Can We End the Dyslexia Debate?

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This thesis is dedicated to my deceased grandmother

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Abbreviations

ADHD – Attention Deficit Hyperactivity Disorder

BBC – British Broadcasting Corporation

BCODP– British Council of Disabled People

BDA – British Dyslexia Association

BERA– British Educational Research Association

BIS – Business, Innovation and Skills

CAT– Campaign for Accessible Transport

CMA – Competition and Markets Authority

CORAD–The Commission of Restrictions Against Disabled People

CRC – College Research Committee

DAN– Disability Action Network

DBC– Disability Benefits Consortium

DCA – Disclosure and Confidentiality Agreement

DDA – Disability Discrimination Act

DDS – Disability and Dyslexia Service

DSA – Disability Student Allowance

DSM – Diagnostic and Statistical Manual of Mental Disorders

EDISR – Equality, Diversity, Inclusion, and Social Responsibility

EU – European Union

FE – Further education

FOI – Freedom of Information

GDPR – General Data Protection Regulation

GLAD – Greater London Association for Disabled People

HBCD- Hegemonic Biological and Consumerist Discourses

HE – Higher Education

HEFCE – Higher Education Funding Council for England

HEIs – Higher Education Institutions

HESA - Higher Education Statistics Agency

HLE – Home Learning Literacy Environment

ICD – International Classification of Diseases

IDA – International Dyslexia Association

IE – Inclusive education

ILP – Individual Learning Plan

IQ – Intelligent quotient

JISC- Joint Information Systems Committee

LDs – Learning Difficulties

LSP – Learning Support Plan

MEIP–Marketised Educational Inclusion Policies

MSIS–Marketised Social Inclusion Statements

NSF– National Service Framework

OIAHE – Office of the Independent Adjudicator for Higher Education

PPIs- Positive Psychological Interventions

QS – Qualitative Surveys

RDs – Reading Difficulties

RNIB – Royal National Institution for the Blind

SENDA – Special Educational Needs and Disability Act

SpLD – Specific Learning Difficulty/Disability

UN – United Nations

UPIAS – Union of the Physically Impaired against Segregation

WHO – World Health Organization

WP – Widening Participation

I declare that this thesis, which I submit for the degree of Doctor of Philosophy at the University of Derby is my own work and is not substantially the same as any which has previously been submitted for a degree at this or any other university.

Abstract

The current thesis explores my longstanding interest in the influence of the constructions of dyslexia on people labelled with dyslexia. Specifically, it investigates the impact of sustaining these constructions of dyslexia within universities in England, with two main aims. Firstly, to explore the influence of dyslexia as an arguable biological impairment on individuals labelled with dyslexia in Western societies. Secondly, to investigate the unexplored influence of the constructions of dyslexia on students labelled with dyslexia in English universities. To do this, I explore the impact of “Biological and Consumerist Discourses” on sustaining the existence of these constructs, and the influence of these discourses on students labelled with dyslexia in English universities. For this purpose, a dual theoretical and empirical design was employed. Three types of empirical data were collected: a) disability support policies, available as e-documents, were collected from 20 universities, b) qualitative surveys conducted by 40 universities into the opinions of students labelled with learning difficulties, including dyslexia, on the quality of support services they received, were obtained by Freedom of Information Requests, and c) data on the number of students labelled with dyslexia in 20 universities were obtained by Freedom of Information Requests. The theoretical analyses within this thesis led to the conception of four categories of constructs of dyslexia and identified factors within biological and consumerist discourses that affect which category of construct a student is likely to fall into. Furthermore, the qualitative survey data confirmed that students can be categorised according to their opinions and experiences with support services. The current thesis sheds light on the influence of the constructions of dyslexia, which create an intertwined relationship between students labelled with dyslexia and English universities. It further explores how the biological discourse has become hegemonic in English society and the implications of this for universities and students with dyslexia in the light of the rising importance of therapeutic culture in HE. Implications of this discourse for other educational institutions (for example, schools) and social care institutions (for example, nursing homes) are also discussed. Finally, the Equality Act (2010) is critiqued in the case of hidden disabilities and dyslexia in particular, and the inconsistencies of implementing disability legislation in HE are discussed in the light of hidden disabilities and dyslexia. As such, it offers a novel contribution to the current understanding of dyslexia as a social phenomenon as this influence remains unexplored in English universities.

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Chapter 1

Introduction

1.1 The Context of the Study

To fully understand the context for the current research, which is based on English universities, this section introduces the Higher Education (HE) system within England. The HE system is subjected to significant "Marketisation Reforms" (Furedi, 2010, p. 19). Marketisation refers to "the process of transforming an entire economy away from a planned economic system and toward a greater market-based organisation" (Gingrich, N.D, p. 23). Whereas the term "Reform" refers to attempted improvements to something political or economic (Ng and Forbes, 2009). In other words, marketisation shifts an entire economic system to a market-based organisation through the use of particular marketisation processes to satisfy the needs of individuals in society (Bendixen and Jacobsen, 2017). Thus, within the HE context, marketisation reforms (for example, "Widening Participation" [WP] policies) refer to the policies that are shaped by business notions (for example, client/service provider) that transform universities and students into service providers and clients, respectively. Such a transformation is justified on the grounds of competition between universities to achieve equality through Equality Legislation such as the Equality Act (2010).

Universities have seen a sharp increase in the number of students classified with disabilities, who disclose their disability. According to the University of Leeds (2022), the percentage of students declaring a disability increased from 9% in 2012/13 to 15% in 2020/21. This significant increase is partly caused by universities promoting "Educational Inclusion Practices" to appear more inclusive. Educational inclusion practices refer to adjustments that institutions are required by law to make for students labelled with disabilities (see Chapter 2 of the Equality Act 2010). Playing the role of service providers (for example, giving extra time in exams and extended deadlines for assignments) expands Tomlinson's (2013) argument about the transformation of students into customers because it clearly demonstrates the way universities act as businesses or service providers. Usually depicted in their development of "Social Inclusion Statements", universities are legally obliged to protect their students labelled with disabilities from discrimination, thus their status shifts to service providers. However, these social inclusion statements can be described as broad and non-specific in different HE institutions. Indeed, Kendall (2016) revealed that 13 HE students labelled with disabilities were hesitant to disclose their disability due to stigma, which demonstrates the limited influence of these statements on the actual quality of HE experiences of students labelled with disabilities. This hesitancy can potentially cause them to leave university without any qualifications, despite the constantly reported increase of students classified with disabilities in HE. Shepherd (2018) supported this argument, concluding that two of their 14 participants reported being reluctant to disclose their disability in their university indicating that some of these participants disclosed their disability hoping to obtain support; however, they did not obtain the necessary support and subsequently left HE without qualifications. The Office for National Statistics (2019, p. 22) reported that “the proportion of people labelled with disabilities who had no qualifications was more than two and a half times the proportion of people with no disabilities, at 16.1% compared with 6.0% in 2019”. These statistics can partly explain what happens to some individuals identified with disabilities who are hesitant to disclose their disabilities in HE. This hesitancy poses questions about the efficacy of educational inclusion policies that universities adopt to support the needs of these students, despite their continuous efforts. According to the Office for National Statistics (2019), between 2013 and 2019, the discontinuation gap between people classified with disabilities and people without disabilities decreased by 4.3 percentage points. As such, Kendall’s (2016) conclusion that students may be reluctant to disclose a disability due to potential stigma also applies to those labelled with dyslexia. This increase has occurred due to the association between the effective participation of students labelled with dyslexia and their ongoing use of support services in HE. Marketisation reforms transform HE students labelled with dyslexia into customers, who use support services to satisfy their needs. This in turn has created the “Consumerist Paradigm”, which refers to the commodification of students’ experiences due to marketisation of HE identifying them as customers (Tomlinson, 2017). Hence, the HE system is heavily influenced by the “Consumerist Discourse” that is related to the language of consumption, transforming dyslexia into a form of consumed service. Furthermore, universities construct dyslexia as a form of disability and treat it accordingly, creating a hegemonic biological discourse of dyslexia in HE, which will be discussed in the next subsection.

1.1.1 Biologising Dyslexia in Higher Education

The biologisation of dyslexia in HE can be attributed to the construction of dyslexia as a disability in the field of medicine. The original identifiers of dyslexia were medical professionals, such as Hinshelwood (1907) Pringle-Morgan (1896) and Orton (1925). These experts were interested in finding rational explanations for why certain people, despite having average intelligence, were unable to read (for example, Knivsberg Reichelt and Nodland 1999; Eden et al. 2000; Ramus Pidgeon and Frith 2003; Stein 2001; and Valdois 2022). As a result, "Dyslexia" was assigned a therapeutic meaning, and it is now considered a crucial term for educational and Learning Difficulties (LDs) experts who used it to identify and meet the needs of people classified with dyslexia who have "simply a different brain" (Stein, 2022, p. 2). This notion of the assigned therapeutic meaning has gained greater logical power with advancements in the fields of neurology and genetics demonstrated in the development of "the magnocellular deficit theory" developed by Stein (2018) and the identification of "potential genes causing dyslexia" (Grigorenko et al., 1997, p. 2). The notion of logical power relates to the ability to provide a scientific understanding of dyslexia as a form of deficit. This notion has moved to education based on "the right of individuals classified with dyslexia to access education equally to their peers" (Fletcher, 2009, p. 16).

Dyslexia as a category of impairment in education can be attributed to the growing power of special education that was explored by Farrell (2010), Macdonald (2015), and Thomas and Loxley (2007). The belief that individuals classified with dyslexia should have the same access to education as those without impairments has influenced this industry (Evans, 2017). This influence can be manifested by obliging educational institutions to support these individuals by providing them with the adjustments necessary for these individuals to succeed. According to the Equality and Human Rights Commission (N.D, a, para. 2), equal education for individuals with disabilities is guaranteed by the "United Nations (UN) convention" on *the Right of People with Disabilities* by "eliminating disability discrimination" and ensuring the existence of an "Inclusive Education". Therefore, everyone with a disability (including those with hidden impairments) and dyslexia should have equal access to education and the necessary support for their needs across a range of educational settings. Thus, this right has become the legal foundation for medical labelling (such as the label of dyslexia) in the field of education, since the label is claimed to "guarantee providing the support to those classified with dyslexia in various educational settings" (Macdonald, 2013, p. 3).

Legitimising the usefulness of the concept of dyslexia as a robust medical label provides educationalists and education policymakers with social power because they shape the learning experiences of students classified with dyslexia in relation to their label in "different educational contexts" (Solvang, 2007, p. 23). Educationalists and education policymakers may wish to obtain more social power to shape the learning experiences of students classified with dyslexia as patients (will be explored in Chapter 3). In this thesis, the notion of the patient refers to the tendency of perceiving students classified with dyslexia as vulnerable individuals who are unable to succeed in HE without the provision of particular support services, building on Ecclestone and Hayes' (2019) perception of vulnerability of some individuals in Western societies. This medical understanding of dyslexia has also permeated the HE environment. Equality legislation such as the Equality Act (2010) claims to ensure that students classified with dyslexia now have the same access to HE as their peers without the classification of dyslexia. Furthermore, these students must be treated equally, and not experience any direct or indirect discrimination because of the nature of their socially-constructed disability, which will be explored further in Chapter 2. Therefore, student support services teams have gained a social power by supporting the needs of students classified with dyslexia in HE, leading to shape their learning experiences as patients in the light of Nagi's (1965) medical model of disability. This notion has become embedded within the adopted definitions of dyslexia in universities biologising dyslexia in HE. For instance, University of Oxford (N.D) defines dyslexia as a form of LDs that influences reading and spelling skills. LDs is an umbrella term used to refer to academic issues that influence academic achievement (Natarjan, 2023).

This constructed biological discourse of dyslexia in universities has become the legal foundation for students classified with dyslexia to obtain the support required for their participation in HE. The "Biological Discourse" refers to the intertwined relationship between dyslexia and medicine. Consequently, English universities are constantly competing to provide the best support for their students labelled with dyslexia. For instance, the University of Bath (2018) provides support services such as allowing the use of visual prompts and diagrams related to using icons, and photographs, which are possible creative methods of taking notes in lectures, that enable students classified with dyslexia to establish links between pieces of information, overcoming their working memory issues. Likewise, the University of Buckingham (N.D) provides one-to-one workshops covering areas assumed to be weak in students labelled with dyslexia (for example, academic reading, writing, and organisational skills). This competition reinforces and justifies the use of this discourse as a legitimate tool for education policymakers and university stakeholders to shape the learning experiences of their students classified with dyslexia, potentially discriminating against these students in HE. Universities have developed the biological construct of dyslexia in HE because this notion has become, similarly to the discourses of vulnerability described by Ecclestone and Brunila, 2015, p. 21) "deeply ingrained in society". This biological construct of dyslexia has created biological discourse in HE, legally justifying the support of students classified with dyslexia as patients and further embedding the biological discourse in HE, which will be explored in Chapter 6. For example, Newman University (N.D) defines dyslexia as a form of Specific Learning Difficulty/Disability (SPLD) affecting working memory, processing speed, and phonological awareness that needs support (for example, extensions in assignments and library loans deadlines, and more time provided in exams). Hence, the focus of this thesis is an analysis of the impact of dyslexia constructs on the social behaviour of students labelled with dyslexia in HE.

1.1.2 The Rationale of the Study

The present thesis results from my longstanding interest in how the constructs of dyslexia impact the social behaviour of university students labelled with dyslexia. The research explores the influence of sustaining the biological and consumerist constructs on universities for two reasons. The first is an academic interest in exploring the "linguistic" reading impairment in individuals labelled with dyslexia in English society, which can be associated with not acquiring the expected level of literacy skills that have become significant in English society, expanding Collinson's (2016) discussion about the intertwined relationship between literacy and dyslexia in English society. Collinson and Penketh (2010) maintain that dyslexia can be understood as the failure to meet particular social expectations about the required level of acquired literacy skills. In other words, individuals classified with dyslexia are heavily influenced by their prior experiences of literacy challenges "Othering" them in society (Collinson, 2016). Othering in relation to disability and its implications for students classified with dyslexia in HE will be explored in Subsection 2.2.4, Chapter 2.

Addressing the literacy challenges faced by students classified with dyslexia has introduced marketisation processes that can be associated directly with the knowledge economy leading to the growth of WP policies. Rushton (2018, p. 23) defines WP policies as “strategic priorities, supported by government policy, designed to improve access to HE for those with protected characteristics”. Protected characteristics are specific characteristics (for example, dyslexia and disabilities) that have historically limited participation in HE. These policies aim to prepare these students to become contributors to knowledge economy. Knowledge economy refers to the production of products and services by intensive knowledge-based activities (Powell and Snellman, 2004). Within the HE context, dyslexia may hinder these individuals from “contributing to knowledge economy” (Sum and Jessop, 2013, p. 16) due to classifying them as “weak in literacy skills in society” (Collinson, 2020, p. 21). As a result of this classification, these individuals are usually subtly excluded from participating in a market-based society without obtaining support expanding Godin’s (2006) argument that knowledge economy is a recent social phenomenon that can be attributed to market-based societies. Thus, recent growth in WP policies has increased the number of students labelled with disabilities in the HE setting and cemented the important relationship between the HE system and the knowledge-based economy. This relationship is demonstrated through the fact that the HE system prepares students to become the future contributors for knowledge-based economy through raising their literacy skills to match “the market-based society requirements” (Powell and Snellman 2004, p. 16) achieved through “WP policies” (Rushton 2018, p. 23). Nonetheless, students classified with dyslexia may spend their time at university obtaining support without being aware that this support may be unhelpful for them to become contributors to knowledge economy in the future. This lack of awareness can lead us to question the usefulness of these WP for these students advancing Powell and Snellman (2004) and Collinson’s (2016) arguments that knowledge economy is attributed with knowledge-based activities and dyslexia is associated with the increasing importance of literacy skills.

Given the greater access to HE granted by WP policies, increasing the literacy levels of newly eligible students (those who have recently obtained the label), is critical to both their participation and their success. Students identified as having dyslexia are covered by these policies only if they obtain support services from universities. Adnett and Tlupova (2008) argue that, in this regard, any economic rationale for WP policies must depend upon there being net social welfare gains from achieving a more equal distribution of participation rates across social groups. The ongoing use of these services creates different constructs of dyslexia in HE, such as the biological and the consumerist.

The second reason is the underexplored nature of the constructs of dyslexia and their influence on students labelled with dyslexia in HE. Therefore, we need to examine their impact on students identified as having dyslexia in universities, and more specifically, on universities as marketised institutions in the hegemony of "Consumerism Processes". These consumerism processes refer to the promotion of university-provided support as a form of "consumed services" (Tomlinson, 2018, p. 19).

1.2 Contribution to Knowledge

This thesis investigates the effect of the nature of dyslexia constructs on the social behaviour of students labelled with dyslexia in HE. It also interrogates the impact of the "consumerist discourse" on sustaining the existence of these embedded constructs within universities. This discourse is the language used on university websites to describe the services available for students classified with dyslexia. Therefore, the current study is the first to explore the creation, application, and impact of the nature of dyslexia on university students labelled with dyslexia.

1.3 Research Aims and Questions

1.3.1 Thesis Aims

- To investigate the effect of the nature of the constructs (for example, biological) of dyslexia on students classified with dyslexia in universities.
- To explore the impact of "biological and consumerist discourses" on sustaining the existence of these constructs, and the influence of these discourses on students classified with dyslexia in universities.

1.3.2 Thesis Questions

- What are the features of the constructs (for example, biological) of dyslexia, and how do these features influence students classified with dyslexia in universities?
- How do consumerism processes sustain the presence of these constructs of dyslexia in universities, and how does this existence affect university students classified with dyslexia?

1.4 Thesis Methodology

To achieve these aims and answer the thesis questions, the history of dyslexia (for example, Orton, 1925) will be drawn on to examine the implications of Nagi's (1965) "Medical Model of Disability" for the biological construct of dyslexia as a form of impairment. This construct was created based on assumptions about the biological origins of dyslexia. These presumed origins can be linked with current definitions of dyslexia characterising it as "a phonological impairment" (International Dyslexia Association [IDA], 2020, para. 1).

Hence, I examine the influence of these constructs on university students classified with dyslexia and use the social perspectives of Elliott and Grigorenko (2014) and Collinson (2016) to question the use of the label of dyslexia. These perspectives comprise the theoretical evidence used to support the premises of this thesis, thus making it theoretical in its nature. Drawing on Nagi's (1965) medical model of disability, the impact of the biological discourse on the constructs of dyslexia is investigated. The medical model is used to analyse phrases describing dyslexia as they appear on university websites in order to examine the influence of such discourse on HE students labelled with dyslexia.

Furthermore, I employ Tomlinson's (2017) "student as a consumer" metaphorical language to analyse universities' educational inclusion policies to explore the influence of the consumerist discourse on the constructs of dyslexia and its subsequent impact on university students classified with dyslexia. Student opinions obtained by university surveys are also examined, specifically in the context of how consumerist discourse affects students labelled with dyslexia. It is predicted that the ongoing presence of this discourse helps to sustain the existence of the constructs of dyslexia in universities.

Empirical evidence was either openly available online, or obtained through Freedom of Information (FOI) requests. Educational disability support policies e-documents were collected from the websites of 20 universities, and analysed to understand this impact in depth. Comprehensive surveys, FOI Qualitative Surveys (QS), and statistics were also used to explore these dyslexia constructs further. Comprehensive surveys were conducted choosing 25 universities (20 containing phrases describing dyslexia on university websites and five containing social inclusion statements) to explore the effect of these hegemonic discourses on how universities construct dyslexia. The qualitative student surveys were collected via FOI requests from 40 universities that are expected to be able to demonstrate the existence of the categories of performers playing the role of dyslexia. Quotations collected revealed how students classified with dyslexia adopt their subjective attitudes towards their label by narrating their subjective experiences with this label in HE. Finally, reports of the numbers of students classified with dyslexia were collected from 20 universities. This evidence is analysed using disability discourse analysis, drawing on Oliver (1990).

Summary

Universities are subjected to marketisation reforms on a regular basis due to the ongoing competition between institutions to satisfy the needs of students labelled with disabilities. These reforms have been introduced in response to competition between universities for accommodating their students classified with disabilities increasing numbers of students labelled with disabilities entering universities. The sharp increase in these numbers can be explained in part by the close relationship between the effective participation of students in the university as a whole and their ongoing use of support services in HE. In this thesis, I argue that constructing dyslexia as a form of disability in universities creates a “biological discourse” (Canter 2012, p. 27) in which students classified with dyslexia play the role of the patient who needs constant support due to a “visual-attention span deficit” (Valdois 2022, p. 24). These numerous marketisation reforms result in the ongoing use of support services, creating the consumerist paradigm explored by Tomlinson (2017). This paradigm suggests that students are transformed into consumers and universities into service providers. The consumerist discourse in HE influences the quality of learning experiences of students labelled with disabilities and dyslexia, and elucidates the limited role of social inclusion statements in determining this quality, a finding supported by Kendall (2016) as the development of these social inclusion statements aligns with the tendency of universities to become service providers.

The notion of dyslexia as a form of deficit can be attributed to the field of medicine as the first identifiers of dyslexia were practitioners within this field (for example, Orton 1925). These practitioners were concerned with finding the potential causes of dyslexia (for example, Eden et al. 2000; and Stein 2001), which has had significant implications for scientifically justifying the understanding of dyslexia as a form of a deficit based on “the right of equal access to education” (the Equality and Human Rights Commission, N.D a, para. 2). Therefore, this notion has been introduced to education, becoming linked with “the industry of special education” (Farrell 2010, p. 33) that “impacts the choices of individuals with dyslexia in HE” (Macdonald 2015, p. 28). According to Thomas and Loxley (2007), the industry of special education refers to the existence, growth, and the prestigious status that special education has gained as an arguably empowering form of education that enables numerous learners with special educational needs to reach their full potential and succeed. This industry is based on the importance of special education as the only form of education that enables individuals with special needs to receive an "effective" intervention for their needs preventing them from failure in their education (Lifter et al., 2011). Regarding the privileged status of the industry of special education, Nowell and Salem (2007) have maintained that this status can be attributed to the belief of the parents of individuals with special needs in the emancipatory role that special education plays. According to these parents, this industry enables these individuals to become independent and successful individuals in society by maintaining their interests and rights to obtain the necessary support for their needs (Nowell and Salem, 2007). Therefore, this industry can be described as growing because it thrives on sustaining the interest of individuals with special needs to be included in society (Tomlinson, 2012).

Nonetheless, this industry is problematic because it "emphasises the division between "ideal" individuals and those with "special needs" (Do Amaral, Parreira, and Christie, 2019, p. 121). This is because this industry thrives on supporting the needs of individuals with special needs, which means that these individuals have become "vulnerable patients" (Ecclestone and Brunila, 2015, p. 33) who cannot cope with the demands of society without this particular therapy/ support. According to Do Amaral, Parreira, and Christie (p.121-122), "Meeting the demands of the society refers to the ability of individuals to contribute to knowledge economy leading to the prosperity of their own society". The continuous existence of the industry of special education can have significant financial implications for educational institutions by increasing their expenditures on support services as these institutions tend to spend enormous amounts of money on supporting the needs of these individuals. For example, Murphy (2015) has argued that in total, £640 million of funding has been allocated to support post-16 students with special needs in England in 2009/2010. Similarly, according to GOV.UK (2023), the total funding allocated to schools in England through the grants to provide support for students with special needs in schools is £57.3 billion in 2023-24. The implication of this in HE is that students perceived as vulnerable (because, for example, they are identified as dyslexic) can be seen to need support across a range of academic or educational challenges, rather than given the opportunity to meet those challenges independently. Consequently, education policy makers, and university stakeholders have the social power to shape the learning experiences of individuals with dyslexia. This social power can have a significant influence on students classified with dyslexia by making them unable to construct their identity away from their label in HE, influencing their learning experiences in HE dramatically.

Thesis Structure

Chapter 2 Biologising Dyslexia as a Socially-Constructed Disability in Higher Education

The terms “Disability”, “Dyslexia”, and “Biologisation” are discussed exploring the relevant literature, critically highlighting their implications for students identified with dyslexia in HE and universities.

Chapter 3 The Influential Factors on the Social Constructs of Dyslexia in Higher Education

The concepts of “Labelling”, “Social Inclusion”, “Marketisation”, “Consumerism”, “Commodification”, “Therapization”, and “Performance” are underpinned by exploring their influence on students labelled with dyslexia in HE and universities through exploring the relevant literature.

Chapter 4 Theoretical and Methodological Approaches

The methodology, including Goffman’s (1956) theory of “Social Performance”, and “Disability Discourse” analysis are explored in relation to the nature of the theoretical and empirical evidence used to support the premises of this thesis. Four models are presented in this chapter. The first model is the development of the categories of performers labelled with dyslexia. The second model is the role of the patient-shifting in the cycle of performance of dyslexia. The third model is maintaining the consumerist construct of dyslexia in HE. Finally, the fourth model is the role of the customer-shifting in the cycle of performance of dyslexia. At the end of this chapter, the limitations of this study are discussed.

Chapter 5 Theoretical Findings: Performance of Dyslexia in Higher Education

The “Games of Performance” of students identified with dyslexia are explored in relation to the concepts discussed in the literature review, which will inform the analysis of the data in this thesis.

Chapter 6 Empirical Findings

The empirical data of this thesis are presented and analysed in this Chapter.

Chapter 7 Conclusion

The thesis is concluded by discussing the main arguments in the findings and linking them with the literature through answering the research questions posed in the introduction to this thesis. Then the Chapter discusses the implications of this thesis for education policymakers, stakeholders of universities, and students identified with dyslexia.

Chapter 2

Biologising Dyslexia as a Socially-Constructed Disability in Higher Education

2.1 Introduction

This chapter explores three main concepts, which are “disability”, “dyslexia”, and “biologisation”, each of which will be discussed with reference to past and current literature. This Chapter begins with examining the understandings of disability, drawing on references such as Nagi (1965), Oliver (1990), and Shakespeare (2013). In the same vein, the concept of dyslexia will be examined, underpinning the nuances of the current understandings of dyslexia such as the British Dyslexia Association (BDA) (2019) exploring how it is influenced by the field of medicine (for example, Hinshelwood,1907). The relationship between dyslexia and the concept of “othering” as a form of hidden disability is interrogated in the HE context, expanding Madriaga’s (2007) argument about the hurdles that students with dyslexia may face leading to other them in HE. This Chapter will begin by discussing disability, then it will discuss dyslexia, and finally explore the concept of biologisation. The concept of biologisation is then discussed in relation to Reading Difficulties (RDs), and dyslexia (for example, Lopes, 2012).

The concept of disability is heavily debated within the “biological”, “social”, and “affirmative” literature, leading to shape dyslexia constructs differently in modern English society. The “medical model of disability” (Nagi, 1965) pathologises dyslexia as a form of a deficit. In the current thesis, I interrogate the nature of the “medical model of disability” (Nagi, 1965), problematising its use to construct an understanding of dyslexia based on the notion of impairment within universities.

The Equality Act (2010) legislators claim that the Act has increased the protection of individuals classified with disabilities in English society, yet the ability of the Act to address inequalities remain questionable. For example, Hankivsky, De Merich and Christoffersen (2019) have criticised the Act’s ability to address inequalities arguing that it cannot protect individuals with disabilities against any potential discrimination that they may be subjected to due to the intersectionality of their disability and social class (i.e., working class). Therefore, this Chapter critiques the Act’s ability to adequately protect individuals classified with hidden disabilities and dyslexia from discrimination.

There is a direct causal relationship between disability and stigma due to the association between disability and “Ableism Discourse” (for example, Shifrer 2013; and Wolbring 2008). These concepts will be used to explore how ableism discourse can stigmatise students identified as having dyslexia in HE.

