MORE THAN TWENTY YEARS AGO, WHILE TRAINING AS AN EDUCATIONAL psychologist (E.P.), I had occasion to talk with a very experienced E.P. colleague who told me that he had spent a considerable amount of time that day trying to ascertain whether the child he was seeing was dyslexic. I asked him his conclusion and he replied that he thought that she was. I then asked him what his treatment recommendations had been. He replied that he had placed her on a DATAPAC precision teaching program in which phonic knowledge and skills were closely assessed and weekly objectives established. I then asked him what he would have suggested if he had concluded that the child was not dyslexic. Grinning sheepishly, he confessed that he would have made the same recommendation anyway.

This account throws up what I consider to be the three key questions surrounding the debate about dyslexia in children:

1. Is the term meaningful in differentiating between children with literacy difficulties? Can one locate individuals into clear dyslexic/non-dyslexic groups? Essentially this is an issue of conceptualization.
2. To what extent does a diagnosis of dyslexia guide the educator in devising appropriate forms of intervention? This is an issue of teaching.
3. To what extent should a diagnosis result in the provision of additional help? This is an issue of resourcing.

CONCEPTUALISING DYSLEXIA

There are few who would argue that there is a “typical” dyslexic. Rather, those with this label often present with certain symptoms such as speech and language difficulties, poor short-term (or working) memory, difficulties in ordering and sequencing, clumsiness, limited speed of information processing, poor concentration, inconsistent hand preference, poor verbal fluency, frequent use of letter reversals (d for b, for example), a difficulty in undertaking mental calculations, low self-image...the list is seemingly endless.

The problem with operating in this fashion is that many of these factors are present in people who have no significant literacy difficulties as well as in poor readers who are not considered dyslexic. Often difficulties that are seen as typical of dyslexics are, in fact, similarly found in younger normal readers who read at the same level. Thus these problems are largely characteristic of a certain level of reading development, not necessarily of a pathology. For this reason, I have struggled as a teacher, an educational psychologist and latterly, as an academic who maintains a clinical role, to gain a clear picture in my mind of how to differentiate readers into dyslexic and poor reader groups.

One simple way around this dilemma is to take an exclusionary approach, arguing that dyslexics are those whose literacy difficulties cannot be explained by low intelligence, socioeconomic disadvantage, poor schooling, sensory (hearing or vision) difficulty, emotional and behavioural difficulties, or severe neurological impairment that goes significantly beyond literacy. However, does this
mean that those from disadvantaged backgrounds, or with low I.Q.s, cannot be labelled dyslexic? Few would argue this position.

The screening of the Channel 4 Dispatches television program in the UK, “The Myth of Dyslexia” in September 2005, and my article in the *Times Educational Supplement* in the same month, produced an avalanche of comment. While the majority of messages I received were supportive, there were also many angry, hostile and condemnatory responses. Much of the storm was based on what people thought I was saying, rather than the more complex arguments that I was actually trying to put forward. My piece argued that there are so many different understandings and conceptualizations about what dyslexia is, or is not, that the term, as used in professional practice at least, has become almost meaningless. Such an observation was hardly novel, having been voiced earlier by leading researchers in the field. Grigorenko, a leading specialist in the genetics of reading disability, points out that researchers in the field. Grigorenko, a leading specialist in the genetics of reading disability, points out that

complicated defect is not simply to poor teaching as some have suggested. This concept has emerged a vast raft of research studies, with increasing numbers focusing on brain structure and functioning, and the genetics of reading disability. Such studies are indicative of a biological susceptibility to reading impairment – not simply to poor teaching as some have suggested. But this susceptibility does not imply differential treatment, and such studies have yet to result in any meaningful differentiation of poor readers into dyslexic and non-dyslexic groupings. The key issue in this respect is that while researchers may define dyslexia in various ways for purposes of scientific investigation and proffer differing underlying theoretical explanations, such accounts are far less helpful when a clinician or teacher is faced by a young- 

In a systematic review of dyslexia in adults, Rice & Brooks conclude that:

- There are many definitions of dyslexia but no consensus. Some definitions are purely descriptive while others embody causal theories. It appears that ‘dyslexia’ is not one thing but many, in so far as it serves as a conceptual clear- 

- There is no consensus either, as to whether dyslexia can be distinguished in practice from other possible causes of adults’ literacy difficulties. Many ‘signs of dyslexia’ are no less characteristic of non-dyslexic people with reading skills deficits. In our present state of knowledge, it does not seem helpful for teachers to think of some literacy learners as ‘dyslexics’ and others as ‘ordinary poor readers’.

