The construction of dyslexia in higher education

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Introduction

This paper focuses on the construction of dyslexia in higher education and negotiations between students, lecturers and academic institutions over diagnosis and support. Struggles over understandings of dyslexia are often fuelled by competition over scarce resources and have implications for students’ identity. Legislative change has heightened both awareness and resistance over recent years. Under Part 4 of the Disability Discrimination Act 1995 (as amended) (DDA), institutions are required to make reasonable adjustments to counteract the inequality which disabled people may experience and they must also make anticipatory adjustments. Altering teaching and assessment approaches is particularly contentious, since questions of fairness, the maintenance of standards and academic freedom inevitably arise.

In theorising the construction and maintenance of categories of disability, interpretive or social constructionist perspectives provide some helpful insights. Goffman (1968) challenged the thinking of Durkheim and Parsons by questioning the extent to which behaviour is an expression of a rigid system of defined status and roles. For example, in his work Asylums (1968), Goffman examined the ‘career’ of mental patients and prisoners in their respective closed institutions. His aim was to understand the way in which individuals make sense of the world and negotiate their social identity, often in very difficult circumstances. This may well involve resisting unwelcome labels imposed by others in establishing their own definition of the situation. The familiar criticism of interactionist work is that, in emphasising the power of individual agency, it may underplay the influence of wider social forces, such as those associated with gender or class. Mehan (1992) noted the criticisms of ‘ultra-relativism’ and ‘sentimental egalitarianism’ which have been levelled against the interpretive paradigm. Nonetheless, he argues that this approach may contribute usefully to the study of educational inequality by introducing cultural elements into highly deterministic macro-theories, injecting human agency into theories accounting for social inequality and opening the black box of education to examine the reflexive relations between the institutional practices and students’ careers.

Socio-cultural perspectives are perhaps less common in UK sociology of education, but have been applied recently in a number of Swedish studies. For example, Hjorne and Saljo (2004) explore the use of the term Attention Deficit (Hyperactive) Disorder (ADHD) in Swedish schools in the context of ‘the politics of representation’ (Mehan, 1993). They comment:

ADHD as a category has established itself within schooling, and in this sense is both a social fact and a resource that is actively used for dealing with problems. It has implications for the manner in which teaching is organised and for the use of limited resources. It will also have consequences for the student’s educational career, and obviously, a neuropsychiatric diagnosis, indicative of a brain injury, will play a critical role identity formation of young people. (Hjorne and Saljo, 2004: 7)

This paper applies a similar analysis to the category of dyslexia in UK higher education. We begin with a discussion of the way in which dyslexia is currently constructed in the scientific literature and the incidence of dyslexia in higher education. Subsequently, we present brief case studies of dyslexic students and discuss (a) the way in which the students and university staff understand these difficulties and (b) institutional responses with regard to curricular and pedagogical approaches and resource allocation.
The research project

Data presented in this project are drawn from an ESRC funded study conducted jointly by researchers at the Universities of Edinburgh and Glasgow between 2000 and 2003. The research used a range of methods including analysis of HESA data, a questionnaire survey of institutional practices and in-depth case studies of forty eight students in eight higher education institutions in England and Scotland. Case studies involved interviews with students, lecturers and support staff and observation of the type of adjustments which were being made in a range of learning environments. Full details of the research are available in Riddell et al (2005).

Anti-discrimination legislation and the construction of ‘reasonable adjustments’

Over the past two decades, higher education has transformed from an elite to a mass system of higher education. At the same time, new public management has grown in influence, reflected in regimes of accountability such as the Research Assessment Exercise and Teaching Quality Assessment. A raft of equalities legislation has been passed recently, opening up university processes to much closer scrutiny. In relation to disabled students, universities are now required to return information to the Higher Education Statistics Agency and Part 4 of the DDA, which came into effect in 2002, requires institutions to avoid discriminatory practices. Although the legislation has far-reaching implications in terms of its requirement for reasonable adjustments to be made to the curriculum, pedagogy and assessment, institutions may take into account a number of factors including the need to maintain academic and other prescribed standards; the financial resources available; the cost of taking a particular step; its practicability; health and safety requirements; the relevant interests of other people including other students. This list provides institutions with a number of ‘get out clauses’, and case law has yet to be established to provide insight into what is ‘reasonable’.

