

An Anthropological Approach to the Study of Dyslexia

Cultural and Social Influences
In the Popular and Scientific
Understanding and Representation
of Dyslexia



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by

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Abstract

This dissertation examines the strengths and weakness of the impact that different models of framing dyslexia have on individuals' understanding and representation of dyslexia, with reference to the Italian and English situation.

The Disability Act of 1995 helped change the educational environment, giving special needs the status of a disability and, by defining dyslexia as a disability, entitling dyslexics students to pedagogical support. This framing is evident in university student support units' emphasis on dyslexic students' application for Disabled Student Allowance (Pollak 2005). The Disability Discrimination Act of 1995 frames disability as an impairment in day to day life. However, while on the one hand a social model of disability would locate this impairment in the structure of society, on the other hand recent studies (e.g. Orton, Frith Tressoldi, Pollak) have shown how in certain circumstances dyslexia constitutes hardly any handicap. This forces us to reconsider where the notion of impairment is to be located, giving new emphasis to the importance of the discovery that cultural factors play a big role in constructing the "symptoms of the dyslexic individual" as a disability and/or a handicap.

To explore this in greater detail, this dissertation analyses the results of semi structured interviews with informants representative of student support units within universities, study skills tutors, psychology practitioners in the field of dyslexia, dyslexic individuals, teachers, and people working in dyslexia-related institutions. It will provide a comprehensive area of investigation to explore the effect on individuals of the different models of framing dyslexia. It will also look at grey literature such as newspaper articles. In particular, one article puts forward how, in the Italian region Emilia-Romagna, new regional guidelines have reclassified dyslexia as not being a disability, in an attempt to tackle the problem of setting in place educational adjustments within the school system.

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Introduction

In this dissertation I am going to investigate the understanding and representation of dyslexia. In practice this will look in the main at how institutions and individuals frame the abstract concept of dyslexia and how this becomes an operative concept to act upon reality. I interviewed informants representative of student support units within universities, study skills tutors, psychology practitioners in the field of dyslexia, dyslexic individuals, teachers, people that work in dyslexia related institutions. I will provide a comprehensive area of investigation to explore the effect on individuals of the different model of framing dyslexia. The scope is to show how anthropological analyses with an emphasis on cultural factors can resolve some of the paradoxes associated with classifying dyslexia as a disability.

The conclusions are particularly interesting both for the debates around dyslexia and for current anthropological debates on medicalisation and disability studies. They show the strengths and weaknesses of the framework of disability studies locating the flow of this framework in the concept of impairment, linking it back to the framework of medical anthropology studies.

The approach I adopt is that of a de-medicalization movement towards a more sensitive rearrangement of the knowledge classification system around the concept of dyslexia.

In the Perspective chapter, I will give an overview of the discourses on dyslexia. The culture impact on the manifestation of the symptoms of dyslexia will be discussed. It will be presented the Italian and the English context. For the Italian context it will be introduced the history, the assessment procedures, the recommended treatments and specificity of transparent orthography of the Italian language. For the UK context, the history of how dyslexia was first framed as a special educational need and then as a disability entitled to the disabled student allowance will be presented. The implication of cultural

diversity on the biological unity of dyslexia will be discussed. The provision in university contexts, will be linked with the socio-cultural implications of framing it as a disability to entitle students to the disabled student allowance.

The literature review will deal with the anthropological literature that constitutes an insightful analytical theoretical framework. Actor network theory, and the role of categories as actors, in the network of social relations will be presented. I will introduce the theory behind knowledge, classification system, and the notion of taboo that has a great deal to say about the conceptualization of dyslexia. Taboos have epistemological implications, obscuring the search for knowledge in that specific area, seen as liminal, polluted, and threatening the established order.

An overview of the Anthropology of science, will emphasize the role of culture in the construction of scientific knowledge. We will then see the importance of understanding the implications of the move from objective reproducibility to statistical probability in physics and its implications for the social sciences. Medical anthropology, the health care system can be understood as a cultural system in which illness is articulated as a cultural idiom. Since dyslexia has been highly medicalized, it is necessary to understand the dynamics and contribution of the concepts of medicalization, illness narratives, disability studies, the notion of impairment and social stigmatisation as a framework for analytical investigation.

In the method section the research question will be discussed, the type of data collected will be evaluated with a justification of why semi-structured interviews turned out to be the most appropriate tool for investigation. Ethical consideration will be discussed. In the findings, grey literature will be presented together with a synopsis of some relevant parts of the most relevant interviews for the discussion section.

In the discussion section I will interpret the findings using the theoretical framework presented in the literature review as a tool for analyses.

Considering what classification theory has to say about the conceptualisation of dyslexia, how cultural idioms influence a narrow definition of dyslexia, what are the strengths and limits of analysing dyslexia from a disability studies perspective, and how in this specific case, framing dyslexic individuals as disabled makes dyslexia taboo. We will see the epistemological implications of taboo in inhibiting the understanding of dyslexia. Through material semiotics we will see how the psychological assessment acts upon a network of social relations, enforcing an educational measurement through a medicalization process. The implications of the medicalization of dyslexia will then be considered, in the light of the notion of impairment proposed by disability studies. The location of the classification impairment will reveal to have an important role in the conceptualization of dyslexia.

Perspectives on Dyslexia

"Dyslexia has a hidden existence in Italy. Some Italian dyslexics may not be diagnosed and may miss out on care. On the other hand, English acts like a magnifying glass: it is easy to become aware of the problem."

Prof Utah Frith (Highfield 2001)

In this section I am going to give an overview on some perspectives on the discourses on dyslexia I consider to be relevant to the Italy-UK debate, and the discussion session of this dissertation. I will start by looking at the impact of culture on the symptoms of dyslexia. Then I will examine the Italian context, the history of the discourses, the implications of the Italian language's transparent orthography, the assessment and diagnosis procedures, and the recommended treatments.

I will then look at the United Kingdom context, the history of dyslexia, the concept of Special Education Needs and how it has been merged with that of disability and the Disabled Student Allowance.

Finally, I will put into perspective the implications of cultural diversity and the biological unity of dyslexia in the Italian-English debate.

The following section will look at the provisions required for dyslexic students in the university context, and socio-cultural implications of the Disabled Student Allowance on students.

Cultural Impacts on Dyslexia

"Defining dyslexia at a single level of explanation - biological, cognitive or behavioural - will always lead to paradoxes. For a full understanding of

dyslexia we need to link together the three levels and consider the impact of cultural factors which can aggravate or ameliorate the condition." (Frith 1999:211).

"The influence of cultural factors is such that in some contexts the condition causes hardly any handicap in affected individuals, but in others it can cause a great deal of suffering." (Frith 199:211). Frith also acknowledges "great variability within and between individuals." (Frith 199:211)

In Italy

History

Stella (2004) notes how the debate and research around dyslexia in Italy started only 20 years ago. "Children with reading difficulties were interpreted as lazy or having behavioural or emotional problems. In clinical settings it was rare to be assessed as dyslexic, as learning disabilities were attributed to psycho-emotional disturbances and the cognitive and neuropsychological approaches were not widely known." (Stella 2004:139)

Italian language and the role of its transparent orthography

As for the language differences, Italian orthography does not have homophones so during reading we do not encounter written words or morphemes that could be read in a different way, (Stella 2004:139). Therefore Stella argues that, "Due to the regularity of the orthography, Italian children learn to read and spell very quickly. It may be for this reason that we find a lower incidence of dyslexia in the Italian population than in other countries." (Stella 2004:140). In Tressoldi's view in the English language, accuracy is used to measure reading efficiency, while in the Italian language, with its transparent orthography, low reading speed is the symptom for reading impairment, (Tressoldi 2004:135).

Fluency vs. Accuracy

He then argues under the "Dyslexia treatment" section of his chapter that "accuracy, contrary to fluency, is not a particular problem to solve." (Tressoldi 2004:136)

Assessment and Diagnosis

As for the diagnosis of dyslexia "Following Italian laws, a diagnosis can be made only by medical doctors and psychologists. No diagnosis can be certified by speech therapists or teachers." (Stella 2004:140). "Assessment includes psychological evaluation, language tests, reading and spelling tests, memory and attention tests, and arithmetic tests and has to be made in a clinical setting." (Stella 2004:140)

Treatment

He then concludes by saying that "the more efficacious treatments seem to be those aimed at automatizing the recognition of syllables and whole words presented tachistoscopically, isolated or in texts." (Tressoldi 2004:136). However Stella concludes by affirming that "in Italy this topic is underestimated and underdeveloped." (Stella 2004:140) In the past few years most regions have been framing it explicitly without the label of disability.

In the UK

History

In 1996 the Education Act, made provision for children with learning difficulties. Orton (2004) argues that "The definition of Special Educational Needs (SEN) swept away the concept of categorizing children with disabilities and learning difficulties." (2004:86).

SEN

"A child has special educational needs if the child has a learning difficulty which calls for special educational provision to be made. A child has a learning

difficulty if the child has a significantly greater difficulty in learning than the majority of children of the same age." (1996 Education Act, Section 312).

