

THE CHALLENGES AND ADVANTAGES OF HAVING DYSLEXIA WHEN WORKING WITHIN A MEDICAL MODEL OF DISABILITY. WHAT ARE THE IMPLICATIONS FOR PRACTICE?

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ABSTRACT: *This study explored the perceptions of two individuals with dyslexia operating within a medicalised model of disability within the 'normalisation' of society. This study was taken in the North of England and concerns the experiences of what life is like for a Postgraduate student with dyslexia and for a Secondary School teacher with dyslexia within a system geared towards a medical view of disability. Although the work acknowledges the limitations of the small-scale nature of the research, it does offer unique insights into both the challenges and advantages dyslexia can bring as a student and as a teacher. This work examines how both interviewees exhibited significant degrees of resilience but both at different times suffered with mental ill health on account of exhibiting coping strategies. Some of the advantages clearly exhibited were: artistic flair, creativity, aptitude to work and the achievement of published work and a Doctorate. However, the challenges both participants faced included: difficulties with spelling, punctuation, grammar and reading. Furthermore, themes including isolation, fatigue and mental ill health are noted, the correlation between dyslexia and the prominent salient emerging themes are illuminated. As a result of this work, suggestions are made for enhanced practitioner awareness of a social model of disability, viewing dyslexia as a learning difference, seeking to make provision for it rather than to discriminate against it. It further accentuates the requirement for more funded research needs to occur into the live experiences of those with dyslexia, examining the nature of resilience and the susceptibility to poor mental health.*

KEYWORDS: Dyslexia; Specific Learning Difficulties; Literacy; resilience; medical model; social model; depression; isolation.

INTRODUCTION

This work examines the strengths and weaknesses perceived by having dyslexia, when assessed against the medical model of disability (the perceived deficit of something creating barriers). This is compared to the social model of disability (society creates barriers to individuals). This study interviewed two participants, both of which have dyslexia: one a student and the other a Science teacher. The research takes these perspective of the interviewees as they describe their experiences of studying or working with a dyslexia diagnosis. Moreover, the researcher seeks to extrapolate the pertinent points arising from the data, drawing conclusions from these themes and offering recommendations for practice.

LITERATURE REVIEW

Towards a definition of dyslexia

The British Dyslexia Association define dyslexia under the umbrella term of Specific Learning Difficulties (SpLDs). Dyslexia is defined as an invisible 'disability' affecting elements of Literacy and a non-exhaustive list including: sense of direction, co-ordination, perception,

speed, processing, organisation and memory (British Dyslexia Association, 2019). The International Dyslexia Association express dyslexia medically as a specific learning disability - neurobiological in origin. The prevailing features are defined by deficits, such as, difficulties with accurate and/or fluent word recognition and by problems in spelling, reading and decoding (International Dyslexia Association, 2019).

One succinct definition of the disability medical model for dyslexia is:

Dyslexia can be defined as a specific difficulty in learning, constitutional in origin, in one or more areas of reading, spelling and written language, which may be accompanied by difficulty in number work. It is particularly related to mastering and using written language (alphabetical, numerical and musical notation) although often affecting oral language to some degree. (Crisfield and Smythe (1993, p. 8).

The ‘Normalisation’ of society – a medical view – two decades on: analysing the impact for school and social work provision.

Ian Copland (Copland, 1999) wrote at the turn of the century about the prevailing inadequacy of defining learning difficulties within a society in which normative judgements are made. Moreover, the tragic impact of ‘normalising’ individuals within society is facilitated to a degree by inadequacies in defining Special Educational Needs (SEN). By ‘normalisation’ this paper refers to the measurement of which individuals are graded, measured and compared against a predetermined ‘norm’. The consequence of ‘normalisation’, therefore, is to ostracise, discriminate, label and medicalise of those who do not conform to these ‘norms’. Moreover, the Diagnostic and Statistical Manual (DSM) is used and updated regularly with a range of new conditions and revisions of previous issues; noting the alacrity of professionals to label stands of SEN and to work iteratively to develop a myriad of conditions with blurred edges and incongruence. Woolfolk (2015), from a psychotherapy background, argues that practitioners medicalise normality, making comparisons against this notion. Morgan *et al.* (2015) notes of the innovative practice of diagnostic inflation of medicalising conditions. Thus, the medical model applied means that outsiders, which are different to the predominant members of the class are medicalised and educational issues are explained by a dichotomy- a medical phenomena.

