of him being feeling more empowered perhaps]

[...]

Context Code/points 100-104: Dyslexia self-esteem – feeling positive – inner voice – (Pre-N-C-PoD)

100. **Rico:** And especially because <u>I have found out about dyslexia otherwise I would have gone through life feeling a bit shit</u> [laughter]. [**Note:** I could link this to the literature on how some people feel a sense of relief on receiving a 'positive' assessment for dyslexia – I would need to contextualise this remark though as it was made after receiving support that was offered from a different framing to conventional support (i.e. informed from my 'radical-interpretivist perspective') – think about this more...]

Data extract note/point 100: I think I can weave points 100 and 102 together to give a sense of how Rico was describing himself in relation to dyslexia.
[N.B. Data Extract/point 100 - Selected for use in Thesis: Section 10.2.1 in Chapter 10]

101. **Antonio:** Are you feeling less shit now? [**Note:** Exploring]
102. **Rico:** <u>Yeah, well I feel good, I actually feel good about myself and that's a miracle.</u> [**Note:** Contrast to how Rico said he felt during earlier sessions]

Data extract note: This point is a good indication of how descriptions relating to Rico's self-esteem have changed.
[N.B. Data Extract/point 102 - Selected for use in Thesis: Section 10.2.1 in Chapter 10]

103. **Antonio:** It can have a real impact on you. [**Note:** I think there were some crossed wires here as I think I was still referring to being assessed for dyslexia whilst it seems from Rico's answer in point 104 that he was refereeing to a change in his thinking about achieving tasks, i.e. essay writing]

104. **Rico:** Yeah. So I actually feel capable for the first time in my life and I think that is why things keep getting done, strangely. I just think "oh hay ho I'll just get on with that" instead of saying "aaahhhhh I've got to do it aaaahhhhhh I can't do it aaahhhhh I'm going to fail" I just go I've got to do that essay and just do it without going through all of that [laughter]. [**Note:** Indication of increase sense of agency and higher levels of self-esteem]

[Closed code/points 100, 102, and 104 - High dyslexia self-esteem]

Data extract note/point 104: This excerpt provides a good example of how Rico's self-esteem had improved.
[N.B. Data Extract/point 104 – Selected for Thesis: Excerpt used as Quote 1 in Chapter 10]

Context Code/points 105-106: Dyslexia self-concept – conscious/unconscious model – difference in emotions re writing – (Pre-N-C-PoD)

105. **Antonio:** Is dyslexia occupying your thoughts less now – is it such an issue anymore? [**Note:** Rico had described in an earlier session that dyslexia was constantly occupying his thoughts]

106. **Rico:** It's not an issue, I think it occupies my thoughts in terms of I'm aware that I'm in conscious incompetence at the moment, I know there's a problem and I know there are certain things that need to do about it and I'm sort of learning how to do them. But it's certainly not occupying my emotions in the same way. It's always hovering around in the background I know it's there but that's just because I'm learning new things about it so my awareness is bound to be quite high at the moment. [**Note:** I had introduced Rico to the learning model that is described in Culley and Bond (2004) in an earlier session – it seems that Rico is finding it useful to make sense of where he is at this point in his learning, i.e. "conscious incompetence". I think it would be good to highlight how Rico is thinking about dyslexia in a different way and dyslexia is not occupying his emotions as it had been]

Data extract note/point 106: I introduced Rico to the four stages of a learning model (expressed in Culley and Bond, 2004, pp.11-12) in a previous session. It is interesting how Rico describes dyslexia to be 'hovering around in the background'. Burden (2008) describes metaphors as a useful means of gaining understanding into how 'dyslexic' people view their dyslexia.
[N.B. Data Extract/point 106 - Selected for use in Thesis: Used as Quote 2 in Chapter 10]

Context Code/points 107-108: Description of dyslexia – "different way of doing things" – (Pre-N-C-PoD)

107. **Antonio:** What have you learnt about dyslexia then? [**Note:** Creating space for Rico to reflect and evaluate learning so far]

108. **Rico:** That it isn't as bad as I think it is and that I don't think it really sets me that far apart in my own personal terms. <u>I don't think it is a dreadful, awful thing it's just a different way of doing it.</u> [**Note:** This indicates that Rico is not as fearful of dyslexia as he had described he was in earlier sessions]

Data extract note: This indicates how Rico's thinking (reflected in his description) about dyslexia had changed.
[N.B. Data Extract/point 108 - Selected for use in Thesis: Excerpt used in Section 10.2.1. in Chapter 10]

[Closed code/points 107 - High dyslexia self-esteem]