"The dyslexic community would argue that dyslexic children have significantly greater difficulty in learning than their peers and that they require special educational provision." (Orton 2004:87)

DSA & Disability

"The SEN and Disability Act 2001 brought education within the Disability Discrimination Act (DDA) 1995. [...] from that of SEN, i.e. 'A person has a disability if he has a physical or mental impairment which has a substantial and long-term adverse effect on his ability to carry out normal day to day activities. "Schools and colleges cannot discriminate [...] and must make reasonable adjustments " (Orton 2004: 89). "There is still a debate over whether dyslexia should be considered a medical or an educational concern" (Ott 1997:14). Ott (1997:14) mentions the Orton Dyslexia Society's four part analyses:

1. the differences are personal
2. the diagnosis is clinical
3. the treatment is educational
4. the understanding is scientific"

Therefore, it is seen as being medical in origin and educational in treatment. However Orton, acknowledging that the situation is far more complicated, states that "there is a lesser but growing debate about whether dyslexia is a disability." (Orton 2004:87)

Considerations on Italy and UK - cultural diversity, biological unity

Frith argued that "dyslexics would be better off learning to read in Italian than in English," (Highfield 2001)

The article "Dyslexia: cultural diversity and biological unity," (Paulesu, Démonet, Fazio, McCrory, Chanoine, Brunswick, Cappa, Cossu, Habib, Frith, 2001) frames dyslexia as a neurodevelopmental disorder. This means an impairment of the growth and development of the brain. However, in the authors' view, acknowledging "dyslexia as a neurodevelopmental disorder has been hampered by the belief that it is not a specific diagnostic entity because it has variable and culture-specific manifestations." (2001:2165)

They conducted a study with Italian, French and English dyslexics, and found that Italians performed better at reading tasks, due to the shallow orthography of the language. However "all dyslexics were equally impaired relative to their control on reading and phonological tasks." (2001:2165) They concluded that "there is a universal neurocognitive basis for dyslexia and that differences in reading performance among dyslexics in different countries are due to different orthographies." (2001:2165)

Therefore they see dyslexia as associated with a phonological deficit independent from orthography (2001:2166).

Provisions for Dyslexic Learners: Dyslexia Confronts Academic Oligarchy and Autonomy

"Dyslexia whether defined as a neuropsychological condition or as part of the natural spectrum of human brain development, confronts academic autonomy and oligarchy." (Pollack 2005: 158).

Pollock argues for "a new way of looking at dyslexia and dyslexic students that moves away from the ubiquitous cognitive emphasis." (Pollack 2005: 146).

Frith (1999) argues that "It is a fact that behaviour changes over time. The behavioural signs of dyslexia improve with learning and compensation, even

when the underlying problem which had given rise to the difficulty in the first place still persists." (Frith 1999:209)

Pollak, talking about "how are mainstream learning and teaching concepts linked with the dyslexia-related issues" raised in his study, emphasise how good practice in teaching recommends taking into account a wide range of learning styles, in contrast with the teacher's mode of information processing, which tends to be quite different from the students' one (Pollack 2005: 145). "Learning and teaching approaches which are helpful to dyslexic students are often put forward as potentially beneficial to all students." (Singleton et al 1999; Morgan and Klein 2000, Cottrell 2001), (Pollack 2005: 154). "But it also demonstrates that dyslexia may be multi-dimensional, but addressing it need not be any more demanding than established good practice."

Considerations on Disabled Student Allowance and Disabled Dyslexia

"Claiming DSA funding - which universities insist that dyslexic students must do - involves not only accepting the label "dyslexic" but also linking it with disability. As many disabled people would point out, this is not automatically negative, but for a dyslexic student it may seem yet another label." (Pollak 2005: 153)

Also, it is not to be ignored that "sociological analysis of disablement... links it to deviance, illness and stigma, with the focus on the individual with a problem. The social model proposed locates disablement primarily within the structure of society: its values, political economy, physical environment and welfare system." (Pollack 2005:7)

Furthermore commenting on the Disabled Student Allowance he says that "providing funding on an individual basis is not an efficient way of distributing resources. Loans of assistive technology would be greatly preferable." (Pollack 2005: 153). "This research suggests that the "disability" of dyslexia is largely

socially constructed." (Pollack 2005: 158). "As technology advances it will change the cognitive make-up of dyslexic people from apparent deficit to advantage." (Pollack 2005: 159). "What is also required is reframing by the universities so that they move away from labelling their students as having a "problem" to seeing any "problem" as for the institution to resolve." (Pollack 2005: 159)

Literature Review

ANT, Classification, Taboos and Knowledge

Actor Network Theory (ANT) creates the theoretical framework to investigate the social effect of socially constructed categories and their role as actors. Latour conceives society as a network, in direct opposition with the Durkheimian tradition. The Actor Network Theory has its grounding in material semiotics, which argues that things and concepts interact in a network of social relations. Despite the importance of social networks of relations, anthropologists have long been aware of the importance of categories and classification systems which are ultimately culturally grounded.

Mary Douglas' famous quote "dirt is matter out place", exemplifies how rituals of purity or impurity create unity of experience in any society and how "cleaning is as much concerned with order as it is with hygiene." (Hendry 1999). Mary Douglas describes deviant creatures as anomalies which threaten the established order. One example is the pangolin, among the Lele, it has the body and tail of a fish, but has four legs and climbs trees, and is a mammal that has one offspring at a time. It has an important place in cosmology, mythology and rituals. It is seen as a mediator between humanity and animal world.

Drawing from Mary Douglas and Saussure, in "animal categories and terms of abuse" Leach says that language is like a grid, words break up the social and physical continuum into discrete recognizable units. Words that are taboo help to reinforce this system and prevent confusion by inhibiting the recognition of the part of the continuum which separates things and concepts. Therefore taboo and ideas of pollution and purity help delineate systems of classification. In Leach's view the primary function of taboos is to mark the boundaries of the human being with his environment, and he gives the example of exudations of the body. A second set of taboo words are blasphemous ones in a religious

context, that try to separate life and death, which is why according to him in mythology there are ambiguous creatures representing mediators between the two worlds. The last set he identifies is the animal category, used in derogatory ways to address other people.

In Murray's article (1981) "the importance of knowing about not knowing" while considering medicine as a cultural system and looking at practitioners it emerged that "under certain conditions not-knowing or not caring to know can become institutionalized as part of a medical culture" (387). Furthermore he claims that the "origin of not knowing (and not caring to know) lies in the break-up of traditional medicine as a system" (391).

What Murray does in his article is demystify the preconception that a medical system is always striving to increase its knowledge. He shows instead how once it is constituted as a working system it obeys the same dynamics of cultural systems, in which areas where knowledge is missing first become taboo, then become grey areas to be avoided and not investigated further. If we relate this to the taboo discourse, we can see how knowledge and taboos are strictly interlinked.

Anthropology of Science

Taking an overview of the anthropology of science, the anthropologist Sarah Franklyn talks about the ethnographic investigation of science and technology, and delineates four anthropological approaches to science studies. These are ethnography of scientific practice, science examined as a cultural system, science as cross cultural, transnational practice and investigation of how "it shapes and is shaped by the broader currents of society" (Franklyn 2002:351). Looking at science as social activity allows Franklyn (2002:352) to put forward the following consideration. Even though science is a particular way of knowing premised on objective relationships to phenomena described, however this

relation is influenced by how scientists understand their work, and how scientific ideas mean many things to different people.

A good example of how cultural categories shape the outcome of research, and therefore how scientists reproduce cultural idioms in framing their findings, can be found in Helmreich's (1998) ethnography in the institute for the study of complexity in Los Alamos, New Mexico, studying artificial-life. He found a close correspondence between A-life origin narratives and biblical ideas of paternity, even though most of the scientists were atheists. His account also reveals that scientists create the conditions they study, reproducing specific idioms of kinship, gender, sexuality. His ethnography emphasises "how deeply cultural values and beliefs shape the most objective aspects of research science." (Franklyn 2002: 352)

Rabinow (1996), looking at the biotechnology industry, and in particular development of the polymerase chain reaction, provides an example of ethnography of scientific practice, which is a useful perspective to frame science as a cultural system. He notes that , "the concept (of polymerase chain reaction) becomes an experimental system, the experimental system becomes a technique, the technique becomes a concept" (Baniwos 1996: 169). Rabinow (1996) and Gusterson (1997) looking at rationalities guiding scientist efforts, locate those in the "style of life" in the industry. Therefore in the context of genetics Rabinow notes how "changes in the production of scientific knowledge, which are instrumentally driven by technical innovations rather than a more abstract "search for truth", exemplify wider forms of cultural change." (Franklyn 2002: 353)

Strathern (1992) looking the production of scientific knowledge, sees how her ethnographic example is instrumentally driven by technical innovations. She looks at how assistive technology in human reproduction, "makes explicit a very a significant transformation of the very meaning of nature". [...] "new knowledge and techniques, introducing an insecurity into a domain or social

activity integral to the definition of social relations through kinship, parenthood, family and genealogy." (Franklyn 2002: 356). This feeds back to the idea of the importance of knowing about not knowing seen in the previous section. New knowledge and techniques introduce insecurity in social activity, threatening the established system of knowledge and classification.

I am going now to consider the scientific quality from a "hard sciences" prospective, in particular the move from objective reproducibility to statistical probability. What are the cultural implications of that from an anthropological perspective?

The physicist Balsamo points out that hard sciences, natural sciences and soft sciences have all tried to adopt Galileo's scientific method, taking physics as a paradigm. (Balsamo 2008: 1). Now the key characteristic of the scientific method is that it relies on quantitative analyses. A scientific proposition implies: observation -> experiment -> hypothesis/law -> consequences -> verification. (Balsamo 2008)

However some of the issues with the "logic" of the scientific method are due to problems associated with inductive reasoning. Induction makes generalizations based on individual instances, and claims their universality. It is the generalization of the experiment into an hypothesis/laws. However, Balsamo points out that there is no apparent justification for this move from the generic to the universal, except for a philosophical grounding in the idea of the regularity of nature.

Regularity is closely associated with reproducibility, which is crucial in scientific methodology. If reality has a certain degree of regularity therefore you must be able to repeat/reproduce something in order to verify/test whether it is a characteristic of that regularity or not. Therefore testability leads to empowerment, confirming a certain degree of objectivity.

Nonetheless there is a certain degree of uncertainty in classical physics due to a persistent error in measurements. This is claimed to be due to the intrinsic characteristics of the instrument. Furthermore this error can be minimized but not eliminated.