The use of disability legislation varies between universities. There is a lack of united interpretations of disability legislation such as the Equality Act (2010) due to its broad nature in the HE sector (Shaw, 2021). Furthermore, lecturers have conflicting interpretation of this legislation because there is a lack of clear guidance in disability legislation concerning supporting students classified with hidden disabilities and dyslexia in HE (Wray and Houghton, 2019). Finally, achieving equality in the case of hidden disabilities and dyslexia remains obscure, harming the ability of HE students labelled with dyslexia to overcome “the barriers to access HE” (Beauchamp-Pryor, 2012, p. 17).

Debates around dyslexia can be traced back to the field of medicine, as the founders of the term were practitioners within this field (for example, Hinshelwood 1896; and Orton 1925). Thus, there has long been a relationship between dyslexia and medicine, making biologisation an essential theme that needs to be interrogated. The hegemonic presence of the medical model in the case of dyslexia may create a cause-effect relationship between dyslexia and othering, which can have significant unexplored implications for students classified with dyslexia in HE, leading to the lack of their representation in Higher Education Institutions (HEIs). The relationship between dyslexia as a form of a socially-constructed disability and the concept of “othering” can be manifested in “enduring disablism” (Madriaga, 2007, p. 16).

2.2 Disability

2.2.1 Introduction to Disability Perspectives

The current definitions of disability do not seem to capture dyslexia as a socially-constructed SpLD. For example, the World Health Organization (WHO; 2021, para. 1) defines disability as a resulting of "the interaction between individuals with a health condition such as cerebral palsy, down syndrome, and depression as well as personal and environmental factors including negative attitudes, inaccessible transportation and public buildings, and limited social support". This definition emphasises the interaction between specific health conditions and personal and environmental factors, emphasising negative attitudes such as stigma. The Equality Act (2010) defines substantial and long-term disability as:

- Substantial disability is more than minor or trivial. For example, it takes much longer than it usually would to complete a daily task like getting dressed.
- Long-term disability means 12 months or more. For example, a breathing condition that develops as a result of a lung infection.

Therefore, an individual is labelled with a disability and protected under the Act if they have a substantial form of impairment which makes them unable to perform their daily tasks, or if they are recovering from a long-term condition (for example, cancer). The way disability is defined in relation to dyslexia may be problematic because it is not clear how severely dyslexia as a form of SPLD should affect someone in order for them to be protected by the Act. In other words, if an individual identified as having dyslexia have a profound or mild dyslexia that does not have a significant and long-term effect on their academic achievement in university, would they be still protected? The issue of this protection is examined further in the next Subsection. The importance of the concept of disability in the context of HE necessitates a discussion of its main perspectives, and their implications for this thesis.

The concept of disability is heavily debated between three main perspectives (biological, social, and affirmative) leading to shape dyslexia constructs differently in modern English society. Disabilities and hidden disabilities (for example, inability to walk, visual impairments, and epilepsy) are physical or nonphysical disabilities requiring some form of interventions. The current thesis, on the other hand, argues that dyslexia is a socially-constructed hidden disability in Western societies, particularly in the realm of education. The biological perspective of disability can be regarded as the most commonly held perspective on disability. According to this perspective, individuals labelled with disabilities are usually defined in society by their impairment, impeding them from participation in social life. For example, the medical model of disability (Nagi, 1965) pathologises disability as a form of deficit. Therefore, according to this model, individuals labelled with disabilities understand their disability as an impairment that influences their function in society. In this case, “impairment” refers to mental, emotional, or anatomical loss or abnormality. Pathology can be regarded as a “functional impairment” related to the limitations of an individual’s performance causing disability. Thus, disability can be defined as an interruption in the normal processes of the body, caused usually by diseases. Turner (2012) argues that Nagi’s (1965) medical model medicalises the lives of individuals labelled with disabilities and uses it to justify the introduction of “the social model of disability” into “the field of disability studies”. The Society for Disability Studies (2016, para. 1) defines the field of disability studies as “The overlap of many disciplines in the humanities, sciences, and social sciences. Programmes in disability studies should encourage a curriculum allowing students, activists, teachers, artists, practitioners, and researchers to engage the subject matter from various disciplinary perspectives”. In the light of this definition, the field of disability studies tends to reinforce the social construction of dyslexia as a form of disability that needs support and protection to be able to engage in social activities like those without the classification of dyslexia.

The social perspective of disability has been introduced as an oppositional reaction to the biological perspective of disability. Turner (2012) explores the emphasis on the medical health of children in the eighteenth century in England, and the perception of disability as a form of weakness and disadvantage in society. The social model of disability came to question this perspective, arguing that it disempowers individuals labelled with disabilities in their society. According to the social perspective, individuals with disabilities are not perceived as having disabilities due to their inability to do particular activities, but because of the hurdles social environments place for them. Oliver (1990) was the first to use the phrase “the Social Model of Disability” to portray the experiences of women who lived with impairment in England in the 1970s. Similarly, Buber (1937) maintains that individuals can be othered by society as different due to their identities becoming distinct from the collective normative identity. This theory of othering can be applied to the case of dyslexia in the current era. For instance, Collinson (2016) states that individuals labelled with dyslexia are othered in society due to literacy practices, or “lexism”. Lexism refers to the literacy practices adopted in society. These practices become hegemonic in society due to the strong emphasis on acquiring literacy skills as the main criteria for success. Thus, it is possible that dyslexia impacts the social behaviour of students identified as having dyslexia leading to shape their perception of the label of dyslexia differently.

The affirmative perspective of disability proposed by Swain and French (2000) is based on reinforcing the positive experiences of individuals identified as having disabilities in society despite their impairment. Swain and French posit that the importance of this perspective of disability lies in its ability to capture and validate the positive experiences of individuals labelled with disabilities. The affirmative perspective is argued to be empowering for individuals labelled with disabilities in society as it defies the stereotypical image of what Swain and French’s term the “better dead than disabled” mindset within society. Instead, the model emphasises a positive relationship between individuals labelled with disabilities and their own impairment. Another advantage of this perspective is that it questions the interventions and policies implemented for individuals labelled with disabilities which justify the perception of disability and impairment as a personal tragedy. Nonetheless, Goldiner (2022) problematises this perspective by arguing that it remains problematic as it emphasises the construction of an identity only revolving around the impairment a person is labelled with. Likewise, within the HE context, the affirmative perspective can be demonstrated in universities’ emphasis on the positive experiences of dyslexia regarding it as a form of creativity. This creativity can be regarded as a form of social behaviour of some students identified as having dyslexia in HE. For example, in universities’ representations of students labelled with dyslexia, there is a great emphasis on their positive experiences, often representing their dyslexia as a form of creativity, including their ability “to learn and remember secondary information easily using their visual-spatial skills” (Cancer, Manzoli and Antonietti, 2016, p. 2). This representation resonates with the affirmative model of disability; however, it creates a justification for internalising dyslexia as a belief on false grounds that they are creative because of their impairment, building on Johnston and Scanlon’s (2021) argument about the influence of dyslexia research on educational policy. This flawed justification creates a biological discourse focusing on portraying dyslexia as a biological impairment that needs to be fixed to “meet the demands of particular social expectations of literacy" (Collinson and Penketh, 2010, p. 9). This means that the emphasis on the affirmative model justifies the use of the creative compensatory strategies based on the claim that dyslexia is a biological impairment. Moojen et al. (2020) support this argument by pointing out that the use of these compensatory strategies enables these individuals to focus on their strengths rather than their impairment enabling them to achieve academic success. However, this focus may reinforce the biological discourse by portraying these individuals as patients who need support in order to cope with the literacy demands of society.

Increasing numbers of students identified with disabilities and LDs are entering English universities, which can be partly explained by the WP policies that Adnett and Tulpova (2008) describe as a biased political-ideological imperative. According to Higher Education Statistics Agency (HESA) (2018), 109,91 students declared that they are classified with an LD or dyslexia, compared to just 3,010 who declared a visual impairment. This comparison reveals that LDs are the most common category of disabilities reported in HE making us question the significance of students identified as having dyslexia true number among this category as it is not clearly demonstrated like those who have visual impairments. Thus, this percentage is not an accurate representation for students labelled with dyslexia in universities, implying that there is a bias of misrepresentation against accurately representing students identified with dyslexia in a separate category. This misrepresentation refers to representing students classified with dyslexia as a part of an SpLD category. This current misrepresentation does not reveal the accurate degree of the embeddedness of dyslexia in HE as hiding this embeddedness serves the interests of education policymakers and university stakeholders to promote social inclusion. Consequently, questioning this embeddedness may pose a threat on the interests of education policymakers and stakeholders who attempt to sustain the concept of dyslexia in universities to promote universities as inclusive institutions. Therefore, I question these WP policies due to their biased nature because they are usually associated with different political agendas related to notions such as "marketisation", "consumerism", and "commodification". When universities use these notions, they place students labelled with disabilities and those identified with dyslexia at a disadvantage because of their constant need of support services.

Furthermore, the inaccurate representation of students labelled with dyslexia also transforms them into numerical entities. Universities report the increasing numbers of students labelled with disabilities in order to promote themselves as social inclusive. In terms of disability disclosure, rates increased among students in HE from 5.4% in 2003/04 to 12.0% in 2016/17 (Advance HE, 2018). WP policies have been implemented differently across England, raising questions about the distribution of students with identified disabilities. For instance, the HE system is established to be “more hierarchal” (Donnelly and Evans, 2019, p. 5) questioning the degree of their efficacy to achieve equal access in universities. According to Donnelly and Evans, “hierarchal HE system” refers to the inability of the system to address social inequalities that students labelled with dyslexia may be subjected to in HE due to the inability of the Equality Act (2010) to protect them against these inequalities. Conversely, Parker (1998) emphasised the increasing importance of social inclusion for students labelled with disabilities. Finkelstein (1980) and Shakespeare (2013) go further, arguing that despite legislation of equality such as the Equality Act (2010), individuals identified as having disabilities are stigmatised and disempowered in their society, making these individuals potentially vulnerable due to their identification as having disabilities. This inconsistency in the understanding of the Equality Act necessitates exploring the criticisms of the Act in the next subsection.

2.2.2 Critique of the Equality Act (2010)

Despite the Equality Act legislators’ claim that the Equality Act has expanded legal protection for people classified with disabilities in English society, the Act does not provide a clear description of the characteristics of an individual labelled with a hidden disability and dyslexia (see Appendix 2, and Subsection 2.2.1 for an introduction about the Act). Subsequently, the criteria that ensure that these people are entitled to legal protection remain vague. In other words, it is unclear how severe the hidden disability and dyslexia must be and how much it must affect the person in order before them to qualify for legal protection. For instance, Kirby and Welch (2016) suggest that when considering hidden impairments in suspects, police face a significant challenge in determining what qualifies as a disability, its severity, and the type of adjustment required to accommodate a person with a hidden disability. This challenge demonstrates the Act’s ambiguous definition of a hidden disability and dyslexia, which defines it as a specific type of physical impairment. Adamou et al. (2011) argue that even experts in the field of LDs are not able to identify individuals with hidden disabilities, leading these individuals to face social difficulties, such as lack of acceptance in their society, low self-esteem, and low self-efficacy beliefs, due to their hidden disabilities. The presence of these social difficulties indicates the ambiguity of the definition of these hidden disabilities and dyslexia within the Act in the light of the medical model of disability because the emphasis on physical disability makes it harder to identify these difficulties in the Act (see Subsection 2.2.1 for the Act's definition of disability). These social difficulties occur due to the inability of the act to provide a clear definition for these hidden disabilities and dyslexia making the implementation of the legal protection in this case ineffective. Geffen (2013) supports this argument by maintaining that the Act has two failings: firstly, the restrictive statutory definition of disability as a physical disability rather than hidden or constructed. Secondly, the lack of the emphasis on institutions' duty to make reasonable adjustments in the Act.

In agreement with Geffen, the Act's definition of disability, which is restricted to physical impairments, ignores the existence of hidden disabilities and dyslexia. This restriction makes it difficult for educators to understand the nature of these difficulties when supporting individuals labelled with these hidden disabilities and dyslexia. This subjects the students to challenges and barriers such as inaccessible support, causing them to be "viewed as needy, not self-sufficient, or unable to perform on par with peers" (Prince, 2017, p. 80). The inability to clearly define a hidden disability and dyslexia and provide support for students who have been labelled with this type of hidden disability and dyslexia in HE in accordance with the Act serve as examples of these two shortcomings in the Act. For example, University College London (2022, para. 2) does not clearly define what constitutes a hidden disability and dyslexia and instead emphasises physical disability, indicating that physical disability can have an "impact on mental health and social relationships". This definition can be described as non-specific as it does not provide any clear explanation of hidden disabilities, such as mental illnesses, or dyslexia making supporting the needs of these students in the light of the Act challenging. Similarly, the University of York's (N.D, para. 4) definition of disability aligns with the medical model of disability, "regarding it as a physical impairment". Indeed, the construction of dyslexia does not fit with the definition of disability in the Equality Act as it does not require medical intervention like other hidden disabilities (for example, epilepsy), which is regarded as an important need for individuals with these disabilities to enable them to function normally in society. This inability of the definition of dyslexia to fit in the Equality Act (2010) may subject students labelled with dyslexia to discrimination due to differences in interpreting this Act across lecturers and institutions, which leads to create differences in Equality mandatory training across institutions provided for staff reflecting their different interpretations of the Act in their mandatory training programmes (for example, University of Manchester [N.D] *Equality, diversity and inclusion training for staff*). This inability to support students classified with hidden disabilities and dyslexia in HE results from the tendency to define disability as a physical impairment. This tendency questions the ability of the Act to address inequalities in English society.

Furthermore, Hankivsky, De Merich and Christoffersen (2019) contend that the Act raises several questions about its ability to viably address inequalities. Firstly, to what extent can the Act protect individuals who are subjected to a potential discrimination due to their hidden disability and their social class? To what extent can the Act protect a student with a hidden disability against facing unequal access of participation to HE potentially due to their hidden disability and social class? To what extent can the Act protect individuals who are subjected to a potential discrimination due to their dyslexia and their social class in HE? For example, Hankivsky, De Merich, and Christoffersen assert that the Act might not be able to handle the issue of intersectionality such as the interaction between discrimination against disability and social class. To clarify, the inability of addressing this discrimination results from the inability of some individuals to disclose their disability due to their potential belongingness to lower social class (for example, working class), which is not what is expected from the Act. According to Benn (2020), what is actually expected from the Act is the ability to address and protect the needs of individuals with disabilities regardless the nature of their disability and social class, which represents a gap in discrimination law. This inability to handle this intersectionality suggests that individuals classified with disabilities and dyslexia from working class backgrounds may not be legally protected by the Act in the same way as those from middle class backgrounds (implications of social class for students with dyslexia will be explored in Section 5.6).

Additionally, the Act portrays disability as a kind of social disadvantage rather than as a diversity that enhances society’s strengths. Disability equality law embodies disability as a form of disadvantage, considering it “social, relational, and fluctuating” (Renz and Cooper, 2022, p. 129). According to Renz and Cooper, the Act treats disability as a kind of disadvantage that can be either “relational” or “growing”. Relational refers to the disadvantage that individuals with disabilities experience depending on whether their disability is physical or hidden. Growing, on the other hand, refers to the growing impact of a physical or hidden disability on individuals that is usually subjected to the nature of the hurdles these individuals face in their social environment as a result of their disability. Growing impact means that the nature of these disabilities pose more challenges to these individuals limiting their participation in social activities. In other words, the impact of disability grows as society changes.

Hand (2015, p. 25) also addresses the inability of the Act to protect individuals labelled with disabilities and dyslexia from indirect discrimination, maintaining:

> Disability is one of the protected characteristics by the Act like gender, and sexual orientation. This protection necessitates satisfying the needs of individuals with disabilities by providing special adjustments that call for reasonable modifications and provide for disability-related discrimination for them protecting them from any type of discrimination they may be subjected to including direct and indirect discrimination. Direct discrimination relates to treating someone less favourably due to having a protected characteristic. Whereas indirect discrimination refers to a policy that may have a negative influence on some individuals due to their disability a shared protected characteristic. Nevertheless, some discriminatory attitudes such as stigma and informal labelling are excluded from the definition of the direct or indirect discrimination in the Act.

According to Hand (2015), the Act claims to shield people classified with hidden disabilities and dyslexia from prejudice directly related to the nature of their impairment, as shown by the following explanation: “Special arrangements that call for reasonable modifications and provide for disability-related discrimination”. However, this justification does not demonstrate the extent to which this protection would be acceptable in the situation of a hidden disability (for example, epilepsy), or dyslexia. Specifically, it does not appear that the Act shields those experiencing indirect discrimination due to a disguised impairment.

Direct discrimination refers to “unfairly treating someone based on their protected characteristics such as disability”. In contrast, Indirect discrimination refers to the disadvantage that an individual may experience due to a particular policy because of “their protected characteristics” (Hand, 2015, p. 25). Furthermore, within the field of education, the Equality and Human Rights Commission (N.D b, p. 13) defines direct discrimination stating: “In relation to the protected characteristic of disability, it is unlawful to directly discriminate against a disabled student [by]treating them less favourably than a non-disabled student because of their disability”. This statement does not provide any explanation on when a student faces indirect discrimination. For example, it is not clear whether informal labelling is regarded as a direct or indirect discrimination. Informal labelling refers to discriminating against an individual because of their protected characteristics (for example, disability) by creating negative stereotypes about the nature of their disability (for example, labelling someone as lazy, or stupid because of the support they get in their studies) subsequently creating “barrier to effective learning” (Matthews, 2009, p. 232). Cameron and Nunkoosing (2012) maintain that the attitude of students labelled with disabilities and dyslexia can be associated with their exposure to being informally labelled by their lecturers in HE. For example, their participants classified with dyslexia reported being subjected to indirect discrimination by their lecturers who informally labelled them as lazy. These participants further commented that some lecturers do not interpret this labelling as an unlawful form of indirect discrimination. Furthermore, according to Fernandez (2021), informal labelling refers to the stereotypical negative attitudes that individuals with disabilities face as a result of their disabilities leading to disempower them in society regardless of having or not having an official diagnosis as these individuals are perceived as unable to conform to social norm. The informal labelling of disability in the Canadian HE system, which is similar to the English HE system, is caused by the biased attitude of students without disabilities/ lecturers toward students with disabilities and those who are ill, including those living with mental illness. Whereas formal labelling means distinguishing an individual from other individuals in different contexts (for example, education) by providing them with an official diagnosis for a difficulty that can influence their ability to perform their role adequately in society. For instance, an individual who is unable to write coherently to the extent that it is impeding their academic achievement in school or university is provided with a medical label to help them to obtain the necessary support to succeed (Thomson, 2012). In the case of hidden disabilities and dyslexia, informal labelling can manifest itself in the negative stereotypes concerning the ability of a student classified with mental illness and dyslexia to succeed in university because of their illness/ impairment. This is because it is assumed that they cannot function “normally” and perform their duties as students such as studying, taking exams, and writing assignments. This informal labelling can stigmatise students labelled with dyslexia by informally medicalising their learning experience as patients who need support for their dyslexia. They are then assigned with negative labels such as stupid due to their inability to function in HE without the use of a formal diagnosis. This form of labelling is given through representing them as lazy, and stupid students who rely heavily on support instead of doing the work.

Concerning the exclusion of stigma from the Equality Act, Feast and Hand (2015, p. 6) maintain that the heralded change during the unification of the Equality Act removes stigma (i.e., underestimating individuals because of their hidden disabilities and dyslexia) from being considered as a form of discrimination. Indeed, stigma does not meet the criteria of the intentional harm including the intention to harm someone by labelling them as different. Thus, this heralded change has occurred due to claims that stigma is not used intentionally to harm specific individuals denying their right of legal protection against direct or indirect discrimination on the basis of their disabilities. Therefore, the authors clarify this heralded change stating:

> "Section 27 [of the Equality Act (2010)] dispenses with the old formulation that required 'less favourable treatment', preferring instead to subjecting to a detriment which it is said (together with both the removal of the word 'stigma' and its placing under a heading of 'other prohibited contract' renders it [stigma] no longer a form of discrimination".

This suggests that the voices of individuals classified with disabilities and dyslexia, particularly those who have concealed disabilities who may be subjected to stigma, remain unheard. Indeed, the removal of stigma as a form of discrimination is still harmful for students labelled with dyslexia. The removal of stigma as a form of discrimination from the Equality Act is perceived differently among education policymakers and university stakeholders and students labelled with dyslexia. On one hand, education policymakers and university stakeholders benefit from this removal. These parties may consider this change as a positive change because it protects their interest to promote social inclusion by justifying their construction of biological discourse as a form of legal protection through formal labelling (for example, official diagnosis of dyslexia). Whereas some students with dyslexia perceive this change as negative as it tends to dismiss the stigma they may be subjected to as a form of discrimination, which can negatively influence the quality of their learning experiences with the label in HE. For these students, however, biological discourse leads to stigma due to the present of ableism discourse, which will be explored in relation to disability in Subsection 2.2.4. Ableism discourse refers to "associating the social status of an individual with what they can or cannot do, holding a lower set of expectations for those labelled with a particular disability, such as visual impairment…The social status of an individual refers to their value in society" (Wolbring, 2008, p. 252). Byron et al. (2005) found that 381 students out of total of 667 students reported being subjected to stigma due to their disability and dyslexia including negative descriptions of their personal traits by lecturers due to their physical/ hidden and socially-constructed disabilities such as being lazy, dependent, and relying on support workers in doing assignments. According to Eccles et al. (2019), the percentage of students with dyslexia who reported being exposed to stigmatisation by informal labelling in their lectures increased from 10% in 2005 to 40% in 2010. This form of disadvantage subjects individuals labelled with these disabilities to a growing negative impact of barriers they face in society due to the nature of their hidden/constructed disabilities. Kattari, Olzman, and Hanna (2018) conducted interviews with 14 participants with hidden disabilities using a phenomenological approach to investigate how these individuals are subjected to stigma in the light of ableism discourse. Interesting themes emerged such as the policing of bodies, tension in roles, a desire for justice, and internalised ableism. Concerning disabilities in general with their disability being one of the categories of the protected characteristics as Ashtiany (2011) describes, Byron et al.'s (2005) conclusion means that these students may not be protected from stigma in universities since stigma is no longer a form of discrimination. Consequently, I believe that it is necessary to define stigma as a form of discrimination to ensure that the voices of individuals subjected to it due to their disability and dyslexia are heard. With the HE context, representation refers to the equal presentation of the experiences of students with dyslexia and their demand of legal protection, regardless of their attitude towards the efficacy of the Act to satisfy their needs in HE without stigmatising them.

Since most of the literature on this topic takes place in social contexts unrelated to HE in England, there is a lack of literature in the English setting that looks at the issue of the unrecognised stigma as a form of indirect discrimination in the case of students classified with hidden disabilities and dyslexia in HE. Indeed, Ralph, Capewell and Bonnett (2016), and Doherty (2018) have explored the relationship between stigmatisation and individuals with protected characteristics in general without referring particularly to those classified with disabilities and dyslexia in HE, concluding that these individuals may be stigmatised due to their characteristics in English society. This gap implies that the implications of stigmatisation for those labelled with hidden disabilities and dyslexia remain unexplored in English society in general and HE in particular. Considering the Equality Act (2010), this gap presents a strong opportunity to conduct additional research to understand the influence of stigmatisation as a form of unrecognised discrimination in the Equality Act on students classified with the construct of dyslexia and hidden disabilities in English universities, which was not explored due to the limited room to discuss this influence in this thesis. Because of the need for clarification regarding the criteria that qualify people with hidden impairments and dyslexia for legal protection against any form of discrimination in HE, it can be argued that this protection is flawed. Eccles et al. (2019) explored the perceptions of students across one English university regarding their views and experiences of a range of disabilities and reasons why a disability may not be disclosed on HE applications. They found that there is a lack of understanding of what constitutes stigmatisation of a disability, including its negative influences on the experiences of students with disabilities and dyslexia in HE. The ambiguity of the criteria defining a hidden disability in the Act may subject these individuals to “stigmatisation” (Silver et al., 2022, p. 24). This stigmatisation occurs due to their unrecognised challenges that they face due to embracing or rejecting their disabilities and dyslexia making some people without these disabilities assume that these individuals are utilise the challenges, meaning that students with hidden disabilities and dyslexia use these challenges as tools for playing their role, reinforcing the presence of the medical model of disability from which hegemonic discourses have emerged across both HE and society more broadly. The emphasis of the medical model of disability in the context of the Equality Act, and the significant implications of that, demand an exploration of how these discourses emerged.

2.2.3 The Hegemonic Medical Model of disability in English Society

The medical model medicalises the lives of individuals classified with dyslexia in society by regarding them as patients. The attempts to portray dyslexia as a sort of disability can be linked to the hegemony of the medical model of disability in English society. Indeed, the term’s identifiers were professionals in the medical industry who described dyslexia as “a disease” (Hinshelwood, 1907, p. 1031) that affects “a special area of the brain the left angular gyrus in right-handed people” (Pringle-Morgan, 1896, p. 1032). This portrayal of dyslexia was explored in Subsection 1.1.1. These attempts were manifested in perceiving dyslexia as a constructed inherent impairment, which can be described as “an abnormal developmental process in the case of developmental dyslexia or cerebral insult in the case of acquired dyslexia” (Eden et al., 1996, p. 108). As such, hidden disabilities and dyslexia are also seen in the context of the medical model which medicalises the experiences of those with disabilities, leading to “a dilemma for the preservation of self” (Fitzgerald and Paterson, 1995, p. 13). The dilemma of the preservation of the self in the case of dyslexia means that some individuals with dyslexia are unable to reconcile with the medicalisation of dyslexia as a form of impairment and construct their identity outside the limits of the label. Because of the dominance of the medical model, people labelled with dyslexia may endure stigmatisation because they are seen as having undesirable differences. Goffman (1963) supports this argument by maintaining that individuals with disabilities may be stigmatised through being perceived as undesirable differentness. This means that dyslexia is perceived as a difference and can lead to arguments that individuals labelled with dyslexia “should be educated separately from other individuals who are not labelled with [constructed] disability in society” (Rotatori et al., 2011, p. 23), which will be explored in the next Subsection.

2.2.4 The Intertwined Relationship between Disability and Stigma: Implications for Identity Construction Revolving around the Label of Disability

Ableism discourse directly leads to stigma, “an attribute that is deeply discrediting and perceived as an undesired differentness from what we had anticipated” (Goffman, 1963, p. 2) (see Subsection 2.2.2 for a definition of Ableism discourse). Ableism discourse leads to stigma due to diminished agency meaning “the inability of individuals to participate actively in social activities because society categorises them as different based on their ability hindering them from achieving autonomy and control in society alienating them” (Emirbayer et al., 1998, p. 13). In the case of disability, agency is diminished when these individuals are othered due to the social tendency to define them using the lens of ableism discourse, thus disempowering them and leading to shape their experiences in “disabling social structures” (Oliver, 1990, p. 26). These structures relate to disabling social environment that does not fit the needs of individuals with disabilities (Oliver, 1990). Muller (2020, p. 406) argues in this regard that stigma attaches to outcomes that are almost always negative” and “stigma and power are of inverse proportions, and so stigma marginalises those identified by sociologists as relatively powerless”. The claims of ableism discourse attach negative connotations for individuals with disabilities, which emphasises their inability to align with what is perceived as normal such as being able to read, write, walk, and see. Because of the inability of some of them to identify themselves outside of the lens of ableism discourse, this emphasis may diminish their agency (Gibbons, 2016). Gibbons’ argument implies that othering can have significant implications for people classified with hidden disabilities, leading to shape the process of “diminished agency" they go through, particularly those who are labelled with dyslexia in society in general and HE in particular, because of ableism discourse. This process of diminished agency is shaped by the hegemony of biological discourse making these individuals classified with dyslexia unable to construct their narrative differently. This hegemony was explored in Subsection 2.2.3. Due to a lack of scope in this thesis to do so, diminished agency may be a topic for future research in the subject of dyslexia in HE.