There are also uncertainties about who is covered by the DDA and whether the Act’s definition includes people with less severe forms of dyslexia. The key question here is whether an individual’s condition has a significant and adverse effect on his or her ability to perform normal day-to-day activities. The wording of the legislation implies that an individual whose impairment has only a trivial effect would not be covered by the Act, and only a court can decide whether an individual is disabled under the terms of the legislation. Institutions are unlikely to query a pre-existing diagnosis of dyslexia, but, as we shall see below, there is considerable variation in the tests used to diagnose dyslexia, which are not always administered by chartered psychologists. Before describing definitions of dyslexia current in the academic literature, we consider the nature of disability as an over-arching category and its political significance.

Disability, categorisation and identity

Early writing in disability studies, whilst accepting the reality of impairment, emphasised that disability was a relative construct which was contingent on environmental context (Oliver, 1990). Abberley (1987) described impairment as ‘the bedrock’ which has to be taken into account in understanding the lived experience of disability. There is a strong current in public policy which continues to see the presence of impairment as the key element in defining disability, and administrative categories used, for example, to determine access to benefits, are almost invariably based on normative notions of disability.

Recently, however, post-modern and post-structuralist writers have questioned the taken-for-granted distinction between disabled and non-disabled people, which are seen as perpetuating Enlightenment fallacies that social categories and constructions are ‘real’ (Corker, 2003; Corker and Shakespeare, 2002). Whilst the construction of a binary line between disabled and non-disabled people may be useful politically and legally, these writers argue that such a hierarchy may simply not accord with people’s experience, as impairments fluctuate and are experienced in different ways over an individual’s life course. In addition, what is constructed as an impairment at one point in time may be viewed differently at
another. This is well illustrated by a historical analysis of many categories, such as attention deficit (hyperactive) disorder, the diagnosis of which is increasingly rapid in the western world (Lloyd and Norris, 1999). These examples illustrate that, whilst the reality of some impairments cannot be denied (e.g. a serious spinal injury), others are more likely to be the product of historically contingent social constructions. Dyslexia is one of the categories which has attracted most debate over recent years.

Constructions of dyslexia

The use of the term dyslexia is now commonplace in education, and its origins may be traced to the growth the profession of educational psychology in the mid-twentieth century. However, there continues to be a lack of scientific consensus around the topic. Rice with Brooks (2004) conducted a systematic review of the evidence on the nature, incidence, diagnosis and treatment of dyslexia in adults and concluded that the condition was poorly defined and methods for judging the outcome of ‘treatments’ were unreliable. Fundamental research on dyslexia, it was concluded, must be regarded as ‘tentative, speculative and controversial’ and diagnosis procedures must be regarded as unreliable, since ‘the standard diagnostic criteria for diagnosing dyslexia cast much too wide a net’.

The review noted major design flaws in many studies, particularly in relation to the use of control groups. In order to test the hypothesis that dyslexic pupils or adults are different from other groups with reading difficulties, two control groups are needed, one made up of people in the ‘normal’ population and one made up of people with reading difficulties who have not been diagnosed with dyslexia. However, the vast majority of studies, including those which posit neurological, physiological and genetic routes of causality, are inconclusive. Voluntary organisations such as the British Dyslexia Association and the Dyslexia Institute promote definitions based on physiological differences, whilst the British Psychological Society adopts the following more inclusive definition:

Dyslexia is evident when accurate and fluent word reading and/or spelling develops incompletely or with great difficulty. (BPS, 1999)

The above definition, however, has been criticised on the grounds that it fails to discriminate between people with generic learning difficulties and those with dyslexia. A fundamental aspect of the many definitions of dyslexia is that it is qualitatively different from ‘common or garden’ learning difficulties (see, for example, Riddell et al’s 1994 study of the contested terrain of dyslexia in school).