Since the beginning of the century, we have received the SEN(D) Code of Practice (2015), sharpening the definition of Special Educational Needs and Disabilities. This offers a legislative landscape and further insightful definitions as to the practice to be adopted for those with SEN. However, the nebulous nature of what a particular strand of SEN is, and how it may be detected, diagnosed and appropriate provision applied is subjective. Copland (1999:108) suggests that SEN exists but not to the degree in which conditions may be created, added to and altered. He describes this behaviour as ‘pseudo-science and dividing practices of SEN’; contrasting the Foucauldian schema of practice to a prison system which defines the barometer of honest citizens as opposed to guilty (Foucault, 1977).

Recent innovations in the New Curriculum in 2014 and austerity measures of 2010 onwards, have left practitioners with yet another revised curriculum and headteachers with inadequate funding to manage their schools. Some of the reprisals are the cuts to funding for those with SEN(D). This is particularly concerning as funding SEN support is an important aspect of inclusive education. Foucault (1982:208) reflecting in the latter years of his life notes that the over-arching aim of his works were to make clear how individuals are made ‘subjects’ within different spheres of life. Within the education system the changes which have been imposed

upon students, staff and parents' impact on a range of issues. These have left people feeling as though they have had changes done to them without consultation. The funding crisis in schools has affected many teachers, headteachers / principles and students; those with SEN are likely to be impacted the most by having to be 'normalised' / conform to the 'norm', which may be problematic for those with different holistic needs. For example, those with specific learning difficulties such as dyslexia and the concomitant features from this and the co-existence of other conditions; attention deficits or behavioural issues may not be entitled to support without an Education Health Care Plan (EHCP) and even then in many cases schools have to fund the first three thousand pounds of provision, which can be impossible without other things being cut, including redundancies.

The impact for 'normalisation' of students with SEN is the marginalisation of them from provision and educational success, which is likely to impact upon their employability. Moreover, the process of 'normalisation' exacerbated by lack of government funding, will no doubt leave a significant number of individuals subject to school exclusion, disillusionment and potentially criminality. Recent figures from the Department for Education (2018) indicate a sharp-rise in the numbers of students being excluded from schools, the rise of approximately 1000 young people in 2016 -2017 from across Primary, Secondary and Special Schools. It is well-established the impact of socio-economic issues affecting SEN and attainment (Pe Symaco, 2014). Thus, it appears myopic to under fund schools and apply the 'normalisation' principle so as to not give due account to an individual's starting points in life. This is to ostracise groups of vulnerable young people, exclude them for misbehaviour, which may be indicative of an underlying condition. This could potentially condemn them to feeling educational failure and the holistic aftermath of this, even to low paid employment or the joining of the dole queue. However, 'normality' is not the only indicator of a range of issues; Durkheim refers to normality of crime and criminality rather than the normality of the individual crime (Phillipson, 2014). It is important to see an issue and an individual within a range of factors rather than existing within a vacuum. In conclusion, 'normalisation' has affected the prevailing way in which SEN(D) is understood and provision applied. Although nearly two decades have elapsed since Copeland's writings (Copeland, 1999) as Foucault (1982) noted - the past influences the present – despite the educational system having gone through multiple revisions, the overriding issue is still the inconsistent use of SEN and the process of 'normalising' society against a medical model. The current financial crisis, specifically, reducing funding to schools, has caused further difficulties for a range of persons, has led to the increased 'normalisation', inflation in school exclusion rates as Headteachers / Principles are left with limited resources, smaller budgets and challenging students, which no longer have specific support (Bushby, 2018).