Research into reading difficulties now indicates that reading is primarily a linguistic, rather than a visual skill in which phonological factors play a significant role for begin- 

For this reason, the role of phonological processes has become a topic of great interest to those who seek to intro- 

Another position is to use the term to describe reading difficulties in their most general sense. Thus, the British Psychological Society’s Working Party Report on ‘Dyslexia, Literacy and Psychological Assessment’ provided the fol- 

The difficulty with this definition is that it adds little to our understand- 

**INTRODUCTION**

Often we search for a diagnostic label because we believe that this will point towards the most efficacious forms of intervention. Thus, many parents believe that if their child were to be diagnosed as dyslexic, clear ways of remedying his or her problems would emerge. This is a misconcep-
THE HURT AND HUMILIATION EXPERIENCED BY MANY POOR READERS AND THEIR FAMILIES RESULTING FROM THE WIDESPREAD AND PERVERSIVE MISUNDERSTANDING THAT POOR DECODERS ARE, IN SOME WAY, INTELLECTUALLY INFERIOR, IS VERY REAL AND, IN SOME CASES, CUTS AT THE CORE OF THEIR SENSE OF SELF.

Indeed, as there is no clear evidence that there exists a particular teaching approach that is more suitable for a dyslexic subgroup than for other poor readers. This is generally considered that the highly structured, phonics-based approach that is widely advocated for dyslexics is equally appropriate for other poor readers. Many teachers and headteachers, for example, have remarked upon the British Dyslexia Association’s helpful ‘Dyslexia Friendly Schools’ initiative, in which the contribution of the whole school environment is considered, yet go on to add that most poor readers are helped by such approaches.

In a recent web-based discussion about identifying dyslexia, it was widely stated that a decision to refer to specialist agencies was primarily motivated by a desire for advice on how best to help the child with reading rather than by a desire to simply obtain a diagnostic label. However, the subsequent guidance received from specialists tended to be limited to recommendations for an increase in individualized teaching rather than including specific teaching suggestions that might form the basis of the child’s individual education plan.

While we don’t yet have failsafe approaches to help young people with reading difficulties, there are some encouraging avenues. For example, the Channel 4 documentary highlighted an initiative in Cumbria, outlining a ‘third wave’ program of individualized instruction for very young children who had failed to make sufficient progress in large and small group literacy sessions. Based upon Marie Clay’s successful, Reading Recovery Programme, the Cumbrian scheme has drawn upon more recent research and incorporated a greater emphasis on phonological skills. To date, it appears that this scheme has the potential to help a significant proportion of those with the most significant literacy difficulties.

In their state of the art review, Vellutino and colleagues conclude that their findings indicate that practitioners should:

-...shift the focus of their clinical activities away from emphasis on psychometric assessment to detect cognitive and biological causes of a child’s reading difficulties for purposes of categorization labelling in favour of assessment that would eventuate in educational and remedial activities tailored to the child’s individual needs."

Our current state of knowledge now suggests that all youngsters with reading difficulties should be provided with such structured intervention programs. For this reason, there is little need to split up this population into dyslexic sheep and other poor reading goats.

THE MEDIA STORM

My questioning of the value of the dyslexia concept turned into media headlines incorrectly reporting that “Academic claims that dyslexia doesn’t exist”. Of course, the point was much more subtle than this, although in talking with journalists it often proved hard to explain the difficulties of dealing with such social constructs and persuade them that the Manichean world they wished to present was an oversimplification.