This notion of the persistent error in measurements in classical physics has led to the introduction of statistics, (to contain the errors collected with the data), leading to a shift in the probability paradigm.

As in quantum physics, Heisenberg's uncertainty principle introduces a limit to the study of phenomena, due to the characteristics of reality and not of the instruments in themselves. For now I shall leave the implication of this underlying philosophical assumption open and the issues it raises for the idea of regularity of nature in classical physics.

However, the persistent error in measurement and the limitations in the study of phenomena are some of the core issues of hard sciences that become amplified in soft sciences, in terms of methodological implications, philosophical assumptions of what constitutes reality, and wider epistemological implications.

This later framework (introduced by quantum physics) affects the scientific methodology as well. The hypotheses/laws follow a probabilistic description, guided by a deterministic framework of statistical laws. Therefore reproducibility becomes statistical rather than empirical.

The last paradigm shift considered by Balsamo is the introduction of Holism in science, which has brought attention to complex systems. The paradigm of complexity proposes a framework of investigation for non-linear multi-element systems, whose common characteristic is that the collective "behaviour" transcends individual behaviour.

Non-linear and complex phenomena are best suited by a probabilistic description. Complex systems are those investigated by social scientists. However a probabilistic description moves away from hard science, classical physics, the concept of reproducibility and its regularity of nature and reality, and philosophical assumptions.

Reproducibility in classical science is entitled to objectivity of the conclusions: can or will a probabilistic description be entitled to objectivity? Or is that going to imply a move away from the concept of objectivity?

For knowledge of physics this means revisiting some concepts such as that of the electron orbit, that is the characteristics of the gravitationally curved path of the electron around the atom. In simple terms, is it a trajectory that can be described point by point and predict future movements?

The concept of Orbital, which replaced that of orbit, is framed as a mathematical function which describes a region where the electron is likely to be found. The concept shifts from a straightforward line to a wave-like pattern. From a knowledge of the production side of things, it is not possible to have objective certainty of where the electron is going to be. Statistical and probabilistic laws, expressed as mathematical functions, take the place of the objective discovery of the scientific method of classical physics.

Now this is all very well, but if we want to take a step back into anthropology, what does it mean for the knowledge production, which we have seen is culturally determined? How does this shift from the objectivity of classical physics of the outcome of scientific research, to the probabilistic results influencing Western knowledge?

In my view, the major issue is that these two systems, in most theoretical discourses, do not substitute each other, they co-exist, clashing, because they

rely on different premises. I shall take this argument further in the discussion section.

Medical Anthropology

Similarly to how we have seen previously with regard to the ethnography of scientific practice, the correspondent can be found in the medical sphere. Looking at "health care systems", implying "the cultural systems that comprehend health, illness, and health-care related aspects of societies", Kleinman mentions how these medical cultural systems "are like other cultural systems, e.g. kinship and religious terms, symbolic systems built out of meaning, values, behavioural norms, and the like.[Furthermore] the health care system articulates illness as a cultural idiom, linking belief about disease causation, the experience of symptoms, specific patterns of illness, behaviour, decisions concerning treatments alternatives, actual therapeutic practices, and evaluations of therapeutic outcomes. Thus it establishes systematic relationships between these components". (Kleinman 1986:86)

In his view (Kleinman 1986:86) the health care system merges three interlinked systems: popular, professional and folk. However sickness is experienced and reacted to by 70-90% in the population, in family and social network and community activities.

This is an interesting figure to bear in mind considering discourses around the medicalization of dyslexia. And that is one of the areas in which an anthropological approach comes in particularly useful. This is what has led Willow Sainsbury (Oxford 2007) to examine the social role of diagnosis of dyslexia in New Zealand, where the fact that the dyslexic condition is not officially recognized by the government creates informal networks of parents and practitioners.

Hacking in "The Social Construction of What?" notes that "scholars and activists for feminism and disability rights have demonstrated that the

experience of being female or having a disability are socially constructed" (Asche and Fine 1988, 5F) (Hacking 1999:2)

Hacking on the other hand highlights how the "idea of social construction has been wonderfully liberating" (Hacking 1999:2) as it focuses on the concept of its liberation from being fixed and inevitable.

I am not going to advocate the social construction theory when it comes to dyslexia, in the attempt to liberate it from oppressing pressures, because the realm of what is constructed and what is not is too closely associated with the idea of something not being real. The debate here should drift in the direction of polishing up the cultural knowledge system of categorization that has currently misplaced dyslexia as a disability into a medical model framework. (More on this in the discussion)

However, since dyslexia has been framed in medical terms, a step back is required into the framework of medicalization, studies on disabilities, social stigmatization and so on, to understand the theoretical framework we shall be challenging in the discussion section.

Medicalization is a term first introduced by the sociologist Irving Zola, indicating "giving a condition or a behaviour a medical label" (Singer and Baer, 2007:93). In other words, framing a problem in medical terms and proposing medical intervention to treat it. However "when a problem is medicalized [...] there tends to be a reduction in the degree to which the disorder is stigmatized because other causes besides individual moral failings are ascribed, be they the consequences of pathogens or the effects of genetics" (Singer and Baer, 2007:93).

Conrad and Schneider (1980:"deviance and medicalization: from badness to sickness. St Louis, Mo.mosby) "called this process the transformation from "badness to sickness"." (Singer and Baer, 2007:79)

A major contribution of anthropology to the study of stigma has been the examination of its local social construction cross-culturally and over time. (Singer and Baer, 2007:80)

"Medical anthropologists have examined the interface between local cultural beliefs and practices and stigmatization for a variety of diseases such as leprosy and AIDS" (Singer and Baer, 2007:80), going beyond "cognitive explanations (without regard) to larger structural forces, such as the exercise of power, the existence of social conflicts, and the use of structural violence" (Singer and Baer, 2007:80)

On one hand, talking about the cultural construction of disabilities, Singer and Baer (2007:79) mention Joan Ablon (1984) who says that social exclusion of the disabled is both internalized and imposed by the able-bodied. They show how sometimes the social definition of a health-related disability can be linked to social stigmatization, such as in the case of HIV/AIDS where people affected are held responsible, due to immoral behaviour. (Singer and Baer, 2007:80) Another example is that of the Mexican labourers who wait several months before seeing a doctor about tuberculosis because of the social stigmatization associated with the disease, constituting an inhibition. (Rubel and Garro, 1992-ref on p. 80, Singer and Baer, 2007).

In the context of HIV/AIDS, with regard to asylum seekers in France, Ticktin (2006) argues a "shift to seeing the suffering body as more legitimate than the threatened or deprived person reveals the desire to recognize the universality of biological life above all else." (Ticktin 2006:39)

Talking about humanitarian practices driven by political and legal motivations, in France he argues that on one hand they "reduce people as pure victims" (Ticktin 2006:40), giving as an example that of a person who in a meeting with nurse, let the nurse find out about her condition from the paperwork without

mentioning it beforehand, which allowed the anthropologist to note that "their attitude suddenly changed from mild annoyance to care and concern" (Ticktin 2006:40) once they found out about the condition. On the other hand he claims that some women would rather pay with their life rather than be ostracized by their community.

In this ethnographic example, to obtain support the individual has no choice but to compromise a bit of his identity and dignity, being framed in medical terms as a diseased body.

To mention the opposite situation, that of non-stigmatization of disabilities, to show how they are culturally determined, Singer and Baer go on to give the ethnographic example of rural Korea where blind people are believed to be invested by the power of '*pogsa*', and have a "eyesight of the mind". Therefore they conclude that "there is tremendous variability in the cultural construction of disability" (Singer and Baer, 2007:81).

Considering cases of leprosy in India, James Staples concludes that "certain impairments in certain social contexts are simultaneously disabling and enabling" (Staples 2005:15).

Leprosy is a biomedical condition curable with drugs and therapies, however constructions of leprosy are negative and tend to legitimate rejection when perceived as the "manifestation of wrong-doing on the corporeal body" (Staples 19).

Staples gives the example of an informant, who wanted to have his fingers deformed by leprosy cut in a straight line so that it looked like it was a machine incident rather than leprosy, even though the fingers as they were more practical for example for gripping a bike, because that way they would have been "less socially debilitating". "His disability, from this perspective, was entirely socially constructed" (20).

Staples is aware of the character of disabilities as being socially constructed as he affirms that "disabilities are most certainly defined in the course of social interactions" (Staples 2005:21). He also emphasised that "identification of enabling aspects within a disabling situation needs to be distanced from overly positive accounts" (Staples 2005:25).

On one hand "there is an ever-growing expansion of the jurisdiction of medicine over the arena of social life and experience" (Singer and Baer, 2007:93). On the other hand, "social model definitions of disability are problematic because they predicate on an assumption of [...] "impairment" that simultaneously undermines the notion on which the theory is centred: that disability is entirely socially constructed". (Staples 2005:26)

To mention an example, homosexuality used to be in the list of recognized psychopathologies before its involvement in a "demedicalization movement". It all seems to narrow down to who defines and who constitutes the impairment. However, Staples argues that "disability, in the sense that it has been defined both medically and by the British social model, is too generalising a term." (Staples 2005:27)

Narrative frameworks let us identify when medicalization has been internalized in representations of informants or institutionalized in structures of bureaucratic procedures.

Looking at narratives of illness Frank (1995) identifies three main stories:

1. restitution narratives, shaped as linear stories, are focused on the restoration of health
2. chaos stories, characterized by being "powerless in the face of overwhelming forces" and "filled with uncertainty" (Singer and Baer, 2007:84)

-
3. quest narrative, "rather than recover the person advances to a higher or superior state of being" (Singer and Baer, 2007:84)

I suspect that Staples in his attempt to "reconceptualise the experience of leprosy-affected people from the perspective that goes beyond narratives of stigma and oppression" (26) sees disablement as an enablement, as misunderstood quest narratives. Focusing too much on the greatness of the story, rather than on what the structure of the narrative had to say about the social disablement and stigmatization of the individual.