The key recommendations of this are: the enhanced need of a clearer definition of SEND. This is essential, as the current descriptor is nebulous, medicalises conditions and sets the precedence for the normalisation by a deficit, archaic model of defining SEND. Second, the need for specific funding around SEND is essential for the future viability and success of our schools. School leaders are commonly reporting that they are finding difficulty in adequately funding their schools, leaving vulnerable young people alone, to manage educational, social and emotional issues, without the support they may have once had. Finally, this clarity of understanding will undoubtedly facilitate how both teachers and social workers can liaise more effectively, with a uniform approach, to help those with specific needs, including autism spectrum disorders, dyslexia and the comorbidity of other conditions. Against this background,

this paper will now outline some of the particular strengths and weakness of having dyslexia, especially when working within a normalised, medicalised model.

Some of the advantages of having dyslexia

Dyslexics may have a spiky profile, meaning that they might have specific strengths that others may not have and may not fit the 'norm' for a diagnosis of dyslexia. Davis (1997) wrote about in his publication 'The Gift of Dyslexia' about the intelligence, creativity and imagination individuals with this 'gift' can have. This creativity can lead to the elaborate planning, design and implementation of architecture, buildings, rides, movies and so forth. Moreover, Eide and Eide (2011) suggest that the differences in brain activity between a dyslexic and non-dyslexic brain are significant, creating strengths in dynamic perceptive reasoning. For example, being able to visualise shapes, graphical illustrations and representations, thus being specifically creative and / or design focused.

A second strength often recorded is often the abnormal resilience and fortitude which are often a concomitant feature of dyslexia, as learners seek to challenge themselves to specific tasks (Rooke, 2018). Equally, competing with their peers or colleagues at an educational establishment or place of work requires high-levels of determination, to keep-up with tasks or to organise themselves as to manage their diaries or Literacy or Mathematical aspects of their jobs. Lazarus and Folkman (1984) write about the notion of resilience and determination as coping mechanisms for stress. This is particularly pertinent in dyslexia due to the iterative and cyclical nature of the need to excessively work hard in order to cope within a medicalised model of dyslexia, apply coping techniques and then experience stress and potential health implications (explored below).

Some of the difficulties associated with having dyslexia

Society places expectations on people of all ages, whether development milestones, achieving age-related expectations or specific grades or exhibiting competence and confidence of specific tasks. The medical model of disability suggests that a dysfunction has occurred within a person not reflecting the perceived 'norms' of what is 'acceptable' within 'normalisation of society' (Copeland, 1999). Educational establishments often place a medicalised model on Special Educational Needs and Disability (SEND) as defined within the SEND code of practice: 0 to 25 years. By contrast, the social model of disability was formed out of the necessity to create a voice for those on the margins of society; such as those feeling a social deviance causing a stigma, mark or blemish (Goffman, 1963). The social model of disability argues that people are not impaired or different but prevented accessing certain things within society because of barriers to provision (Charlton, 2000). Attitudes, structures and understandings within society affect how individuals are viewed; it is the work of social model advocates to fight for an understanding based upon this premise. Due to the prevailing educational view of medicalising disability, accessing the curriculum, for example can be problematic. Each of these can cause heightened stress for the dyslexic individual as they seek to compensate for the difficulties they find themselves facing, particularly when indirectly compared to others around them. This can occur at work – who gets the post or at school – order of ability within the class. The correlation between stress and dyslexia can be argued to be due to deep-acting and catch-up techniques, aimed at keeping up with others and seeking to produce similar outputs (Miles, 2004).

The difficulties of having dyslexia are well documented, in particular with problems in specific areas of cognition and reading and writing (Lachmann and Weiss, 2018). Rooke (2018) notes that individuals with reading difficulties may find they lose concentration or their place on the page and suffer with eye strain – rubbing their eyes after a short while. She further argues that those with dyslexia often find spelling challenging and generally use compensatory methods such as selecting easy words and applying phonetics to their spelling of words.

Frustrations can occur, which can impact the learner's mental health and affect family life, as difficulties such as managing tasks which may occur naturally to some learners, can create overwhelming anxiety and stress (Baumanns, 2015). Neil Alexander-Passe's work on the impact of stress created through dyslexia is insightful, noting how perceived and actual deficits can significantly impact on holistic wellbeing (Alexander-Passe, 2015). He identifies the role of Literacy expectations within the educative system or in employment as significant stressors to those with dyslexia. Made to feel 'stupid or incompetent' (Alexander-Passe, 2015, p. 123) can be the feelings generated by competency tasks, reading aloud, spelling tests, group interactions, writing tasks. Equally, physical activities – such as: dexterity, hand-eye-co-ordination seen in ball control, racket activities and social interactions can be problematic; misunderstanding social cues, disorganisation, anxiety or feelings of unworthiness for dating / long-term relationships or marriage can stem from a dyslexic identity.