To summarise, there continue to be major and unresolved debates in relation to what dyslexia is, whether it is caused by single or multiple factors, how it is to be diagnosed and how educators should respond. Given the requirement of the DDA that reasonable adjustments be made for accredited disabled students, there is growing concern about the variability of the criteria and assessments used to identify dyslexia in higher education at a time when there is a major increase in the number of students with a diagnosis of dyslexia.

The incidence of dyslexia in higher education

Despite uncertainty over what constitutes dyslexia, there are considerable advantages in having such a diagnosis, including access to the Disabled Students Allowance (DSA) which provides funds for non-medical assistance and equipment. In addition, those covered by the DDA are entitled to reasonable adjustments, including alternative ways of demonstrating learning outcomes and extra time in exams. For institutions, there are also incentives to include more dyslexic students. The introduction of premium funding in relation to DSA claimants means that some additional funds flow to institutions to assist them in resourcing the additional needs of disabled students. However, premium funding is pitched at a level which encourages institutions to accept student who qualify for the DSA, but disincentivises the recruitment of students with much greater needs. Institutions are also required by the Funding Councils to supply information on the number of disabled students, although no targets have been set in this area, as is the case for other under-represented groups.

Perhaps as a result of these incentives, the proportion of disabled students in UK higher
education institutions over the past decade has almost doubled (see Table 1).

**Table 1.** Students in higher education with a known disability (first degree programmes)

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of students</th>
<th>Total known to have disability</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1994 - 95</td>
<td>323011</td>
<td>11162</td>
<td>3.5%</td>
</tr>
<tr>
<td>2002 - 03</td>
<td>351805</td>
<td>21285</td>
<td>6%</td>
</tr>
</tbody>
</table>

The composition of the group has also changed, with a considerable rise in the number of students disclosing dyslexia. In 1994/95, 15% of disabled students were known to be dyslexic; in 2002/03 the proportion had risen to 49%. Over the same period of time those in the category ‘unseen disability’ decreased considerably (see Table 2). The National Working Party on Dyslexia in Higher Education (1999) attributed these changes to (i) earlier identification in the school population, (ii) support through the Disabled Student Allowance (DSA) and (iii) the increase in mature students through wider access policies, who may not have had their dyslexia detected at an earlier stage.

**Table 2.** Categories of disability used by HESA and percentages of undergraduates in each category in 1994/95 and 2002/3

<table>
<thead>
<tr>
<th>Type of disability</th>
<th>1994/95</th>
<th>2002/03</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dyslexia</td>
<td>15%</td>
<td>49%</td>
</tr>
<tr>
<td>Blind/partially sighted</td>
<td>4%</td>
<td>3%</td>
</tr>
<tr>
<td>Deaf/hard of hearing</td>
<td>6%</td>
<td>4%</td>
</tr>
<tr>
<td>Wheelchair/mobility difficulties</td>
<td>6%</td>
<td>3%</td>
</tr>
<tr>
<td>Personal care support</td>
<td>0.1%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Mental health difficulties</td>
<td>2%</td>
<td>3%</td>
</tr>
<tr>
<td>An unseen disability</td>
<td>53%</td>
<td>23%</td>
</tr>
<tr>
<td>Multiple disabilities</td>
<td>5%</td>
<td>4%</td>
</tr>
<tr>
<td>Other disability</td>
<td>10%</td>
<td>11%</td>
</tr>
</tbody>
</table>

Two thirds of school pupils identified as dyslexic in school are boys (Scottish Executive, 2004) and this difference is also evident in higher education. However, the incidence of dyslexia has increased in both male and female students as can be seen from Table 3.