Methods & Ethics

I will now give a statement of the research question, an outline of the design of my research, and also evaluate the type of data I collected, justify the type of method I chose for my research, and explain the procedures I followed. I shall mention the equipment I used, as well as the conditions under which I carried out my research, and shall describe how I intend to analyze the data. Last but not least I shall include some ethical considerations.

Statement of the Research Question

The topic of my dissertation concerns cultural and social influences in the popular and scientific understanding and representation of dyslexia. I wish to investigate the perception of dyslexia of both dyslexics and non-dyslexic people, how it is understood and framed. Is there a common model, or are there a number of possible models? I shall consider how institutions frame the abstract concept of dyslexia, transforming it into a practical tool to act upon reality, through regulations, policies and laws.

Therefore, if there are different ways of framing the concept of dyslexia, do they produce different practical outcomes in terms of rules and regulations? And what are the implications of those, on individuals, kinship systems and on a social level?

Also, what is the role of the medical and scientific community in this production of knowledge?

Therefore I framed my research topic into the following research question: what are the effects and impact when using different models of framing dyslexia? This opens the way to a directly related sub-question: what impact does this framing have on individual, socio/cultural, and scientific levels?

Outline of the Design of the Research

I used mostly qualitative analyses to get an in-depth understanding of people's perception. Empirical research was conducted using semi-structured interviews and participant observation. Through semi-structured interviews, I asked a series of six questions, both to the Italian and the English informants. I interviewed informants who were representative of at least six defined areas: the student support unit within universities, study skills tutors, psychology practitioners in the field of dyslexia, dyslexic individuals, teachers (elementary or high school), people who work in dyslexia-related institutions. I interviewed 7 individuals in Italy and 7 in the UK.

Details of the participants can be found in the appendix.

The questions I asked were the same in both countries:

- 1 What is dyslexia?
- 2a How does it influence everyday life?
- 2b How does it influence life from a wider perspective?
- 3a If anything were to be possible what kind of support would be necessary?
- 3b What type of support is available at the moment?
- 4 In your opinion is dyslexia a disability?

Justification of the Type of Method Chosen

The use of semi-structured interviews in the first place assured that the interviewees covered all the topics, in order to have a full picture of different perspectives on the same issues. It also left space for the participants' own interpretation of the question which constitutes a valuable source of information in itself.

Semi-structured interviews were the most appropriate method for obtaining in-depth understanding of individual knowledge and experience.

Procedures Followed

Participants for the interviews were contacted by e-mail, where the focus of my dissertation was clearly stated, as well as informing subjects that the interview would be video-recorded, that I would ask a set of 6 questions and that the interview would last about an hour. I then had the participants give me their informed consent via e-mail and I double-checked on the day of the interview before starting filming. (I used the computer webcam to do so)

Participant Observation

To conduct participant observation I attended four events that gave an insight into the institutional discourses around dyslexia, and people's understanding of it. However, since the main source of my findings were the insights emerging from the interviews, I was more a participant than an observer in those events, in the sense that I did not conduct formal fieldwork with fieldwork notes and so on. More details on this in the appendix.

Equipment Used

My reasons for video-recording the interviews were based on the fact that if there was no record of the interview, then all would be left to my memory and my notes. Having a poor short-term memory this would have not been the best solution.

Watching the interview after some time, some elements came up that I did not notice at first; things participants said that did not make any sense at the time, and that I would have forgotten. Especially because of this, I had the chance to listen to the interview again and grasp more insightful information. Also it was possible to specifically skim through the video interview in search of specific information (angles of interpretations).

Evaluation of the Type of Data Collected

I decided to use a theoretical framework for investigation that is similar to that of "quantum physics", assumptions of probabilistic laws described by statistical reproducibility.

I was not aiming to collect "exact" data with the aim of being able to reproduce the conditions studied to test the validity of my findings.

I was more leaning towards grasping the different possibilities in which understanding and representations of dyslexia manifest themselves, and putting forward the proposition that there is an optimal way of conceptualizing dyslexia that deproblematizes most of the embedded issues.

Other Sources of Data

Other sources of data are student support unit websites, and newspaper articles.

I looked at the student support unit websites of Bologna University, Goldsmiths University, Kent, and the NFTS (National Film Television School) to see how they frame dyslexia in the context of higher education.

Ethics

In my research I conformed to the general ethical practice of protecting the rights and dignity of all the research participants. However I did not undertake research with vulnerable participants (Smyth 2009).

During the interview, due to the focus of my research, I did not have to ask potentially distressing questions. The questions were framed in such a way that I did not explicitly ask them to relate it to their personal experience, for

two reasons, firstly to not be intrusive and secondly, because the direction they decided to take in response to the question constituted an element of information in itself which I analyzed as if the informants were social actors in a social network.

Because the topic of my study was not particularly sensitive, in the context in which I undertook participant observation by participating in conferences and fairs, I did not violate the individuals' privacy as the events could be accessed by the public. Furthermore, I was particularly sensitive to any cultural differences in definitions of public and private space.

A big ethical issue in social science research is deception, that is withholding information to avoid influencing participants. I did not harmfully deceive any of the interviewees, although however I did try not to mention my own dyslexia at first while explaining the focus of the dissertation, and decided only to talk about it if the interviewee enquired explicitly about it (are you dyslexic? - yes).

This was both to not influence some individuals who in doubt might have felt more comfortable expressing their perspective, but also to not distract them, and keep it on the level of how they conceptualized it.

However, in practice most interviewees either already knew, because they had met me previously in other contexts, or asked me about it within the first minute of discussion prior to the beginning of the interview, while discussing the focus of my research.

As to confidentiality, participants did not feel this was an issue, and no one asked me to keep the information they gave me during the interview confidential, probably because of the very low degree of private information disclosed. Furthermore, their social role is particularly important in the research for understanding how they frame dyslexia and what impact this has on the social relations they act upon, therefore treating them as anonymous

would hide their social details making it particularly difficult to keep some of the findings meaningful.

Findings

In this section I am going to present the findings that will be discussed in the next chapter.

Newspaper article "I dislessici non sono disabili" (dyslexics are not disabled)
A Newspaper article "I dislessici non sono disabili" (dyslexics are not disabled) sums up the current position of regional guidelines for education in Italy in the region Emilia-Romagna.

"Assessorato delle politiche per la salute della regione Emilia-Romagna" has put together a team of doctors and neuropsychiatrists, looking at diagnosis and certification of disabilities for the school system.

They acknowledge that children who have difficulties, with reading writing, and maths need support that is far different from those with mental or physical handicaps.

They ask that the school put into place new pedagogical interventions, and teaching strategies for dyslexics. For example, not having to read out loud in the classroom, or taking part in dictation written in a foreign language (either English, French, Spanish or German). They also recommend extra time, and the use of a calculator in examinations. Technological aides recommended include a Dictaphone, a laptop with word processor, spell checker, and text to speech, to be used within the school and for homework.

With these guidelines, specific learning difficulties have been officially removed from the category of pathologies certified as disabilities.

The regional government and USL explained that the 800 students in Bologna certified as dyslexics, have been offered personalized methods of teaching, designed to make their educational paths more appropriate.

The article argues that in many other regions dyslexia is already not classified as a disability. One change is that, now, for a certification, individuals have to go through a medical-legal commission rather than a neuropsychiatrist. It also mentions that, as a result, there is a higher concentration of people with specific learning difficulties in professional institutes.

Newspaper article "Vita da dislessici "Noi incompresi non siamo malati" (Rampoldi 2008)

In the article "Vita da dislessici "Noi incompresi non siamo malati" un libro per raccontare le storie di chi ne è stato colpito" ("Life as dyslexics "We are misunderstood, we are not sick" a book to tell the story of who has been affected).

The article starts by mentioning how some comedians refer to dyslexia as a joke, in a derogatory way. The article presents a book called "Libro Bianco" ("The White book") edited by the AID (Italian Dyslexia Association). It collects stories of negative experiences of dyslexic individuals. In the preface to the book, the psychologist Giacomo Stella, notes that it is difficult to change the culture of those teachers who are not aware of different learning styles, and use obsolete standardized teaching strategies.

The article says that Italian estimates of dyslexia are that 3-5% of students are dyslexic. This would imply 350,000 dyslexic students.

It emphasises the importance of teachers, and their role in education. It talks about the writer Daniel Pennac, who had a troubled path through education, until he met teachers who taught him respecting his learning style, and helped him to discover it.

However the article also points out how for many teachers the attitude is that it is not their problem. Facing the issue of dyslexic students in the classroom is not seen as part of their job description and their teacher training.

Reporting a story of a 13 year-old diagnosed with dyslexia, the article points out how when the mother confronted the teachers. The response was that they did not know what dyslexia was, and furthermore they were not required to know. She was told that extra time to complete work was not an option. She was also told that her child was lazy and should have tried harder. That year he failed the admission to the final year exam and fell one year behind.

Metro newspaper article: "Dyslexia a cruel fiction, says MP"

On the 14th of November 2009, Metro reported that Graham Stringer, MP for Manchester Blakeley claimed that dyslexia is just a "cruel fiction". "Mr Stringer suggested the dyslexia "industry" should be "killed off" through the "magic bullet" of teaching children to read and write by using a phonetic system of sounding letters and words."

"Mr Stringer said he has visited Strangeways jail in his constituency and of the prison population, roughly 80% of inmates are functionally illiterate and a similar number are drug abusers."

In his view "Children who cannot read or write find secondary school a humiliating and frustrating experience. Their rational response, with dire consequences, is to play truant. Drugs, burglaries, robberies and worse, then, often, follow."

