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Defining Dyslexia: Reconstructing Professional Discourse/practice

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Background

This paper examines how the historical construction of dyslexia as a concept and field of inquiry has influenced recent debates and the professional discourse/ practice surrounding dyslexia. It also presents an alternative perspective to the narrative of a successful progression towards a more accurate description of dyslexia, which has underpinned historical and biographical accounts of dyslexia written by researchers as professionals working within neuro- and cognitive psychology (see for example Miles and Miles 1999).

Research Questions

The academic field of dyslexia emerged from research at the end of the nineteenth century, which was grounded in medical approaches arising from early neurologists' investigations of the strange symptoms that were often exhibited by individuals who had survived traumatic head injuries. In many cases these injuries resulted in brain disorders leading to a loss of speech and the ability to translate words into speech; however, sometimes these brain-damaged patients might speak and understand English quite well but be unable to read. Historically, therefore, the professional and 'expert' discourses related to dyslexia can be traced from its roots in medicine and clinical studies in the 1860s to the emergence of broader psychologically, and LD/SpLD, based understandings of dyslexia and their use by educators in the 1980s. As we shall see in the following sections of this chapter, current professional discourses related to the development of dyslexia as a construct, have continued to draw upon 'scientific' medical and psychological discourses, which has in turn impacted upon the ability to identify, and implement specialist provision.

Methods

In recent decades, the causes of dyslexia have increasingly become seen as linguistically based rather than visual. There has also been an increasing emphasis upon the identification of the cognitive abilities related to the reading process. Dyslexia assessments and teaching programmes are therefore commonly linked to lexical problems and key related areas such as 'orientation, naming or repeating long words, arithmetic difficulties, list of items (forward or reverse), letter reversals, etc.' (Javier Guardiola 2001: 19). While theories related to visual effects have continued in the work of Thomson (1984) and Stein and Fowler (1982), more influential theories have focused upon deficits in phonological and isolated word recognition skills.

Frame

The interest in this field led to similarities being noted between these patients and uninjured school children who were considered to be of 'normal intelligence' in nearly every respect except that they experienced difficulties in language and literacy skills. This initiated attempts to find the specific brain dysfunctions responsible for dyslexia. The pursuit of this agenda led to the study of dyslexia emerging in the 1980s as a mainly psychologically based field related to reading skills and the distribution of reading ability and disability in the school population inextricably linked to the labels LD/SpLD (Learning Disabilities/Specific Learning Disabilities). Initially these labels implied that the student was viewed as having normal or above intelligence with specific 'deficits that are specific rather than generalised'. Given this emphasis the labels did not take into account the students' cultural or familial background (Ferri 2004: 511). 'Clinical' models based upon 'scientised forms of normative judgement' have, therefore, been persistent and pervasive in providing the explanatory and 'executive' framework for thinking about LD/SpLD aspects of literacy pedagogy (see for example Cook-Gumperz 1986).

While definitions of dyslexia were originally based upon medical models, and came to embody the notion that dyslexia applies to individuals who have difficulties in reading and writing even though they are of 'normal' or 'above normal' intelligence, theorists working from within critical literacy and New Literacy Studies have drawn attention to the need to consider literacy pedagogy and literate practice in relation to socio-cultural contexts. This conceptualisation of literacy and literacy difficulties stands in stark contrast to the heritage of medically based understandings of literacy problems and the more recent development of 'clinical' and autonomous, and neutral models of dyslexia (Green and Kostogriz 2002).

Research findings

From a socio-cultural and New Literacies perspective it is possible to argue that the disciplinary heritage which informed the historical development of dyslexia as a concept and field of knowledge has inextricably been linked to notions of deficiency and neuropsychological deviancy. This background has made it very difficult for definitions of dyslexia to take into account the socio-cultural complexities of literacy learning, because from this viewpoint literacy learning is much broader than the 'autonomous model' (Street 1993), which emphasizes the skills taking place in individual minds to decode printed text. From a sociocultural perspective literacy learning can be viewed as embedded in culturally crafted, meaning making practices and discourses taking place within social groups. The problems and issues arising from the 'autonomous' model of literacy, which has become implicit in the 'scientific' medical and psychological professional discourse/practice surrounding dyslexia, will emerge as a key feature of this paper.

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