Thus, Goffman's (1963) definition of stigma can be used to understand how students identified as having dyslexia construct their identity in relation to their dyslexia. The typology of stigma identified by Goffman forms the basis of stigmatising students identified as having dyslexia in HE by perceiving them as different from the normative collective identity in universities. Park-Nelson (2018, p. 294) argues that illuminating the social construction of "normalisation", to "force individuals to change conforming to social expectations", is considered a powerful concept within disability studies.

Oliver (2009) and Abberley (1987) have criticised the term normalisation, arguing that normalisation tends to make people labelled with disabilities deny the existence of their impairment. This denial forces these individuals to conform to the societal needs of individuals without the classification of disabilities, instead of deconstructing this society to fit their own needs. The existence of this denial in turn reinforces the stigmatisation of individuals labelled with disabilities in society, aligning with Goffman's (1963) typology of group stigma. According to Goffman, individuals labelled with disabilities are stigmatised because their identity construction does not conform with individuals with no identified disabilities. This is inevitable due to the broader identity of those without disabilities. "Those without disabilities can relate to several aspects that define them, such as their hobbies, work, values, and beliefs, whereas those with disabilities are confined to their impairment" (Goffman,1963, p.14). In the same manner, individuals identified as having dyslexia are also confined to their dyslexia as "a normative theory" (Collinson, 2018, p. 124) creating "a group stigma" (Goffman, 1963, p. 23).

The causal relationship between disability and ableism discourse has significant implications for the construction of identity of individuals labelled with disabilities in society. Wright (1983, p. 5) observes that identity is "[A] self-picture that is an intricate one, consisting of a variety of particular characteristics that define for the person his or her identity, as well as a global self-evaluation of personal worth". According to Wright's definition, identity is therefore regarded as a picture of the self-consisting of different characteristics based on the person's perceived self-worth in the world. Gill (1997) identified four stages of constructing an identity revolving around disability that individuals with disabilities go through to conform to their society. The first stage is "coming to feel we belong" (integrating into society). Both those identified with a congenital disability and those acquiring one later in their life go through this stage. It enables them to make sense of their experiences in society by finding comfortable roles for themselves, despite being members of a marginalised group. The second stage is "coming home" (integrating with the community). It refers to the construction of identity of "individuals labelled with disabilities", which some individuals labelled with disabilities construct when joining social activities for the "individuals who are identified with disabilities", and their subsequent feelings of acceptance or not. In other words, these individuals labelled with disabilities construct their created identity around their label based on whether or not they feel that they belong to the community they are placed in. This identity construction is used to avoid social stereotypes about individuals labelled with disabilities, such as being weak. The third stage is "coming together" (internally integrating their sameness and differentness). It refers to the construction of identity of individuals identified with disabilities. Some individuals labelled with disabilities embrace their similarities and differences to individuals without being labelled with disabilities, using them to construct their identity within their society. The final stage is "coming out" (integrating how we feel with how we present ourselves). It refers to the integration of the identity revolving around their labelled disabilities, which individuals identified with disabilities construct and the ideal picture for these individuals imposed on them by society, but they try to make society accept their reality. However, Gill did not explore how these stages of this constructed identity can be applied to the case of dyslexia in HE. Murugami (2009) criticises Gill's stages of creating an identity centred around disability, contending that the social environment places barriers in the way of people with disabilities who seek an independent life and aims to fit them into social structures and requirements, making these stages occasionally impractical for people who are labelled as having disabilities. Putnam (2005) also challenges Gill (1997), maintaining that their proposed stages of the development of the identity revolving around disability dismiss the psychological, social, and political constructs (for example, feelings of acceptance and self-worth, validation of experiences in the context of normative discourse, and political bias against people with disabilities) because of flaws in disability legislation that can have a significant impact on the identity revolving around disability that individuals with disabilities construct (see Subsection 2.2.2 for an informed critique of the Equality Act, 2010). Additionally, Shmulsky et al. (2021) note that Gill’s stages of the development of the identity centred around disability do not acknowledge how people classified with hidden disabilities and dyslexia tend to construct this identity in relation to the concept of neurodiversity in society and their journey to achieve self-acceptance, which can be adversely influenced by external factors like stigma and normalisation discourse.

“Constructed disability identity” refers to possessing favourable or beneficial self-beliefs regarding one’s own labelled disability, as well as having positive ties to other members of the community (Dunn and Burcaw, 2013). According to Dunn and Burcaw, constructed disability identity can be associated with the beliefs of individuals labelled with disabilities about themselves and their relationships with other members of the community. Their constructed identity is therefore greatly affected by the stigma and ableism discourse they are subjected to.

2.2.5 The Implications of Disability, Stigma, and Identity Construction for Students Labelled with Dyslexia and Disability in Higher Education

Being identified as having a disability can have significant implications for university students. Equality legislation (for example, the Equality Act (2010), and the Higher Education Funding Council for England [hefce], 2002), has placed universities under more pressure to support their students labelled with disabilities by reducing the barriers these students may face. However, the role that this equality legislation (for example, the Disability Discrimination Act [DDA], 1995) played in reducing the barriers faced by individuals labelled with disabilities in universities is questionable because universities seem to be unable to reduce these barriers, thereby potentially disempowering students identified with disabilities. For example, Haeley (2003, p.19) describes disability legislation as a “Trojan horse” that can lead to greater stigmatisation of students labelled with disabilities through the reinforcement of a sense of failure by labelling students as having disabilities.

Students labelled with disabilities in universities may be still subjected to stigma due to their disability. These students are subjected to stigma as a result of growing awareness of the complexity of disability disclosure because of the hegemony of ableism discourse in society (Price et al., 2017). Some university students classified with a disability had negative experiences such as being stigmatised, ridiculed, and labelled as lazy. Vickerman and Blundell (2010) concluded that there is much work to be done to improve the quality of services to support students' needs adequately, without stigmatising them. Current disability support services can be described as inadequate to empower students labelled with disabilities to overcome hurdles in universities, which may lead to their failure stigmatising them in the "therapeutic state" (Nolan et al., 2015, p. 22) as "unsuccessful and lazy" (Kendall, 2018, p. 24). In the same vein, Kendall (2016) concluded that some students labelled with disabilities were reluctant to disclose their disability in their university due to the stigma perceived to be associated with their condition. In contrast, Borland and James (1999) concluded that other students labelled with disabilities reported positive experiences such as being able to access HE without facing stigma or hurdles. Additionally, Madriaga et al. (2010) reported that students labelled with disabilities confront similar barriers in learning to their peers with no identified disabilities. However, the findings by Borland and James (1999) and Madriaga et al. were based on the fundamentally flawed perception that students classified with disabilities and those without disabilities confront the same barriers, disregarding the influence of the nature of disabilities these students are labelled with and the stereotypical negative attitudes in universities of their motivation and potential to succeed. These studies are flawed because these findings ignore the different influence of biological and ableism discourse on students with and without disabilities.

A number of studies such as Croft (2020) reported the significant difficulties faced by university students labelled with disabilities when constructing their identity revolving around being labelled with disabilities, such as "alienation". In this regard, Goode (2007) pointed out that students identified as having disabilities are sometimes alienated by universities due to the universities' failure to capture their perspectives. This failure indicates that individuals classified with disabilities are still alienated in their society due to the consistent social pressures to conform to what is regarded as a "normative identity", that is, an identity that does not revolve around the label of disability (see Forber-Pratt, Mueller, and Andrews [2019] for more discussions about normative identity and disability identity construction in Western societies). Some students identified as having dyslexia can therefore be alienated in universities due to their attitude towards their dyslexia as these attitudes including questioning the ability of this label to protect them against any potential discrimination they may face in HE. Borland and James (1999) concluded that students labelled with disabilities may have more complex systems to negotiate than their peers who are not identified with disabilities, such as practical constraints that face the institution, and the social values underpinning the framework supporting students labelled with disabilities. Riddell (2004) found that many university students labelled with disabilities did not emphasise their identity revolving around the label of disability as more important than other aspects of their identity. Furthermore, Shepherd (2018) reported that two out of 14 participants were reluctant to disclose their labelled disability in their university application. This reluctant attitude may be due to the potential rejection of using their identified disability to identify themselves in their university. Other students were more willing to use the label for support but not to make sense of their identity. These barriers that students classified with disabilities and dyslexia face in HE can result from the lack of consensus in implementing disability legislation in HE, which manifests itself in the varying adjustments provided for these students across universities because each university has different interpretation for this legislation.

2.2.6 Inconsistencies of Implementation of Disability Legislation across Higher Education Institutions

There is an absence of consensus in interpreting disability legislation (for example, the Equality Act [2010] and the DDA [1995]), in the HE sector due to the broad nature of this legislation as it does not provide a clear guidance on how to identify individuals with hidden disabilities and dyslexia in HE. For example, Human Resources Directorate (2016) does not provide any clear guidance on how universities are expected to support the needs of these students in HE aligning with disability legislation. As I argued in chapter 1, social inclusion statements developed by different universities can be described as broad and non-specific due to the lack of guidance on what constitutes a hidden disability and dyslexia in this legislation, making universities unable to address this hidden disability and dyslexia properly in their social inclusion policies. For instance, in their *Equality and Diversity Policy Commitment*, the University of Exeter (N.D, para. 3) states: “advice on funding sources and support, and offer diagnostic assessments where there may be indications of a specific learning difficulty such as dyslexia or dyspraxia”. This policy is vague as it lacks a clear definition of what constitutes a hidden disability and dyslexia. In other words, this policy does not provide a clear guidance on how the support will be offered to students with dyslexia after they obtain their official diagnosis of dyslexia. Shaw (2021) further maintains that this lack of consensus can primarily be attributed to the tensions between the government accountability and social inclusion ideals. This tension stems from conflicts of the responsibility of the government to achieve equality and social inclusion and the principles of social inclusion to provide equal access to individuals classified with disabilities and dyslexia by providing them with reasonable adjustments, which can be expensive for the government. This conflict leads to a lack of consensus to interpret the equality legislation due to the inability of the university staff (for example, lecturers and support services) to create a clear interpretation of this legislation because each department has different responsibilities and therefore different priorities. Hence, the legislation is mediated in different ways at different levels by staff with different understandings making its implementation vary across institutions. This inconsistent interpretation usually fails to align between the government's responsibility and ability to achieve equality and social inclusion and the staff's personal beliefs of social inclusion as staff may think that more should be done. These personal beliefs, however, may be too ideal for the government to achieve as adjustments cannot be provided to every student at HE because they are expensive (for example, coloured overlays for individuals with dyslexia to enable them to improve their reading). This conflict is supported by Chiwandire and Vincent's (2019) argument that the issue of limited funding can increase the conflict between the ability of government to support the needs of individuals with disabilities and university staff's personal beliefs about social inclusion leading to increase the barriers these students face when accessing HE. In this light, the ideal interpretation creates hurdles in implementing this legislation effectively in HE to support individuals classified with dyslexia due to lack of funding. These hurdles are manifested differently in HEIs depending on their interpretations of equality legislation, which are demonstrated through their developed disability support policies. Furthermore, Gallacher and Raffe (2012) point out that the policies across the HE sector in England have been divergent. For example, the Department for Employment and Learning (2012, p. 33) presents two of the HE sector's interpretations of disability legislation in educational inclusion policies. These interpretations are associated with possessing particular characteristics related to the "determinant" nature of the learners' requirements, which can be demonstrated more clearly below stating:

> Empowering learners means that HE institutions must be more innovative in their provision and conscious of learner requirements that are protected under the Equality Act that emphasises on the right of individuals with disabilities to access HE like those individuals without disabilities. Such innovation must consider alternative forms of instruction such as visual, and auditory to fit the needs of various learners. Our learners are expected to develop their critical thinking ability in an inclusive environment.

> To be successful in achieving higher level qualifications, people need to possess a number of characteristics. These include the aspiration to improve their educational level, confidence in their ability to do so, and the drive and determination to succeed in HE reinforced by the disability legislation that ensures that this right is established for learners with disabilities in HE.

Those passages demonstrate two inconsistent interpretations of disability legislation in educational policies adopted in the HE sector, as indicated by the Department of Employment and Learning. According to the first interpretation, universities should be creative in their planning and aware of the needs of their students with disabilities protected under the Equality Act to address "their needs in a lecture ensuring that all key lecture content is available online before the lecture" (Joint Information Systems Committee [JISC], 2018, para. 3). However, this interpretation does not amplify the procedures of protecting the rights of students with disabilities, particularly those classified with a hidden disability and dyslexia, to be protected against direct or indirect discrimination when obtaining support in lectures. This lack of clarity is evident in their statement "… Such innovation must consider alternative forms of instruction such as visual, and auditory to fit the needs of various learners". This statement does not indicate how institutions should uphold the right of these students to obtain the adjustments fairly without being discriminated against in terms of being treated unfairly (direct discrimination) or negative attitudes (indirect discrimination) (see Subsection 2.2.2 for definitions for direct and indirect discrimination). Likewise, this interpretation does not provide a clear meaning of inclusive environment, likely due to its broad definition within the disability legislation in England such as the Equality Act (2010).

The second interpretation, in contrast, emphasises individuals' intentions to increase their educational level and their confidence in their ability to do so. Like the first interpretation of disability legislation, this interpretation does not seem to clarify the procedures of protecting the rights of students labelled with hidden disabilities and dyslexia. HEIs policies are interpreted and implemented differently; therefore, adapting the policies in order to address the needs of these students will sometimes be ineffective, and therefore not enable them to succeed. Lukianova and Fell (2016) provide an example that some students classified with disabilities need more assistance in an unfamiliar environment, so whilst planning fieldwork or work in laboratories the lecturer must ensure that students labelled with disabilities can access support they need without specifying how this access will be ensured for these students. These inconsistent interpretations of disability legislation in educational policies adopted across HEIs can be attributed to the inconsistent interpretations of this legislation among lecturers in HE.

Finally, lecturers’ interpretations of disability legislation vary across HEIs creating lack of consensus in their interpretation of inclusion policies in their institutions. Wray and Houghton (2019) conducted interviews with 32 English university staff and concluded that teaching staff adjusted some of their teaching practices to accommodate students’ needs. However, the staff had inconsistent interpretations of the disability legislation. This lack of consensus can result from the different interpretations of this legislation between lecturers in HEIs “failing to protect them” (Beauchamp-Pryor, 2012, p. 14) from “indirect discrimination” (Williams, 2019, p. 25). Furthermore, Lister et al. (2021) maintain that lecturers found it challenging to interpret and implement disability legislation consistently in universities due to institutional complexity and extreme variety in experiences of staff concerning implementing this legislation in universities. Tinklin, Riddell and Wilson (2004) also argue that lecturers perceive disability as a distinct policy area mainly addressed by students’ support services, leading to the inability to make a unified interpretation of this legislation. This inability indicates that the conflicting interpretations of this legislation result in a lack of clarity in how to implement disability policies to address the needs of students classified with disabilities in the HE sector. Ni direct government services (N.D) maintain that disability support policies in the HE sector are applied differently across HEIs. The lack of availability of these clear policies makes it difficult to efficiently implement this legislation in HE in the case of hidden disabilities and dyslexia.

2.3 Dyslexia

2.3.1 Introduction to Dyslexia Debates

Dyslexia is a socially-constructed disability in Western societies, particularly in the realm of education. A socially-constructed disability refers to disability that is constructed by social perceptions (for example, literacy). However, other disabilities are impairments that exist within individuals which can have a significant influence on their lives "limiting their social participation" (Oliver, 1990, p. 17). This difference will be explored in this and the following sections. This means that individuals classified with dyslexia can be othered by labelling them with dyslexia due to their inability to align with "literacy expectations in modern society" (Collinson, 2016, 2020, p. 13, 14) leading them to face stereotypical attitudes towards them, which can be manifested in assuming their inability to "succeed without intervention" (Ecclestone and Brunilla, 2015, p. 21). However, according to the BDA (2019), dyslexia can be described as a genetic lifelong condition affecting around 10% of the population, with 4% of the population affected severely. Debates around dyslexia originated from the field of medicine in the late 19th and early 20th centuries (see Appendix 3 for a chronology of questioning the dyslexia debate). From that point, other academics such as Elliott and Grigorenko (2014) began to question the scientific value of the label of dyslexia, sparking what is known as "the dyslexia debate" in 2014. However, debates about dyslexia began earlier than 2014. For instance, Elliott and Gibbs (2008) and Elliott (2005) also questioned the utility of the dyslexia construct as a diagnostic tool by suggesting that it cannot always provide a clear and precise diagnosis for dyslexia because of the problematic nature of the criteria currently used to distinguish individuals labelled with dyslexia from other individuals labelled with RDs. In other words, it is extremely difficult to set clear criteria of dyslexia, based either on the assumed genetic or functional features alone, to define what is and is not dyslexia (Elliott and Grigorenko, 2014). However, the ambiguous nature of the criteria for dyslexia was highlighted much earlier than this by Stanovich (1994), who maintained that the field of RDs has a tendency to use unverified terms connoting unverified theories of causations. In other words, these theories of causations were not tested in practical settings such as universities. Thus, their degree of accuracy to offer a precise interpretation for dyslexia remains unknown. Moreover, the roots of the concept of dyslexia can be traced to the field of medicine. Hinshelwood (1896), Orton (1925), and Pringle-Morgan (1896) reported the earliest cases of "word blindness" as the inability of some individuals with intelligence and sound eyesight to read. This medical history has had a strong, profound effect on the construction of the current understandings of dyslexia, meaning historical case studies directly influence current understandings and subsequent policies (see Elliott and Grigorenko, 2014; and Elliott and Gibbs, 2008 for further discussions about the roots of this medical history). These case studies often emphasised the inherent nature of dyslexia, such as the phonological deficit or the inability to decode words by recognising the basic sounds of the letters and to combine them together (see Ramus, 2023 as an example of the emphasis of studies on the inherent nature of dyslexia). Dyslexia is perceived as a deficit, the impairment in a particular function that leads to disability, owing to the existence of this “phonological deficit and the inconsistency between it and the age, intelligence, and educational level of these individuals” (Stein, 2023, p. 21). Thus, according to this medical history, dyslexia is regarded as the consequence of the existence of a particular deficit (see Zoccolotti, 2022 for a phonological deficit explanation of dyslexia linked to word length in Italian language).

The deficit model is influenced by the medical model of disability, informing different definitions of dyslexia (Snowling, Hulme, and Nation, 2020). This model creates a biological perception of dyslexia as a deficit demonstrated in the literature’s continual attempts to explain its potential cause as “brain dysfunction” (Richlan, Kronbichler and Wimmer, 2013, p. 1). The definitions of dyslexia perceive it as different types of impairment, for example, phonological or neurological, leading to a lack of consensus in defining dyslexia. The latest edition of the International Classification of Diseases (ICD-11, 2020, para. 3) defines dyslexia as:

> A developmental reading disorder that is inherent and phonological in its nature, which is characterised by persistent difficulties in developing academic skills. These academic skills are fundamental in mastering reading ([for example,] word accuracy and fluency). Thus, the reading level of individuals identified as having dyslexia is usually below what is expected in relation to their age and their level of education.

Conversely, the IDA (2020, para. 1) emphasises the arguable inherent deficit of dyslexia, defining it as:

> A SPLD that is neurobiological in origin. It is characterised by difficulties with accurate and/or fluent word recognition and by poor spelling and decoding abilities. These difficulties typically result from a deficit in the phonological component of language that is often unexpected in relation to other cognitive abilities and the provision of effective classroom instruction. Secondary consequences may include problems in reading

> comprehension and reduced reading experience that can impede the growth of vocabulary and background knowledge.

In contrast to the ICD-11 definition of dyslexia, the IDA definition of dyslexia classifies dyslexia as a “SpLD”. A SpLD refers to a deficit that influences a specific aspect of learning, such as “comprehension and the growth of vocabulary”. However, the ICD-11 associates dyslexia with a phonological deficit like the previous definition.

Many of the adopted definitions of dyslexia perceive it as an inherent deficit. Therefore, these definitions remain problematic for two reasons. The first is their inability to provide a clear description of dyslexia as a deficit, causing an inability to develop a united understanding of dyslexia, which has been pointed out by Stein (2023), and Moore and Demeyere (2023). As such, various studies such as Eicher et al. (2016) have been conducted to explore its potential cause (i.e., genetic) identifying specific genes. The second reason that these definitions are problematic is because they do not provide a clear distinction between dyslexia and other LDs with similar characteristics. There is a considerable difficulty, for example, distinguishing the characteristics of dyslexia from Attention-Deficit/Hyperactivity Disorder (ADHD) (Elliott and Gibbs, 2008). The same issue exists within the IDA (2020) definition of dyslexia as it describes dyslexia as a SpLD. The similarity between the characteristics of dyslexia and other LDs can affect the adopted attitude of some students identified as having dyslexia towards the label and influence their social behaviour in HE.

2.3.2 Perspectives of Dyslexia

The biological perspective is regarded as the most deeply rooted perspective of dyslexia (Werth, 2023). This perspective poses that dyslexia occurs due to an inherent deficit within the individual which persists throughout their life (De Plessis, 2023). Academics who hold this position value the importance of dyslexia, claiming that it helps individuals classified with dyslexia to understand the nature of their condition. Hulme et al. (2015) adopt this perspective, arguing that dyslexia is a persistent condition like other neurobiological disorders. Thus, they claim throughout their work that it cannot be socially-constructed. Similarly, Van Daal (2015) argues that if the label of dyslexia was not helpful, it simply would not exist. Studies adopting this perspective span the fields of genetics, neurology, and psychology. Studies in the field of genetics overlap with dyslexia as a result of the assumed relationship between dyslexia and heredity (see Bieder et al., 2023 for a demonstration of this assumed relationship); however, multiple studies such as Harold et al. (2006) and Scerri et al. (2010) have failed to identify a gene responsible for dyslexia. Within the field of neurology, numerous studies (for example, Conway et al. 2008; Eroğlu et al. 2022; Galaburda et al 1985; Jenner Rosen and Galaburda 1999; and Williams et al. 2018) have attempted to understand the assumed neurological differences between individuals labelled with dyslexia and “typically developed individuals”. Nonetheless, Protopapas and Parrila (2019) argue that these studies yielded contradictory evidence, thus limiting their contribution to the field of education. Likewise, studies conducted within the field of psychology (for example, Cancer Manzoli and Antonietti 2016; Duranovic Dedeic and Gavrić 2015; and Winner et al. 2001) yielded inconsistent findings, failing to confirm the disputed association between “visual creativity and problem solving as the main characteristics of dyslexia” (the [BDA] (2019) definition of dyslexia, p. 19).

Dyslexia is associated with the increasing importance of literacy practices in society (Collinson, 2018). Academics who hold this position question the claims that dyslexia has a biological origin (for example, Elliott 2005; Elliott and Gibbs 2008; Elliott and Grigorenko 2014; Collinson 2016; and Collinson 2020). According to Collinson’s (2016) metaphor, the biological make up of dyslexia can be regarded as the sun. Literacy practices are an old grand house, and dyslexia is the shadow. Thus, the existence of dyslexia (shadow) depends on the existence of both the biological make up (the sun) and literacy practices (social norms). Collinson (2016) questions the biological roots of dyslexia, linking these biological roots with “lexism”. The existence of these practices usually “other” individuals labelled with the label of dyslexia, subjecting them to numerous prejudices due to their inability to cope with the social norms of literacy in society. Elliott and Grigorenko (2014) question the utility of the label of dyslexia in supporting the needs of individuals classified with dyslexia. They highlighted various factors that complicate researchers’ understanding of RDs and dyslexia (for example, the tendency to use different levels of analysis stemming from different disciplines, such as genetics and neurology). Frith (1997) argued that the examination of reading levels can take place at three levels: biological, cognitive, and behavioural. These levels enable us to understand the biological causes, (the potential genes that cause dyslexia), the cognitive causes, (working memory issues), and disputed behavioural outcomes, (the unexpectedly low reading achievement for individuals labelled with dyslexia in relation to their intellectual abilities).

However, it could be argued that these levels are socially-constructed due to the importance of literacy practices in modern society.

In other words, Gibbs and Elliott (2020) argue that dyslexia research aims to find logical explanations for the potential causes of dyslexia drawing on different fields (for example, neurology). However, they cannot be easily integrated to interpret the causes of the disputed differences in the brains of readers identified as having dyslexia and other readers. Employing these levels of analysis enables researchers to understand the complexities of RDs and dyslexia, and subsequently develop more efficient interventions for those who have these types of difficulties (Elliott and Grigorenko 2014; and Tlemissov et al. 2020). However, Elliott and Grigorenko (2014) argue that although these findings try to explain the reading process, they cannot be easily integrated as they come from different disciplines with variety of criteria to categorise individuals with dyslexia.

Another challenge researchers face in attempting to understand the nature of RDs and dyslexia is the lack of clear criteria used to clarify the difference in sample choice in dyslexia studies. Geneticists and neurologists tend to include all individuals classified with RDs and dyslexia in their sample, rather than categorising them in clearly defined subgroups. At the cognitive level, some researchers tend to use both readers labelled with dyslexia and “Garden Variety Poor Readers”, which refer to those who do not demonstrate a discrepancy between reading achievement and intellectual abilities, without drawing a clear distinction between them (Elliott and Grigorenko, 2014). In light of the significant variety of criteria used to classify individuals with dyslexia, it is necessary to derive complex models operating at biological, cognitive, and behavioural levels interacting with each other and the environment to create a sophisticated understanding of dyslexia (Hulme and Snowling, 2009). Elliott and Grigorenko (2014) also problematise the usefulness of the diagnosis of dyslexia in providing a clear understanding of dyslexia for individuals classified with dyslexia. They argue that the exclusionary factors identified as a part of the diagnostic procedure of dyslexia remain problematic at the individual level (for example arguing that they lack clarity). In the current thesis, I will later argue that university students problematise the label in the same way.

Some have argued that Intelligent Quotient (IQ) tests can distinguish between those classified with dyslexia and poor readers. The group of poor readers refers to the comparison group that is used in studies about dyslexia, which demonstrates weaknesses in literacy skills (Elliott, and

Gibbs, 2008). However, Frith (1997) argued that IQ discrepancies alone cannot distinguish between readers identified as having dyslexia and other poor readers, as this discrepancy needs to be explained. Nevertheless, Elliott, and Place (2004) state that IQ test discrepancies are still widely used among researchers as it sustains the interest of these researchers to be prominent figures in the field of dyslexia. For example, Goswami et al (2021) proposed that dyslexia can result from a discrepancy between intellectual skills and phonological decoding abilities, which means that individuals with dyslexia can have an IQ level that is inconsistent with their weak decoding abilities. This proposed explanation sustains Goswami et al.'s interest as a researcher who increase their reliability and prestige through conducting studies that aim to enable dyslexia assessors to identify more individuals with dyslexia reinforcing the intertwined relationship between dyslexia and literacy.