"Mr Stringer claimed the reason so many children fail to be taught to read and write properly is that the wrong teaching methods are used. "Furthermore, the education establishment, rather than admit that their eclectic and incomplete methods for instruction are at fault, have invented a brain disorder called

dyslexia," he added, "To label children as dyslexic because they're confused by poor teaching methods is wicked."

The "evidence" he uses in support of his argument are that "If dyslexia really existed then countries as diverse as Nicaragua and South Korea would not have been able to achieve literacy rates of nearly 100%.

"There can be no rational reason why this 'brain disorder' is of epidemic proportions in Britain but does not appear in South Korea or Nicaragua."

"He claimed this "fictional malady" has also been eradicated in West Dunbartonshire where the council has eliminated illiteracy, through a special programme for children."

"Currently 35,500 students are receiving disability allowances for dyslexia, costing the taxpayer £78.4 million."

Mr Stringer added: "Certified dyslexics get longer in exams. There has been created a situation where there are financial and educational incentives to being bad at spelling and reading."

"This reached a pinnacle of absurdity, with Naomi Gadien, a second-year medical student initiating a legal case against the General Medical Council because she believes she's being discriminated against by having to do written exams.

"I don't know about anybody else but I want my doctors, and for that matter, engineers, teachers, dentists and police officers to be able to read and write."

Psychological Report

I am now going to present extracts from a psychological report on an anonymous dyslexic student, in particularly the recommendations section. I

will emphasise educational strategies and adjustments, and lack of "psychological" recommendations.

"Given his working memory difficulties he is encouraged to use the advice found in Tony Buzan's book 'Speed Reading' to extend his reading strategies. He will probably find at the moment by the time he comes to the end of a paragraph he will have forgotten what was at the beginning. This slow speed of reading could undermine his reading comprehension significantly when it comes to reading academic texts."

RECOMMENDATIONS

That [REDACTED] have 25% extra time in all written examinations.

That [REDACTED] academic tutor or the tutor for each assignment arrange a tutorial which is allowed to record for the purpose of identifying the key points that need to be covered in the assignment. During the tutorial it will also be important to identify reading sources.

It is highly recommended that academics do not refer dyslexic students for whom English is an additional language to primary source material only. A reasonable adjustment under the Disability Discrimination Act 1995 would be to provide students with a range of secondary resources especially dyslexic students who read slowly. This is no reflection of his IQ.

(He) is advised to read and assimilate the 2 academic papers given to him on the 2nd day of the assessment and begin to assimilate these into his day to day life.

Ten Best Strategies for Improving One's Memory

The Dyslexic Writer in the Higher Education Sector.

It is recommended that (he) use a laptop in lectures and examinations and that he take his exams in a separate hall alongside other dyslexic students. That (he) approach the Dyslexia team to enquire if he could participate in a study skills programme. This needs to include the following:

- Time Management
- Visual Memory Strategies, i.e. Mind Mapping, Visual Imagery, etc.
- Note Taking and Essay Writing Strategies
- Speed Reading Technique
- Extended use of books on short term loan

Two texts that I tend to recommend to dyslexic students are:

- Speed Reading by Tony Buzan (2003)
- The Study Skills Handbook by Stella Cottrell (2005)

It is recommended that during exams (he) have comfort or rest breaks."

Universities and Student Support Units

In the Kent Anthropology Handbook, it is clearly stated that English language is a requirement of the course. Furthermore the handbook shows specific characteristics of the marking criteria:

I – FIRST – Mark: 70+

Quality of Communication:

A first class mark will normally denote the following :

A clear and fluent writing style and level of written English that does not hinder the communication of the author's thoughts and intentions

2.I - UPPER SECOND – Mark: 60-69

Quality of Communication:

An Upper Second class mark will usually denote the following:

-
- a clear writing style and level of written English that seldom hinders the communication of the author's thoughts and intentions

2.II - LOWER SECOND -- Mark: 50-59

Quality of Communication:

A Lower Second class mark will usually denote the following:

- work which displays a reasonably clear writing style but is poorly organized and argued and leads to no significant conclusions
- alternatively, work which displays poor use of written English such that the writing style hinders
- the communication of the author's thoughts and intentions

In Goldsmiths Anthropology handbook, however the equivalent section is expressed in this way:

- 50-59% Good Represents the overall achievement of the appropriate learning outcomes to a good level.
- 60-69% Very good Represents the overall achievement of the appropriate learning outcomes to a very good level.
- 70- 79% Excellent Represents the overall achievement of the appropriate learning outcomes to an excellent level.

Goldsmiths college, student support unit has a yellow cover sheet that states the "assessment guidance when marking work of students identified as dyslexic, ad or dyspraxic" (see appendix disability team April 2008)

It is interesting to note that in the title of the cover-sheet the word "work of" is repeated twice.

The coversheets briefly explain key characteristics of dyslexia and dyspraxia. Then in general advice it advises: "Mark for ideas and knowledge, rather than presentation. As far as possible, discount errors in spelling, grammar, and punctuation, instead mark for content ideas and critical acumen. Allowances should be made for unorthodox narratives and for problems with

structure/organization but only when these do not hinder understanding of the content. You are not expected to give marks for what is not there or what is so unclear that no sense can be made of it."

It even advises marking the distinction between the use of standard English, and content and ideas by using two different coloured pens. The coversheet clearly frames the dyslexic and dyspraxic as disabled: "Such students are unlikely to find general statements such as a point needs developing as helpful (due to their disability)." The last section covers academic standards, acknowledging that accurate spelling, grammar, punctuation and structure might be an explicit requirement of the programme, however it specifies that this is the case only when is explicitly stated in programme descriptions. The section concludes by advising that "If the use of "standard English" has not been cited within the marking criteria for the assessment you are marking, you should follow the guidance above." In the student support unit website, it is clearly stated that the study skills tutor is not meant to comment on the content of your course.

The University of Bologna "dislessia e disabilita" office offers various services to students, including tutoring for use of study skills with assistive technology, negotiations with lecturers on reasonable adjustments, arrangements for different criteria for evaluations, audio and/or digital books, and help with bureaucratic procedures. Interestingly, they provide two types of tutoring. First, there is peer tutoring done by a class mate employed by the office. Second is a "tutor specializzato" (specialized tutor), who is a PhD student, knowledgeable on the subject matter but usually with no qualification whatsoever in teaching, tutoring, learning styles, or dyslexia.

The National Film and Television School application form asks in one box for learning differences, and in the other learning disabilities. Having enquired about this at the open day for MA in screen documentary, I was told that most students are dyslexics, and in fact in animation classes, for examples, it is

difficult to find non dyslexic individuals. On the other hand NFTS has a very small number of students, 8 per class, and admission criteria emphasise creativity, also welcoming mature applicants with no previous academic experience.

Interview with: Tressoldi

During the interview, Tressoldi defined dyslexia as a decoding difficulty, explicitly stating that is independent from the process of reading. Furthermore, if the individual does not require to do reading tasks, then he cannot be labelled as dyslexic as there is no social impairment. In his view a negative impact of the condition on the quality of life is a requirement for the label/diagnosis of dyslexia. Although not causes, the collateral effects of dyslexia can be emotional difficulties, lowered self esteem, and depression.

Dyslexia can influence "life choices". If a dyslexic individual does not find coping strategies, then he or she might be driven to chose a professional institute rather than a high school, drifting away from literacy based environments in both the educational and work environments. He argued that dyslexic individuals who reach a reading speed fluency level of 2 syllables to 2 and a 1/2 syllables per second, which is the speed a child in the third year of elementary school should have reached on average, has attained a sufficient basic requirement to conduct autonomous study. They should also be able to successfully complete a degree study. Straight after saying this he insisted on specifying that this is the case only if a student has the will to study and adopts efficient study skills strategies, since study skills are often not taught explicitly. Answering the question "Is it a disability?" he replied that it is, but the line has to drawn on whether this disability becomes an handicap or not. To clarify his point, he gave the example of music. If an individual is bad at music, they are not going to have a social impairment. If an individual has difficulty with reading then this will cause problems on a social level. However, with assistive technology it is possible to avoid this. As an individual difference, it can became an handicap. Another example he gave is of an

individual too tall or too high. Society can make it hard for them to the extent of a handicap. The same for the left-handed, and homosexuals. When I asked "Is it possible then that dyslexic students cannot advance in high school because of poor literacy skills?" he replied that things need to be clarified. In his view one can be dyslexic but can also be lazy when it comes to study. If a dyslexic wants go to a high school, he can achieve it no matter what. I asked, "Can dyslexia affect an individual to the extent that he does not achieve literacy and study skills that allow for a successful path through high school?" He replied that if that was to be the cause it would mean that his dyslexia has not been handled properly. In his view this is increasingly rare.

Interview with: Willow Sainsbury

Answering the question "What is dyslexia?" Willow Sainsbury argued that it depends on the level of analysis, whether one adopts a discrepancy model, looks at cognitive abilities, considers it as an abnormal brain development, or conceptualizes it as different way of thinking. The tendency is that however you define it, you define it narrowly so that it does not look like it influences everyday life. However using a behavioural perspective, dyslexia is defined as difficulty with reading and writing, and because reading and writing is highly valued in our society it has wider implications. Furthermore difficulties such as left and right confusion, and behaviour coordination are not to be underestimated.

For her as an anthropologist, the question of dyslexia is interesting because there is no simple answer, dyslexia equals this. It sits uncomfortably between the socio-cultural, the medical and the educational. In her research on dyslexia in New Zealand she found that environmental circumstances had a big role. She also noticed that dyslexics have better visual spatial awareness, and have better manual dexterity when sitting down. She looked at so called "alternative therapies" such as the Davis method. Despite the arguability of the efficacy of those methods, they highlight one aspect, which is the value of intensive tutoring for dyslexics. On the question of whether dyslexia is a disability or not,

she argued that anthropologists are interested in wider issues around disabilities, looking at how they are culturally defined. A disability in one culture might not be a disability in another. However the advantages that individuals find in their disability are almost a necessity of survival.