**Table 3.** Male and female students self-identifying as dyslexic (first degree entrants 2002-2003, full-time)

<table>
<thead>
<tr>
<th>Total number male students*</th>
<th>Total number of male students with dyslexia</th>
<th>%</th>
<th>Total number of female students</th>
<th>Total number of female students with dyslexia</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>146240 (9905)</td>
<td>5535</td>
<td>3.8 (56)</td>
<td>169910 (9705)</td>
<td>4390</td>
<td>2.6 (45)</td>
</tr>
</tbody>
</table>

Analysis of HESA statistics demonstrated that dyslexic students were not only significantly more likely to be male, but were also more likely to be middle class (Riddell et al, 2005). It is evident, therefore, that dyslexic students in higher education are an extremely socially advantaged group on a number of dimensions.

**Support for learning in higher education**

Since the mid-1980s, there have been major changes in the nature and mode of operation of higher education in the UK, with major repercussions for learning support and wider institutional ethos. Whilst the abolition of the binary line was intended to produce greater uniformity between institutions, it appeared that marked differences remained between the academic culture of the pre-92 universities, emphasising the acquisition of knowledge in traditionally defined subject areas, and the post-92 universities, where the acquisition of vocational knowledge and transferable skills was emphasised. Bennett et al (1999) noted that attempts to introduce the teaching of core skills into pre-92 universities were met with considerable resistance, since these were seen as alien to the traditional knowledge-based culture (Dunne et al, 1997). There were also major differences between traditional and new
universities with regard to the provision of learning support. Wolfendale and Corbett (1997) noted that new universities and FE colleges were far more used to teaching non-traditional students than pre-92 universities. Whereas traditional universities had to establish learning support services to meet the needs of the expanded student population, these were often already in place in new universities and FE colleges. A key aim of the research was to investigate the impact of these contextual differences on the ability of a range of institutions to respond to the new duties imposed by the DDA. In the following section, we present case studies of three students to illustrate the nature of negotiations between the individual and the institution over the meaning of the condition and access to resources.

**Negotiating the meaning of dyslexia: three case studies**

*Liam, ancient Scottish university*

At the time of the research, Liam was a fourth year student at an ancient Scottish university. Dyslexia was not diagnosed until the start of his third year as a result of an intervention by a lecturer in media studies, who recognised a discrepancy between his performance in seminars and in written assignments. Referral to the disabled students adviser led to a psychological assessment. According to Liam, he was assured by the adviser before the assessment was conducted that it was almost certain to be positive:

I think you have to pay £200, but the disability officer said “You can get that back if you are dyslexic and we haven’t had anyone yet who has been tested who hasn’t been and I’m pretty confident you will get it back so I never ever had to pay the £200.

Liam was delighted to receive the diagnosis, but was advised by the disability officer to be ‘as diplomatic in the scenario as possible’. He expected his English tutors to respond by giving him support with his assignments, and was shocked by the lecturers’ reaction:

You know I went to one guy, in fact the first guy I saw, and said, “Look, I’ve been diagnosed as having dyslexia’ and I was about to say, ‘Who can I go to discuss essays with?’ and he said, “Oh, you know in my experience dyslexics don’t spell any worse than the other students”. Afterwards, when I left, and this says everything about the guy, he just said, “Don’t hassle me”. I thought, this guy, he’s supposed to be teaching English Literature and doesn’t even have a basic grasp of what dyslexia is.

Another lecturer was reported as saying:

Well I taught students at Oxford who are much more dyslexic than you, you’re only moderate.

Liam’s experience with a media studies tutor was very different. The tutor was aware of Liam’s uneven performance, and as some one whose first language was not English, had considerable sympathy. He was also aware that Liam was producing up to fifty drafts of an assignment. He therefore suggested that Liam should limit himself to three drafts before submission, on the understanding that he would be able to re-submit if it was not up to the required standard. In addition, the tutor made special allowances when marking:

You know if there was an essay from a dyslexic student I tend to try and ignore the kind of structural difficulties and try and see what they are saying and so I tend to mark them on the ideas rather than the actual presentation. But that’s totally improvised, that’s not because of anything.