The scientific debate of dyslexia is questionable due to its strong association with the increasing importance of literacy in modern society. Collinson (2012) shakes the scientific foundations of "dyslexia" further by arguing that individuals classified with dyslexia are usually defined by lexism rather than dyslexia. Thus, according to Collinson, educationalists should be aware of the influence of lexism when including or excluding pupils labelled with dyslexia. This effect can be seen in the impact of linguistic and cultural norms on maintaining the existence of dyslexia in society, which can be described as biased. Smythe and Everatt (2004) provide an example of this linguistic and cultural bias by arguing that a bilingual individual labelled with dyslexia may be identified as having dyslexia in only one language. Collinson (2016) further questions the use of dyslexia by questioning dyslexia models' dependence on the contradictions between dyslexia and intelligence. Elliott, and Gibbs (2008) posit that the lack of clarity of the term of "dyslexia" is due to the various standard deviations and norms governing a researcher's choice in defining what dyslexia is. Similarly, Collinson (2016) questions the definitions of dyslexia such as the ICD-11 (2020), stating that these definitions are not clear, and neither is the use of the term "deficit" to describe the nature of the impairment of dyslexia. According to Collinson, these definitions are not clear because they are inconsistent about the nature of the arguable impairment of dyslexia in terms of the impairment that causes dyslexia (for example, neurological, genetic, phonological, etc…). Measurements of reading and writing are also criticised by what Collinson (p. 105) terms "a simplistic picture" that society draws for one type of literacy. Nevertheless, Collinson questions the utility of the scientific debate, arguing that the main issue with dyslexia is not empirical but conceptual. The concept of dyslexia is constructed to protect a particular discourse without questioning educational assumptions and practices that have led to the necessity to distinguish between individuals labelled with dyslexia and other individuals in society (Collinson, 2012). Collinson (2016) has supported this by arguing that the concept of dyslexia has been created to protect the interests of professional elite (i.e., dyslexia assessors, researchers, education policymakers, and educationalists) and others those individuals who demonstrate the characteristics of dyslexia. In this light, I argue that dyslexia reinforces the hegemony of biological discourse within the field of education through attributing it with the medical history of dyslexia to increase its reliability leading to reduce the scepticism of its validity for individuals with dyslexia and their families. This means that these individuals will not question this concept due to its association with elite professionals in the field of medicine such as Orton (1925).

Kress (2000) forms a similar argument that dyslexia is a product of the cultural privileging of reading and writing over a very short time span. Likewise, Collinson (2012) argues that the importance of literacy skills as a criterion of success is a relatively recent phenomenon, causing a sudden cultural privileging of reading compared to past societies. As dyslexia is associated with lexism, the normative criteria of lexism are performance in reading, spelling, handwriting, and other literacy-based tasks. Hence, there is a cultural tendency to create a “social construct of dyslexia” that becomes an inherent belief for some individuals labelled with dyslexia (Collinson, 2016). This social construct of dyslexia is the cultural identity that English society forces individuals classified with dyslexia to establish. Using this constructed identity, these individuals are distinguished from the rest of society, potentially disempowering them. Collinson, Dunne and Woolhouse (2012) investigated the representations of dyslexia in English policy documents. They concluded that some individuals labelled with dyslexia consider dyslexia to be a historical and cultural position, and therefore their identity is determined by society without dyslexia. This constructed label as an inherent belief in individuals classified with dyslexia becomes strongly associated with positive connotations through narratives of stories of individuals labelled with dyslexia in the English media (for example, the British Broadcasting Corporation [BBC]; 2019).

The final perspective of dyslexia is the representation of the lived experiences of individuals labelled with dyslexia in the media. This perspective is unusual as it is not held by academics but by advocates of dyslexia like *Dyslexia Action* and individuals identified as having dyslexia. This debate depends on grey literature, which refers to references to the experiences of individuals who are identified with the label of dyslexia, including legitimate news websites. Rahhal, (2017) claims that a study into the potential main cause of dyslexia concluded that dyslexia may be caused by an eye deformity. This conclusion aligns with the magnocellular deficit theory posed by academics in the field of dyslexia (for example, Wright, Conlon and Dyck, 2012) claiming that dyslexia is caused by an impairment in the development of the magnocellular systems in the brain. This impacts the lived experiences of individuals labelled with dyslexia in the media through adopting attitudes about dyslexia as an arguable deficit by emphasising difference based on these flawed studies using phrases such as “differently wired” to describe their arguable brain deficit. Therefore, it is claimed that the use of the coloured overlays helps to solve the issue by increasing the reading ability of these individuals. Consequently, research informing this flawed perspective of dyslexia (the cultural perspective) is highly questionable as it does not cite any researchers who conduct the study, nor does it establish the inclusion criteria (i.e., the adopted definition of the potential cause of dyslexia that informed their choice of participants) (see Elliott and Grigorenko 2014 for further discussion about the issue of unclear criteria in dyslexia studies). For example, Neuroscience News (2018) reported a study conducted by Brazilian and French researchers without providing a citation. Nonetheless, this research becomes fundamental to success stories of individuals with dyslexia in the media by adopting particular theoretical explanations to increase the scientific validity of the colour overlays as an effective intervention to improve reading levels of individuals with dyslexia. These explanations include the magnocellular theory posed by academics in the field of dyslexia such as Stein (2001). Therefore, this cultural debate is part of the originality of the premise of this thesis about the nature of the social construct of dyslexia and its influence on the social behaviour of students identified as having dyslexia at universities. Unexpectedly, the narratives of these individuals identified as having dyslexia have not previously been questioned before in any research in the field of dyslexia. This lack of questioning hides the conceptual issues existing within the label of dyslexia, as well as its disputed usefulness as a diagnostic tool for professionals and educationalists and a supportive tool for individuals classified with dyslexia.

2.3.3 The Implications of Dyslexia Debates for Students Labelled with Dyslexia in Universities

The past few decades have seen a significant increase in the numbers of students identified as having dyslexia entering universities. According to the HESA (2011), between 1999 and 2009–2010, the numbers of students declaring an SpLD, and dyslexia increased from 8,370 to 32,655. Similarly, Grove (2014) estimated that the numbers of students labelled with dyslexia in 2012–13 (104,580) was 22 times higher than in 1994–5 (4,750). Despite this increase, the precise numbers of students identified as having dyslexia are not known, since these numbers include students classified with other LDs as well. As such, the exact number of students labelled with dyslexia is not known in HE (Charles, 2016). Charles warns against the reckless use of these statistics for two reasons. Firstly, HESA usually only collect their data from first-year students, meaning that students below or above this level (for example, foundational or postgraduate courses) are not counted. Secondly, the recording of dyslexia depends on whether students labelled with dyslexia disclosed it upon their entry or not, rather than more objective measures such as reports from previous educational institutions. This makes the presentation of these numbers of students identified as having dyslexia unreliable indicators that must be treated with caution. Likewise, the numbers of students with dyslexia entering HE in America, which is a similar context to England, also remain unspecified. Tops et al. (2012) argue that the numbers of students identified as having dyslexia entering HE in America are increasing, but they do not provide specific numbers. MacCullagh (2014) concluded that students labelled with dyslexia are under-represented internationally.

In sum, there is a limited understanding of the nature of the constructs of dyslexia among both students identified as having dyslexia and universities. Therefore, in the current thesis I will adopt the social perspective of dyslexia to investigate the potential influences of dyslexia on students labelled as having dyslexia in universities. The social perspective in dyslexia, particularly Collinson (2020), can offer a solid foundation to explain the lack of specific numbers provided for students classified with dyslexia. This lack of specification can raise questions regarding the intentions behind the decision of education policymakers' and university stakeholders not to categorise students identified as having dyslexia separately from those with SpLDs such as, why do education policymakers and university stakeholders hide the true numbers of students classified with dyslexia in HE through including them in the SPLD category? How does this inaccurate categorisation of these students influence their learning experiences with the label of dyslexia in HE? Drawing on Elliott and Grigorenko's (2014) understanding of dyslexia as a biased concept that sustains interests of different groups (such as policymakers), I argue that this intention is influenced by biases regarding dyslexia, which can be demonstrated in the lack of representation of students with dyslexia in statistics in HE. This lack of representation "others" students classified with dyslexia in HE, which will be explored in the next subsection. As Collinson (2012, 2016, 2020) did not deconstruct dyslexia in the context of HE, instead they conducted their study in the British society in general, it is fruitful to use it as a theoretical foundation to achieve the aims of this thesis (see Chapter 1).

2.3.4 Othering and Dyslexia in Universities

Spivak (1985) as cited in Jensen (2011) first used the term "othering" in 1985 as a precise hypothetical concept, based on a few philosophical and hypothetical conventions. For Spivak, othering refers to the tendency to distinguish individuals who have been labelled with a characteristic that does not align with social norm by referring to them as other or they. According to Canals (2000), the process of othering is a social preparation in which a person learns to identify with others who are different from them through the use of exclusionary and inclusionary othering. Exclusionary othering is when someone uses their power to create a relationship based on "domination" and "subordination" with other individuals categorised as different such as those with disabilities and dyslexia. However, inclusionary othering refers to a person who uses their relationship with others different from the societal norm to transform a person who is different from a group of individuals to other and construct a particular social norm. To clarify, this person becomes identified only through their label constructing a social norm that tends to exclude them from equal participation in social activities because of their difference.

Referring to disability, the term "othering" refers to how those with disabilities are seen in society as a marginalised group (Shakespeare, 1994). For students classified with dyslexia in HE, othering can hugely impact them. First of all, discrimination against those classified with dyslexia may expose them to constraining systems (for example, a lecturer who underestimates the academic potential of a student identified as having dyslexia because of the support they get in HE). In addition, othering can affect how students with dyslexia in HE construct an identity revolving around their condition. To clarify, students labelled with the label of dyslexia frequently create a narrative based on the hegemonic biological discourse in HE about their socially-constructed disability, becoming sometimes "Languishing Individuals Labelled with Dyslexia" (Kannangara, 2015, p. 2), which may cause them to be marginalised in HE. According to Kannangara, languishing individuals labelled with dyslexia refers to individuals labelled with dyslexia who associate dyslexia with failure rejecting to disclose their dyslexia in HE. The components of this discourse will remain elusive unless the inclination of biologising LDs in general, and dyslexia specifically, is investigated altogether.

2.4 Biologisation

2.4.1 Introduction to Biologisation

Biologisation is an essential theme that needs to be interrogated in the literature review due to the connection between dyslexia and medicine (see Section 2.2). Biologisation is "a form of dehumanisation that involves the perception of individuals or groups as disease organisms and contagious entities" (Savage, 2007, p. 7). This definition describes how individuals who are different from the rest of the society are stigmatised and "othered in society" (Buber, 1958, p. 12). Thus, the use of the term biologisation can be associated with the biological perspective of disability emphasising the inherent nature of the biological impairment, which can be demonstrated in Nagi's (1965) medical model of disability. Disability, stigma, and othering were discussed in Subsections 2.2.4 and 2.3.4. Nonetheless, the influence of biologisation on the nature of the constructs of dyslexia is not recognised within HE, despite its significant effect on students labelled with dyslexia in universities.

Rees (2017) argues that the medical model of disability remains hegemonic in English society because disability is perceived within a medical setting. The causes of the hegemony of the medical model in English society were explored in Subsection 2.2.3. Therefore, parents of an individual labelled with a disability pursue medical intervention to reduce the influence of an identified disability. Landsman (2005) also maintains that society dehumanises and medicalises the lives of individuals labelled with disabilities.

Interestingly, some literature has emphasised the influence of the medical profession in the increasing impact of the medical model on the lives of individuals labelled with disabilities. Barnes (2007) critically evaluated recent developments of government policy for individuals labelled with disabilities in England and concluded that medical professions, including nursing, can be responsible for the majority of the negative experiences reported by individuals labelled with disabilities in society, including prejudices and discriminations against them. It would be interesting to investigate how these negative experiences translate to the HE context.

Biologisation is also normalised for individuals labelled with LDs and dyslexia. In fact, the biologisation of LDs and dyslexia does not seem questionable for researchers, practitioners, or even families of individuals labelled with dyslexia (Lopes, 2001). One could therefore assume that the biological construction of dyslexia remains unquestioned by lecturers, dyslexia assessors, and students identified as having dyslexia in HE. Much of the dyslexia literature demonstrates a biological perspective and a lack of balance between biological and educational approaches (for example, Law and Cupples 2017; and Kurokami et al. 2019). Lopes (2012) systematically reviewed the number of journals with the most published articles about dyslexia and reviewed the content for biologisation. These journals include *Dyslexia*, and *Annals of Dyslexia*. The number of the published articles in the journal of *Dyslexia* was 162 in comparison to the journal of *Annals of Dyslexia* which was 130, which both are biologically oriented journals. The authors concluded that these prominent journals within the field of dyslexia align with biological rather than an educational approach. This implies that these journals are strongly influenced by biological discourse of dyslexia. Lopes also examined the current perceptions and beliefs about dyslexia among regular and special education preschool teachers, psychologists, physicians, and psychology students. They found that almost 70% of participants believed that dyslexia originates in a brain dysfunction and more than 75% denied that dyslexia could have a socio-cultural origin. Interestingly, this study implies that all these participants seem to adopt the biological perspective of dyslexia without questioning it. Therefore, these findings demonstrate that currently adopted definitions of dyslexia emphasise the inherent nature of dyslexia as an impairment deconstructing impairment as a form of "visual creativity including the ability to visualise things differently than individuals without the label do" (The BDA [2019] definition of dyslexia, p. 22). This biologisation, however, does not only remain in the realm of the published journals about dyslexia and medical professions, but it also extends beyond them, having a significant influence on students identified as having dyslexia in the HE context.

2.4.2 The Implications of Biologisation for Students Labelled with Dyslexia in Higher Education

There is an increasing tendency to depict dyslexia as a "condition" that needs specific interventions/adjustments to enable students labelled as having dyslexia to become part of the learning environment in universities. For example, the University of Dundee (2023) describes dyslexia as a condition that needs a screening or diagnosis. In addition, the University of Kent (2023) also describes dyslexia as a condition that needs an initial screening to identify students with dyslexia. This depiction indicates that universities' perceptions of dyslexia are heavily influenced by the medical model. This model hypothesises that students labelled with dyslexia have a deficit, identified as a lack of strong self-efficacy beliefs, potentially leading to low self-esteem. Pitt and Soni (2017) support this argument by emphasising the need of these students for additional “remedial literacy support”. The use of the word “remedial” indicates that this study is highly influenced by the medical model of disability, and thus, biological discourse. In another context, Jordan McGladdery, and Dyer (2014) concluded that students identified as having dyslexia tend to have higher levels of mathematical anxiety than those students who are not labelled with dyslexia. This indicates that the learning experiences of students classified with dyslexia are pathologised in universities as “mathematical anxiety”, which was seen as a deficit that make them unable to succeed in HE without support.

The biological discourse used in the literature has many significant implications for university students labelled with dyslexia. They are regarded as patients who need a specific form of intervention to cope with the demands of the HE environment, aligning with Nagi’s (1965) medical model of disability. This promotion is based on the Equality Act (2010) becoming embedded in “Inclusive Practices” in universities. From 2002, the Special Educational Needs Disability Act (SENDA; 2002) made it an offence for any educational institution to discriminate against a person labelled with a disability by treating them less favourably than others for a reason related to their disability. The presence of this Act obliges universities to support their students identified as having dyslexia and not discriminate against them due to their dyslexia. These implications have become increasingly associated with labelling.

Summary

The current definitions of disability (for example, WHO, 2021) do not seem to capture dyslexia as a SpLD that is socially-constructed in its nature, implying that the social construction of dyslexia as a SpLD is not acknowledged in English society. Therefore, the way disability is defined in relation to dyslexia may be problematic because the degree of dyslexia required in order to qualify for the legal protection of the Equality Act is not clear.

The concept of disability is heavily debated among academics across three main perspectives (biological, social, and affirmative), leading to shape dyslexia constructs differently in modern English society and “medicalising the lives of individuals with disabilities [or dyslexia] in society” (Turner, 2012, p. 29). Although The Equality Act (2010) legislators claim that the Act has increased the protection of individuals labelled with disabilities by “protecting them against discrimination” (Easton, 2012, p. 21), its protection in terms of individuals labelled with hidden disabilities is questionable (see, Hand 2015 for further discussion about indirect discrimination). Specifically, students labelled with dyslexia may not be protected sufficiently if they face discriminatory attitudes from their lecturers like “informal labelling” (The Equality and Human Rights Commission, N.D. a, para. 2), which can have negative consequences on their experiences with their label in HE. Consequently, the Act legitimises the hegemonic existence of the medical model in society through claiming to protect individuals who have official labels (for example, epilepsy). Nonetheless, this legitimisation can stigmatise students classified with dyslexia in HEIs by “identifying them as patients” (Bogart et al., 2022, p. 28).

Therefore, the current understanding of dyslexia in HE is problematic because universities construct it as a hidden disability. The increasing numbers of students identified as having disabilities entering English universities can be partly explained by the WP policies as a biased political-ideological imperative (for example, HESA 2011; and Adnett and Tulpova 2008). This indicates that WP policies do not always protect the rights of all students identified as having dyslexia to be supported in universities. Furthermore, ableism discourse causes “stigma to surround disabilities” (Shifrer, 2013, p. 14). Hence, students labelled with disabilities in universities are still subjected to stigma due to their labelled disability “negatively impacting their identity construction” (Vickerman and Blundell, 2010, p. 12). The strong presence of students labelled with dyslexia in universities implies that the ongoing use of dyslexia constructs sustain the interests of particular groups such as stakeholders of universities. These interests can potentially expose students classified with dyslexia into othering due to constraining structures in HEIs (For example, a lecturer who underestimates the academic potential of a student classified with dyslexia because of the support they get in HE), which can significantly influence the nature of their experiences with their label in HE. This othering process may make some students labelled with dyslexia report “negative experiences with their label” (Mik-Meyer, 2016, p. 8). This influence will be explored further in Chapter 6. Finally, dyslexia is biologised due to its intertwined relationship with medicine (for example, Lopes, 2012). This biologisation implies that the learning experiences of students labelled with dyslexia are biologised to maintain the ongoing use of the biological construct of dyslexia in HE (see Jordan McGladdery, and Dyer, 2014 for a demonstration of linking dyslexia with mathematical anxiety).

Chapter 3

The Influential Factors on the Social Constructs of Dyslexia in Higher Education

3.1 Introduction

The act of "labelling" can be harmful for individuals labelled with disabilities who are deemed to be different from the social norm. These labelling processes can coexist with medical diagnoses, but they are separate processes. The labelling process is based on the attitudes of individuals without disabilities and dyslexia towards individuals with disabilities and dyslexia in society. Medical diagnosis, on the other hand, is the process of officially identifying dyslexia, other disabilities and hidden disabilities, to obtain support in a particular setting. Becker (1973, p. 31) posed that labelling is "perceived negatively in sociology due to the individual consequences associated with it".

The current chapter will demonstrate that the concept of social inclusion is hard to define (Simplican et al., 2015). Labelling processes have a significant presence within universities due to their underlying association with the medical model of disability. Thus, students labelled with disabilities are usually categorised as patients. There is a plethora of evidence about the negative influences of "labelling" on individuals labelled with disabilities in HE (for example, Croft 2020; Klotz 2004; Söder 1989; and Riddick 2003).

The concept of marketisation is a widely common practice in English society due to its direct association with knowledge economy (for example, Brown, 2015). Its roots are attributed to the secure conservative government in England and its encouragement to use market principles to allocate public resources under the name of greater accountability and efficiency (for example, Ball 2003; and McCaig 2018).

Therapeutic culture is closely related to the rise of the late capitalism (Ecclestone and Brunila, 2015). The intertwined positive relationship between "therapization" and culture has created a novel positive connotation for the term "Therapy" associated with improving the quality of life of those deemed to be vulnerable in society (McLeod, 2012). These connotations have extended to HE, increasing “Society’s scepticism of the individual’s ability to play their role successfully” (Ecclestone and Brunila, 2015, p. 56) in universities. The support services’ interest is maintained through identifying more students labelled with dyslexia (Ecclestone and Hayes, 2008). With regards to universities, therapeutic culture alters their role from educational institutions to therapeutic institutions (for example, Ecclestone, and Hayes, 2019). This alteration reinforces the notion of the patient. However, opponents of this argument maintain that it tends to dismiss the advantages of the label, thereby invalidating the experiences of some individuals with dyslexia who adopt a positive attitude towards their label (Ramus, 2014). Finally, there is a subtle relationship between “therapization” and social inclusion, justifying the need for therapization on the grounds of the legal obligation to create an “Inclusive Environment” in HE, leading to the emergence of social performance. The current Chapter begins with exploring the intertwined relationship between labelling and social inclusion. Then, the Chapter moves on to discuss their implications for students identified as having dyslexia in universities. The second section of this chapter explores the relationship between marketisation and consumerism processes in universities, discussing their implications for students identified with the label of dyslexia. Finally, the third section discusses the rise of the therapeutic culture, its impact on universities and students classified with dyslexia, and how it leads to social performance, interrogating the impact of this social performance on students identified with the label of dyslexia in HE.

3.2 Labelling and Social Inclusion

3.2.1 An Introduction to Labelling and Social Inclusion

In all areas of society, including education, individuals classified with disabilities are labelled by the individuals who have "power in that context" (Becker, 1973, p. 32). Labelling processes are justified on the grounds of "achieving social inclusion in society" (Argueta, 2020, p. 20). However, Argueta seems to assume here that "social inclusion" has a single meaning and only positive interpretations. In contrast to this, as I argue throughout this thesis, and as Simplican et al (2015) have illustrated, social inclusion is, in fact, a vague term which has numerous meanings. Social exclusion describes "a situation where not everyone has an equal access to the opportunities and services that allow them to lead a decent, happy life. This situation includes not being able to give input and have their voice heard on the rules of the society in which they live" (Libertise EU, N.D, para. 2). Linking inclusive practices with Libertise EU's (N.D) definition of social exclusion, social inclusion can have a subtle, complex relationship with social exclusion in HE. Social inclusion is a major characteristic of the HE system, which is depicted through the implementation of WP policies in universities (Rushton, 2018) (see Chapter 1). Inclusive practices in different educational settings can be exclusionary in their nature as universities aim to identify students they deem in need of help, so they can claim to help them. These inclusive practices include support provided for students classified with disabilities and dyslexia in HE. However, the act of identifying them others them and makes them develop an identity that revolves around disability. This developed identity, which can ultimately discriminate against those labelled with disabilities leads to "othering" (Buber, 1937, p. 33) them in society (i.e., outside the context that gave them the label) impacting them "throughout the life course exposing them to exclusion" (Kreider et al. 2019 p. 4). The co-existence of labelling and social inclusion has numerous implications for students identified with the label of dyslexia in HE.

Labelling within HE is supposed to benefit social inclusion. However, Hudak (2014) questions the usefulness of labelling processes for any individual labelled with disabilities in an educational setting, stating that they result in unhelpful segregation. This harmful influence of the labelling processes can be associated directly with stigma. Nevertheless, DeRoche (2015) argues that the social context has changed, becoming more inclusive since Goffman's (1963) view of stigma as an undesired differentness from the norm, by embracing disabilities as a form of celebrated difference in society. This development in the social context has transformed labelling from non-formal terms to professional medical terms, such as the label of dyslexia and depression (DeRoche, 2015). In other words, these terms hold a diagnostic value within them rather than just an informal labelling that enables students identified with disabilities and dyslexia to obtain the necessary support (see Subsection 2.2.2, Chapter 2 for a definition for informal labelling). These official labels enable students to be classified according to their needs, which is crucial to help universities to provide the right support for these students. In terms of their effect on students, these terms enable some students to have a broader understanding of the nature of their difficulties in HE.

The harm caused by a label can be associated with its roots in the tendency to categorise individuals who deviate in their behaviour or characteristics from what is defined as normal in a particular society (see Appendix 1 for a historical timeline of learning disability history and labelling). Wright, Jorm and Mackinnon (2011) argue that many people who have severe mental illness do not seek help due to the negative connotations associated with “psychological labels”. These labels are used to distinguish the state of mind of the individuals with mental illness from what is accepted in society. Therefore, the term “normal” is contentious due to its negative connotation of not accepting those who are different. Oliver (2009) and Abberley (1987) argue that the use of this term implies that the lack of the acceptance of individuals classified with disabilities in society forces them to conform to social norms. Nevertheless, Best (2020) claims that disability is normalised today, maintaining that it has become offensive to consider it as a deviation from social norm. This questions exactly how students classified with dyslexia may be impacted by labelling in current HE systems.

3.2.2 Implications of Labelling Processes and Social Inclusion for Students Labelled with Dyslexia in Higher Education

Labelling processes have a significant presence within universities due to their underlying association with the medical model of disability (Prowse, 2009). This model usually shapes the student classified with a disability or dyslexia as the patient. There is a plethora of evidence about the negative influences of “labelling” on individuals labelled with disabilities in HE (for example, Croft 2020; Klotz et al. 2004; Söder 1989; and Riddick 2003). However, the influence of this process on students with dyslexia was not sufficiently explored in depth. Frank, McLinden and Douglas (2020) used a qualitative multiple case study design using semi-structured interviews at a time and setting chosen by each participant to explore the learning experiences of visually impaired physiotherapy students in England, emphasising the barriers and enablers they face in their university. One participant commented about the supportive nature of their lecturers. Other students thought their lecturers associated the label of visually impaired with vulnerability. This comment indicates that some lecturers can informally label their students with visual impairments as students who cannot cope with the high demands in HE, which may be revealed through their unsupportive behaviours such as lack of awareness or insight into the individual needs of a student. Nonetheless, this perception of these students with visual impairments as vulnerable does not mean denying the needs of these individuals of support/ intervention; it means that they are only perceived in the light of their impairment leading to “disempower them creating disabling environment” in HE (Oliver, 2013, p. 9).

As a result of these stereotypical attitudes, the association between labelling processes and the “biologisation” of disability in HE led to a close relationship between labelling processes and stigmatisation in HE developing Becker’s (1973) argument that labelling can have a significant negative influence on individuals with disabilities in society. Kendall (2018) conducted a small-scale qualitative study in order to gather lecturers’ perceptions about supporting students classified with disabilities in universities. One participant indicated a difficulty distinguishing whether the work was produced by the student or by the support worker. This conclusion implies that some lecturers stigmatise individuals with LDs and dyslexia, linking their difficulties with cheating and questioning their academic credibility due to the significant degree of support they receive for their LDs and dyslexia. Similarly, Madriaga (2007) presented some of the findings derived from an Aimhigher South Yorkshire research report that explored HE’s lack of information about future career and HE choices for students labelled with dyslexia. Madriaga found that some of their participants classified with dyslexia were greatly influenced by the informal label of laziness that is usually attached to dyslexia, as it causes stigma and subsequent low self-esteem. Such feelings can be seen clearly through using words such as “cannot afford to go back to failing jobs”.

The existence of lecturers’ labelling processes indicates that the causal relationship between stigma and labelling cannot be easily broken as it may have become embedded within the HE system. The continuous existence of this causal relationship can be associated with a “disabling environment”, which refers to the environment that disempowers individuals labelled with disabilities because it is deemed as unsuitable for their needs (Oliver, 1990). This is supported by Campbell (2018) who conducted a study using the narrative accounts of six elite student para-athletes attending HE full time in England to explore the experiences of these students in universities. Campbell reported that some of their participants described their experience in university as a “disappointing and hindering experience” (p. 769). This indicates that students labelled with disabilities still face stigmatisation due to their disabilities in HE. Similarly, labelling processes and social inclusion cannot be understood clearly in isolation from the experiences of students identified with the label of dyslexia in HE. Cameron (2016) explored the lived experiences of three university students labelled with dyslexia in HE negotiating a different number of learning spaces within HE. These students completed reflective diaries for three weeks, and then they were interviewed about their recorded experiences. The transcribed interviews were analysed using phenomenological analysis. Cameron concluded that attention to the everyday experiences of students with the label of dyslexia is as important as knowledge of cognitive differences in the drive to create a more equitable learning environment in HE.

Social inclusion is underdeveloped in the context of HE in terms of addressing the discourses (for example, consumerist discourse) that tend to shape the experiences and identity of students with dyslexia in HE expanding Tobbell et al.’s (2020) argument about the perception of benefiting all learners and enhancing their learning experiences as a whole not in separate groups. This lack of development makes it difficult to understand the implications of educational inclusion practices through disability support services provided for students labelled with dyslexia in universities in England. Therefore, there is a need to construct a clear definition of social inclusion that reflects the influence of consumerist discourse on educational inclusion practices in universities, and its implications for students labelled with dyslexia in HE.