Interview with: Alda Brasa

During the interview it emerged that the behavioural signs of what could look like dyslexia can be various. However, in her experience, the difficulties that dyslexic students face when confronted with study skills is something that is common. In her experience most dyslexic students she has met were anxious to give a prompt answer, and triggered by impulsivity. The biggest need is that of understanding the structure of a written text, which is difficult to grasp for dyslexics. She noticed that there are improvements once they are reassured of the fact that is a slow process. She structures her study skills, for example in active reading techniques, in a way that teaches student, when reading, how to figure out the question that the paragraph is answering. This helps to involve memory in the process. In her view, dyslexia is a disability in respect to the tools that the education system provides, and what it demands of students by their being all literacy based. Visual spatial abilities, in which dyslexics can be strong, are not emphasized enough, when discussing dyslexia.

With or without the Feuerstein method, the dyslexic individual who becomes aware that his learning is different from others in mainstream education, becomes an individual who is most often concerned with figuring out alternative strategies. He or she therefore becomes, according to the Feuerstein model, a very strong individual because he/she is constantly elaborating alternative strategies in respect of the challenges that the education system imposes on him/her. Alda Brasa has found that only in dyslexic individuals who did Feuerstein method training, which implied being sensibilized to overcome their difficulties through their own strategies. However she acknowledges that some teachers using, for example visual

spatial teaching strategies, have been successful in teaching dyslexics without using Feuerstein.

Interview with: Lami & Pizzoli

Lami and Pizzoli, ASL Bologna, defined dyslexia as a specific learning difficulty. They first listed a long series of characteristics that the dyslexic individual does *not* have to be defined as such. These include no neurological damage, no sensory damage, no psychopathological issues, a normal school education, and that their dyslexia to be a "disturbance" that persists over time, even if it express itself differently, in individuals of average IQ. Furthermore, it has to have an impact on school performance. When asked if it could be framed as a different mode of processing information they argued that dyslexia is a slower mode for sure, because according to them it takes longer to do things, and furthermore it has a neurobiological grounding.

Interview with: Valeria Russo

During the interview Valeria Russo mentioned how she has a couple of dyslexic students in each class and a deaf student in one class. When I asked her if the dyslexic students were using the assistive technology recommended, such as a laptop in the classroom, she told me an anecdote. In this, the deaf student could hear and understand if he was wearing a hearing aid. However, instead he sits at the back of the class, and does not wear it, impairing his ability to follow the lesson, in the hope of being teased a bit less by his class mates. After some persuading, she talked him into wearing it and to sitting in the front desk.

However, she gave me example to emphasize that in this framework a dyslexic student with a laptop in the classroom is the same as a hearing impaired one. Both are perceived as different and socially stigmatized.

Interview with: Barry Hayward

On the question whether dyslexia is a disability or not, Barry said that he subscribes to a social model of disability, that would describe dyslexia as an impairment. During the interview Barry said that disability for him is the way society is structured to exclude people with impairments. Therefore society creates disabilities through the way it is structured, dividing people in two groups those who have everything set up for them, and those who adjustments needs to be made for.

Interview with: Ian Smythe

Ian Smythe gave a symptom based definition of dyslexia as a difficulty in the acquisition of reading and writing skills. He divided it from the causal component, characterizing it as neurological in origin. He stressed that if a definition has a probability component it is, in the Oxford dictionary understanding of a definition, considered as a loose definition. He drew a distinction between dyslexia and dyslexics. On one hand dyslexia is a series of common symptoms. For example, auditory short term memory is one of the causes of the reading and writing difficulty. However those cognitive issues, such as memory issues, impact on other aspects of behaviour, such as tying shoes laces, and organization difficulties. On the other hand, there are the symptoms of the dyslexic individual. Which can vary from one to another. He disagreed with the European dyslexia association, as he defined dyslexia as a difficulty/disability, while they defined it as a difference. According to him the British Dyslexia Association had dyslexia classified as a disability in order to ensure retention of the Disabled Student Allowance as a source of funding for the educational needs of dyslexic students. Furthermore he insisted that the European dyslexia association uses a social model, defining dyslexia as a 'difference'. However in the UK, if you are not disabled you are not entitled to Disabled Students Allowance. And if had to say we say dyslexics are different, then aren't we all different? And if we are all different the choice is funding everybody, or nobody. Therefore in that scenario nobody gets funding. The European association is not concerned on funding, because other European-

wide contexts there is no Disabled Student Allowance to protect as a source of funding.

Discussion

In this section I am going to investigate what are the effects and impact when using different models of framing dyslexia. I shall also look at what impact this framing has on the individual, socio/cultural, and scientific levels, exploring the findings in the light of my literature review above.

Classification

I will now consider how Leach and Douglas' classification theories can be applied to better understand the conceptualization of dyslexia as a disability. Leach understands language as a grid that breaks up the continuum that surrounds us. But the concept of dyslexia, as Sainsbury said during her interview, sits uncomfortably between the socio-cultural, the medical and the educational. It seems to me that two categories, that of special educational needs and that of learning disability, have been merged together into that of "specific learning disability". The category of special educational need, through The 1996 Education Act, aimed at eliminating the distinction between disabilities and learning difficulties (Orton 2004:86). However instead, in my opinion, it created ambiguity in the new category of specific learning difficulty/disability. Evidence for that is that the words difficulty and disability are often used interchangeably. As Orton (2004:87) argued, dyslexic movements in the UK emphasising the difficulties of dyslexic students in an educational context argued in favour of special educational provision. Cultural idioms can play a role in narrowing down the definition, missing out important elements.

During the interview Sainsbury said that even though there are different ways of defining dyslexia, the tendency is to define it narrowly so that it does not look like it influences everyday life. The reason for a narrow definition in my opinion is to be found in the use of the classic scientific method, used in physics, of looking for fixed and objective relations between the objects

studied. A more probabilistic description would allow for more variables to be taken into account. That would allow the definition of dyslexia to be as complete as possible.

Is now widely understood that dyslexia is a different way of processing information, as Hayward said in his interview. However, the cultural values of literacy influences the researchers, framing the definitions a round a symptom based model, that focuses on difficulty in acquisition of reading and writing (e.g. Smythe). Since the knowledge system has classified dyslexia, in the main, as a disability, we have no choice but to look at how the area of disability studies contributes to the debate.

Disability Studies

I agree with Staples, who claims that disability, as defined in the UK, is too general term for dyslexia.

Staples argues that "disability, in the sense that it has been defined both medically and by the British social model, is too generalising a term." (Staples 2005:27) This can be explained by Singer and Baer(2007:93) who noticed the expansion of the jurisdiction of medicine over social life in general.

Furthermore disabilities are defined in the course of social interactions (Staples 2005:21), and the definition of disability mentioned by Orton (2004: 89) does not take this into account, locating the impairment within the individual.

I think that disabling dyslexia means locating the "dyslexia-related impairment" within the individual. Staples, looking at the social model of disability, has pointed out how the notion of impairment undermines the notion that disability is socially constructed. (Staples 2005:26) I agree with this statement, but I think is not the notion of impairment itself that does the undermining, but rather whether it is located within the individual or the

structure of society. More specifically Frith (2001), considering dyslexia as a neurodevelopmental disorder, locates the impairment in the growth and development of the brain. However, the importance of cultural factors in the definition/creation of the symptoms of dyslexia, should make us reflect on where the impairment should be located to best frame it.

Frith (1999:211) says that cultural factors can aggravate or ameliorate the condition. Tressoldi is of the same opinion as Firth, saying that in some contexts dyslexia causes hardly any handicap due to the influence of social factors.

Frith (1999) also argues that the behavioural signs of dyslexia improve with learning and compensation over time. Furthermore, in the context of education, we need to view this in relation both to Pollak's considerations that good practice in teaching needs to take into account a wide range of learning styles, and to his findings that learning and teaching approaches helpful to dyslexics are beneficial to other students as well. (Pollak 2005: 154).

Even Sainsbury, during the interview said that her study, despite not being sure of the validity of the specific method she was investigating, recognized the value of intensive tutoring.

Staples put forward the concept of disablement as enablement in the context of Indian leprosy, in the attempt to reconceptualise "the experience of leprosy-affected people from perspectives that go beyond narratives of stigma and oppression" (Staples 2005:26).

However Frank (1995) believes narratives of illness create an analytical tool within the medicalization process that allows us to identify how illness narratives have been elaborated. It seems to me that Staples has confused quest narratives with the idea of disablement as enablement.

I agree with Sainsbury when she says that the strategies disabled people find within their condition are more appropriately seen as coping strategies, almost aimed towards survival.

The advocacy of the Disabled Student Allowance for dyslexic students is mostly grounded in the disablement as enablement concept.

Ian Smythe believes that the difference between his definition of dyslexia, and that of the European dyslexia association, is that they use a social model, defining it as a difference, while he defines it as difficulty/disability. From his perspective the British Dyslexia Association fought to have it classified as a disability to access the Disabled Student Allowance and make provision for dyslexic needs through that.

Finally if we look at the social model of disability, which is central to disability studies, we can see where this model would agree with us, in locating the impairments in the structure of society.

In his interview, Hayward said that according to a social model of disability, dyslexia would be described as an impairment. However then, society would have to be held responsible for the impairment, in his perspective.