RESEARCH AIMS AND METHODOLOGY

This research consisted of an unstructured interview, seeking to accentuate the multi-faceted nature of dyslexia. The work was conducted within ethical frameworks and conforms to national standards; research aims and consent forms were used. A strengths approach was sought rather than a deficit, medical model of the difficulties dyslexia brought. However, the researcher sought to obtain an accurate picture of both sides of dyslexia, recognising how the learning difference affected people in different ways. Both participants volunteered to participate in a localised small-scale study examining their experiences to date. Taking this approach meant that thick descriptive data was obtained, yet, this research acknowledges that qualitative data of selected samples does not represent significant wider viewpoint and interpretations should be made in the light of this (Cohen, Manion and Morrison, 2017). The validity of this study recognises the findings should be cross-checked against the body of literature to ratify what may be inferred and notes 'Bias is always present because people are involved in research' (Coles and McGrath, 2010, p. 72). However, the research claims to have made some insightful observations with unique experiences being shared, which offer some applicability and application beyond the study.

A qualitative, interpretative was taken, notes were made during the interview and data later transcribed and analysed using Interpretive Phenomenological Analysis (IPA) (Smith, Flowers and Larkin, 2009). Bechhofer and Paterson (2000, p. 150) state: 'Qualitative methods emphasise judgement.' This was based upon analysing inferences and sentiments detailing rich individual life experiences with phenomenon, seeking to extrapolate meaning within contextual and cultural influences, making cautious reflective analysis.

RESULTS: INTERVIEW DATA

The first interview was with David (pseudonym), a secondary school teacher in an independent school, in this interview he explored what he felt were the challenges, advantages and implications for having dyslexia and teaching. First, David suggested that his key difficulties were found in 'flipping numbers' and changing names such as forenames and surnames. He also found difficulty in pronouncing some names, particularly if they were Asian. David stated that his poor spelling was a key feature of dyslexia. Although David did not find specific difficulty in reading, he chose to reduce the level of 'fancy words' (extended vocabulary) in his written work due to the difficulties he had in writing them. David would also confuse the variations of there, they're, to, two and so forth. He would tell his students that he had dyslexia and therefore he may make spelling mistakes. He suggested that his primary concern be upon focusing upon physics rather than spellings and if he became too engrossed in ascertaining whether a spelling was correct or not he would lose momentum in the lesson or get the aspects of science wrong. David stated:

When teaching I am conscious that his spellings were often an area of difficulty therefore when expressing a teaching point, he would use the board little rather dictate points. If required to write some ideas on the board, I often use shorthand and note form rather than full sentences. Most students found his approach an acceptable way of understanding a learning point; David noted that A level students would have to get used to such a way of teaching when at university. However, he said that some of the younger students preferred David writing in full sentences in the board. This caused David some anxiety as some students in the early period of his teaching noting spelling mistakes. However, he said that the significant majority of students were empathetic and were able to look past this and focus upon the science.

At school David informs the students he is dyslexic and may have difficulties with spellings, altering number patterns and swapping adjacent words. He is a competent teacher as he has had positive feedback from performance management reviews and some parents have thanked his honesty as this allows their children opportunity to feel they can make mistakes and dyslexia is not a barrier to success. During the interview David noted that the energy he took when planning, teaching and assessing. He felt that having dyslexia drained his energy and sometimes created detriment to his health, always giving out and performing in front of the class. For example, teaching well and managing the work load was challenging for David. He also had to set up Science investigations, which were safe and allowing the physics to be taught and understood.

Against this background, managing the stress of a dyslexic identity; David felt at times, watched, judged and compared to others. Tasks such as administration involved meticulous efforts due to finding ways around the difficulties associated with dyslexia. Moreover, David stated how he was expected to 'mark a serious amount of homework' and doing so caused high levels of fatigue:

When I return home after a day of teaching, I rest or sleep for around an hour and a half, as I cannot concentrate on school work when I'm so exhausted.