In addition to his awareness that the allowances he made were ‘improvised’ rather than based on sound principles, the tutor also felt uneasy because the support given to dyslexic students was based on the demands they made rather than some more objective judgement of their relative need:
I felt that in a sense Liam was disadvantaged by his dyslexia but also he was getting all this kind of special attention which I was happy to give. I don’t think it was proportional to the attention I had given to other students with dyslexia. So I feel quite uneasy about that as well.

Overall, the tutor felt that Liam had been treated unfairly by the exam system and should have sought an alternative form of assessment, since the only compensation made, additional time, was unlikely to be helpful in overcoming the barriers faced:

The overall degree he got (an upper second) was not a reflection of his abilities at all as I came to know him. In his exams he was getting a 2.2 and all of his coursework was first class. So even the fact that he had extra time, I don’t think that was adequate compensation. So I felt really strongly after that - that here we are assessing a student within a system of assessment that is obviously not giving him a fair deal because he can’t really demonstrate what he knows and what he is capable of.

The tutor asked for his concerns to be minuted at the examiners’ meeting, but compensatory action was not possible at that point. Liam felt that the award of a 2.1 degree represented a major injustice:

I applied for funding from the Students Awards Agency for Scotland for a PhD and they said “Sorry, you don’t get funding because you didn’t get a first”. And I’m thinking, “If I was black, this would be racism, blatant racism, but I’ve possibly missed out on £20,000 worth of funding which everyone says I’m capable of because the system was weighted against me and I was misinformed at the time.

Maurice was a second year medical student who had previously completed a degree in Physiology and Sports Science. His parents were both teachers, but his dyslexia was not formally diagnosed until the second year of his first degree. At school, he was regarded as ‘a bit slow’:

I went through school – everything was never fine – I was always slow. Always from the start of primary school, my mother and father would have been brought in because my reading wasn’t very good, my reading was always very slow. Both my parents were teachers, so I think what really happened was that they sort of worked with me a bit. Nothing was ever diagnosed except that ‘Maurice’s a bit slow’, do you know what I mean, and I must have just muddled through school to be honest. English was never a strong point and I don’t know if that was why I went down the science route, because it wasn’t structured essays, factual learning. It was understanding, and I was always better with diagrams and thing like that.

Maurice was prompted to go to the disabled students adviser for a diagnosis because of the problems which emerged in his second year with assignment writing. A lecturer noted the discrepancy between his oral and written performance:

He stood out from the very beginning in class. He usually led the questioning and in all oral interchange he was outstanding…but it wasn’t coming through in his written work, that similar ability to construct concepts, to critically handle them.

Just as he had been labelled ‘slow’ at school, university staff began to see him as a lazy, disorganised student. When he asked why he had been given a poor grade for an assignment, he would be told: ‘Well, Maurice, it just doesn’t look – it looks like you’ve done it the night before …It doesn’t flow, there is not structure to the essay’.

Following a visit to an educational psychologist, Maurice was told that he was dyslexic, and described a feeling of relief at being able to exchange a negative identity for a more positive one:
Initially my diagnosis was “You are dyslexic” and at that time that was a relief to me. I didn’t take it to heart, I didn’t think I was retarded or something like that. I think some people do take it to heart. I thought, “Well, that’s quite a relief” and I was quite happy with the position that the university was going to give me some extra time in exams and I thought, “Oh that’s good, it will take a bit of the pressure off me a bit more in writing essays”.

In reality, the extra time in exams was experienced as a mixed blessing, but the sense of release from blame meant that Maurice was able to finish his first degree and embark on a second.

However, the negotiation of identity with significant others was ongoing. When he enquired about entering medicine, he received a slightly frosty response from the medical faculty:

I came to enquire about it and they were a bit standoffish about the whole dyslexic thing. …Their point of view is that they see it as an excuse and they say, “Why do you want extra time in an exam? You wouldn’t get extra time during a surgery or extra time in resusc.”