Having worked with people with a variety of learning difficulties for thirty years, I was not surprised by the strength of many reactions, nor the many stories that I have received from parents describing the suffering their children had experienced as a result of their reading difficulties. Often these messages reveal deep anger and frustration, as testified by the extracts below:

- “Are you saying that my child is faking it?”
- “Are you saying that my child doesn’t have a reading problem but, in actuality, is stupid?”
- “I’ve struggled for years to get teachers to recognize that my child has a problem. Now you’ve said this, they’ll never take me seriously”
- “A headteacher (principal) once told my eldest son that dyslexia existed only in the minds of the middle classes, Maybe you’re related to him!!!!”
- “You are the kind of person who does untold damage to people who are dyslexic and the reason the Local Education Authority manages to fail us”
- “You are a dangerous man”

However, the writers of these accounts had obviously failed to grasp the key points that I was making. Was it simply that they had reacted to bannermine headlines? If so, were they merely misled by the media, or were there more powerful psychological factors at work? In reflecting upon this, I think that there was an element of projection operating, in which hurtful and misguided comments experienced in the these writers’ pasts had become associated with this story and were being relived and re-fought anew.

In responding individually to each of these messages, I have tried to address each of their concerns. I have said that, of course, reading difficulties are all too real and no one should accuse those with such problems of faking anything. Social class is irrelevant: reading disabilities occur across the social class spectrum. The suggestion that an individual with reading difficulties is lacking intelligence is wholly inaccurate; we can make no judgements about individuals’ intellect based upon their literacy skills. Similarly, I.Q. does not help us predict which poor readers will benefit most from structured intervention programs, since “there is a large body of research showing that children with I.Q. discrepant and I.Q. non-discrepant reading scores cannot be adequately differentiated in relation to instruction or prognosis.”

However, we must accept that the hurt and humiliation experienced by many poor readers and their families resulting from the widespread and pervasive misunderstanding that poor decoders are, in some way, intellectually inferior, is very real and, in some cases, cuts at the core of their sense of self. The way to tackle this is by ensuring that children with literacy difficulties are not underestimated or made to feel ignorant or unintelligent. We need to ensure...
that such children do not necessarily find themselves in the lowest ‘ability’ sets (sadly, this can often happen when school examination results are used for the purpose of streaming), or presented with learning tasks that fail to engage and challenge them cognitively.

RESOURCING

Behind the feverish accusations that claims such as mine were damaging, lies the very real difficulty that many parents have encountered in getting additional resources and support for their children. Many of the messages that I have received from parents have pointed out that ‘the system’ has forced them to use the dyslexic label in order to access additional resources. While recognizing this imperative, from the perspective of parents desperate to secure help for their struggling children, we need to question whether operating in this way serves to prop up a system that most would argue is inefficient and inequitable. It is inefficient because it involves the use of resources for diagnosis and classification that might be better, and earlier, spent upon intervention. It is inequitable because it suggests that other poor readers, without the dyslexia diagnosis, will, in comparison, have less access to resources and support. Such a position is surely untenable.

In the U.K., there is also a widespread misunderstanding that access to special arrangements in public examinations, such as G.C.S.E. and G.C.E., requires a diagnosis of dyslexia. However, while dyslexia features in the illustrative vignettes provided by the Joint Council for Qualifications, such forms of assistance as extra time, readers, scribes, and the use of laptops, are conditional upon a clear description of the individual’s needs, rather than the provision of a diagnostic label.

CONCLUDING REMARKS

We need to ask ourselves why a suggestion that dyslexia is a problematic construct is often met by such a hostile and antagonistic response (as I encountered first hand). It is, surely, not because the diagnosis will point to the appropriate means of remediation. Even those who resist the suggestion usually recognize the multiple understandings that surround the label and its redundancy in respect to intervention. No, the power of the label is rooted in its ability to foster a more positive conception of self and its leverage with teachers and the gatekeepers to resources. While being sensitive to this, and the needs of those who struggle with literacy, one must query whether the amount of energy devoted to diagnosing the condition is a sound use of time and resources.

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Notes

10 Rice and Brooks.
15 Ibid., 27.