David concluded that previously he had been written off by school, and within his own mind, on account of the experiences he had faced. However, his coping mechanism was to remain

resilient: *'I always thought I was thick but God has pointed out to me I'm not. I'm used to working hard.'* David noted how he had elements of creativity in arts and crafts and Science - he holds a PhD (Science) and was keen that people did not feel failure as he had previously felt.

His closing remarks were: *'I have fallen out of the education system I want my story to be seen as a further point of reference.'*

The second interview, Brian (pseudonym) entitled his interview as: *'A Waltz with Dyslexia and Dyspraxia'*, he is middle child of three with my older brother felt *'blessed with dyslexia'*. Brian's older brother's dyslexia was identified at an early stage, his dyslexia/dyspraxia was spotted at an early stage, too. He had speech therapy throughout the early years of primary school (his last few sessions were in year 3). Before speech therapy, Brian struggled with *'communication as my pronunciation was all over the place, and when he wanted someone to understand he wanted them to precisely understand (the autistic streak in me working its magic).'* During these early stages, a coping mechanism his mum established with him was a creative sign language which they both understood. After speech therapy, although he could speak coherently, his self-esteem was knocked and he felt separate from his peers. Brian put this down to *'the missing years: those early five years when everyone else was learning to socialise and I was tucked into the corner in the company of mashed words.'* During primary school, this sense of separation worked its way out in several ways, he noted:

- I ran away from school once, because a kid got on my nerves
- I would, often, pull sickies in order to stay at home and read (rather than integrate with other kids)
- I would get into fights with other kids
- When I became a bit more confident, I would be cheeky to the teacher on a regular basis as it gave me the result I wanted. Namely, laughter from my class mates.

This separation forced him into an imaginary world and an attempt to write fantasy book after fantasy book (inspired by numerous authors he read as a child). This would, later, feed his fascination with myths and fairy tales. After primary school, Brian attended a state school for a couple of years and then (after passing an entrance exam), he went to a Grammar school but felt isolated:

I had finally, managed to make himself a name at the state school only to have that taken away. My peers, at the Grammar school, were a little more restrained (punching each other to resolve an argument was frowned upon), they'd made friendship circles from previous years, and my dad was a teacher there (so I felt like I needed to be particularly well behaved). At the same time, most of my friends were outside of the Grammar school and my brother was, gradually, entering saint-hood with various social schemes he devised to help out the local community. Needless to say, my feeling of isolation was reinforced. I kept my head down and attempted to crack on with work, though I often found lessons taxing and found reasons to go to matron. I struggled with revision and averaged Bs, though I retained the feeling that I could do better. One of my biggest regrets at school was listening to advice and not doing an A-level in Art (which would have been course work based compared to exam based. Note to self: I'm sorely tempted to sit A-level Art in the future).

Brian continued with his passion for writing and reading and co-founded a creative writing group (which still continues). During year 13, he applied to do English with Creative Writing at Falmouth University (something, previously, unheard of at the Loughborough Grammar school). Nearing the end of year 13, he had a further dyspraxia/dyslexia assessment to

potentially receive a formal diagnosis and see what resources were available to him at university. He stated:

This is when I'm 'fully diagnosed' as having dyspraxia, dyslexia, dysgraphia (which I've laughed at, given that I love writing), short term memory problems (which I've tried to forget about) and the comprehension skills of someone ten years younger than myself (which I'm still trying to get my head around). Needless to say, I was a bit gutted. To look at it positively, though, I was given extra time and the ability to use a laptop in exams. It felt a little bit late in the day for those extra perks, but they helped. Most memorably, I achieved 99% in a history paper about Charlemagne. This gave me a boost as it acted as a small reminder that I could gain strong marks when I poured my soul into something.