Fellow students were also likely to look down on anyone who might be regarded as less able:

I know it is better being dyslexic, I can feel my medical friends saying “And how did you fail that test Maurice?”. There are a few people think that.

Whilst having the diagnosis of dyslexia was important to Maurice in bolstering his self-esteem, he was reluctant to discuss this with other students:

There’s about three other people in my year who are dyslexic in medicine and I’ve bumped into them as we’ve arrived at the exam hall 25 minutes early, you can work it out, but that’s the only way. Sometimes it comes up in the conversation, “Where were you?” “Seeing the special needs adviser”. “Oh, what’s that about?” It never gets brought up in conversation with any academic members of staff.

Maurice continued to struggle with the idea that he shared a common identity with some one with more significant impairments:

I don’t like thinking of myself as disabled, I don’t even like, when you started talking, I don’t even like that you almost put me in the category with someone in a wheelchair. I almost find that offensive. No. I mean, God, I’m glad I’m not and it’s almost a relief that I don’t have to deal with a physical or other disability. I really don’t like holding it up or shouting about it at all. I like that it’s been identified and I’m not stupid, I rather look on it like that.

Despite his ambivalence about the category of dyslexia, Maurice maintained a sense of himself as a person who was discriminated against by the university assessment system, which prioritised mastery of the written word and ‘tested my weakness’. Rather than extra time in exams, Maurice considered that an alternative form of assessment based on oral work should be permitted. At the very least, he felt that ‘people who are marking my exam scripts or marking my course work should know that I am dyslexic, so that allowances could be made’.

Sheena, post-92 English University
Sheena was a 32-year old mature student studying for an MPhil in Psychology following a first degree in Psychology at an English post-92 university. She had initially embarked on a PhD, but had been told at the end of her first year that this was not realistic due to her difficulties in writing. This had been a severe blow and she felt that she had suffered an injustice. Sheena’s early education involved many changes of school, since her father was in the armed forces. Like Maurice, she grew up with a sense of herself as slow and un-coordinated, although dyslexia was not diagnosed formally until much later:
No, I didn’t know that I had it. I’ve always had a sense of feeling different. I was the last kid, for example, in my class to move out of pumps because I couldn’t tie my bloody laces. I was sixteen before I could use a normal clock. I always knew there were things I couldn’t do that other people could, but I always thought I must be horrendously stupid and that. I was also one of three and I was the only daughter to fail my 11 plus and that kind of re-inforced the whole idea that I must just be incredibly stupid. …I did think, “Well, why am I good at this and why am I crap at that and why am I so clumsy all the time”.

Sheena managed to get through her first degree without major difficulties as a result of ‘over-learning’, but there were a few times that they had to re-read my exam scripts as my writing is absolutely appalling and for my tutors to allow me to do that was very nice. At the start of her working life, literacy problems with spelling and organisation became more apparent and she eventually went to a chartered psychologist for assessment. The diagnosis of dyslexia had a profound impact on her sense of self:

You know you have these problems and you suspect that you have these problems but you spend your whole life covering up and compensating for them and you get to a point when you wonder if it’s just your paranoia and then somebody goes, “Yes, you were right, you do have a learning disability or learning difficulty or whatever” and it’s like all of those things that you quite suspected but weren’t quite sure. All of those things that you thought made you slightly more cracked up than everybody else is true and that was the hard part. I think that was the hard part for me getting the diagnosis and feeling different as well, and all of a sudden I had a legitimate reason.

However, during the first year of her MPhil, disclosure became a major issue. It transpired that her supervisor had discussed the possibility of dyslexia with other people, including the disabled students adviser, without including Sheena in the conversation. As a result, Sheena experienced a sense of betrayal and loss of control over the management of her own identity:

If you disclose something to one tutor, …it then becomes public knowledge and at some point I think it did. That worried me hugely because it does undermine your confidence in the institution where you study. But yeah, I think there was an element of control there, I don’t mind admitting that control is important because control allows you to predict what’s going to happen next and give you structure and it gives you some certainty at least.