3.3 Marketisation and Consumerism Processes in Higher Education

3.3.1 An Introduction to Marketisation and Consumerism Processes

The concept of “marketisation” refers to a widely common practice in English society due to its direct association with knowledge economy (see Chapter 1 for a definition for knowledge economy). The last 20 years have seen an increased focus on the marketisation of universities (Ball 2003; and Banwait 2017). McCaig (2018) traced the roots of marketisation of HE to the early and mid-1980s and England’s secure conservative government at that time using “Market Principles”, which refer to practices that are used to allocate resources for individuals to satisfy their needs in a market-based society. Hence, the government encouraged the use of market principles to allocate public resources under the name of greater accountability and efficiency. Since then, HE has been subjected to a gradual marketisation process based on various significant steps. These are (1) the abolition of the remaining subsidy for overseas students’ fees in 1980, (2) the introduction of “top-up” loans for student support in 1990, (3) the introduction of “top-up” tuition fees of £1,000 in 1998, and (4) the increases of the fees to £3000 and then to £9000 annually (Brown, 2015).

Unlike McCaig (2018), Brown (2015) associates marketisation of HE with the introduction of students’ tuition fees. The introduction of these fees is directly associated with the consumerist paradigm, which will be discussed in detail below. Nonetheless, marketisation processes are not only specific to the English HE context, as similar HE contexts adopt them as well. Marketisation of HE has become a well-known phenomenon in English speaking countries like America and Canada (Binsardi, and Ekwulugo, 2003).

However, the marketisation of HE is a contentious subject. Nedbalová, Greenacre and Schulz (2014) highlight the conflict within marketisation literature in HE. Some academics, such as Brown (2010) and McMurtry (1991), state that it reduces the quality of the education provided in universities. Other academics justify the marketisation of HE as a deconstruction of values. For example, Smith (1997, p. 145) claimed that this marketisation plays an essential role in challenging the traditional structures and values that shaped universities before the introduction of marketisation reforms, including the emphasis “generating a knowledge related broadly to the radical and ideological concerns of the ruling élites, not the majority of its citizens”.

According to Smith, the existence of these traditional structures was deemed to be problematic as they fail to address the ideological concerns of other students who do not belong to the elite. Therefore, according to Smith, marketisation has deconstructed these structures' values by making them address the ideological issues of students from various social classes (for example, working class) not only the elites. University structures are subsequently less hierarchal, which means that all students' needs are satisfied in the university regardless of their social class. Nevertheless, Nedbalová, Greenacre and Schulz (2014) describe Smith (1997) as unaware of the literature that questions the benefits of marketisation in HE due to the huge change between the mid-90s and mid-10s, highlighting consumerism as a negative consequence of marketisation. Therefore, in this thesis, "marketisation" is defined as the use of marketisation processes in order to commodify the experience of students in HE by transforming them into consumers aligning with Tomlinson's (2017) argument about the presence of consumerist paradigm in HE.

Marketisation is closely linked to the knowledge economy because marketisation aims to sustain the needs of individuals activating their roles in society (Department for Business Innovation and Skills [BIS], 2009). Brown (2015) and Gingrich (N.D) agree that marketisation is the association between the provision of individuals' needs and marketisation processes, forming a market-based society. This activates the role of the individuals as active contributors to the knowledge-based economy. This association links marketisation specifically to the HE system. Brown's (2015) definition of marketisation, as the strategy that enables society to satisfy individuals needs in a market-based society, is drawn on in the current thesis as it associates marketisation with support provision in HE, which will be explored in more depth in Chapters 5 and 6. The use of marketisation has eventually led to the commodification of the experiences of these students transforming them into consumers who use the label to obtain support to cope with the demands in HE. This strong association between marketisation and support provision in HE has led to the rise of consumerist culture in HE, demonstrating the intention of the government to activate this role. Charles (2016, p. 23) supports this argument by stating: "Maintaining this need aligns with the government intention [to activate the role of these individuals]. [Through this activation, the government] make[s] sure that all the students will receive adequate support when they enter HE and that the skills that they will acquire are appropriate to meet the needs of the economy".

Students labelled with disabilities' consumption of support services can be associated with Wright and Rogers' (2009) definition of "consumerism". When applied to universities, consumerism refers to the transformation of students into customers of educational services, and universities into the providers of these services. As a result, this shift towards market driven policies "commodifies the experiences of students in HE" (Tomlinson, 2015, p. 10), particularly those labelled with a disability. This commodification of the experiences of these students labelled with disabilities and dyslexia occurs as a result of "the student as a consumer paradigm".

The presence of this consumerist discourse transforms social inclusion into marketised educational inclusion policies in HE. "Marketised Social Inclusion" refers to consumerist practices that construct dyslexia as a positive term, arguably associated with agency and emancipation. This definition is based on Simplican et al.'s (2015) ecological model of social inclusion, Tomlinson's (2017) the "student as a consumer" metaphorical language, and Natale and Doran's (2012) description of marketisation of HE as a rising phenomenon. Tomlinson's consumerist paradigm is used to investigate the social behaviour of students identified with dyslexia when the label becomes a form of service. This definition is adopted in the present thesis to interpret the influence of the "Marketised Educational Inclusion Practices" of universities on students labelled with dyslexia. Marketised educational inclusion practices are adjustments that are offered to students labelled with disabilities and dyslexia that are shaped by this discourse in HE.

3.3.2 The Implications of Marketisation and Consumerism Processes for Students Labelled with Dyslexia in Higher Education

The transformation of students labelled with dyslexia into a product links Ziolkowski's (2004) definition of "commodification of social life", which refers to the extension of the numbers of services and goods provided for individuals in society, which can be associated with the commodification of learning experiences of students labelled with dyslexia as a consequence of marketisation and consumerism processes in HE. Consequently, the consumerist paradigm has become an iconic political policy directly associated with "marketisation reforms" as part of Management Discourses to excite political interests of education policymakers (Nixon, Scullion and Hearn, 2018). According to Nixon, Scullion and Hearn, management discourses in HE refer to the ability to develop measures in order to determine the quality of education provided to students through measuring the rate of the educational services they obtain. In this light, Nixon, Scullion, and Hearn (2018) conducted 22 interviews with full-time undergraduates at a research-intensive university in England. The interviews lasted from 50 to 120 minutes totalling approximately 28 hours of recorded data. They used psychoanalytic interpretation of these undergraduate students' narratives to interpret their experiences of choice in their university. The authors concluded that the students' satisfaction and dissatisfaction in HE was amplified by the continuous existence of marketised ideology that became part of management discourses in universities. Furthermore, the ongoing existence of these management discourses has led to the commodification of the university students' experiences, reducing them to clients and making universities become consumed with their desire to become inclusive institutions. The existence of this paradigm can imply that there is a strong tendency to politicise the experiences of students in HE as a proof that universities are becoming more inclusive, sustaining the interests of university stakeholders to create an inclusive environment in HE.

Therapization and marketisation processes are distinct, although they can co-exist in HE. "Therapization" refers to the association between the official diagnosis and the tendency to refer to students labelled with it as patients, creating a new form of "Therapeutic Self" (Wright, 2008, p. 23). According to Wright, the therapeutic self, refers to when individuals internalise their vulnerability in society by believing in their need of a particular label to cope with the demands of society. Whereas marketisation refers to the transformation of students into customers of educational services commodifying their experiences in HE. The commodification of the learning experiences of students identified with dyslexia can be attributed to the tendency to "protect them as vulnerable" (Ecclestone, 2011, p. 12) customers. "Vulnerable customers" refers to customers who become unprotected without the use of a particular support service. In the case of students labelled with dyslexia, universities believe that it is important for these students to rely on support services as this reliance is their only way to succeed. This reliance increases their vulnerability to emotional damage from which they are not sufficiently protected due to potential incidences of informal labelling in university as a result of the amount of support they get. This lack of protection can lead to the rise of "the diminishing self", a concept generally discussed in relation to dyslexia. Thus, the diminished self is "a popular view that, to greater or lesser extent, we are all vulnerable and emotionally damaged by life events" (Ecclestone, Hayes and Furedi, 2005, p. 184). Applying the term diminished self in the HE context, there is an increasing tendency of universities to employ this term in the case of students labelled with dyslexia due to the loss of the belief in students classified with dyslexia to succeed in HE without the available support for their needs. Therefore, these students can be seen as vulnerable to emotional damage due to unsupportive behaviours they may face in HE such as ridicule from peers, and lack of empathy from lecturers towards them. This "Diminishing Consumerist Tendency" aligns with both the Competition and Markets Authority (CMA; 2015) and the Office of the Independent Adjudicator for Higher Education (OIAHE; 2019) claims about legally protecting students, particularly those labelled with dyslexia. Diminishing consumerist tendency refers to the tendency of universities to commodify the learning experiences of students with dyslexia, thereby transforming them into vulnerable customers. In other words, the CMA (2015) and the OIAHE (2019) reinforce the existence of this consumerist tendency by transforming students into clients who obtain particular types of services.

Jabbar, Analoui, Kong, and Mirza (2018) explored the perceptions of academics about the impact of consumerism on business schools. To achieve this, they interviewed 22 business school academics in universities in the North of England. Data were analysed using a template taking an interpretive approach. The findings indicated that these academics perceived the introduction of tuition fees as the catalyst of consumerism in business schools. However, Jabbar et al. did not explore exactly how this introduction of the tuition fees commodifies the learning experiences of university students and transformed them into consumers of educational services. In other words, it is not clear from Jabbar et al.'s findings how this paradigm can be associated with students' learning experiences, particularly those labelled with dyslexia, as a result of the introduction of the tuition fees.

3.4 Therapeutic Culture in Universities and the Emergence of the Phenomenon of Social Performance

3.4.1 An Introduction to Therapization and Social Performance

"Therapeutic culture" refers to the tendency to emphasise the vulnerability of individuals within western society, portraying them as unable to face life challenges without the existence of a particular type of therapy or support (for example, Ecclestone 2007, 2011). Therapeutic culture is closely related to the rise of the late capitalism, which has increased the scepticism of some individuals' ability to play their role successfully in societies. In different countries, the crisis of late capitalism has exacerbated political and public pessimism about declining emotional and psychological wellbeing, disengagement, and motivation among groups identified as at-risk categories (Ecclestone and Brunila, 2015). Therapization can be described as a political-ideological imperative that "thrives on the vulnerability of some individuals in society, such those who are identified as having a disability, blaming these individuals for their weaknesses" (McLeod, 2012, p. 71). Policymakers justify the existence of therapization on the grounds that people need it to improve the quality of their lives, creating positive connotations for the term therapization. Nonetheless, there is a distinction between therapeutic culture and the influence of therapy exercises on people's everyday life. In clarification, the influence of therapy exercises is a system based on therapy that improves life using vocabulary to interpret an individual's relationship to society, whereas therapeutic culture is the expansion of this system to a way of thinking, impacting people's everyday life (Furedi and Hodson, 2004). This distinction is important as it allows us to understand the influence of therapeutic practices (for example, therapeutic sessions to improve self-esteem) on the learning experiences of students with dyslexia increasing their vulnerability in HE.

The relationship between therapization and culture has created a novel positive connotation for the term therapy, associating it with improving the quality of life of individuals categorised as vulnerable in society. Ecclestone, and Hayes (2019) explore the changing connotation of therapy within the wider context of English society. They argue that therapy was previously used to refer to the treatment of people who are disturbed or mentally ill. However, this connotation has changed dramatically, becoming positive rather than negative. They gave some examples of the positive connotations of therapy, such as "music therapy", "dance therapy", and "dolphin therapy". Within education, the emphasis on using the positive connotation of labels is used to categorise individuals labelled with disabilities in HE leading to the creation of a “therapeutic ethos” in education. According to Ecclestone (2004, p. 14), a therapeutic ethos “[produces a] diminished view of people and low expectations about people’s capacity for resilience and autonomy”. This ethos is highly influenced by the cultural accounts of emotional issues and the political responses to them in English society, which are strongly linked to education. The continuous rise of the therapeutic culture leads students labelled with dyslexia to perform the role of the patient to obtain the support that is claimed to satisfy their need in HE. The role of the patient was defined in Subsection 1.1.1, Chapter 1.

Ecclestone, and Hayes (2019) and Oliver (1990, 2013) have conflicting understandings of disability support. The former regards disability support as a form of vulnerability and weakness, whereas the latter regards disability support as an empowerment tool for individuals labelled with disabilities in society. Ecclestone and Hayes argue that this response to the needs of individuals with a disability is a form of “the diminished self”. They pointed out that it creates an “emotional state” (Ecclestone, and Hayes 2019, p. 30) by promoting the feelings and self-esteem of individuals who are categorised as at risk in state legislation by protecting them in society. Therefore, this promotion has become more aligned with education (Ecclestone, and Hayes, 2019). Conversely, Oliver (1990, 2013) states that support raises awareness of the importance of empowering people who are identified with disabilities in society. However, the rise of “the diminished self” as a form of disempowerment contradicts Oliver’s description of support as a tool of empowerment. Similarly, there is an inconsistency between Furedi and Hodson’s (2004) understanding of disability support and protection as therapeutic culture and Oliver’s understanding of support and protection as a form of power. Furedi and Hodson perceive disability support and protection as a form of vulnerability. However, Oliver (1990, 2013) perceives disability support and protection as a form of power that individuals labelled with disabilities can have to protect their existence in society. In terms of dyslexia, building on Furedi and Hodson’s interpretation of disability support as a form of therapeutic culture, the ongoing existence of dyslexia can be regarded as a form of therapeutic culture perceiving students labelled with dyslexia as patients who need a label to be protected in HE. Whereas based on Oliver’s understanding of disability as a form of power, the label of dyslexia can be associated with empowering students labelled with dyslexia raising their voice in HE.

Furthermore, the rise of therapeutic culture can have a significant influence on universities transforming them to therapeutic institutions, which will be examined in the next subsection.

3.4.2 The Implications of Therapeutic Culture for Higher Education Institutions

As therapeutic culture portrays vulnerable people as unable to face challenges without the existence of a particular type of therapy or support, this culture within HEIs may transform HEIs from educational to therapeutic institutions, reinforcing the notion of the patient (see Subsection 1.1.1 for a definition of this notion in the thesis). According to Ecclestone and Brunila (2015), therapeutic culture emphasises the vulnerability of some people by portraying them as suffering from emotional crisis and thus unable to face life -and academic- challenges (for example, failing an exam in the university), unless they are supported by a particular therapy. "Therapy" in education has been argued to include a wide range of interventions across phases, from "circle time" to reassurance that with effort, nothing is impossible (see Ecclestone and Hayes, 2019). In terms of higher education and dyslexia in particular, "therapy" might include interventions such as academic counselling or scribing for dyslexic students. Support interventions have been argued by Atkins (2009) to portray students as needy and passive victims of their circumstances, something which Ecclestone (2004) argues diminishes the self and erodes personal autonomy. Thus, universities as therapeutic institutions perceive students classified with dyslexia as "different category of individuals" (Goffman, 1963, p. 22) who require support services to achieve resilience although the usefulness of medical intervention for these students is questionable. Achieving resilience refers to reducing the stressors that students with dyslexia experience as a result of their dyslexia by increasing student satisfaction through these services to achieve academic success, thereby causing "the diminished self to improve the lives of individuals" (Ecclestone, and Hayes 2019, p. 23) making them "more resilient" (Allan, McKenna and Dominey 2014, p. 25). This type of diminished self is caused when support services attempt to increase the satisfaction of students with dyslexia through supporting their needs believing that this will improve their learning experiences, instead leading to "increase their vulnerability" (Ecclestone and Brunila, 2015, p. 300). These support services reinforce the therapeutic culture within these institutions by enabling them to shape the learning experiences of their students identified as having dyslexia, whom they categorise as "at risk" (Ecclestone and Brunila, 2015, p. 486) becoming patients in HE creating "the diminished self to improve the lives of individuals” (Ecclestone, and Hayes 2019, p. 23), which in turn increases universities’ power.

Therapeutic culture increases the power of universities by attracting more students through marketing themselves as inclusive institutions who provide the best support/ therapy to satisfy the needs of these students using the label, in some cases, this can create a division of “power relations” (Foucault, 1982, p. 45) between universities and these students. Such division of power occurs when universities become a figure of power that shapes the experiences of students labelled with dyslexia in HE. These students become patients who are unable to identify themselves away from the notion of the patient who needs particular intervention to live their lives normally, thus universities are “pathologising” (Nagi, 1965, p. 31) students’ experiences with dyslexia in HE, meaning that these experiences are perceived as a result of an impairment/deficit. Through this division, universities may obtain the power of developing the “narrative of impairment” to influence students classified with dyslexia by constructing their patient identity that revolves around dyslexia. According to Smith and Sparkes (2008, p. 3), the “narrative of impairment” refers to “a narrative that can provide alternative maps and different employment regarding disability and impairment that refuse and displace the tragedy story, that tend to challenge and resist social oppression and allowing different body-self relationships to emerge”. Within the case of dyslexia in the HE context, the tendency of universities to use the medical model of disability to construct dyslexia as a form of impairment forces university students labelled with dyslexia to play the role of the patient in HE (see Chapter 4 for a more detailed explanation). This narrative in turn influences their relationships with their university, lecturers, and dyslexia assessors. These students may become confined within this power, forcing them to shape their narrative in relation to their label as patients and customers, enabling universities to create “power relations”. This phenomenon is explored further in Chapter 5. The influence of support services on students classified with dyslexia in HE will be explored further in the next subsection.

Grove’s (2014) estimation of the significant increase in the number of students labelled with dyslexia raises questions about the association of dyslexia with the rise of therapeutic culture in HE (see Subsection 2.3.3 for more discussion about the intertwined relationship between dyslexia and medicine) such as, to what extent does therapeutic culture sustain the embeddedness of dyslexia in HE? To what extent does this embeddedness shape the learning experiences of students classified with dyslexia in HE? In clarification, this increase in the numbers of students who are classified with dyslexia in HE can mean that universities medicalise the experiences of students labelled with dyslexia as a justification to achieve social inclusion. This medicalisation occurs due to the tendency of these universities to shape their identity that revolves around their dyslexia as patients, which can be shown in HESA (2011) report of the increasing numbers of students classified with SPLDs and dyslexia from 8,370 to 32,655. This construction of identity revolving around dyslexia that results from therapeutic culture is established as it maintains the interest of these universities to promote social inclusion. This interest is achieved by enabling these universities to become inclusive institutions by employing the use of the term “the diminished self” (Ecclestone, Hayes, and Furedi, 2005, p.184) (see Subsection 3.3.2 for a definition of the term), categorising these students using the label of dyslexia claiming to support their needs in HE.

Grove’s argument can imply that universities are transforming into powerful therapeutic institutions that rely on biological discourse manifested by the increasing numbers of students identified as having dyslexia in HE. Indeed, according to Kirk-Wade (2022), the numbers of students who were officially diagnosed with dyslexia increased in 2002/03 was 2000 out of 20000 in comparison to 100 compared with 20000 in the previous year (2001/2002). The numbers of the students in English universities who reported being classified with dyslexia after they entered universities increased to 16000 in 2020/21 as this increase may mean that there is a tendency to identify more students with dyslexia promoting social inclusion. Consequently, universities rely on biological discourse, which can be evident in the tendency of support services teams to identify more students with the label of dyslexia than before introducing the Equality Act (2010). This act legally justifies the construction of the biological discourse on the basis of providing equal access for their students. This is because the biological discourse is legally justified on the basis of the presence of the notion of impairment making students classified with dyslexia categorised as a protected group (i.e., a group who has protected characteristic-dyslexia) who need support to enable them to obtain equal access in HE (see Chapter 2 for further discussion). This legal justification may legitimise the use of this discourse in HE, making universities reliant on it through claiming that its construction is crucial to support the needs of students classified with dyslexia to enable them to equally participate in HE. The causes of universities' reliance on this discourse will be explored in Chapter 6.

Universities as "Therapeutic Institutions" refer to the tendency of universities to adopt interventions to reinforce therapeutic culture by treating students with the label of dyslexia as patients. Additionally, universities subject student classified with dyslexia to rehabilitation in order to "fix the problem" and help them to function as "normally" as possible (for example, through providing students classified with dyslexia with a text editor and reader notepad to decrease the influence of dyslexia on their academic achievement). This rehabilitation can potentially discriminate against them in HE due to this "fix the problem" perception, stigmatising them leading to shape their learning experiences as patients. Therapeutic universities' attempts to shape their experiences in this way, which can disempower some of them by creating a "Disabling Social Environment" (Oliver, 1990, p. 16) due to the deviance of these students from "Normalisation Discourse" (Abberly, 1987, p. 22) in the light of Nagi's (1965) medical model of disability. However, as I argue that this degree of medicalisation is unnecessary because dyslexia is a socially-constructed hidden disability that, unlike hidden disabilities such as epilepsy, does not improve with medical interventions. This develops Collinson's (2020) argument about the biological make up of dyslexia (see Section 2.3). Society constructs this biological make up of dyslexia by perceiving dyslexia as an inherent impairment that needs intervention, which is not the case as intervention does not reduce dyslexia. In contrast, this construction does not apply to the case of hidden disabilities such as epilepsy as these conditions need medical intervention to reduce their severity and enable individuals who have them to live a normal life in society. Despite the presence of this construction, universities continue to play their therapeutic role and medicalise the experiences of their students labelled with dyslexia through support services they offer. For instance, Canterbury Christ Church University's (2020) *Dyslexia Support Policy* enables this university to play its therapeutic role by supporting the needs of their students classified with dyslexia by providing note taking tools such as notepads. This notion of rehabilitation redefines the role of the student support services teams as therapeutic because they are the ones who offer the adjustments, which become the "rehabilitation" (Mowbray and Megivern, 1999, p. 22) for these students, enabling them to function in the HE community.

When the therapeutic culture transforms universities into “therapeutic institutions” (Wright, 2008, p. 33), they shape the learning experiences of students identified with dyslexia as patients in HE. Universities can shape the learning experiences of students classified with dyslexia through designing therapeutic programmes to develop their self-esteem and one-to-one meetings to provide some advice on the suitable adjustments for these students, not only in the English HE context but in similar HE contexts as well. These therapeutic programmes include counselling services like counselling groups sessions provided by support services teams. These teams help these students to develop their self-esteem by equipping them with strategies, including positive self-talk and rewards for small achievements, that help them to focus on their strengths rather their weaknesses (Robertson, Holleran and Samuels, 2015). These services can increase the importance of the therapeutic role of these support services teams in HEIs through the counselling services that inform them about the suitable adjustments for students labelled with dyslexia satisfying their needs in HE. This influential role translates to HE through the fact that support services teams identify more students with dyslexia providing them with the support these students need to “overcome” the challenges they face because of their dyslexia in HEIs as the numbers of these students referred to these support services in HE are increasing (see, the HESA [2011] in Chapter 2 for statistics about the increasing numbers of students with dyslexia). This role can have significant implications for students identified as having dyslexia in the light of therapization.

Nonetheless, opponents who believe that dyslexia has biological roots, such as JothiPrabha Bhargavi and Rani (2023), argue that therapeutic culture can invalidate the experiences of some individuals with the label of dyslexia when they are accused of disclosing dyslexia for personal advantage, particularly those who believe in the label as a way to define who they are. Similarly, Elliott (2005) argues that for some individuals classified with dyslexia, the label of dyslexia has great emotional value as it provides answers. In addition to that, Amsler (2011) believes that the therapeutic culture can deny the right of support for these individuals in HE. Thus, Miles Gilroy and Du Pre (2007) argue that the existence of this culture means that students labelled with dyslexia may be identified with the label of dyslexia because of the hegemonic presence of this culture, not because they have dyslexia, potentially denying the effect of the challenges they face on their academic achievement in HE. Hence, the existence of “this hegemonic therapeutic culture” (Ecclestone 2011 p.11) gives the impression that students classified with dyslexia may disclose dyslexia to gain personal advantage, denying the challenges that they face when they disclose it, which can negatively influence their "academic achievement" (Mortimore, 2013b p. 16) in HE. For these opponents, the argument that dyslexia is associated with therapeutic culture dismisses the benefits of this label. Ramus (2014) supports these opponents, maintaining that many testimonies provide evidence of the positive effects that a diagnosis of dyslexia can have. Thus, diagnosis does not have only negative consequences. Despite these arguments against therapeutic culture in HE, the continuous existence of this culture in HE has undeniable influence on students classified with dyslexia leading to the emergence of social performance of dyslexia in universities.

3.4.3 The Implications of Therapization and the Emergence of Social Performance for Students Labelled with Dyslexia in Universities

As discussed, there is a rising tendency to therapize universities in England through emphasising some students' need of support services, sustaining the interests of support services teams who aim to support students identified as having dyslexia as much as possible in HE. The interest of support services teams remains active through identifying more students with dyslexia. Ecclestone and Hayes (2008) argue that support services teams have a direct interest in exacerbating the problems of students labelled with dyslexia. These support services are interested to increase the degree of their reliability in enabling these students to succeed in HE by providing them with the support needed to compensate for their weaknesses, and further increasing their reliance on support services. For example, students labelled with dyslexia are usually entitled to have extension to their assignments and book loans deadlines giving them more time to study (Canterbury Christ Church University's *Dyslexia Support Policy*, 2020). However:

> They [support services teams] cannot do that [identify these students with dyslexia making them eligible for support] unless it relates to how these students perceive themselves and their emotional vulnerability. Some academics problematise the experience of the student leading to the simple act of getting away from home a traumatic moment of identity crisis (Ecclestone and Hayes, 2008, p. 90).

Associating this tendency of support services to identify more students with dyslexia, these support services sustain their interest to increase their reliability by identifying more students with dyslexia, causing them an identity crisis. "Identity Crisis" refers to the inability of the individual to reconcile their intersectional identities with the social norm (for example, identity that revolves around dyslexia) (Edwards, Sum and Branham, 2020). Ecclestone and Hayes

(2008) explore the term “identity”. According to these authors, the experience of students labelled with dyslexia is usually associated with identity crisis as these individuals are portrayed by others as sufferers of an “identity crisis” who require protection. Gibson (2015) engaged with the complex question of Inclusive Education (IE) with specific reference to intersectionality of disability and its place in HE. They problematised the right political agenda of the 1980s and 1990s, located and reflected on the complexities and conflicts of inclusion considering the need for new pedagogic developments. Gibson’s conclusions include phrases such as “ineffective attempts of integration”, and “related activists lobbies” (p. 12), indicating that students labelled with dyslexia are portrayed as a “vulnerable group” that cannot function in society without being protected by law such as the Equality Act (2010). Morris and Turnbull (2007) concluded that disclosing disabilities was challenging, pointing out that the disclosure of dyslexia had a negative influence on some of the participants’ learning experiences. This conclusion can imply that students labelled with dyslexia are seen as unprotected group, which is at constant risk of emotional stress.

The tendency to therapize the HE sector may have serious implications for reducing the quality of support services offered to students labelled with dyslexia, aligning with the challenges to these students’ ability to succeed without support. Support services are lacking because the tendency to therapize students labelled with dyslexia can lead to reduce the quality of services due to the lack of belief in the degree of the effect of the quality these services have on the learning experiences of students labelled with dyslexia. In other words, quality of support services may be compromised by being insufficient to support the needs of all students labelled with dyslexia to face the obstacles they may encounter in HE due to the tendency to represent them as ideal patients that are supported in therapeutic institutions (i.e., universities) as patients who are always satisfied with the quality of services provided to them. There is a wealth of evidence about the therapization of education, including HE (for example, Elpin 2021; Mortimore 2013b; Ecclestone 2004; and Ecclestone and Hayes 2019). Vickerman and Blundell (2010) found that the quality of support for students labelled with disabilities needs improvement to increase the quality of their experiences in HE. This conclusion implies that the term therapy is not only embedded in the HE context but in Western society in general because this conclusion is based on the notion that students classified with dyslexia are vulnerable because of their need of some form of support or therapy to cope with the demands of HE. As a result of this embeddedness, therapeutic culture is also embedded in university policy and practice. Support services teams tend to problematise the learning experiences of students labelled with dyslexia, focusing on protecting these students' "vulnerable self-esteem" (Ecclestone and Hayes, 2019, p. 25) by addressing their needs in HE.

