

The dyslexia debate: more heat than light?



Julian Elliott, Professor of Education at Durham University, answers his critics following the controversial Channel 4 programme, *The Dyslexia Myth*.

Some three months have passed since the screening of the controversial Dispatches programme on Channel 4, and the resultant media furore, that has led to my being widely known as “the man who says dyslexia doesn’t exist”. Of course, the question as to whether dyslexia exists or not is essentially meaningless. Dyslexia is a social construct, used variously to describe a conglomeration of literacy difficulties that patently do exist. The real question for educationalists is whether this diagnostic label is used in a way that is meaningful and helpful for clinical and educational practice. My contention is that, at present, it is not.

In essence, my position is as follows:

There is little meaningful agreement about how dyslexia should be defined or what diagnostic criteria should be employed. Many symptoms, for example, letter reversals, directional sequencing errors, clumsiness, inconsistent hand preference, and poor working memory are commonly found in people without reading difficulties, and in poor readers who are not considered to be dyslexic. Researchers who study aspects of dyslexia (e.g. the role of genetics) rarely differentiate between dyslexics and other poor readers. Rather, they use the term in a rather indiscriminating fashion to describe all poor readers who have no other marked difficulties in realms such as sensory impairment or emotional difficulties.

There is no sound, widely accepted, body of scientific work that has shown that there exists any particular teaching approach more appropriate for ‘dyslexic’ children than for other poor readers. Thus, diagnosing a child as dyslexic won’t help teachers plan more effective interventions.

There are effective programmes for those encountering literacy difficulties but

these seem to be appropriate for all poor readers, not a particular subgroup. The evidence suggests that we should intervene as early as possible with any child who is struggling. We do not need clinical diagnoses to recognize a need to act quickly.

Difficulties in decoding print (as opposed to taking meaning from text) have very little to do with intelligence. Thus, we cannot make any judgement about a child’s intelligence on the basis of their decoding proficiency. We should make every effort, therefore, to ensure that teachers do not, on the basis of decoding and spelling skills, underestimate children’s intellectual potential and schools do not place children in academic streams or sets inappropriate to their true cognitive level.

It may be helpful to define as dyslexic those individuals who fail to make adequate progress despite several years of systematic intervention. Thus, those considered to be dyslexic would prove to be a very small number with seemingly intractable problems. Concerted effort would need to be paid to supplement ongoing teaching with training in the use of electronic equipment (e.g. voice recognition software).

The first four points clearly reflect the extant literature and have not been subject to meaningful challenge from those who have sought to take issue with me. Thus, I have repeatedly encountered people who have sought to challenge my position yet agree with the substantive points that underpin my argument.

My experiences as a teacher and educational psychologist over three decades had prepared me for the vitriolic reception that I was to receive. While the majority of responses were positive, often congratulatory, many others wrote telling me of the considerable anxieties, stresses

and humiliations they, or their children, had endured because of their literacy difficulties. Often these revealed deep anger and frustration – as testified by the extracts repeated below:

*“Are you saying that my child is faking it?
“Are you saying that my child doesn’t have a reading problem but, in actuality, is stupid?
“I’ve struggled for years to get teachers to recognise that my child has a problem. Now you’ve said this, they’ll never take me seriously”*

“A headteacher once told my eldest son that dyslexia existed only in the minds of the middle classes. Maybe you’re related to him!!!!”

“If you take this label away from me; what will I have left?”

Any disinterested person who had seen the TV programme, heard the radio interviews or read my position in the Press could not have taken such messages from these accounts. I think that the reactions were, to a large extent, the consequence of projection and anxiety. By projection, I mean that many hurtful experiences encountered in the past were conjured up by the media headlines and relived once more. Anxiety may have resulted from a belief that publicly questioning the value of the label would ultimately diminish the dyslexic individual in some respect and/or result in the withdrawal of much-needed resources. It is human nature to seek a diagnostic label for our difficulties and for many, merely receiving a clinical diagnosis is, in itself, reassuring and offers some meaning to, and understanding of, a puzzling phenomenon. A diagnosis of dyslexia often reduces possible, incorrect, attributions of intellectual weakness in the eyes of family, friends, teachers and peers – no wonder it is powerful.

Behind the feverish accusations that my claims were damaging, lies the very real difficulty that many parents have encountered in getting additional resources and support for their children. Many have felt that they needed to obtain a diagnosis of dyslexia to be taken seriously and to gain access to resources. While being sensitive to this current reality, there is surely a better way to ensure that the literacy needs of all children are identified and met? Certainly, I continue to query whether the amount and energy in diagnosing the condition is a sound use of time and scarce resources.

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