Brian currently works as a classroom assistant at an SEN school, he noted how his struggles with dyslexia and dyspraxia have provided an insight into the frustrations some of the students encounter. These included feeling overwhelmingly stressed and anxious with how to cope with life and the mountain of studies to be completed, as well as suicidal ideations. Brian suffered from mental ill health:

A year before I went to university, I went on a gap year. Due to how the gap year was set up, I found it difficult integrating with the other people I'm working alongside, and I end up quitting. The rest of the gap year was filled with depression, which set me up for a bad first year at university. I started the English with Creative Writing course in the wrong state of mind, gaining 3rds in my first few essays. My innate sense of isolation, originating in dyslexia and built upon via the various experiences at school and the gap year, motivated me to seek friendship with others who were 'outcast'. Consequently, I made strong friends in a group of creative, bohemian, drug taking, loving guys. This led to hospitalisation due to an acid trip. The next couple of years was spent recovering and, the, finishing the course with a strong 2:1 and a place on an MA in Professional Writing. During the MA, I found motivation difficult and found myself depressed for a fair portion of the year with no energy to get out of bed for a couple of the weeks. However, I achieved a Pass and moved on. During the following years, I experienced the same struggles as most art majors: the joy of finding minimum wage jobs in order to stay afloat whilst continuing with some form of artistic output. Now, however, everything is starting to come together.

With regards to study: Brian is currently working on an Master's degree in English, having achieved distinctions for three of the four essays thus far. He further noted that how is he is creative, he recently sent off a finished manuscript to a publisher, consists of twenty-five poems and accompanying digitally-manipulated illustrations. However, the main struggles he suggested he encountered were due to dyslexia and dyspraxia is a sense of isolation, lack of motivation, the ability to focus and hand-eye co-ordination. Isolation, he felt was initially, due to the inability to communicate coherently. He has worked hard to overcome these communication difficulties by focussing on learning how to write well. Within this field, a major achievement was last year when he wrote and presented a best man's speech at a friends' wedding. There was laughter throughout the speech, and his best friends' wife said someone had asked whether he was a professional comedian.

Isolation was also fed by an inability to gel with peers due to having a different perspective. This has been overcome by making friends from a variety of backgrounds and of differing interests. Although a wide friendship circle has, in effect, banished the feeling of isolation there

remains the base insecurity. This is a snippet of darkness that I acknowledge before putting behind me and pressing on.

Lack of motivation, in Brian's view, has been fuelled by a sense of insecurity and lack of successful time management. The insecurity part of this issue has been overcome by focussing on his identity and what he wanted to make of himself:

I've now reached a stage of my life where I've become certain about who I am. This has provided me with a sense of motivation. When I'm 'on it', and organised, I overcome the difficulty in time managing by breaking tasks down into manageable chunks. This makes larger tasks feel smaller, and ensures I do what needs to be done. (This is, very much, still a work in progress).

Brian concluded by suggesting that he also used other compensatory strategies to manage stress, workload and dyspraxia tendencies within the comorbidity of conditions. In ability to sustain focus is related to the time management issue, he seeks to overcome in the same way. Brian manages time by adjusting the times in which he works and plans regular breaks. He noted: *'I'm also learning to appreciate the fact that breaks are alright, as long as the work that's needed to be done is returned ... something 'productive' is accomplished in the day.'* The importance of something *'productive'* (however small) being accomplished seemed to relate to the desire to not regretfully *'waste a day'*. Finally, in relation to balance, posture, stability and hand-eye co-ordination, he learnt to circumnavigate these areas in life, where this is needed. Instead of driving a car, he rode a motorbike, instead of playing the piano, he played the saxophone.

DISCUSSION – AN OVERVIEW OF THE DATA

The broad key themes which appear in both interview transcripts are strengths in creativity, difficulties in Literacy, awkwardness in socialisation and fatigue, stress and health implications of having dyslexia. These will now be examined in turn. Strengths in creativity appear in both David and Brian's interviews. David said how he had excelled in Science and obtained his Doctorate in this field, he further noted that he was particularly skilled with Art and craft activities. This had led to him designing and writing poems, illustrating prayers and other design focused outputs. These sentiments concur with Brian's, who had used his vivid imagination to write a collection of poems, with a view to publication. Moreover, Rooke (2018) writes how dyslexic learners can become engrossed in imagination – seeing three-dimensional shapes, creating animals, playing imaginary games and so forth. Equally, Mountstephen (2011) argues that at school individuals with dyslexia have disadvantages within the educational system due to the geared focus towards Literacy based outcomes. However, dyslexics can have heightened imaginations, they can be skilled at lateral thinking and may pursue careers such as: builders, constructors, engineers, architects, managers and at creative arts.