For Sheena, the diagnosis of dyslexia did not imply an acceptance of disability as an essential part of identity:

I don’t see myself as disabled. I ask myself the question, “Has it stopped me from doing anything?” and the answer is “No”. My only worry is that if I had known earlier it would have become self-limiting so I’m very pleased that I didn’t find out that I had it before I went off and did things that I found challenging.

Learning difficulties, on the other hand, was a term which Sheena found less antagonistic:

I don’t identify with the notion of disability, I do identify with the notion of difficulty. Because difficulties can be overcome. Disability, I think it feels much more like a life sentence, do you know what I mean, it seems much worse to have a disability than to have a difficulty that you have some kind of notion, some capacity for over-coming. I don’t think of myself as disabled.

One reason for Sheena’s rejection of the idea of herself as a disabled person was that it conflicted with her self-image as a determined and competent individual:

It (being identified as someone with a learning difficulty) just makes me proud or stubborn but I don’t want people to kind of think, “Poor you”, because you get on with it, don’t you. You don’t make a drama out of a crisis, you just get on with it.
Sheena believed that some people in the university continued to have doubts about the validity of a diagnosis of dyslexia. Ultimately, her own ambivalence about dyslexia and disability was reflected in uncertainty about whether to disclose a disability in a job application. Initially, she decided not to identify herself as a disabled person, but subsequently she realised she needed the protection which would flow from this:

I wouldn’t, I would not tick the disabled box – I think maybe I did actually reign in my pride and tick the disability box and I rang them and said, “I’m dyslexic and if I’m coming to your centre then I need access to a word processor”. So yeah, I think in that instance I made it work for me and then I thought, well, damn it, why should I handicap myself?. In other instances I haven’t because I’m very suspicious, despite the fact that the Disability Discrimination Act exists. I’m very very suspicious of people making a judgement about who you are depending on whether you tick a box or you don’t. Because I think people don’t understand that you can have dyslexia and be completely, perfectly affable, perfectly bright person who just has a few problems in these areas over here.

Lecturers’ accounts of dyslexia

Students’ belief that lecturers remained sceptical about diagnoses of dyslexia were reinforced by interviews in all of the eight case study institutions. Lecturers saw themselves as pressurised by the new managerialist agenda and making appropriate adjustments for disabled students was often not prioritised. One of the most common adjustments required by all disabled students, not just those with dyslexia, was access to notes in electronic format. Lecturers were very unlikely to comply with this request, particularly in pre-92 universities. Reasons given for this were that if notes were available in advance, students would not come to lectures. Furthermore, lecturers felt that notes were their intellectual property and they did not want them to be reproduced without their permission. Finally, a number of lecturers said that they did not have written lecture notes but preferred to lecture spontaneously, pulling together information from a wide range of sources just before their lecture. To have a formal written lecture would take away from the creativity of lecturing and make it more of a mechanical activity. A number of students commented that age was a significant feature here; younger lecturers were more likely to use IT, including PowerPoint, and be less precious about sharing their lecture notes.

Particularly in the pre-92 sector, lecturers expressed anxieties about the ‘dumbing down’ of academic work. One lecturer commented:

I think the issues [of academic standards] will come to the fore when we have a lot more students who fall into the disabled group and what we will get is the student who is disabled and a bad student. A student who is disabled and is a bit lazy, and I think people are not quite sure what to do because of the PC nature of it. These are the cases that will be difficult because the question arises, is the student using their disability as an excuse for being lazy? But most of the people we have had so far are here because it isn't yet mainstream and they have struggled so hard to get here and they are willing. As I say in the past it's been a case of asking the lecturer, 'Can I have this extra thing, can I tape the lecture and go away and re-write it?'. So they are going through all this extra work so they tend to be the students who are motivated.