However, negative connotations of disability as a flaw mean that the social model of disability is far from being culturally widespread. That makes it an ineffective way of framing dyslexia for the time being. Pollak (2005: 153) points out that claiming the DSA implies accepting being labelled as disabled, and that while on one hand "As many disabled people would point out, this is not automatically negative" (2005: 153) on the other hand "sociological analysis of disablement [...] links it to deviance, illness and stigma, with the focus on the individual with a problem." (Pollak 2005: 7)

Taboo

Framing dyslexia as a neurodevelopmental disorder not only locates the impairment in the individual, but also makes the subject of dyslexia taboo. As we saw in the article "Vita da dislessici" mentioned in the findings, the story of a 13 year old whose mother's confrontation with the teacher led that teacher to say that he was not required to know what dyslexia is, and furthermore teaching and examinations adjustments were not an option. From their perspective the child was just lazy. This exemplifies how, if the problem is located within the individual, then it is expected that the solution has to come from the individual, and any "reasonable adjustment" is considered as a concession. Furthermore, the final comment of teacher, characterizing the child as lazy, can be viewed in relation to classification theories and the importance of knowing about not knowing. (Murray 1981).

Murray said that under certain conditions not-knowing, or not caring to know, can become institutionalized as part of a medical culture" (1981:387). In his framework, a medical system is considered as a cultural system. I will transfer his statement to the cultural system of knowledge. In this case what I am interested is the conditions under which not-knowing or not caring to know becomes institutionalized as part of a knowledge, in this case an educational cultural system. In my opinion, to understand those conditions, we need to look at taboos and classifications. Because a specific learning difficulty sits uncomfortably between specific learning disability and an average or high IQ, it automatically locates itself in a liminal, grey area. Because of that it is treated as a taboo. Taboos strengthen the established order, and therefore have to be avoided.

In the same article, Stella notes that is difficult and complicated to change the culture of those teachers who, not aware of different learning styles, use obsolete standardized teaching strategies. Concepts that are taboo threaten the established epistemological order - that is indeed the case for dyslexia.

As Pollak said, dyslexia "confronts academic autonomy and oligarchy" (Pollak 2005: 158). This is because to accommodate it would require a re-conceptualization of what constitutes learning and knowledge. There are questions of how do you demonstrate you learned something, and so on. This can be seen in the Goldsmiths marking criteria: "Mark for ideas and knowledge, rather than presentation" this statement/request invalidates a lot of preconceptions that are at the basis of the power of academic literacy, where sometimes what you have to say is almost as important as how you say it.

However, Pollak claims that "As technology advances, it will change the cognitive make-up of dyslexic people from apparent deficit to advantage" (Pollak 2005: 159).

I can relate this to Wesch's web 2.0 video (Wesch 2007) where it is emphasised how digital text especially over the internet can separate form from content. In the meantime how can a teacher, like the one above, used to a fixed system for evaluating knowledge, take into account that there might be different learning styles that are best taught and best tested in different ways?

Material Semiotics

The psychological assessment of the anonymous dyslexic student, above, can be seen as an actor in the network of social relations as it informs educational/pedagogical intervention. Both books recommended to the student, in the student's psychological assessment, speed reading and study skills, handbooks, are not specifically designed for dyslexics. Furthermore the adoption by educationalists of a medicalized framework of dyslexia can be clearly seen in the recommendations, as reasonable adjustments under the disability discrimination act 1995, for dyslexic students to be provided with secondary, and not primary, sources only.

The assessment recommends a study skills programme, too, especially time management, visual memory strategies, note taking, essay writing, and speed reading techniques. Using the framework of material semiotics, we can see how the way the psychologists frame the characteristics of the dyslexic individual in the report acts upon the education environment, informing behaviour in an area outside its normal jurisdiction. If we think of the psychological assessment as an actor, we might question what are its reasons for being, and for acting on specific social relations, in this case that within education. The assessment is there because of the need to legitimize different learning styles. As we saw previously, according to Pollak, good practice in teaching would resolve dyslexic individuals' difficulties within education. However good practice in teaching, using the psychological assessment, is imposed through medicalization.

Medicalization

In the medicalization of dyslexia there is a move from 'badness' to sickness. The teacher, mentioned above, interpreted his student's dyslexia as laziness, marking it as an individual moral failure, or 'badness'. As Pollak pointed out, disability is often culturally perceived as deviance, therefore sickness. The movement from badness to sickness in dyslexia is that of disablement. The move from badness to sickness takes advantage of the fact that the suffering body issues are seen as more legitimate than the deprived individual. The idea of disablement can be internalized, and we can spot it through quest narratives, which reveal medicalization. This is the case in the "white book" collection of the stories of dyslexia sufferers, mentioned in my findings section above. This clearly is symptomatic of a situation in which the medicalization model has been internalized to the extent that dyslexia is framed through the suffering body in the attempt to gain legitimacy.

According to medical anthropology theories "when a problem is medicalized [...] there tends to be a reduction in the degree to which the disorder is stigmatized because other causes besides individual moral failings are ascribed" (Singer and Baer 2007:93).

However, this still locates the problem/impairment within the individual, even though arguably in a more socially acceptable way.

On the other hand medicalization is often accompanied by a loss in dignity. Social stigmatization is reduced, but not eliminated, as in the case of Mexican labourers, and HIV/AIDS asylum seekers in France we saw in the literature review.

In the case of dyslexia many students would rather not get the support they are entitled to, to avoid the cost of social stigmatization. Russo's interview illustrates this, in the parallel drawn between the deaf student who does not use his hearing aid in the classroom, and the dyslexic student who is reluctant to use a laptop.

This should come as no surprise for anthropologists, as Staple himself gave the example of one of his informants who wanted to cut off his fingers, in a straight line to mask the effects of leprosy so that it looked like it was a machine cut. He would lose functionality, and not be able to grasp anything, but would gain mitigation of the socially debilitating aspect of his condition. In the last analysis, the socially debilitating aspects are constructed in both cases.

Relevance of Cultural Factors from an Anthropological Perspective

An anthropological perspective reveals the importance of cultural factors in influencing the symptoms of dyslexia. Understanding the importance of these cultural factors shows us how good teaching practice, embracing teaching methods that take into account individual learning styles, and how to make

pupils aware of their different learning styles, can help alleviate the problems dyslexic students face.

This would be the most adequate solution, putting forward "a new way of looking at dyslexia and dyslexic students that moves away from the ubiquitous cognitive emphasis" (Pollak 2005: 146).

Conclusion

In conclusion we have seen that cultural factors play a big role in ameliorate or aggravate the symptoms of dyslexia (Orton, Frith). Staples (staples 2005:27) showed us how disability is defined to broadly in the medical and English context. Orton (2004:87) showed us how dyslexic movements emphasizing on the difficulties of students in education advocated for special education provision. Special education needs got then incorporated in the Disability Discrimination Act 1995. Social model of disability is an insightful tool of analyses to understand perspectives on dyslexia but can't distance itself from the burden of negative perception of disability as deviance. (Pollak) and it still focused a round the notion of impairment which undermines the idea that the disability is socially constructed (Staples). Pollak pointed out that accepting the disabled student allowance imply accepting the label of disabled.

I argued that framing dyslexia as a neurodevelopmental disorder not only locates the impairment in the individual, but also makes the subject of dyslexia taboo. because it "confronts academic autonomy and oligarchy" (Pollack 2005: 158) Taking into account that cultural factors can aggravate or ameliorate the situation and Frith's (1999) argument that behavioural signs of dyslexia improve over time with learning and compensation, despite the underlying cognitive difficulties persist. Therefore I proposed the idea that there is an optimal way of framing dyslexia, which is that of adopting a neurodiversity model. Framing dyslexia as a difference in learning style, locates the impairment outside the individual in the structure of society, and in the main of the education system. Removing the impairment would imply no more then good practice in teaching that takes into account the implications of the diversity of learning styles, in teaching (Pollak 2004) and examinations.

I think the analyses proposed in this dissertation successfully gave reasons for reconceptualise a shift in recategorization of dyslexia as a different learning style rather than a neurodevelopmental disorder. This framework does not

deny the neurological differences, but conceptualize them as being part of the spectrum of human variation rather than an abnormality of brain development. An argument could be made that if current figures of 10% of the population being dyslexics were to be inverted into 90% dyslexics and 10% non dyslexics. normal non dyslexic individual with the left hemisphere bigger then the right one would be seen as having a neurodevelopment disorder.

This dissertation on top of all also wanted to show how current discourses on dyslexia tend to be narrowly focused on "the difficulty in the acquisition of fluent and accurate reading and writing". Anthropological approaches that take into account relevance of cultural factors, such as teaching methods that meets different learning style, can bring a productive voice in the field of studies on dyslexia. Furthermore, for future studies the figures mentioned in one of the article about the high percentage of inmates being dyslexics and illiterate, has a great deal to say about the importance of cultural factors from an anthropological perspective of investigation.

Dyslexia runs in family, and I think anthropological studies on kinship can combined with the cultural implications of the power of literacy can be an insightful field of investigation for anthropologists. Also last but not least, the increased role of assistive technology recommended to dyslexics, and the attempt to combine software with study-skills methods could trough light alternatives for the future of education. as it involves other multi-sensory approaches to knowledge and learning.

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Appendix

Details of people interviewed:

In the UK:

Barry Hayward, is the disability coordinator of the student support unit at Goldsmiths.

Dr. Ian Smythe, is an international consultant for dyslexia, was given is contact details from Barry who attended a lecture he gave at Goldsmiths on what is dyslexia. As an in international consultant Ian frequently travels and works on projects all over the world as policy maker for dyslexic institutions. he edited the international book of dyslexia.

At the question "are you dyslexic?" he replied "who wants to know and why?".

Judy Stewart , is the chief executive of the BDA(British dyslexia association). Initially the BDA help line at my request for scheduling an interview with someone replied that they do not help with students dissertations, totally misunderstanding my request. then trough Ian Smythe I manage to schedule an interview.

Chris Smythe is Ian Smythe's brother. He works as an engineer and in his workplace they don't know about his dyslexia.