Second, difficulties in Literacy development occur in both interviews. David seems to have the most sustained difficulties in these areas and still battles with 'flipping' numbers and words and finds reading and writing with accuracy problematic. 'Pattern glare' (Chivers, 2001, p. 31) - the appearance of the words and numbers swimming or rivers of water moving is a frequent complaint of those with dyslexia due to visual stress (scotopic sensitivity syndrome, Irlen syndrome) (Irlen, 2005). In addition, Treacy (2017) highlights that dyslexia impacts learning,

auditory memorisation, sequencing, following instructions, organisation, pronunciation, writing legibly and accurately and so forth. Moreover, David spoke of avoiding writing on the board in front of his students as a coping mechanism to ensure he did not make a spelling mistake. He felt that the school used a medical model focused on deficits rather than affirming success and a social view of disability (Swain and French, 2000). Brian, however, had used strategies to work through these types of difficulty and seems to be thriving with his English writing degree, however, he notes how difficult social-communication continues to be.

Third, a social awkwardness is illustrated in both interview accounts. Both Brian and David, separately, recount how dyslexia contributes to them feeling isolated and socially awkward. Social-communication difficulties, including forming and sustaining friendships, are characteristics of autism spectrum conditions, however, as Pavey (2006), suggests the case can be made for the comorbidity of these types of behaviour and dyslexia. Moreover, David inferred that he sometimes felt alone and struggled to manage a dyslexic identity, some colleagues and students were accepting of dyslexia, whereas others had suspicions about his aptitude to teach. He also felt that he was 'on the autistic spectrum', his wife had suggested to him that he could behave in an 'autistic way – not communicative with her.' Brian recounted how dyslexia has created a sense of isolation and aloneness, as he reflected upon negative past experiences of failure and peer review of his lack of abilities in aspects of school life. Historically, Charlton (2000, p. 27) argues that the medical view of disability, has: 'prevented people with disabilities from knowing: their real selves, their real needs, and their real capabilities and from recognising the options they in fact have.' This 'hollow sense of isolation and loneliness' (Frank, 2002, p. 31) may be caused by frustrations and feelings that they cannot achieve as their peers are doing so and comparisons around them are traumatic and lead to entrenched feelings of being alone.

Finally, there appear to be fatigue, stress and health implications of having dyslexia. Brian's account highlights the significant impact of the stress of managing a dyslexic selfhood, culminating in depression. When compared to David's, a similar theme emerges, feelings of exhaustion – not being able to cope with additional tasks when returning home – needing to take a short sleep before marking. He additionally stated that he could be affected by low mood at times and a sense of failure, due to 'faking behaviours', that is, deep acting, feeling as though his life was a performance (of successfully teaching), whilst inwardly feeling a fraud with dyslexia. Alexander- Passe (2012) writes of the cause and effects of depression, beginning with anxiety and examining defensive mechanisms to depression. The study of N=29 participants with dyslexia, primarily employed qualitative, Interpretative Phenomenological Analysis to analyse the impact of factors and sub-factors upon their lives. The probability of depression is, in his study, significantly heightened by feelings of exclusion, failure and stigmatisation on account of being dyslexic – essentially different to others around them. These findings resonate within the experiences Brian and David shared. These remarks are echoed by Thompson (2013, p. 85) 'Dyslexia, stress, and anxiety are, to my mind, co-related.' He suggests that he has never met a person with dyslexia who is not experiencing stress and is exhibiting inner (inward behaviours and feelings) and outer defences (manifesting avoidance or behaviours to mask inner fears). It appears that when these feelings intensify and are exhibited in longevity, stress can tip over into depression.

CONCLUSION

This paper has extrapolated the pertinent themes of this research - strengths in creativity, difficulties in Literacy, ineptness in socialisation and susceptibility to excessive fatigue, anxiety and mental ill health. It is clear that dyslexia affects people differently, however, the salient points this work makes, is there appears to be a running thread of themes which emerge from this research.