Michail (2010) interviewed undergraduate and postgraduate students labelled with dyslexia in three universities in England. They concluded that the participants were satisfied with the support they were offered at university. Mortimore (2013 b) conducted a case study in one university in England. In this study, Mortimore used documentation, interviews, and focus groups to explore the attitudes and practices at each level of the institution, including undergraduate and postgraduate students, lecturers, and support staff. They investigated the identification and elimination of disabling institutional practice, which refers to departments or individuals remaining at different stages of progression towards a fully inclusive institution, delaying transformation of the whole system (Fuller at al., 2004). Policy, management, lecturers, and students were surveyed to examine attitudes relevant to SpLD and dyslexia. Participants demonstrated examples of inclusive culture at all levels in the university (Mortimore, 2013 a). However, Mortimore reported that 75% of their respondents labelled with dyslexia stated that their needs in crucial areas (for example, organising coursework) were not met (Mortimore, 2013 b). This inconsistency indicates that students who have been labelled with dyslexia have begun questioning their ability to succeed in HE without the presence of this support. The literature reviewed previously reflects a strong emphasis on students who were satisfied with the support that they were provided rather than those who report its limitations as this was only suggested by Mortimore (2013 b). This reflection may indicate the continuous growth of "the diminished self" by showing a potential lack of belief in the ability of these students to cope in the HE system without the proper support although the utility of this support is questionable.

According to Goffman (1956), performance refers to all the individuals' actions that occur in a specific time, marked by their continuous presence. Performance is differentiated from speech, talk, or language behaviour, which is based on storytelling activities that occur in society and are recorded for later evaluation (Garrett Coupland, and Williams, 2003). Nonetheless, the use of Goffman's (1956) definition of social performance is too simple for the field of education. The social behaviour of students labelled with dyslexia in relation to their label is too complicated to be discussed within the context of an imaginary theatre. Nevertheless, the connotations of dyslexia have changed dramatically, becoming associated with literacy practices, and maintaining particular interests of groups in English society. Therefore, performance is a key term for the current thesis as it will be used to analyse the theoretical and empirical evidence in this thesis to interpret the influence of the nature of dyslexia constructs on the "performance" of students labelled with dyslexia in universities. This builds on Collinson (2016) and Elliott and Grigorenko's (2014) adopted social stance of dyslexia through questioning the usefulness of the label of dyslexia to provide support for individuals labelled with dyslexia, implying that dyslexia can be regarded as a "social performance" of a particular role to gain personal advantage rather than a real disability.

Employing Goffman's (1956) theory of social performance as the theoretical lens to interrogate the nature of dyslexia constructs in HE is a novel approach within the field of education in general and dyslexia in particular (see Subsection 1.2). The work of Goffman is not applied extensively within the field of education; it is applied by few academics only in specific contexts unrelated to HE. King (1973) applied Goffman's interpretation of social interaction in everyday life to an early years classroom to examine the day-to-day experiences of teachers and students in the metaphor of the theatre of performance in an early childhood classroom, beginning with applying the concept of performance. The teacher is providing a performance when they are engaged in an activity such as teaching. The teacher is in the continued presence of a set of observers (for example, the students), and is influencing their behaviour. This interaction presented the power and the potential of the application of Goffman's interpretation of social interaction for the scene of primary education.

Mccoy (2017) used Goffman's (1956) interpretation of social interactions as an "information game" to create a stimulating of class activity that involved the students in one-to-one interactions with their peers to examine how students experience concepts of Goffman's theory such as impression management. Responses from 170 students were positive, concluding that the stimulating in class activity was engaging, which helped them to understand Goffman's theory of social performance by experiencing it face to face with their peers. Ward (2018) applied Goffman's theory to the further education (FE) context by examining how young men perform their masculinities through a post 16-year pathways within limited place and disadvantaged social position. They explored the way three of these young men who were enrolled on different vocational and training courses learn to display acceptable masculinity in these settings. They apply Goffman's work to understand how the vocational course these students take can frame traditional and new forms of masculinity. Ward concluded that it explains the role of vocational courses to allow new forms of masculinity performances to come through.

With regards to the emergence of social performance in HE, the performance of dyslexia is shaped by marketised educational inclusion policies of universities for students labelled with dyslexia as a vulnerable group. The connection between the biological history of dyslexia, the emphasis on linguistic achievement in the ICD -11 (2020), and Goffman (1956) theory of social performance leads to the construction of the term "Performance of Dyslexia" in this thesis. Performance of dyslexia refers to the declaration of having dyslexia, denying having dyslexia, or hesitancy about having dyslexia, which can be demonstrated through the social behaviour of students labelled with dyslexia in HE. This "performance" (Gant and Hewson 2022, p. 19) occurs as universities have particular interests to sustain the label of dyslexia, "for instance due to marketisation and competition between institutions" (Tomlinson 2013, p. 29). Sustaining this concept, students labelled with dyslexia use it to make sense of their own identity, either positively or negatively depending on the nature of their experiences with the label. Sustaining its existence aligns with Elliott and Grigorenko's (2014) argument about the biased nature of dyslexia, which refers to the biased understanding of dyslexia shaped by different groups such as educationalists to sustain their own interests (for example, constructing the understanding of dyslexia as an impairment).

Consequently, dyslexia becomes the expressive tool that individuals identified as having dyslexia use to construct their "Identity that Revolves around the Label of Dyslexia". An identity that revolves around dyslexia refers to the perception that students labelled with dyslexia have about their dyslexia in relation to their interaction with themselves and society (see Evans, 2014, 2015 for further discussion about constructing an identity that revolves around dyslexia). Those who have positive experiences with dyslexia create a positive meaning of the label, becoming "Real-Real Performers Labelled with Dyslexia". Such performers labelled with dyslexia have positive experiences with the label, including suitable support for their needs at the university (a performed role in HE). These students associate dyslexia with "creativity and neurodiversity", constructing a positive identity that revolves around dyslexia that can be referred to as a “Creative Identity that Revolves around Dyslexia” (see, the BDA N.D; University of Surrey N.D; and Winner et al. 2001 for further discussion about dyslexia and creativity). Winner et al. (2001) conducted three studies to explore the degree of the association between dyslexia and superior visual-spatial skills. The first study compared 21 adults who were identified with dyslexia at some point in their life to 39 adults who had not been identified as having a reading disorder. All participants labelled with dyslexia were given a standardised reading test: The Vandenberg Test of Mental Rotation, Version” B is a test of mental rotation ability. Each of the 20 items consists of a target figure, which is a line drawing of a three-dimensional complex figure, along with four choices. The first two of the choices are drawings of the same figure rotated into three-dimensional space. The other two choices are drawings of different but very similar figures. The task is to indicate which two of the four choices are identical to the target (Vandenberg and Kuse, 1978). The second study was conducted on 15 students who had a previous dyslexia identification compared to 22 who had not been previously labelled with dyslexia. In this study, participants were given “the Woodcock Reading Mastery Test, Revised Form”, which “is a battery of six individually administered tests to assess the development of readiness skills, basic reading skills, and reading comprehension of individuals from kindergarten through 75 years of age” (Woodcock, 1987, p. 22). The final study was conducted on students who participated in study 2, and the total number of participants was 63. For this study, Winner et al. employed “Spatial Orientation”, which refers to the ability to imagine a particular shape from other perspective (see, Carroll, 1993 for further discussion about spatial orientation). They concluded that individuals labelled with dyslexia failed in visual-spatial tasks and showed deficiencies on many other tasks (Winner et al., 2001).

Winner et al.’s studies into the disputed relationship between dyslexia and creativity are drawn on to explore the influence of this relationship on the social performance of students labelled with dyslexia in universities. The BDA (2019) definition of dyslexia, which can be associated with individual’s strengths is employed to explore the influence of this relationship on the social performance of students labelled with dyslexia in universities. The University of Surrey’s (N.D) definition of neurodiversity is drawn on to explore the influence of neurodiversity on the social performance of students labelled with dyslexia in universities. This term aligns with the expression of “Thriving Individuals Labelled with Dyslexia” (Kannangara, 2015, p. 16), which refers to individuals labelled with dyslexia who “perceive their dyslexia positively, associating it with success” (Bacon and Bennett, 2013, p. 28) as a constructed identity and (a performed role) becoming “real-real performers labelled with dyslexia”. In contrast, those who have negative experiences with the label of dyslexia in HE, such as hurdles in obtaining support, can be categorised as “Cynical-Cynical Performers Labelled with Dyslexia”. Cynical-cynical performers labelled with dyslexia construct a negative identity that revolves around dyslexia associated with failure (a performed role in HE). This term aligns with Kannangara’s (2015) expression of “languishing individuals labelled with dyslexia” (see Subsection 2.3.4 for a definition for this term). Students labelled with dyslexia who meet the description of this term exist in HE, which was confirmed by a number of studies such as Osborne (2019) and Shepherd (2018). It is also possible for students labelled with dyslexia to have an amalgamation of positive and negative experiences. Such students can be categorised as “Real-Cynical/Cynical-Real Performers Labelled with Dyslexia”, constructing a realistic identity. Through constructing this identity, these performers labelled with dyslexia may be aware of the potential strengths and weaknesses of obtaining this label.

Summary

The harm caused by labelling is caused by the tendency to categorise individuals who deviate in their behaviour or characteristics from what is defined as normal in a particular society. Madriaga (2007) has highlighted the negative influence of labelling processes on the learning experiences of students labelled with dyslexia in HE. Stigmatisation occurs due to prejudices against these students within the HE learning environment, expanding Oliver and Barnes' (2012) and Shakespeare's (2013) stance about the role of society in disempowering people labelled with disabilities. This means that there is a complex relationship between labelling processes and social inclusion, which can have significant implications for the experiences of students labelled with dyslexia in universities. The promotion of labelling processes as a justification for achieving social inclusion has established a strong relationship between marketisation and support provision in universities. This relationship is reinforced by England's emphasis on a society governed by a knowledge-based economy. Marketisation aims to sustain the needs of individuals, activating their roles in society as contributors to the knowledge economy and leading to the rise of the consumerist culture in HE. The rise of the consumerist culture transforms students labelled with dyslexia into a product, linking Ziolkowski's (2004) definition of commodity with the commodification of learning experiences of students identified with dyslexia. The constant commodification of learning experiences of students labelled with dyslexia transforms them into a vulnerable group, due to "the rise of therapeutic culture" in HE (Ecclestone and Hayes, 2008, p. 13).

This therapization leads to the emergence of social performance in universities as therapeutic institutions. As a consequence of therapization, marketisation, and social inclusion, the connection between the biological history of dyslexia and the emphasis on linguistic achievement in the ICD-11 and Goffman's (1956) theory of social performance leads to the construction of the "performance of dyslexia". The ongoing performance of dyslexia leads us to explore how dyslexia as a social construct can be understood in the light of Goffman's (1956) theory of social performance.

Chapter 4

Theoretical and Methodological Approaches

4.1 Introduction

The literature relevant to the main focus of the thesis was explored in Chapters 2 and 3, problematising the main concepts in this thesis such as disability, dyslexia, and biologisation. I employ the academic literature to reveal the biases of the constructs of dyslexia in HE. Such biases allow universities to continue promoting themselves as inclusive institutions within the marketised HE sector. It is not only the constructs of dyslexia that are subjective; Opie and Sikes (2014) interpret social reality as a subjective concept. Thus, the social behaviour of students identified as having dyslexia can also be interpreted differently according to their perception of reality of dyslexia depending on their beliefs about the label of dyslexia. This perception of dyslexia yields from the constructivist epistemology adopting an interpretivist qualitative research paradigm in this thesis.

Goffman (1956) used theatre and drama as a metaphor explaining how the social actor presents themselves, and how they endeavour to preserve their sense of self. The main concepts of Goffman’s theory of social performance are “the Nature of the Performer”, “the Audience”, and “the Front” (the Imaginary Theatre of Performance). This current thesis analyses the performance of students classified with dyslexia in universities. This thesis aims to present a type of theatre of performance within universities, in which students labelled with dyslexia play pre-existing roles dictated by the presence of different constructs of dyslexia in universities. These constructs transform their social reality in the university into a theatre of performance.

Referring to the empirical methodology of analysis, this thesis uses disability discourse analysis as a method to underpin the influence of the consumerist rhetoric on sustaining dyslexia, and its subsequent influence on university students classified with dyslexia. Both theoretical and empirical evidence will be collected to support the premises of this thesis, including qualitative surveys (QS) and statistics collected using FOI requests. The qualitative surveys were used because they enable me to explore the inconsistency between the experiences expressed by students identified as having dyslexia and how these experiences are represented in HE.

Statistics were collected to support the embeddedness of dyslexia as a political rhetoric. These data are protected under the General Data Protection Regulation (GDPR) and the Data Protection Act (2018) (for example, N direct, N.D). This chapter begins by exploring the philosophical and ontological philosophies adopted in this thesis including a discussion about my role as an interpretivist researcher. Then it introduces Goffman's (1956) theory of social performance and highlights its main criticisms. Empirical methods of analysis and data collection are also explored. At the end of this chapter, I propose four models to explore performers labelled with dyslexia in universities. The first model expands Goffman's (1956) theory of social performance, dividing these performers labelled with dyslexia into four categories. The second model is the role of the patient-shifting in the cycle of performance of dyslexia. The third model maintains the consumerist construct of dyslexia in HE. The final model is the role of the customer-shifting in the cycle of performance of dyslexia.

4.2 Philosophical and Ontological Perspectives

The current section will discuss the philosophical and ontological perspectives pertinent to the methodology of this thesis.

In order to interpret the responses that I collected from QS conducted by universities; this thesis adopts an interpretivist qualitative research paradigm. This paradigm will allow me to capture and accurately represent the subjective experiences of students labelled with dyslexia. Nguyen, Cao Thanh, and Thai Le Thanh (2015) support this argument, arguing that qualitative research usually creates a deep understanding of individuals or groups' personal experiences and explores the ways they ascribe meaning to a social or human problem. Therefore, this paradigm usually aligns with interpretivism due to its tendency to rely heavily on the subjective individuals or groups' interpretations of social reality. Interpretivism involves researchers' interpretation of the elements of the study; thus, interpretivism integrates human interest into a study. Linking this argument with the thesis, this paradigm enables me to develop a clearer understanding of how students labelled with dyslexia construct their social reality of dyslexia in HE. Therefore, the use of these QS collected from universities enables me to explore how students labelled with dyslexia create their understanding of dyslexia based on their experiences with this label in HE.

In the light of my stance as an interpretivist researcher, the aim of this thesis is to examine the underlying factors that shape the subjective social behaviour of students labelled with dyslexia in HE through analysing their subjective narratives expressed in the QS collected via FOI requests, which will be explored in Section 4.3. Using the interpretivist paradigm, I attempt to interpret the experiences of these students through revealing the subjectivity of their experiences with their label according to how they were expressed in the surveys through open-ended questions. According to Lundberg, De Leeuw, and Aliani (2020), subjectivity in educational research refers to the study of personal beliefs and experiences that are associated with a particular phenomenon in society. This means that subjectivity is "an empowering tool that is used by educational researchers to investigate a phenomenon through examining the personal beliefs and experiences of the individuals who are related to this phenomenon" (Scriven, 1972, p. 20). Linking Scriven's (1972) understanding of subjectivity as an empowering tool in educational research with dyslexia in HE, the use of subjectivity as an empowering tool in this research enables me to voice the experiences of students with dyslexia as accurately as I can revealing the subjective nature of their experiences with the label, which can be different from how universities represent them. Furthermore, adopting a constructivist point of view enables me to distinguish between the biomedical and socially-constructed perspectives of dyslexia because it helps me to develop a deeper understanding of the impact of this difference on the experiences of students with dyslexia with the label in HE. According to Glaser (2007), a constructivist grounded theory assumes that people create and maintain meaningful worlds though dialectic processes of conferring meaning on their realities and acting within them. Consequently, in this thesis, I distinguish between the perception of dyslexia as a biomedical condition that needs to be fixed and as a socially-constructed phenomenon that can be associated with literacy skills, which can have a significant influence on the experiences of students with dyslexia with their label. This influence is manifested through interpreting how these students construct their identity that revolve around dyslexia as patients in HE. This construction reveals the distinction between these two perspectives of dyslexia by showing how universities construct the biological discourse of dyslexia and how these students construct their patient identity. Hence, I play the role of the interpretivist researcher who tends to examine and analyse the factors that shape the experiences of students labelled with dyslexia in relation to their subjective perception of their social reality. This adoption of the interpretivist paradigm necessitates to explore the epistemology adopted in this thesis.

This thesis adopts a constructivist epistemology, arguing that dyslexia is socially-constructed in general and in HE in particular. Within the context of HE, dyslexia is usually constructed as a form of impairment or service to satisfy the needs of universities to promote social inclusion. This association between the social construct of dyslexia and HE resonates with Groff's (2012) argument about the biased nature of social and political philosophies (for example, modernity brought with it the rejection of powers). Using its constructivist epistemology stance, this thesis brings with it new interpretations of dyslexia and its underlying biased political philosophies within (for example, labelling, social inclusion, marketisation, and consumerism).

Adopting a constructivist philosophy reveals the subtle relationship between it and the structuralist ontological stance that I adopt as an interpretivist researcher to question the use of the label of dyslexia to categorise students labelled with dyslexia. The resulting argument is that students' social reality is subjective depending on the nature of their experiences with their label in HE. In this light, Groff (2012) argues that the biased nature of social and political philosophies has a strong influence on the researcher's epistemological and ontological stances, highlighting their subtle relationship. Within this thesis, the existent political philosophies that shape the HE sector (for example, marketisation, social inclusion, and therapization) can influence my choice of the epistemological and ontological stance to align with my role as an interpretivist researcher. As a result of these biased socially-constructed political philosophies, I adopt a constructivist and structuralist epistemological and ontological stance that enable me to underpin the constructs of dyslexia and their influence on the experiences of students with dyslexia with their label. The constructivist philosophy of this thesis is supported by Collinson's (2016) perception of dyslexia as a form of lexism, and Macdonald's (2006) association between dyslexia and social class. Each of these authors construct their argument about the nature of the social constructs of dyslexia in society differently. For Collinson, dyslexia is a socially-constructed phenomenon, attributed to biological impairment and lexism. In contrast, Macdonald associates dyslexia with the "Disability Movement", "Disablement", and "Societal Prejudices" against people labelled with disability, defining it as a form of disability associated with social class (see Appendix 2 for the movement of the individuals identified as having disability). Like Collinson and Macdonald, this thesis suggests that dyslexia is a socially-constructed phenomenon. However, it goes beyond this argument by posing that dyslexia is a type of role performance that students labelled with dyslexia choose to play in HE, which can be also influenced by their subjective experiences with the label of dyslexia. Consequently, in this thesis, I will examine the influence of the constructs of students labelled with dyslexia in HE using Goffman's (1956) theory of social performance as the theoretical framework and collected empirical data for the purpose as well (will be discussed in Sections 4.3 and 4.4 respectively). Thus, I regard dyslexia as a socially-constructed phenomenon that shapes the beliefs of students identified as having dyslexia and their relationship in HEIs as social performance. The implications of this performance on the social class of performers labelled with dyslexia in HE have not been explored in the literature to date. However, I do not examine the relationship between the influence of marketised educational inclusion policies on the social behaviour of students classified with dyslexia and social class. Nonetheless, the potential implications of social class on students identified as having dyslexia in HE are highlighted in Chapter 5, discussing the possibility of future studies in this area. The constructivist epistemology leads to the adoption of a structuralist ontological stance, enabling me to achieve the aims of this thesis.

The adopted structuralist ontological position aligns with the subjective nature of the individual's perception of social reality. Opie and Sikes (2014) interpreted social reality as a subjective concept. Their interpretation is employed to examine the social performance of students classified with dyslexia in relation to their label as a partial explanation for their social reality. Thus, the social behaviour of university students identified as having dyslexia can be regarded as subjective as it is dictated by their attitudes towards the label of dyslexia. Furthermore, I predict that these attitudes are usually based on belief, scepticism, or hesitancy. Those who believe in the label of dyslexia are confident about its ability to help them to gain advantages (for example, access to support services as they perceive dyslexia as a strength), which aligns with Bacon and Bennett's (2013) perception of dyslexia as a strength and the tendency of some students labelled with dyslexia to study art. In contrast, students labelled with dyslexia who adopt a sceptical attitude question the ability of the label to help them to succeed in HE and think it may place them at disadvantage (for instance, by stigmatising them). They perceive dyslexia as a weakness, which was pointed out by O'Byrne, Jagoe, and Lawler (2019). Finally, students labelled with dyslexia who adopt a hesitant attitude towards their label do not completely reject or accept this label. These attitudes shape the social behaviour of students labelled with dyslexia as a subjective "social performance". Real-real performers labelled with dyslexia construct their social reality using a positive influence of their identity revolving around dyslexia. In contrast, cynical-cynical performers labelled with dyslexia construct their social reality using a negative perception of the label of dyslexia as an unhelpful label. Hence, these two categories of students identified as having dyslexia can interpret their social reality differently based on their subjective understanding of dyslexia.

4.2.1 The Pillars of Goffman's (1956) Theory of Social Performance

The main concepts of Goffman's (1956) theory of social performance are the nature of the performer, the audience, and the front (the imaginary theatre of performance). According to Goffman (1956), the individual is perceived as both a performer and character. Thus, when an individual is in the immediate presence of others, their actions have a promissory character. This means that the individual can be perceived as a performer who plays a particular role. Whereas the individual as a character refers to the belief in possessing the necessary requirements of a particular role. For Goffman, individuals produce performances rather than things (Schudson, 2012). In other words, individuals' behaviours are usually demonstrated in performances rather than just actions taking place in a particular setting. The setting can be divided into three main areas (front stage, backstage, and off-stage), which have different effect on the individual's social performance. At the front stage, individuals play their roles that are usually dictated by social norm as the audience will judge the suitability of their roles with social decorum. However, at the backstage, individuals usually play their roles freely as they are not governed by social norms in this area. They may therefore reveal characteristics that would not appear in the front stage performance (i.e., be themselves and get rid of the roles they play in front of others). In contrast, at offstage, where individual actors meet the audience members independently of the performance of the team on the front stage (i.e., interacting with the audience away from the front stage), specific performances may be given when the audience is segmented as such. This means that social interactions can be described as a theatrical performance where individuals play different roles in front of audience that change depending on whether these roles are performed on the front stage, backstage, or offstage (Goffman, 1956).

In the case of dyslexia, the individual labelled with dyslexia is perceived as a performer, and the manifestation of dyslexia is perceived as the characteristics dictating the nature of this performance. Therefore, humans do not construct their reality from scratch; rather, they engage frames within a pre-organised and ascribed meaning to their experiences in a social situation (Lorino, Mourey, and Schmidt, 2017). Students classified with dyslexia in HE construct their social reality based on the frames associated with biological and consumerist discourses constructed in universities. These students identified with dyslexia attach their social interaction with the meaning of impaired individual and the consumer, leading to shape the nature of their experiences in universities. This performance is built on "the social interaction" of performers labelled with dyslexia engaging with the ascribed meaning created by these discourses in universities. Consequently, the roles that these students labelled with dyslexia play in front stage (university) are governed by these discourses and the social norm including the values promoted in universities (i.e., dyslexia as a gift). Whereas in backstage (i.e., among performers labelled with dyslexia) these students play their roles without being censored by the social norm.

Therefore, the current thesis goes beyond Garrett, Coupland and Williams' (2003) definition of performance, which refers to the story events usually recorded for later evaluation and highlighted as performance events apart from linguistic behaviour as this thesis does not focus on the performance of students classified with dyslexia in their language skills. However, it poses that dyslexia is a social role that students labelled with dyslexia tend to play depending on their attitudes towards the label that usually determines the type of the identity that revolves around dyslexia that they tend to develop and their interactions within the university. This meaning of performance also goes beyond Carlson's (2017) description of the word performance as "display language skills", which can be demonstrated in asking how well a child performs in school, adopting Carlson's other description of the word as "adopting cultural patterns", which refers to the recognised coded type of a particular behaviour in a specific culture. The meaning of performance in the current thesis suggests that students labelled with dyslexia perform the role of dyslexia according to their subjective understanding of dyslexia as a social role rather than a linguistic achievement. This social role is governed by the culture of neurodivergence and stigma (i.e., dyslexia as a gift or dyslexia as a deficit or impairment that can lead to failure). Furthermore, similar to dyslexia, the concept of "performance" is biologised (Smith et al., 2014). Performance within modern English society becomes heavily influenced by mastering language skills, particularly literacy. These skills become an essential part of the cultural norm and lexism, which is the "Performance that Revolves around Dyslexia". Concomitantly, students labelled with dyslexia spend part of their time in the presence of their supportive/unsupportive lecturers and dyslexia assessors impacting their identity and performance of dyslexia depending on the nature of their attitudes towards the label (i.e., positive, negative, realistic). Thus, these students who can be described as social actors perform their roles by displaying their attitudes in relation to social manner, which was explored by Maynard's (1991) when they discussed the role of audience in Goffman's theory of social performance.

Describing the social interaction between social performers and audience, an individual may be interested in controlling the conduct of their audience, especially the way this audience treats them. This control is usually established by influencing the definition of the situation the audience formulate. The behaviour of these individuals usually resembles theatre performance creating an analogy of theatre performance, where actors consider themselves successful when they can draw the attention of the audience towards them (Goffman, 1956). Consequently, each individual’s performance is derived from the importance of social interactions to human beings in society. In extreme cases, performers may accept the pre-existing role as their reality or reject it. The performer who accepts their reality is a “Real Performer” who believes in the reality of their performance of the pre-existing roles. This performer is usually asked to believe that the character they see has the characteristics they seem to possess. In line with this, it is believed that this real performer plays their role to benefit other people. This performer usually believes in the impression given by their performance, which Goffman (1956) describes as sincere. “Sincere Performance” refers to the role play that becomes a part of the individual’s reality. Conversely, a “Cynical Performer” rejects the pre-existing role. This performer usually questions the impression given by their performance, which Goffman describes as “Insincere Performance”. This performance refers to the role play that becomes distinct from the individual’s reality. Nevertheless, not all cynical performers, who question the reality of their role, are interested in or trying to deceive their audience; they may deceive their audience for what they consider to be for the good of the audience or community (Goffman, 1956). In the same manner, the current thesis posits that students labelled with dyslexia try to control the audience by drawing the audience’s attention to their performance in HE which can be described as sincere, insincere, or Realistic (will be discussed in Section 4.4).

These extreme cases of performers align with Gingrich’s (2013) observation on the nature of “Impression Management” in social performers’ successful performance. Gingrich states that “much of this work is hidden. [Thus] one of the tasks of the sociologist is to observe social situations in order to make more visible some of the unexamined aspects of encounters” (p. 15). These extreme roles of performance proposed by Goffman (1956) can be linked with the medical model (Nagi, 1965) as each of them emphasises a different type of performance. Goffman’s perception of performance can be described as a social performance, but Nagi’s perception of performance can be described as a “Biological Performance” focusing on the inherent nature of the impairment. In the current thesis, the analysis of Goffman is affected by the medical model as it explores the social behaviour of students labelled with dyslexia in the light of constructing dyslexia as a disability in HE, questioning the biological root of dyslexia and its influence on students classified with dyslexia in HE.

Within social performance, the audience refers to the individuals interacting with the performers in society. Throughout performances, the audience attempts to seek or acquire information about the performer or use information it already possesses about them. It depends heavily on the information performers convey to the audience. Hence, the audience responds negatively by applying untested stereotypes, particularly if it does not have enough information about the performer. An audience is usually described as active (Goffman, 1956). This active audience judges the sincerity of the performance of social performers in society. The role of the audience in society is highly important as the reactions of this audience are more important than the social behaviour or the performance itself. In other words, the reactions of the audience determine how the performer is judged based on the nature of their performance (Kronick and Thomas, 2008). This judgement influences the relationship between the audience and the performer, which cannot be shaped through analysing the social behaviour or the performance itself. Therefore, the social behaviour of supportive/unsupportive lecturers and dyslexia assessors is crucial in understanding the influence of the constructs of dyslexia on students labelled with dyslexia in universities.