Context Code/points 109-110: Dyslexia self-concept – anticipating future events – personal theory (PCP) – (Pre-N-C-PoD)
109. **Antonio:** Mmm. How would you compare this with how you used to be? [**Note:** Drawing comparisons – perhaps useful in readjusting of dyslexia story through reflection, comparing, and retelling of story]
110. **Rico:** <u>I think really now I'm kind of heading more towards the "shit happens", and it has happened. So what I now know is that there are ways around it and I think that is the key thing and I think that the key thing is being aware that there is a way around the obstacle because otherwise if you just get sort of dumped with this huge, what seemed at the time, this huge label and this kind of huge kind of difficulty.</u> [**Note:** Link this with the DAAF]

Data extract note/point 110: This excerpt provides a good description of how Rico seems to have accepted his 'dyslexia' and the situation he found himself in (i.e. having been labelled as dyslexic and then not offered any support). This can be linked to stage four on the DAAF (i.e. accepts dyslexia). In addition, this can be linked to constructive alternativism (Kelly, 1955) as Rico is reflecting the sentiment of Kelly's view that there is always an alternative viewpoint to choose if we wish to. It also provides a good example of how Rico seems to be 'empowered' as he describes how the 'key thing is being aware that there is a way around the obstacle'; and that he has improved levels of self-efficacy (ref Bandura, 1977). Does the point about dyslexia having been 'dumped' on him indicate a falling in the P-I-D-Paradigm? I think it does as Rico was assessed as part of the access to work programme so received funding for equipment for Rico but did not provide any one-to-one support. Further, it also, reflects some similarity between the discourse used by Rico and the first participant, Angelo, as he described in the first session that a 'solution' for him was to find ways around his dyslexia.
[N.B. Data Extract/point 110 - Selected for use in Thesis: Quote 8 in Chapter 10]

111. **Antonio:** It was huge? [**Note:** Reflecting – link to counselling skills for intervention]
112. **Rico:** <u>It was huge</u> [laughter] like it was that big [sweeps arms around in big circle]. [**Note:** Emergent pole "huge" (Kelly, 1955). Interesting how Rico was using his arms to indicate the size – can this be interpreted as Rico externalising an aspect of his thinking in relation to dyslexia – think about this more]
113. **Antonio:** And what size is it now? [**Note:** Eliciting contrast pole to "huge"]
114. **Rico:** <u>Tiny like an inch.</u> [**Note:** This indicates a significant reduction in Rico's perception of the 'difficulties' relating to dyslexia]

115. **Antonio:** A different label? [**Note:** I'm not sure why I said this – check previous transcripts for clues. I think it might be me assuming that Rico may have changed his specific description of dyslexia as Angelo had, i.e. from 'dyslexic' to 'libexic' but I'm not sure so check on this]

116. **Rico:** Well it's not a label it's kind of like I've enveloped it into <u>part of me rather than it being outside of me that I can't control or do anything about.</u> It's strange. It's hard to explain. [**Note:** Suggests that Rico was feeling empowered at this point]

Data extract note: This excerpt indicates how Rico viewed the size of the impact of his dyslexia. It also indicates how Rico was feeling empowered and in control.
[N.B. Data Extract/points 112 and 114 - Selected for use in Sections 10.2.4 and 10.3.1 in Chapter 10]

[Closed code/points 112 and 114 – Acceptance / High self-efficacy / Empowerment]

Open Code/point 110: This indicates that Rico may have accepted his 'dyslexia'. The acceptance of dyslexia is the fourth stage on my theories DAAF model. In addition, Rico states that the 'key thing is being aware that there is a way around the obstacle', which gives an indication that Rico is feeling 'empowered' and has high self-efficacy (Bandura, 1977). Further, Rico seems to feel that the label dyslexia has been 'dumped' on him which suggest another 'failing' in the P-I-D-Paradigm relating to assessment of dyslexia framed within the medical view that dyslexia exists at the gene level - leaving some dyslexic people feeling disempowered, as it seems was the case for Rico.

[…]

Figure B.3 Themes relating to Session 5 – Participant 2

Closed Codes:			
Dyslexia Self-concept	**Dyslexia Self-esteem**	**Academic Self-concept**	**Academic Achievement/ability**
Open Codes (Themes)			
- Reduced focus on dyslexia - Reduced negative perception of dyslexia - Making sense of N-C-PoD - Exploring perception of dyslexia - Reframing dyslexia - Dyslexia as diversity - Non-dyslexic view of self - Absence of N-C-PoD	- Increased positive emotion re writing - Dyslexia from "huge" problem to "inch" sized problem - Acceptance of dyslexia - Reducing issue of depression - "Life changing" - "Shaky" to "Solid" - 'Luck' v 'Skill'	- Increased positive self-concept - Re-telling 'school story' - 'Flipside' of dyslexia re methods suiting 'non-dyslexics' - "Old ambition back" - Planning to do Masters - "Shaky" to "Solid" - No longer in need or support	- Increase in skills development - Feeling capable - Empowered re writing - Increase in ability to study - Validating personal theory re writing - Validating study skills improvement - Anticipating future events

APPENDIX C

INFORMED CONSENT FORM

Figure C.1 Consent form

<div style="border:1px solid black; padding:1em;">

Informed Consent Form to participate within Dyslexia Research

March 2005

This form is to be read out by Antonio in the pre-session interview of the research on dyslexia. One copy of this form is to be signed by the participant and returned to Antonio; a copy is also given to the participant.