Stella Klein is a study skills tutor for dyslexic students at Goldsmiths. Previously she was a teacher. She has a dyslexic daughter and that's what got her interested in study skills for dyslexics.

Simon Hopper is a part time study skills tutor at Goldsmiths and in other colleges, he is also a musician in "the Simon hopper band". He is dyslexic

himself and has a dyslexic son who did not receive study skills help through his education.

Willow Sainsbury is a PhD student in medical anthropology at Oxford University. She has done research in New Zealand, doing her fieldwork with the Davis method for dyslexic pupils.

In Italy:

Alda Brasa is a study skills tutor for students from elementary school to university level. she teaches in the geography department of the University of Bologna. I have had study skills with her from the age of 12 to the age of 19. Even though she has never been officially trained on dyslexia, she has seen many dyslexics students over the years. She uses Feurestain method with her students and noticed that dyslexic once benefit more from it. Feurestain method is a method of cognitive potentiation of learning style, using higher cognitive functioning.

Paola Cavalcaselle is a psychologist who is also the referee for the Italian Dyslexia Association of her region, and is now an elementary school teacher, implementing dyslexia policies in her school. I came across her through her website <http://www.paolacavalcaselle.it/> and we did a Skype interview.

Dr. Lami and Dr. Pizzoli are the two psychologists who I first met when I was diagnosed when I was 15 and then again when I was rediagnosed when I was 19. over the years their knowledge on dyslexia has improved considerably. They started to base it more on what they saw empirically in the individuals they assessed rather than the old manuals on dyslexia.

Marta and Paolo are working in the student support unit at the University of Bologna, which is called "sportello dislessia & disabilita" (dyslexia and disability office). They decided to distinguish the two in the name because they noticed

that most students did not identify with being disabled and therefore did not go.

I first met them when I was 19 and was trying to do a degree in engineering in the University of Bologna.

Luca Grandi works for Anastasis a company that produces assistive technology in particularly text to speech program "carlo mobile". He is dyslexic, and we first met when I was given the text to speech program from the university of bologna through the student support unit.

Prof. P. Tressoldi is a lecturer in psychology at the University of Padua, he has conducted research on dyslexia, with Professor Cornoldi. During the interview he identified dyslexia as being merely a decoding problem independent from the reading process.

Valeria Russo is a professor in a technical institute in Florence, she is my aunt. As a teacher she has seen in the recent years the growing number of unofficial guidelines for the school system and teachers reaction to it.

Brief descriptions of the events I attended to conduct participant observation:

The first one was a 1 day conference in the University of Bologna 24th October 2008. That for the first time ever gathered dyslexic university students (around 35 were present), from all over Italy, and people who worked in student support unit, from 5 different Italian universities.

Then on the 11th of November 2008 the BDA (British Dyslexia Association) organized a "Dyslexia and Technology Conference". In that context I filmed the conference to produce a video record of Ian Smythe "dyslexia and technology: building viable solutions" lecture. At the conference there were also several stands with demonstration of assistive technology, text to speech, speech to text, mind mapping and so on.

14-17 of January 2009 BETT. (British Education Teaching Technology) a national fair for technology for education. this year has seen 4 000 visitors.

11 March 2009 Cass business school, event "Dyslexic, Dynamic and Determined!".

Focused around successful dyslexic entrepreneurs, the Cass Business School was launching a mentoring scheme to provide business mentoring for people who are dyslexic. with the BDA and Scottish dyslexia.

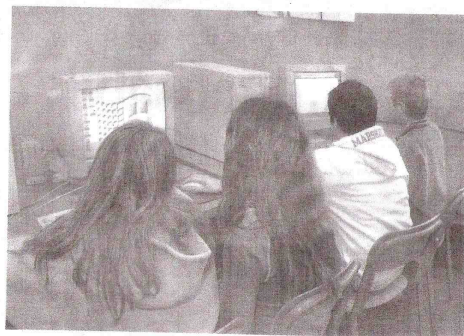
E RIFORME

«I dislessici non sono disabili»

Avranno supporti didattici alternativi agli insegnanti di sostegno

di Simone Martarello

I bambini dislessici non sono dei disabili. È su questo principio che si basano i criteri con i quali le commissioni composte da medici legali e neuropsichiatri infantili si occupano dell'accertamento della disabilità e della certificazione scolastica. Ai bambini che hanno difficoltà di lettura, problemi a scrivere o risultano incapaci di eseguire calcoli numerici anche semplici, devono essere forniti supporti specifici, che quasi mai corrispondono a quelli messi a disposizione per chi è portatore di handicap psichici o fisici. I bambini affetti da dislessia, disgrafia o discalculia, quindi, non hanno per forza bi-



trice, il registratore, il computer con programmi di video-scrittura, correttore ortografico, sintesi vocale, da usare sia a scuola che a casa.

La precisazione arriva direttamente dall'assessorato delle politiche per la Salute della Regione Emilia-Romagna, ed è contenuta in una nota inviata alla nostra redazione per fugare le preoccupazioni di docenti e genitori pubblicate da ieri su *L'Espresso* in merito alle

nuove procedure adottate dall'Ausl per certificare le disabilità di bambini e ragazzi in età scolastica. L'allarme dei genitori era scattato dopo che da Viareggio una circolare a tutti gli istituti scolastici della provincia, nella quale si informava che i disturbi specifici dell'apprendimento sarebbero stati depennati dalla lista delle patologie certificabili come disabilità. Subito si è pensato che da

settembre ci sarebbe stato un drastico taglio degli insegnanti di sostegno e alla difficoltà per insegnanti e compagni di classe nel gestire ragazzi con «problemi».

Ma Regione e Ausl spiegano che per i circa 800 studenti bolognesi ai quali sono stati diagnosticati disturbi nell'apprendimento (di cui 500 di dislessici), sono stati studiati percorsi di insegnamento personalizzato, pensati per rendere più

corretto e appropriato il loro percorso sanitario e scolastico.

Va detto che quella di Bologna era fino a oggi un'anomalia: nelle altre province emiliano-romagnole, infatti, da anni la dislessia non è più classificata come disabilità e altrettanto avviene in molte altre regioni italiane.

Per quanto riguarda il ricorso alla commissione medico-legale e non più al neuropsichiatra infantile per ottenere la certificazione, la Regione spiega che «si tratta di una procedura di semplificazione che deve essere considerata un riconoscimento ed un segno di maggiore consapevolezza dei diritti e sibili da tutti i bambini disabili e dalle loro famiglie e non di una sottrazione di impegno».

E su tutta la vicenda promette di vigilare la Provincia, che ha siglato degli accordi di programma con l'Ausl, in base ai quali non sarà fatto mancare il necessario supporto agli studenti afflitti da difficoltà cognitive e il passaggio al nuovo sistema di classificazione sarà attuato nel modo più graduale possibile.

Novità solo per chi cambia grado

Il nuovo sistema di valutazione delle patologie legate all'apprendimento, per la cui certificazione decine di bambini si stanno sottoponendo a visite specifiche in questi giorni, riguarda solo quegli studenti che nell'anno scolastico 2009/2010 cambieranno grado di scuola: cioè per quei ragazzi che dalla quinta elementare passeranno in prima media o dalla terza media alle superiori. Ed è proprio negli istituti professionali che si concentra la maggior parte dei soggetti afflitti da disturbi dell'apprendimento.





Student Identifier 33100190

Assessment Guidance when marking work of students identified as dyslexic and/or dyspraxic¹⁹⁵

Dyslexia:

Can affect ability to plan and organise work, structuring difficulties
Word recognition, spelling accuracy and fluency
Numeracy
Short term memory

Dyspraxia:

Similar to dyslexia - causes difficulties in terms of spatial recognition
Can affect ability to follow instructions
Ability to plan and organise work, sequencing, structuring difficulties
Word recognition, spelling accuracy and fluency
Numeracy
Short term memory

General Advice:

Markers might find it easier to skim the assignment quickly first before a closer reading. This may allow the ideas the student is presenting to come through.

Mark for ideas and knowledge, rather than presentation. As far as possible, discount errors in spelling, grammar and punctuation and instead mark for content and ideas and critical acumen. Allowances should also be made for unorthodox narratives and for problems with structure / organisation but only where these do not hinder understanding of the content. You are not expected to give marks for what is not there or what is so unclear that no sense can be made of it.

Some dyslexic / dyspraxic students' difficulties with written expression can mean that understanding the work is extremely difficult. In such cases, lecturers should give some detailed feedback and guidance.

It may be helpful to both marker and student to use two pens when marking assessments (with this form attached). Use one colour to comment on the content/material and the use of ideas and the other for comments on use of Standard English.

Note:

- Marking for content over form may require re-reading the assessment.
- Marking the work of a dyslexic student is likely to take longer than marking the work of other students.

Feedback to student:

Comments will be most effective if they are clear explanations of what is wrong and what could be done to rectify error. Dyslexic/Dyspraxic students appreciate explicit guidance on what is good in the essay as well as what is wrong. Such students are unlikely to find general statements such as 'a point needs developing' as helpful (due to their disability).

Academic Standards:

It is recognised that accurate spelling, grammar, punctuation and structure (i.e. Standard English) may form explicit parts of the assessment. It is likely that most programmes will require students to demonstrate the use of Standard English as implicit 'programme' learning outcome. This should, however, be stated explicitly in programme specifications. If you are unsure whether the use of 'standard English' is a requirement in the assessment you are marking, you should seek advice from your department.

Whilst departments may utilise explicit marking criteria for the use of 'Standard English' for coursework, it may not be a requirement for take home papers, exams etc).

If the use of 'standard English' has not been cited within the marking criteria for the assessment you are marking you should follow the guidance above.

¹⁹⁵ Please consult with the disability office if you are unsure about the nature of the disability and the likely effect that it may have on academic performance – ext 2292.
Disability Team April 2008