Polak (2007, p. 4) states, “the function of the role of the audience in this context [the imaginary theatre where social performance occurs] is to witness and socially validate the presentations of performing individuals or terms of interaction”. Thus, the function of this audience is linked with social decorum. The audience in Goffman’s (1956) theory becomes the witness of the social interaction where it judges the suitability of the presentations of performance with what can be described as social decorum. This audience’s interactions are governed by social decorum, approving of what conforms with social norms and disapproving of what does not (Mernand, 2016). Essentially, an individual projects the identity they wish other people to see (Sharrock, Hughes, Pratt, and Martin, 2003). Students classified with dyslexia behave in HE in the way they prefer to be seen by their audience, interacting with their audience while playing a particular role depending on their held attitude towards the label of dyslexia. This definition of impression indicates that each individual’s performance is marked by their continuous presence in society associated with their ability to conform to social norms.

Finally, as the front, also known as the setting, is where social interaction occurs, the front is the situation for the audience (Goffman, 1956). The front is the expressive equipment, such as emotions and energy, that an individual employs during their performance. It has many elements, including furniture, decor, physical layout, and other background items supplying the scenery and the stage for the performance. Information about the performer usually defines the situation, enabling the audience to know what is expected from the performer and the audience. Many sources of information about the performer become signs conveying this information. The presence of these signs depends essentially on the nature of the impression given (Goffman, 1956). Goffman (1956, p. 7) develops his account of the given impression stating that "the individual is likely to present [themselves] in a light that is favourable to [them]". Quist-Adade (2018) argues that Goffman posits that the structures in the micro-order provide the settings where social interactions take place. Micro-order structure revolves around the order leading to shape face-to-face behaviour and interaction among individuals. Consequently, the front is crucial in social performance as performers cannot correctly play their pre-existing social roles without it (Goffman, 1956).

Within the context of HE, the importance of the front can be seen in Addis' (2020) attempt to identify the uptake of Disability Student Allowance (DSA) support by students labelled with disabilities in a HEI, solely within an art and design faculty in an English university. Receiving the help these students get after obtaining the DSA can be demonstrated by a chart showing the process of applying and receiving DSA support in English HEIs, but the efficacy of using this chart to satisfy the needs of students labelled with dyslexia is questionable. In this light, Addis (p. 13) stated that "The support type most frequently allocated to students was specialist 1:1 study skills support, with 86 % of students being allocated this type of support". Linking this chart with Goffman's theory of social performance, this DSA support depicts the expressive tool of performance as the disability support enables students labelled with dyslexia to perform their role successfully in their university. However, for the purpose of this thesis, the term "the imaginary theatre of performance" is used to analyse the influence of the constructs of dyslexia on universities as I believe it portrays the analogy more clearly to the reader. "The tool of performance" is used to investigate the nature of dyslexia as an expressive tool of performance. The university becomes the "imaginary theatre of performance" and marketisation reforms become the front governing the "performance of dyslexia". This front can be linked with Clayson and Haley's (2005) justification for the universities' creation of the consumerist paradigm for good intentions becoming the front that dictates the rules of the performance of dyslexia. The front can also be associated with Tomlinson's (2017) consumerist paradigm, becoming the front that dictates the rules of performance in the university as a part of marketisation reforms in HE. Consequently, performers labelled with dyslexia can be presented differently depending on the context they are in (will be discussed in Section 4.4).

4.2.2 Criticisms of Goffman's (1956) Theory of Social Performance

Goffman's work has received support and opposition in the literature. On the one hand, King (1973) argued that Goffman's work can be described as having strong roots. King described the analogy of performance and the theatre of performance as "old one" (i.e., used before in sociology). On the other hand, according to Posner (1978), the theoretical and methodological approaches that Goffman adopted are vague, with a questionable alliance to any school of thought making his philosophical approach less clear and harder to apply to studies. To clarify, he uses an introspect model of social behaviour in his social analyses, but does not reflect on himself as an academic. An introspect model refers to an objective analytic process that involves training people to self-reflect so that, when presented with external stimuli, they can explain their thoughts, feelings, experiences, and sensations. For instance, Randal and Makowsky (1972) viewed him as a political radical. Whereas Dawe (1973) viewed him as a middle class conservative. This inconsistency is because Goffman does not reflect a lot about his political perspectives as a researcher (Posner, 2000). Posner (1978) maintained further that this lack of alliance results from an interest in everyday life interactions, rather than theoretical and methodological debates. According to Posner, this lack of interest makes him mistakenly look arrogant and unappreciative of the scholarship value of different theoretical and methodological debates.

A second limitation highlights the obscure political meaning for the theory of social performance. This obscured political meaning refers to the pre-ascribed meaning of a particular performance usually associated with particular rules dictated by a specific political agenda, which is usually associated with particular social norms transformed to political ideologies governing particular society. However, this political meaning can be criticised as being obscured because the nature of the system in Goffman's work is not clear. The system here refers to the discourses dictating the ascribed meaning influencing social performances (Shalin, 2021). In clarification, Goffman's methodology in sociology is taken without a "metaphysics of hierarchy". The official hierarchy refers to the stratification system categorising individuals according to their wealth, income, education, and family background (Gouldner, 1970 as cited in Young, 1971). However, the question of the political meaning behind the hierarchal sociological perspective remains unanswered for two reasons. Firstly, the lack of clarity about the nature of the system (for example, therapeutic, educational, or economic). Secondly, the ambiguity of the political meaning of the metaphysics of hierarchy that results from Goffman's failure to sustain the official hierarchy. Gouldner (1970, as cited in Young, 1971) argued that Goffman was against this stratification system.

A third limitation of Goffman's (1956) theory of social performance can be associated with the act of blurring the boundaries between social reality and performance, leading to the inauthentic portrayal of individuals' realities by representing them as social performers. Wilshire (1982) supports this argument by maintaining that theatrical performance employed by Goffman "smuggles" the notion of role playing into the fictional portrayal of the performer, escaping our guilt of unavoidable role playing. This guilt stems from our realisation that the role we play off-stage is an illicit version of the legitimate role we play on stage creating a sharp division between stage performance and off-stage performance. Walsh-Bowers (2006) agrees with Wilshire on the dangerous nature of Goffman's dramaturgical model of behaviour, arguing that Goffman's theatre analogy creates a sharp division between the performance of the social role an individual play and their sense of reality. Walsh-Bowers further argues that this division leads to individuals being portrayed as "theatrical actors", which are usually depicted by social scientists and clinicians as character-disordered theatrical individuals. This depiction means that these individuals lack the sense of reality, like performers in the dramaturgical model of behaviour that Goffman develops posing a serious threat to the authenticity of the subjective realities of individuals through posing that their realities are performances (Walsh-Bowers, 2006). Relating this critique to performers who play the role of dyslexia in HE, perceiving dyslexia as a performance can destroy the authenticity of the experiences of these students, suggesting that their dyslexia is constructed as a role performance rather than a real disability for these critics. This means that real-real performers identified as having dyslexia are the most likely category of performers to suffer from the destruction of the authenticity of their experiences of dyslexia in HE due to their strong belief in the authenticity of their experiences with the label of dyslexia.

4.3 The Empirical Method of Analysis and Data Collection Strategy

The current thesis uses disability discourse analysis as a method to analyse the influence of biological and consumerist rhetoric on sustaining dyslexia and the subsequent impact on students identified as having dyslexia in universities. Disability discourse analysis is used to analyse statements and phrases (i.e., statements and phrases on university websites, available e-policies, and QS in HE accessed via FOI). Discourse refers to the way knowledge is constructed in relation to a particular social pattern (Foucault, 1972). Two main discourses are used in the analysis, namely biological and consumerist discourses. Biological discourse is used to analyse phrases depicting students identified with dyslexia as patients who need service as a form of therapy. Consumerist discourse is used to interpret phrases describing dyslexia as a form of consumed service. These discourses become a method of analysis of the empirical data of this thesis, which can be associated with disability scholars in the field of disability studies.

Disability scholars are always interested in analysing disability discourse as this discourse has changed profoundly in many societies (Grue, 2014; and Oliver, 1996). In relation to this thesis, this means that the discourse of the constructs of dyslexia in universities caused by WP policies and the consumerist paradigm is dictated by ableism discourse (see Naidoo Shankar and Veer, 2011; and Tomlinson, 2017 for discussions about marketisation and consumerism paradigm). Ableism discourse was defined in Chapter 2. Therefore, disability discourse analysis is used in this thesis to explore the political and social roles by analysing the language used through interpreting the consumerist discourse, drawing on “marketisation reforms”, “consumerism”, and “commodification”. Social pattern can be exemplified in the language used to describe dyslexia in universities that is governed by a particular discourse (for example, biological). Hence, universities construct their knowledge of dyslexia using either the biological discourse shaped by the medical model of disability, or the consumerist discourse shaped by the consumerist paradigm in HE (for example, Nagi 1965; and Tomlinson 2017). This approach of discourse analysis is adopted throughout the current thesis as the social and political roles are explored through analysing the influence of the constructs of dyslexia on the relationships of students labelled with dyslexia with the university.

Disability discourse analysis, like every research method, has benefits and limitations. Highlighting these benefits and limitations enables me as a researcher to deconstruct the ontology of dyslexia as an impairment (see, Riddell and Weedon, 2013 as an example of the perception of dyslexia as an impairment that needs an assessment/diagnosis). This method allows me to understand how dyslexia influences the self-identification of students labelled with dyslexia in HE as a constructed disability. This purpose could not be achieved using thematic analysis because thematic analysis potentially misses rich data by ignoring the data that do not align with particular themes. For example, some challenging experiences of some students identified as having dyslexia that do not fit into specific themes such as accepting dyslexia as an identity aspect, and reducing the stigma around dyslexia (for example, Hamilton-Clark, 2022). As such, the experiences of students classified with dyslexia who may be hesitant to align to the disability and consumerist discourses in HE may not be included. Moreover, it enables me to identify the role of hegemonic discourses in HE to construct the identity of students classified with dyslexia revolving around dyslexia. It enables me to understand how a construction of an identity revolving around dyslexia advocates the existence of dyslexia within the HE system becoming perpetuated within this system. Understanding this influence enables me to understand the effect of performance of dyslexia on students labelled with dyslexia and their relationship with lecturers, dyslexia assessors, and universities. The existence of this performance of dyslexia can be regarded as a political rhetoric that shapes the constructs of dyslexia in HE.

Educational studies demonstrate the increasing influence of discourse through policies and research (Maclure, 2003 as cited in Edwards Nicoll Solomon and Usher 2004; and Wilcox 2021). Maclure (2003 cited in Edwards, Nicoll, Solomon, and Usher, 2004) used a wide range of educational and policy texts, ethnographic interviews, press articles, videotaped lessons, informal chat, and parent-teacher consultation to problematise power identities and realities in a discourse by deconstructing them. Maclure's evidence demonstrates the limitations of discourse-based orientation to educational research. The current thesis aims to demonstrate the influence of the biological and consumerist discourses, emphasising the perception of dyslexia as a form of a deficit and a consumed service. This perception is associated with the constructs of dyslexia underpinning the influence of these discourses on students labelled with dyslexia in universities. These discourses are used in the thesis as follows. The biological discourse is used to analyse the influence of the medical model on the language used to describe the support services offered to students classified with dyslexia as patients in universities. The consumerist discourse is employed to describe the hegemony of the consumerist practices on the label of dyslexia transforming it into a consumed service in universities. The use of these discourses creates a political rhetoric of dyslexia within universities in England focusing on sustaining the existence of the constructs of dyslexia using these discourses. This use sustains these interests transforming dyslexia to an embedded politicised socially-constructed concept in HE.

Thus, this method of analysis enables me to understand the influence of these discourses on the constructs of dyslexia in HE as a type of political rhetoric, that is, the politicisation of dyslexia. For example, Pateisky (2021) argues that advocacy groups identify themselves using a "linguistic toolkit", which identifies their problems and aims. "Linguistic toolkit" refers to shared linguistic tools that can arise spontaneously with a collective shared cause "and they can be used to distinguish the group from external actors or even an ideologically defined 'enemy'" (Pateisky, 2021, p. 31). Politicisation occurs through association with the medical model and the "student as a consumer" paradigm as a method to sustain the interests of education policymakers and university stakeholders to promote social inclusion. These interests are maintained through the implementation of marketised educational inclusion policies. Nonetheless, the act of writing or underpinning a rhetoric is significantly challenging. Edwards, Nicoll, Solomon, and Usher (2004) argue that an individual faces challenges when attempting to write a rhetoric, which can be defined as an act of persuasion where the author attempts to convince the audience about a particular issue.

It is hoped that the concept of performance of dyslexia will offer a novel understanding of the embeddedness of dyslexia within HE. Dyslexia has biological and consumerist constructs used to arouse the interests of education policymakers and stakeholders in universities to promote the HE system as inclusive institutions. Thus, dyslexia becomes embedded in universities. This embeddedness reveals the biased nature of dyslexia, building on Shakespeare, Watson, and Alghaib's (2017) argument about disempowering individuals labelled with disabilities in English society, and Snowling's (2013) perception of dyslexia as a biological deficit. Therefore, the questions posed in the current thesis can be answered clearly using Goffman's (1956) theory of social performance as the theoretical lens. This lens is used to explore the effect of the constructs of dyslexia on the way students identified as having dyslexia perceive social reality as well as its influence on their relationship with universities as the imaginary theatre of performance aligning with Sikes and Goodson’s (2003) argument that social reality is subjective, which individuals shape differently based on their experiences. His theory offers a new approach to the interpretation of the influence of the constructs of dyslexia on the subjective social behaviour of students labelled with dyslexia. Consequently, I am also interested not just in questioning the nature of dyslexia as a constructed impairment but also in examining its influence on the subjective social behaviour of university students classified with dyslexia. Hence, this thesis attaches therapeutic and consumerist political meanings to the nature of the social constructs of dyslexia in universities. These political meanings are attached due to their association with the medical model informing disability support processes in HE (see Addis’ (2020) DSA chart as an illustration for the presence of these political meanings in HE). These disability support processes are dictated by Tomlinson’s (2017) consumerist paradigm in HE.

With regards to data collection strategy, both theoretical and empirical evidence was collected to support the premises of this thesis. The COVID-19 pandemic limited my research method options. I had initially considered phenomenological analysis as it aligns with my structuralist ontological position regarding the subjective nature of social reality, and could therefore enable me to explore the subjective experiences of students labelled with dyslexia. However, I did not use it because it did not allow me to explore the juxtaposition in what the surveys are telling the universities about the experiences of these students and how universities represent these experiences in their promotional material. Additionally, it was impossible to use this methodological approach as face-to-face interactions had ceased due to the pandemic. A hybrid approach was not used as “students’ focus groups and statistical analysis” (Xu and Zammit, 2020, p. 23), for example, do not allow me to explore the inconsistency of the representation of the experiences of students with dyslexia in HEIs (i.e., real-real performers labelled with dyslexia are overrepresented while the others such as cynical-cynical performers labelled with dyslexia are underrepresented). Additionally, I have not interviewed students with dyslexia online because these online interviews do not allow me to explore the paradox of the representation of the experiences of these students among them and in disability support policies adopted by universities, which I could explore through collecting disability support policies e-documents and QS from universities. Therefore, QS already conducted by universities were analysed instead as a way to adapt to the pandemic, allowing me to explore how this juxtaposition represents the interest of universities to promote social inclusion. Even obtaining FOI requests was challenging because universities had greater priorities, such as setting up their remote-working routines. Thus, many universities provided late responses.

The empirical evidence within this thesis will be obtained from 110 universities collected via three methods. The inclusion criteria of the universities approached for collecting the data were the following: (1) universities that emphasise constructing dyslexia as a form of disability and consumerist service on their websites; (2) universities that develop marketised social inclusion statements that clearly describe their inclusion process of students with dyslexia on their websites; (3) universities that develop support policies that clearly address the needs of students with dyslexia and provide a clear description of the adjustments provided for them on their websites (4) universities that conduct QS surveys between 2016-2021 to examine opinions held by students with dyslexia about dyslexia support services as some universities do conduct these surveys; (5) universities that produce statistics about their students with dyslexia separately from 2016-2021.

The first method of data collection is a comprehensive survey of university websites. I will analyse the hegemonic presence of the biological and consumerist discourses of dyslexia on 30 university websites in order to interrogate the impact of this hegemony on dyslexia constructs in HE. Twenty universities are chosen as they tend to describe dyslexia as a form of disability and consumed service aligning with the previously discussed inclusion criteria. Employing the same method, a comprehensive survey of 10 universities' statements of social inclusion from their websites is conducted because these universities are the only ones which have stated their social inclusion statements clearly in their websites. These statements and phrases will be used to analyse the influence of marketisation and social inclusion on the constructs of dyslexia in HE. Five universities are chosen due to the clarity of their statements about social inclusion.

The second method is an analysis of 20 universities' "marketised educational inclusion" policies. A wide range of 20 disability support policies are reviewed. Ten disability support policies are included because they meet the inclusion criteria. These criteria are the existence of a clear explanation of the reasonable adjustments for students identified with dyslexia. In other words, for policies to meet the criteria they need to include explanations about the reasonable adjustments placed for the students with dyslexia. These marketised educational inclusion disability support policies will be analysed to measure their influence on the constructs of dyslexia impacting performers labelled with dyslexia in universities. Collecting the marketised educational inclusion disability support policies from 20 universities enables me to carry out a novel analysis on the influence of these policies on the social performance of students classified with dyslexia in their universities. Many of the studies in this field are dominated by the biological discourse perceiving dyslexia as a form of inherent impairment (for example, Chen Zheng and Ho 2019; Stoodley and Stein 2013; and Witton et al. 2020). The limitation of this method is the potential subjective nature of the data. This subjectivity can influence the nature of the analysis of the performance of performers labelled with dyslexia, questioning the nature of these marketised educational inclusion disability support policies in universities. The inconsistency between their promotion and application in practice reflects a potential subjective construction of social reality, which was explored by Opie and Sikes (2014). Indeed, this subjectivity can also be linked with the structuralist paradigm I adopt in this thesis, believing in the biased nature of reality of dyslexia. This issue is also common in social sciences in general; Kettley (2012) posits that there is no objective paradigm within social sciences, making the adopted paradigms not universally shared within communities of practitioners.

The third data collection method is the FOI requests, which were used to collect QS about the opinions of students labelled with LDs, including only those labelled with dyslexia, regarding the efficiency of support services they were offered by their universities. The universities approached through FOI are chosen based on their geographical location in England. Those that were not located in England, or could not provide this data are not included in the sample. Following approaching these universities, the included ones are all universities that have conducted QS between 2016–2021 about the opinions of students with LDs including only those classified with dyslexia concerning the quality of support services provided for them. In total, QS from 40 universities conducted between 2016–2021 are collected. Twenty universities are chosen as they provide clear evidence to support the presence of the categories of performers labelled with dyslexia. These data will be used to explore the existence of the categories of performers labelled with dyslexia in universities. FOI requests for QS about the opinions of students with LDs including only those labelled with dyslexia will enable me to support the existence of different categories of performers labelled with dyslexia in universities. The existence of these categories will be supported by shedding light on their opinions about the usefulness of support services to sustain their needs in university. In contrast, opinions of students classified with dyslexia may be brief by potentially not reflecting the true belief of some students classified with dyslexia, leading to miscategorisation.

FOI requests are also used to collect statistics about the numbers of students with dyslexia in 20 universities between the years 2016–2021 as these are the only universities that have provided me with their statistics about students labelled with dyslexia, which not all universities have done. This range of time is chosen because there has been available statistics about the numbers of students classified with dyslexia in a separate category in this range that have not been available for different ranges. Statistics about the number of students labelled with dyslexia are collected from a wide range of universities (20 universities), but only 10 universities are included as they have provided statistics in the range required in the study because the embeddedness of the label of dyslexia cannot be investigated through scattered range of statistics (for example, 2014, 2012, 2020). Statistics about the number of students labelled with dyslexia in universities will enable me to reveal the embeddedness of the social constructs of dyslexia. This embeddedness is revealed by associating these constructs with the increasing numbers of students labelled with dyslexia, which are dictated by biological and consumerist discourses. However, the method cannot be used to analyse the interaction between students classified with dyslexia in universities and universities themselves as data regarding the numbers of students identified as having dyslexia lacks important nuance regarding social behaviour (for example, attitudes).

This study is theoretical in its nature. However, data collected from FOI requests (QS and statistics) are empirical in nature and protected under the GDPR and the Data Protection Act (2018) (for example, N direct, N.D). I used FOI requests as a data collection method instead of directly interviewing students labelled with dyslexia as direct interviews were not possible due to the pandemic. Thus, this study is rather unconventional, making a discussion of its ethical implications somewhat challenging. For example, I do not gain consent directly from the students who took part in the surveys. Instead, in order to protect the students' anonymity, the universities gained their consent to share their experiences on my behalf. Any researcher holds a responsibility towards the community of educational researchers. Educational researchers refer to all who are engaged in educational research, including students following research-based programmes of study and independent researchers, as well as staff who conduct educational research in their employment within organisations such as universities, schools, local and national government, charities, and commercial bodies (The British Educational Research Institution [BERA], 2021). I, as a new researcher, hold the responsibility to protect the reputation of this research by conducting it to the highest possible standard. Therefore, this research is ethically conducted after gaining the ethical approval from the University of Derby (see Appendix 4 for the attached application and letter of approval for ethics obtained from the university). Another important aspect is the respect for researchers in the field of dyslexia who have adopted different paradigms from the one adopted in this thesis (for example, Stanovich 1994; Grigorenko et al. 1997; Stein 2018; and Williams et al. 2018). Therefore, it is not the aim of this thesis to discredit the scientific empirical studies conducted on dyslexia, as despite their different paradigm, they still have a significant value by making dyslexia recognisable to the public. A valuable contribution that cannot be denied. Finally, research should be ethically conducted and not brought to disrepute by falsifying, distorting, suppressing, and selectively reporting (BERA, 2021). I analyse the data I collected from universities in England ethically and cautiously without falsifying data, distorting, or selectively reporting it.

4.4 Models of the Nature of the Performance of Performers Labelled with Dyslexia

I propose four models to explain the social behaviour of the performers labelled with dyslexia in universities, proposing an explanation of what occurs in the hinterland (backstage) in the case of dyslexia in HE. The first model expands Goffman's (1956) theory of social performance, dividing these performers labelled with dyslexia into four categories, which are demonstrated in the figure below.

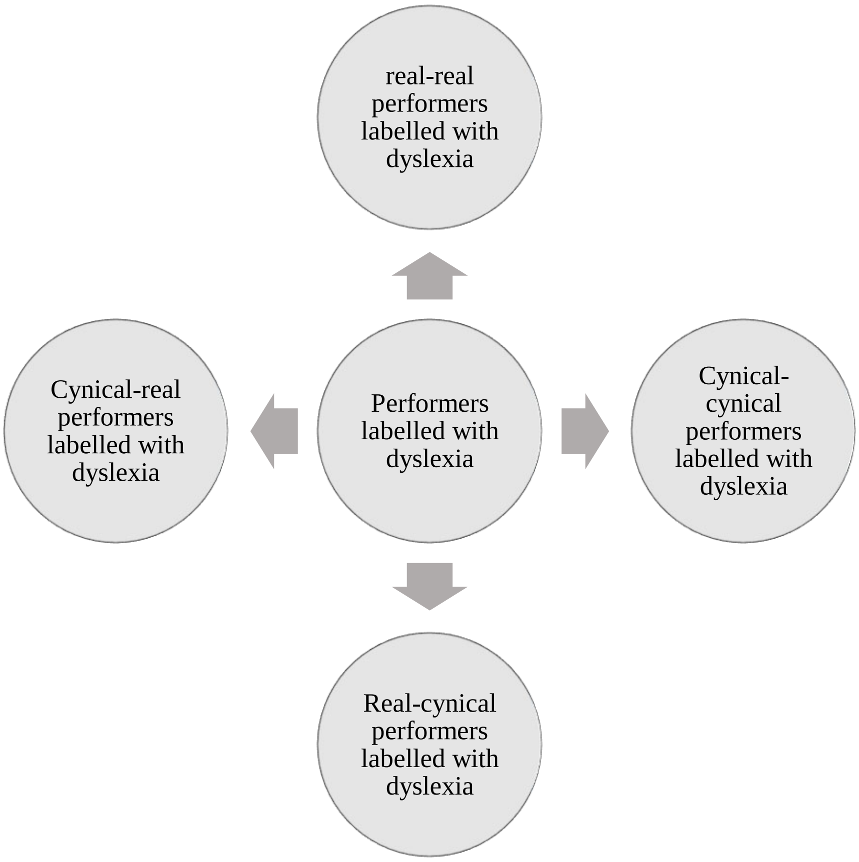

Figure 1 The development of the categories of performers labelled with dyslexia

The model above demonstrates the development of the interpretation of the social behaviour of the performers labelled with dyslexia generated from Goffman's concepts of real and cynical performers, expanding them into four main categories: "real-real performers labelled with dyslexia", "cynical-cynical performers labelled with dyslexia", "real-cynical performers labelled with dyslexia", and "cynical-real performers labelled with dyslexia" (see Chapter 3). This model proposes a novel definition of performance associated with constructing an identity revolving around dyslexia, building on Garrett et al.'s (2003) understanding of performance, which emphasises the recording of story events as performances and Collinson's (2016) argument about the nature of dyslexia as a form of lexism. In this model, "real-real performers labelled with dyslexia" believe in the reality of their dyslexia as a part of their identity and the efficacy of the label to support their need to achieve social inclusion in HE. Conversely, "cynical-cynical performers labelled with dyslexia" question the reality of their dyslexia as a part of their identity and the efficacy of the label of dyslexia to support their need to achieve social inclusion. Nonetheless, some students classified with dyslexia are more hesitant in their performance, becoming "real-cynical performers labelled with dyslexia" believing in the reality of their dyslexia as part of their identity. However, they question the ability of the label of dyslexia to support their need in HE for social inclusion. In contrast, others become "cynical-real performers labelled with dyslexia" who question the reality of their dyslexia as a part of their identity, but they believe in the ability of the label of dyslexia to support their need for social inclusion.

According to the second model, students labelled with dyslexia are influenced differently by the therapeutic ethos present within universities. Real-real performers labelled with dyslexia conform to the therapeutic ethos present in HE through their disability support (for example, Addis', 2020 flow chart of DSA funding). As a consequence, these performers play the role of the believer patient labelled with dyslexia, believing in the ability and intention of universities to support them throughout their study journey. Taylor et al. (2016) conducted a year-long longitudinal study in an English university to investigate support for students labelled with disabilities in universities. They concluded that proposed government changes, for example increases in the DSA funding available for students identified with disabilities, required changes in the nature of the efficacy support offered. Such changes included "providing non-medical helpers through external agencies; developing a dyslexia screening process; providing enhanced library services, including access to printers and scanners and assistance with assistive software; providing laptops with assistive software; making assistive software available in a limited form in computing laboratories; and more co-ordinated special examination provision" (p. 367). These proposed changes represent a clear example of the therapeutic ethos in universities with variable responses to this ethos from these students labelled with dyslexia in HE. Referring to real-real performers labelled with dyslexia, they believe that these changes are to protect their interests to belong as an empowered group in HE, playing the role of the believer patient labelled with dyslexia. In contrast, cynical-cynical performers labelled with dyslexia reject this therapeutic ethos and question the capability of their label to support them using disability support available in universities. These performers play, as a result, the role of the sceptical patient labelled with dyslexia questioning the capability and the intention of universities to support their needs. On the contrary, real-cynical/cynical-real performers labelled with dyslexia play the role of the hesitant patient labelled with dyslexia who are unsure about the ability or intention of universities to support them. Nevertheless, these categories of performers are not fixed categories; indeed, the performance is constantly shifting and can be described as a cycle of performance. This cycle of performance is depicted in the model below.