THE KEY RECOMMENDATIONS OF THIS WORK ARE:

Recognising and appreciating strengths in creativity. Acknowledging individual strengths in design, visualisation, creative outputs and so forth. This would aim at taking the focus solely away from academic prowess and reward a range of highly individual talents. It should recognise, that society operates within an 'ableist' framework (Onken & Slaten, 2000, p. 101); individuals, whatever their ability should be accepted for their individuality. In so doing, this would acknowledge the range and diversity of gifts different people can bring and help to support adults in the workplace (Brunswick, 2012).

Making access arrangements and providing adjustments to the expectations of the concomitant difficulties in English related tasks (reading, writing, spellings). This would avoid indirect discrimination against those who find, on account of their dyslexia, they have difficulties in these areas. Thus, not penalising for awkward sentence structure in essay writing (rather marking the key points made), allowing staff to communicate in other ways, which are not written. For example, using digitalised equipment, such as voice recorders and having access to concrete resources can help access tasks such as Maths and English (Thompson, 2013). A further example, by verbally being able to present information or in diagrammatical forms can take the emphasis off non-essential written records. Finally, having access to specific tutor / mentor to support them for areas requiring English support may help organise their thought processing and how the information is recorded.

Creating practitioner public awareness of dyslexia and promoting social groups in which individuals can share experiences, network, make new friends and liaise with a range of people. Raising the profile of dyslexia - its nature and associated strengths and limitations, individuals can be better informed affecting attitudes, understanding and assisting in developing enhanced provision. By creating opportunities to network, especially with others who have similar difficulties, experiences can be shared and ideas to improve inclusive practice can be made. Understanding that dyslexia is a learning difference affecting processing is essential; a learner may take approximately ten times longer to understand a concept (Nicolson and Fawcett, 2010). Practitioner awareness of this is fundamental for teaching and learning. Networking opportunities, may also prove to be of use to those with dyslexia as they may have feel less isolated and empowered to share their first-hand, experiential insights. Dyslexics may which to conceal having dyslexia if they feel it will be, somehow, held against them at school, college, university or in the workplace. Stigmatisation can create dilemmas; Goffman (1963, p. 57) describes a dilemma in terms of: 'to display or not to display, to tell or not to tell, to let on or not to let on, to lie or not to lie.' Therefore, being confident that having dyslexia will not impact negatively upon them but be accepted, and even celebrated, is fundamental to advancing such acceptance in society.

Advancing the current levels of research into the impact of fatigue, stress and depression of those with dyslexia. This is of particular significance as there is, at present, a superficial level of current research about the correlation between fatigue, stress and mental ill health. Developing enhanced awareness will benefit a range of individuals; recognising the interwoven nature of dyslexia and depression can help shape future adjustments, medical, psychological and educational provision. Mainstream education is presently specifically focussed upon a deficit model defining disability within a medicalised framework (the ‘medical model’) of SEND. From this research, this approach can create feelings of anxiety, as often dyslexic learners do not perform as well as their non-academic peers. This can develop, especially in the case of Brian, stress and depression. Perhaps, understanding dyslexia as a learning difference is a clearer and beautified way of naming dyslexia (rather than a disability)? Workplaces, seeking to be inclusive, often adopt a ‘social model’ of disability with adaptations of ease of access, assistive technology and so forth. However, where does dyslexia fall in terms of access to support? An employee would have to adopt the medical model, declaring they have a disability, in order to access support and not be discriminated against under this legislation. The Equality Act (2010) makes it unlawful to discriminate against people in the workplace and within wider society. However, the application of this is nebulous and therefore the subjectivity of practice continues, hence the need to clearly define dyslexia and understand the implications of having it.

In the light of this research it is not superfluous to note the importance of further examination into the nature of dyslexia and the holistic impact on learners. In particular, the development of the education of a range of practitioners in the light of these findings, paying attention to the wellbeing of staff and students with dyslexia, recognising the significant hurdles they jump and compensatory strategies they employ to mask deficits. Encapsulated within this research there are clear experiences which accentuate the imaginative attributes dyslexic individuals may have but note the stress and health impacts of the implementation of the iterative nature of compensatory strategies when competing in what is sometimes an unfriendly dyslexic environment.

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