A particularly difficult area concerned the adjustments required by dyslexic students who said they were having problems with structuring their work as a result of their dyslexia:

Yes, I had a student who was making this case to me today when he was talking about advising him to honours. He was saying, ‘I have problems with the exams because I can’t structure’. I always have questions about structure because there are students who are not dyslexic that we say that to as well.
There were also concerns that making adjustments for disabled students might disadvantage others. With regard to making adjustments for poor spelling, for example, lecturers questioned why allowances should be made for dyslexic students but not for students from socially disadvantaged backgrounds or overseas students. Other adjustments questioned on grounds of fairness included extended access to course materials or library books and additional contact hours with lecturing staff. Lecturers in pre-92 universities were resistant to the idea that students from under-represented groups should be admitted with lower grades; the aim, rather, should be to improve state education to erode differential levels of attainment.

In pre-92 universities, many lecturers appeared to have reservations about that changes which had accompanied the widening access agenda, and believed that pressures to lower non-completion rates meant that standards had declined:

Well the TQA and the RAE have had a disastrous effect on universities and the reason is really very simple. …The Government in the 1990’s made our funding dependent on student numbers, [and as a result], we have to have at least one eye on the finances…. To put it crudely, the new financial system puts pressures on us to pass students who would have previously failed.

Conclusion

In this paper, we have argued that social constructionist thinking provides insight into struggles over the categorisation of disabilities over time and the power relations and competition for resources which underpin these struggles. Dyslexia, one of the ‘new’ disabilities of the twentieth century provides interesting insights into how categories emerge and grow, accompanied by disputes over aetiology, effects and ‘treatments’. In higher education there has been a rapid expansion in the absolute number of students with a diagnosis of dyslexia, and in their relative proportion among those disclosing a disability. Indeed, the expansion of disabled students in higher education is largely explained by increase in the number of dyslexic students. Analysis of the characteristics of dyslexic students reveals that they are significantly more likely to be middle class and white, indicating their relative social advantage.

Students who entered higher education without a prior diagnosis of dyslexia reported having to engage in a long struggle to have their impairment formally recognised. Often, this was welcomed and was incorporated into the student’s biography in a way which explained and excused earlier failure. This is in marked contrast to the experiences of people with generic ‘learning difficulties’, for whom the category is indicative of a spoiled identity and is therefore rejected (see, for example, Riddell et al, 2001). Despite qualifying for a range of special allowances, students with a diagnosis of dyslexia reported having to struggle with institutions to achieve adjustments in pedagogy and curriculum. More routine allowances, such as the provision of laptop computers and extra time in examinations, were less contentious. Dyslexia as a category is not without stigma (see, for example, Maurice’s account of attitudes to dyslexia in medical education), but it still actively embraced by a growing number of students in higher education, and seems to operate for them as what Slee (1995) termed a ‘label of forgiveness’. Acceptance of the political category of disability, however, may be rejected by students with a diagnosis of dyslexia, who identify with other dyslexic students, but regard students with physical or sensory impairments as fundamentally different. Whilst this may pose a problem for the construction of a strong disabled students movement in higher education, it is consistent with Watson’s (2002) finding that many people who are classified as disabled do not incorporate this category into their conception of self because of its negative associations.

Resistance at institutional level may in part be explained by the complex struggle over resources which has been ongoing in higher education since the early 1990s. The dissolution of the binary line led to a rapid increase in student numbers with a corresponding fall in the unit of resources. Particularly in the pre-92 universities, academics experienced this expansion, accompanied by a diminution of academic autonomy, as a worsening of their conditions of employment (Halsey, 1995, Deem et al, 1998). Disabled students requiring non-standard provision, particularly those with invisible impairments such as dyslexia, may be
regarded by lecturers as yet another institutional demand to be balanced alongside demands for improved teaching and research. This type of resistance is exemplified in the writing of Furedi (2004), who sees the growth of disability as evidence of a growing pathologisation of everyday life.
References
Watson, N. (2002) ‘Well, I know this is going to sound very strange to you, but I don’t see myself as a disabled person: identity and disability’ *Disability & Society* 17, 5, 509-529.