My name is Antonio G Farruggia. I am carrying out research for my PhD that is aimed at exploring the perceptions of dyslexia held by students studying in further and higher education.

The research consists of six – eight sessions. In the sessions we will discuss your dyslexia and also try and reduce any issue connected to your dyslexia that you might be experiencing.

If you have any questions I can be contacted on XXXXXXXXXX

Thank you for agreeing to be a participant in this research. Before we begin the first session next week I would like to point out that:

- your participation within the research is entirely voluntary;

- you have the right to refuse to answer any questions, or refuse to take part in the methods being used within the research;

- you have the right to withdraw from the research at any time without the need to give an explanation.

Your participation within the research will be kept strictly confidential, and any related information/details will only be made available, if necessary, to my research supervisor. Excerpts of narrative from the intervention, including direct excerpts of information you give, may be used as part of my final research report, however, under no circumstances will your name or any information that could reveal your identity be used in the report.

Please would you sign this form to show that I have read the contents to you and that you have understood them fully.

…………………………………………..(signed)

……………….……………………………(printed)   ………………(date)

</div>

Note: I have based this form on an example given by Robson (2002, p.381)

APPENDIX D

FLYER POSTED ON STUDENT NOTICE BOARD

Figure D.1 Flyer used in recruitment process

Dyslexic volunteers wanted

Do you consider yourself to be dyslexic?

Are you a student in further or higher education?

Would you like to become more aware of your dyslexia and find ways of reducing any negative impact that it may be having on your studies?

If you answered yes to the above questions, would you consider becoming a volunteer for the research that I am doing as part of my postgraduate studies?

What will be involved?

As a volunteer you will use a range of techniques to explore your perception of dyslexia, as well as trying to overcome some of the difficulties you may have with your studies.

Taking part will involve attending six – eight sessions, each lasting approximately 1 – 2 hours in length. Start date can be flexible to suit your schedule.

If you are interested

If you are a dyslexic student (or suspect that you are) and would like to find out more about being a volunteer then please contact Antonio on:

Mobile: XXXXXXXXXXXXXXXXXXXX

Email: XXXXXXXXXXXXXXXXXXX

March 2005

APPENDIX E

DYSLEXIA AWARENESS ASSESSMENT FRAMEWORK

Figure E.1 Dyslexia Awareness Assessment Framework (DAAF)

Educational system	Awareness of own dyslexia	Individual process
NONE Student has to fit into system. System reluctant to recognise dyslexia. Excludes dyslexics from full participation in educational process. Poor education prospects.	**Stage 1** Dyslexic but unaware of own condition	Recognises difference in self, attributes academic inability to negative labels offered such as: being 'thick', 'slow', 'stupid' etc. Believes labels to be correct and regulates own learning to fit label. If condition severer can lead to anti social behaviour.
POOR System indifferent to dyslexia. Awareness in institution inconsistent. Access to provision difficult.	**Stage 2** Suspects self as dyslexic but not sure	Lack of knowledge and understanding of condition due to shortage in accessible information [about dyslexia]. Often in denial of condition to avoid re-identifying with negative labels.
BASIC System recognises dyslexia; minimal provisions in place. Awareness of dyslexia in institution low.	**Stage 3** Acknowledges own dyslexia	Begins reconciliation towards dyslexia. May seek advice but can become confused and/or disillusioned due to inaccurate definitions and advice.
SUFFICIENT System semi-flexible [and able to] make allowances but usually standard provisions to fit all. Financial support for additional provisions in some cases. Awareness of dyslexia in institution good.	**Stage 4** Accepts own dyslexia	Increase in levels of knowledge and understanding of dyslexia. May seek help, acquires and develops efficient techniques to compensate for weaknesses in academic performance. Recognises benefits of own condition, e.g. special gift(s) [Davis, 1997], creative ability to think multidimensional
OPTIMAL System designed to fit individual student requirements. [Essential aspect of the social model of dyslexia].	**Stage 5** Own dyslexia no longer viewed as a problem	Condition still exists but does not present itself as a problem in attaining academic qualifications. Opportunity to reach full academic potential. Capitalises on special gift(s)

(N.B. the language used in Figure E.1 reflects some medical model type discourse that I used to describe dyslexia when I first began this study. I have added annotations and/or editing in square brackets).

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