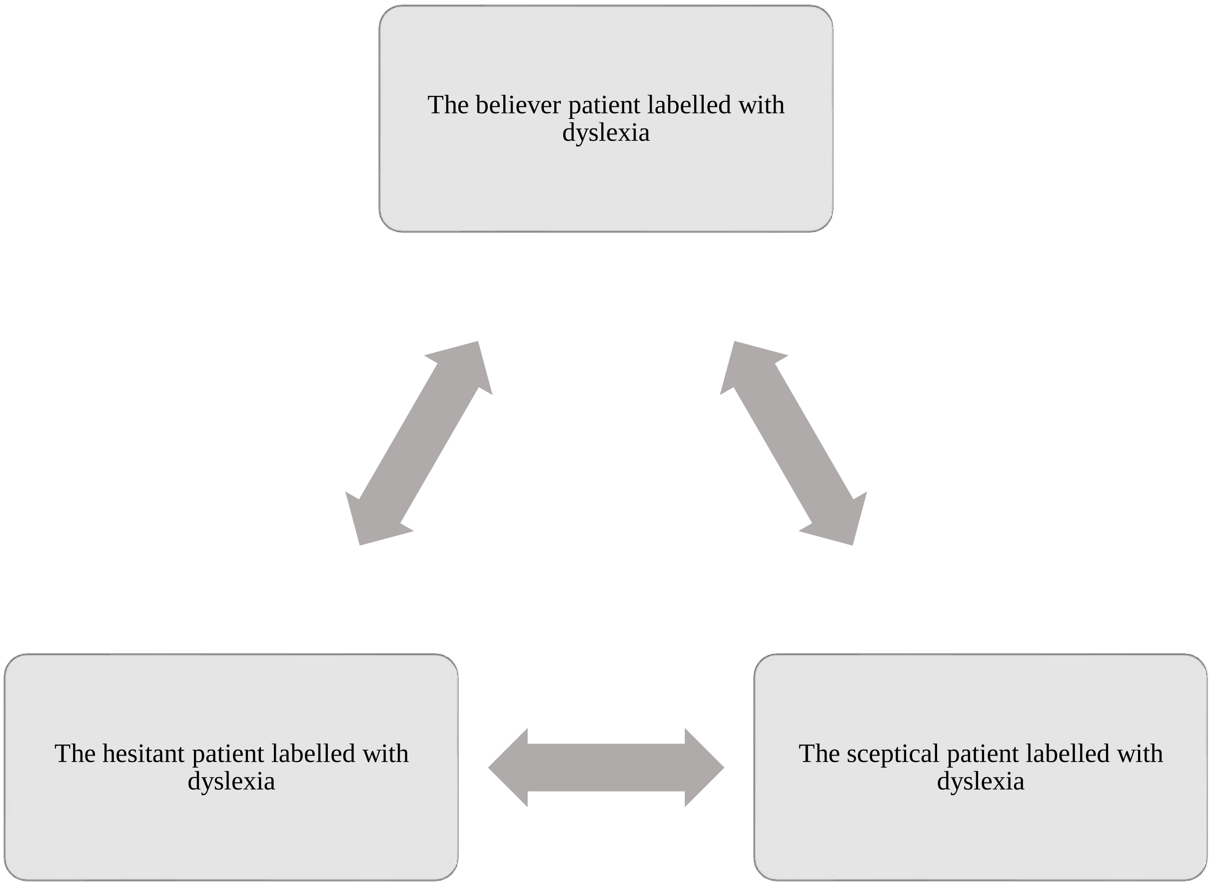

Figure 2 The role of the patient-shifting in the cycle of performance of dyslexia

This proposed model is based on Ecclestone's (2011) argument about the rise of the therapeutic ethos in education, Goffman's (1956) theory of social performance, and Nagi's (1965) medical model of disability. Nagi's model was originally developed to understand the pathology of disability as an inherent impairment where individuals labelled with disabilities are perceived as patients who conform to this model to understand the nature of their impairment (see Chapter 2).

The performance of the role of the patient shifts from one category to another depending on the nature of the experiences of students classified with dyslexia in universities. Real-real performers labelled with dyslexia, for example, shift from the category of the believer patient labelled with dyslexia to the category of the sceptical patient labelled with dyslexia if they experience hurdles in university. The existence of these hurdles is pointed out by Hamilton-Clark (2022), who found that 22 students classified with dyslexia out of 30 reported shifting from the believer patient labelled with dyslexia to the sceptical patient labelled with dyslexia category when they faced segregation in their learning journey due to their need for support in their learning, making them alienated in HE. In contrast, cynical-cynical performers labelled with dyslexia shift from the category of the sceptical patient labelled with dyslexia to the believer patient labelled with dyslexia if they have a positive experience concerning support provision in their university. However, there is no clear representation of the shifting experiences of cynical-cynical performers labelled with dyslexia from sceptical to believer patient labelled with dyslexia in literature, increasing the importance of this developed model to capture and validate these experiences in HE. This shift aligns with the strong tendency of universities to promote their marketised educational inclusion policies through creating an inclusive environment using WP policies (for example, Rushton, 2018). In a similar vein, real-cynical performers labelled with dyslexia also shift from the hesitant patient labelled with dyslexia category to the sceptical patient labelled with dyslexia category if they have a negative experience in their university. This shift in performance aligns with Arishi, Boyle, and Lauchlan’s (2015) stance against the usefulness of labels in assisting students labelled with disabilities by providing them with reasonable adjustments in education. These students can report a shift in their experiences with the label of dyslexia from being hesitant about the label to having negative experiences with the label because of the hurdles they may face in HE. Likewise, cynical-real performers labelled with dyslexia also shift from the hesitant patient labelled with dyslexia to the believer patient labelled with dyslexia category if they have a positive experience concerning supporting their needs in HE. This shift corresponds with Bacon and Bennett’s (2013) participant who reported shifting from being hesitant about the label to becoming satisfied with their label of dyslexia, considering it an advantage instead of an impairment after having a positive experience with the label. This participant may have shifted from being a cynical-real performer labelled with dyslexia to real-real performer labelled with dyslexia after obtaining adequate support and being exposed to positive attitudes towards their label of dyslexia. This shift was evident revealing a student who was a cynical-real performer labelled with dyslexia used to be hesitant about their label of dyslexia as part of their identity but now they embrace it as a part of their identity through accepting studying art. This shift of performance indicates the strong hegemony of the perception of dyslexia as a biological impairment in universities aligning with the historical association between dyslexia and medicine (for example, Hinshelwood 1911; and Olson 2006). This historical association does not only exist between dyslexia and medicine, but it exists between RDs and medicine as well (for example, Lopes, 2012). Thus, this model expands the analysis of the performance of performers labelled with dyslexia of the role of the patient in the light of the rise of the therapeutic culture in HE.

The third model is the model of the customer labelled with dyslexia. It expands Tomlinson's (2017) consumerist paradigm in HE by proposing three categories of customers labelled with dyslexia, which are demonstrated in the figure below.

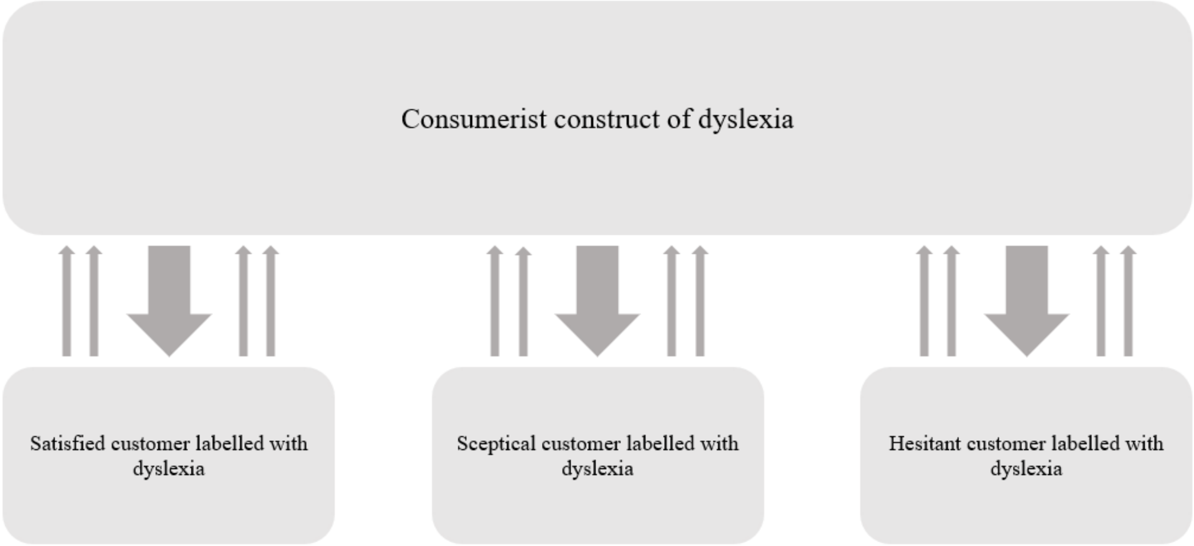

Figure 3 Maintaining the consumerist construct of dyslexia in HE

This model demonstrates the categories of performers labelled with dyslexia as consumers divided into three generated categories from the consumerist construct of dyslexia, maintaining the existence of this construct in HE. The satisfied customer labelled with dyslexia who plays the role of the real-real performer labelled with dyslexia becomes satisfied with the quality of support services offered to them in HE, thus becoming the ideal customer. Cynical-cynical performer labelled with dyslexia, however, usually becomes a sceptical customer labelled with dyslexia, who questions the quality and the value of support services offered to them in HE. In contrast, real-cynical/cynical-real performers labelled with dyslexia become hesitant customers labelled with dyslexia as they are unable to completely believe or question the quality of support services offered to them in HE. The continuation of this performance constructs and maintains the consumerist construct of dyslexia in HE. This construct is the association between dyslexia and consumerism processes (for example, marketised social inclusion statements and educational inclusion policies) in HE, transforming it to a form of consumed service.

The final model is the cycle of consumerist performance shift among performers labelled with dyslexia in HE as a result of their consumerist experiences using the label of dyslexia. This model is depicted in the figure below.

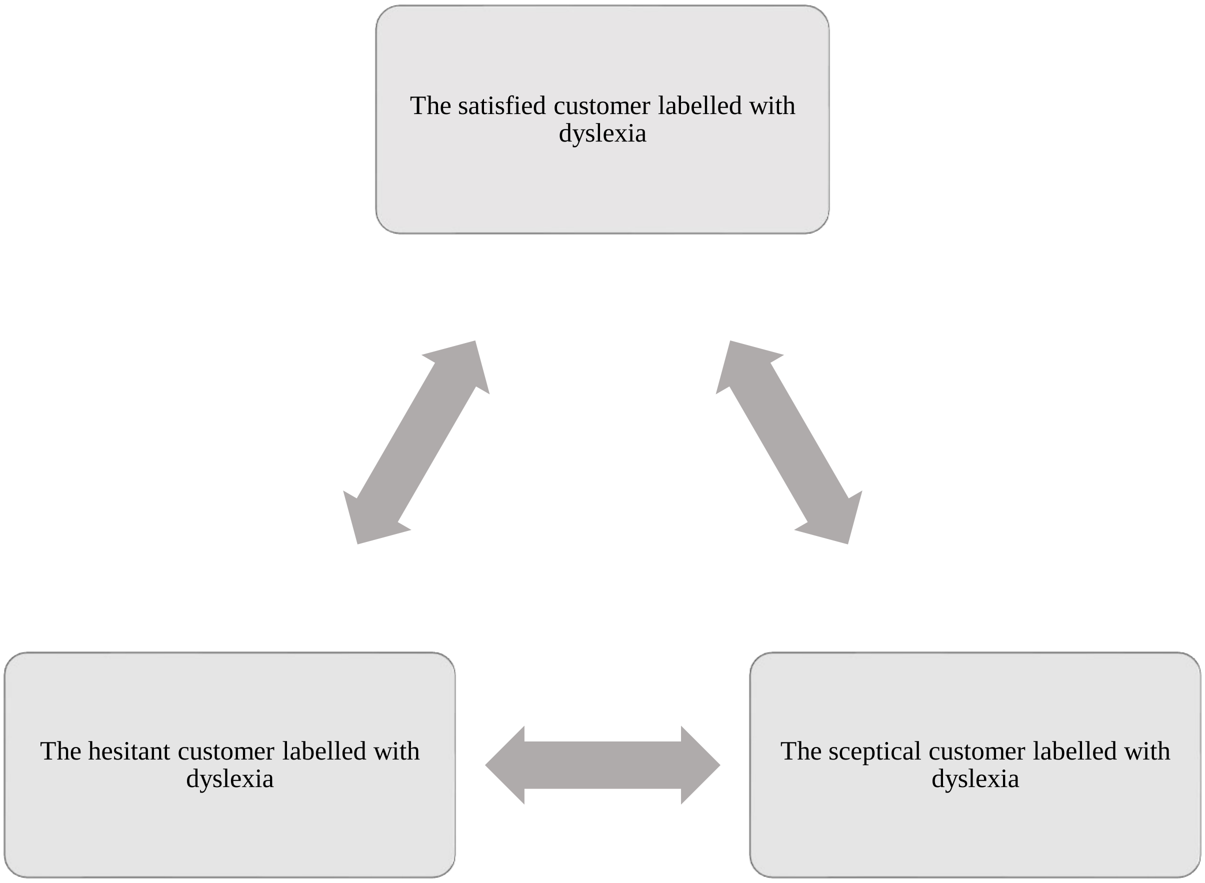

Figure 4 The role of the customer-shifting in the cycle of performance of dyslexia

The model above demonstrates the cycle of the role of the consumer-shifting of performance of dyslexia in HE. This proposed model is based on Tomlinson's (2017) consumerist paradigm exploring the consumerist behaviour of students classified with dyslexia in HE. This behaviour can be described as a cycle of consumerist performance as it changes according to the nature of the consumerist experiences of students identified with dyslexia in HE. For instance, after a negative consumerist experience in HE (i.e., inadequate support provision, leading to their failure), real-real performers labelled with dyslexia, who can be described as satisfied customers labelled with dyslexia, may shift into cynical-cynical performers labelled with dyslexia, who can be described as sceptical customers labelled with dyslexia. Conversely, sceptical customers labelled with dyslexia may become satisfied customers labelled with dyslexia if they have a positive consumerist experience in HE (i.e., adequate support services to satisfy their needs in HE leading to their success). Real-cynical/cynical-real performers labelled with dyslexia can shift from the hesitant customer category to the sceptical and satisfied customer labelled with dyslexia categories respectively if their experiences change to become more negative or positive with the quality of support services in HE.

4.5 Limitations of the Study

The first limitation relates to the empirical data, which are context specific and therefore only applicable to the English HE context and similar HE contexts (for example, the rest of the UK, and Ireland). This makes the data less generalisable to other contexts due to the different nature of discourses influencing the interpretation of this data (for example, different consumerist processes). Despite this, I believe that the study demonstrates the key criteria for educational research of being 'systematic, credible, verifiable, justifiable, useful, valuable and "trustworthy"' (Wellington, 2001, p.14 cited in Lincoln and Guba, 1985). Moreover, the opinions of students labelled with dyslexia obtained through FOI requests were sometimes brief, not describing exactly how these support services affect their learning experiences in HE because there is a partial release of the data obtained from FOI as some universities rejected to release part of the data due to the reluctance of some of their students labelled with dyslexia to share their experiences. In addition to that, using surveys rather than conducting my own interviews has three limitations. Firstly, the QS method does not allow the researcher to establish control over the questions asked or the direction of the discussion because these questions are asked by universities. Willington, (2015) supports this argument by arguing that surveys can potentially miss more interesting evidence of the subjective experiences of individuals in society. Secondly, 12 universities informed me that their students labelled with dyslexia did not want to share their experiences. This challenge aligns with Seibold's (2000) discussion about the challenges they faced to interview some of their participants because of the sensitivity of their experiences leading some of these participants to be more uncomfortable in describing their experiences. Hence, I had to respect that and remove the 12 universities from my data. This leads to the third limitation that some students labelled with dyslexia may have felt more comfortable sharing their experiences with me as a researcher directly instead of sharing them with me indirectly without meeting me in person, which may subject them to psychological harm. In the light of Resnick's (2020) discussion about how participants are subjected to psychological harm in qualitative research, the psychological harm occurs when a student classified with dyslexia share their negative experiences of dyslexia in HE, changing their perspective of themselves after realising their experiences are exposed to the public (i.e., exacerbating their lower self-esteem because they may feel ashamed of their dyslexia.

Unfortunately, statistics about the numbers of students identified with dyslexia in the universities supplying QS data could not be used to support the nature of performance of dyslexia as this cannot be adequately explored by the numbers alone. It was expected that these numbers would support the existence of the performers labelled with dyslexia and the existence of the games of performance of dyslexia because consistent measures over the past five years would theoretically report significant increases in the numbers of these students. Nonetheless, these increases were not sufficient evidence to support the existence of the categories of performers of students labelled with dyslexia and the nature of the games of performance of dyslexia in HE. Therefore, they were only used to support the embeddedness of the political rhetoric of dyslexia in HE.

The issue of limitations that was discussed above can be addressed in a repeated study in several ways. In terms of the lack of generalisability of the empirical data, these data can be also collected from different HE contexts from the English context, which may enable me as a researcher to conduct a comparative study between these two different contexts rather than just focusing on similar contexts. Moreover, the issue of brief opinions of students with dyslexia collected via QS can be resolved by conducting semi-structured interviews with students with dyslexia, which can enable me as a researcher to obtain interesting details that may not be revealed in the QS. Indeed, conducting these interviews can enable me to have more control on the questions asked, which may reveal interesting opinions of some students with dyslexia, which may not be revealed in QS. Furthermore, conducting these interviews can resolve the issue of the sensitivity of the experiences and the reluctance of some students with dyslexia to provide their opinions in these QS surveys as these interviews can enable these students to recognise me as a researcher and enable me to discuss the ethical boundaries with them. Hence, this discussion can make these students more comfortable when sharing their experiences with their label. These interviews can also support the nature of the performance of dyslexia that the statistics could not do. Referring to the inability to address the paradox of the representation of the experiences of dyslexia in HE using a hybrid approach, semi-structured interviews can be conducted with university stakeholders and lecturers where the questions asked focus on exploring the representation of the experiences of students classified with dyslexia in MSIS and MEIPs developed by universities. The answers should be compared with those obtained from students with dyslexia to highlight similarities and differences.

Despite the limitations of this study, it is important to note that it is largely theoretical, and that analysis of the empirical data gathered is consistent with the literature on this subject. This consistency makes the study “systematic” (Wellington, 2001, p.14 cited in Lincoln and Guba, 1985) because the empirical data is analysed using Goffman’s (1956) theory of social performance in the English HE context. Drawing on Wellington’s (2001, p.14) criteria for educational research, I believe that the study demonstrates the key criteria for educational research of being ‘systematic, credible, verifiable, justifiable, useful, valuable and “trustworthy”’ (Wellington, 2001, p.14 cited in Lincoln and Guba, 1985). The study is both “credible” and “systematic” as the themes that are used to interpret the data are based on the relevant literature (for example, stigma, ableism discourse, and identity construction) in addition to Goffman’s theory of social performance. The study may also be argued to be “valuable” as it sheds the light on the unexplored influence of the constructs of dyslexia on the social performance of students with dyslexia in HE. Verifiability and credibility have been achieved both by the use of extensive theory in the field and by analysing the experiences of students classified with dyslexia in HE utilising empirical data. If I were to repeat this study however, I would also include interview data in my methodology, as these interviews could give me more control in directing the questions, potentially revealing novel interesting narratives about the experiences of these students with their label that may not be revealed in the QS surveys. Interviewing staff and lecturers might also increase the “trustworthiness” of the study by revealing their perceptions of the representation of the experiences of these students with their label in HE. However, it was not possible to me to interview on this occasion due to Covid, working overseas and the time frame for this thesis. Despite that, I believe that the theoretical and intellectual rigour of the study supports the more limited empirical data and ensures that, as a whole, the work meets Wellington’s criteria as outlined above.

Summary

Humans do not construct their reality from scratch; instead, they engage frames within a pre-organised and ascribed meaning to their experiences in a social situation (Lorino, Mourey, and Schmidt, 2017). With regards to dyslexia in universities, students labelled with dyslexia construct their reality of dyslexia based on the frames associated with biological and consumerist discourses constructed in universities. These students identified as having dyslexia attach their social interaction with the meaning of impaired individual and the consumer, respectively, to shape the nature of their experiences in universities. Furthermore, similar to dyslexia, the concept of "performance" is biologised (Smith et al., 2014). Performance within modern English society becomes heavily influenced by mastering language skills, particularly literacy. These skills become an essential part of the cultural norm and lexism, which is the "performance that revolves around dyslexia".

Students classified with dyslexia spend part of their time in the presence of their supportive/unsupportive lecturers and dyslexia assessors impacting their identity and performance of dyslexia. Thus, these students as social actors perform their roles by displaying their attitudes in relation to social manner (for example, Maynard, 1991). An individual may be interested in controlling the conduct of their audience, especially the way this audience treats them. This control is usually established by influencing the definition of the situation the audience formulates. The social behaviour of these individuals usually resembles theatre performance where actors consider themselves successful when they can draw the attention of the audience towards them (Goffman, 1956).

Disability discourse analysis will be used to analyse the discourses influencing these roles as this method will enable me to understand how dyslexia impacts the self-identification of students classified with dyslexia in HE as a constructed disability. The data were collected using three methods, allowing me to explore the constructs of dyslexia in relation to students labelled with dyslexia in universities. However, these methods can lead to a bias in interpreting the data as this data is subjective. This subjectivity can influence the nature of the analysis of the performance of performers labelled with dyslexia, questioning the nature of these marketised educational inclusion disability support policies in universities. This bias is due to the nature of the adopted research paradigm in this thesis, which was interpretivist qualitative research paradigm. Four models of the nature of performance of performers labelled with dyslexia are developed to explain the influence of the constructs of dyslexia on these performers labelled with dyslexia in universities. The constant presence of these constructs establishes the games of performance of dyslexia in HE.

In sum, there are three main limitations for this study. Firstly, the empirical data collected in this study is context specific (i.e., England, and Ireland) and cannot be generalised in systems that have different marketisation reforms than the aforementioned ones. In terms of the QS FOI surveys, these surveys may not reflect the true belief of some students classified with dyslexia as some students identified as having dyslexia provided a very brief account of their experiences with their label in HE. The QS acquired using the FOI requests may be deemed as inconvenient research method for some students classified with dyslexia who may not feel confident enough to share their experiences with their label with an unknown researcher. Finally, statistics collected from FOI requests could not serve the purpose of exploring the games of performance of dyslexia in HE only supporting the ongoing embeddedness of the political rhetoric of dyslexia in HE.

Chapter 5

Theoretical Findings

Performance of Dyslexia in Higher Education

5.1 Introduction

Previous chapters discussed the ongoing existence of biological and consumerist discourses within universities, and how they establish the games of performance of dyslexia. The "Biological Games of Performance of Dyslexia" are influenced by three factors: disability discourse, labelling, and therapization (for example, Oliver 1990; Becker 1973; and Ecclestone and Brunila 2015), which were explored in Chapters 2 and 3 respectively. The "Consumerist Games of Performance of Dyslexia" are affected by marketisation, consumerism (the commodification of dyslexia), and social inclusion (for example, Nedbalová, Greenacre, and Schulz, 2014; Simplican et al., 2015; and Tomlinson, 2017), which were explored in Chapter 3.

The biological games of performance of dyslexia are cycles of performance between students classified with dyslexia, lecturers, dyslexia assessors, and the label of dyslexia as a biological expressive tool of performance in the university as the imaginary theatre of performance. These biological games are based on the notion of the inherent impairment of dyslexia, which is emphasised in current definitions of dyslexia, such as the BDA (2019). Students classified with dyslexia are the social performers playing the role of the patient in a cycle of shifting performance according to their categories, which reinforces the medical model of disability and Goffman's (1956) theory of social performance.

The consumerist games of performance of dyslexia are associated with the commodification of the experiences of students labelled with dyslexia in HE due to marketisation reforms such as "the consumerist paradigm" (Tomlinson, 2017, p. 23), and "social inclusion" (Simplican et al., 2015, p. 27). Dyslexia assessors also play the role of service providers, and they have more influence than lecturers in HE. This is because they can employ the connotation of dyslexia to serve their interest to be prestigious and more reliable in HE. This interest creates a division in the constructed consumerist identity of students labelled with dyslexia revolving around dyslexia, which is all theoretical findings. This Chapter begins by exploring the features and types of the games of performance of dyslexia in HE. Then, the factors influencing the games of performance of dyslexia are investigated to explore their impact on the relationship between students labelled with dyslexia and their lecturers and dyslexia assessors in HE. The implications of social class, gender, and culture are also examined in relation to dyslexia in HE, as well as the causes of the oversimplification of representing dyslexia in HE.

5.2 The Features and Types of the Games of Performance of Dyslexia in Higher Education

5.2.1 Introducing the Games of Performance of Dyslexia in University

The constant existence of biological and consumerist discourses establishes the games of performance of dyslexia in universities. The biological discourse shapes the "biological games of performance of dyslexia" due to its intertwined relationship with the medical model of disability (see Chapter 2 for more discussion about this model), and the medical history of dyslexia (for example, Pringle-Morgan, 1896). The biological games of performance of dyslexia refer to the performance of dyslexia based on the notion of the inherent impairment of dyslexia within the individual. This notion of impairment is built on the biological perspective of dyslexia informing the current definitions of dyslexia, such as the IDA (2020) definition of dyslexia. As a result of this biological perspective, individuals labelled with dyslexia play the role of the patient, combining both models 1 and 2 proposed in Chapter 4, building on Goffman's (1956) theory of social performance and Nagi's (1965) medical model of disability (see Section 4.4).

The consumerist discourse shapes the "consumerist games of performance of dyslexia" because of its close relationship with the consumerist paradigm, which can be demonstrated as perceiving dyslexia as a form of consumed service in HE. The "consumerist games of performance of dyslexia", on the other hand, refer to performance of dyslexia transforming students classified with dyslexia into customers of support services in HE, expanding Ziolkowski's (2004) definition of commodity, which is the extension of the numbers of services and goods provided for individuals in society. This expansion combines models 1 and 3, outlined in Chapter 4. This type of performance of dyslexia develops Tomlinson's (2017) consumerist paradigm by exploring how this paradigm occurs in relation to students with dyslexia constructing their consumerist identity that revolves around dyslexia (see Chapter 3).

The biological games of performance of dyslexia are cycles of performance between students identified as having dyslexia, lecturers, dyslexia assessors, and dyslexia as a "Biological Expressive Tool of Performance". The university is the imaginary theatre of performance, shaped by the notion of the inherent impairment of dyslexia, as emphasised by current understandings of dyslexia, such as the BDA (2019). The ongoing employment of the current understandings of dyslexia in universities creates a biological discourse, leading students classified with dyslexia to play the role of the patient who needs a particular intervention to be able to cope with the HE demands. Examples of this can be seen in universities' attempts to provide reasonable adjustments for these students. The University of East London's (2015) *Disability Support Policy* states that their students with dyslexia are provided with extra time in exams and given permission to record lectures that potentially help them when studying for exams. The provision of these adjustments may give an impression to students labelled with dyslexia that they cannot succeed in HE without this intervention, leading them to play the role of the patient to obtain this support that is assumed to lead to their success in HE.

The biological games of performance of dyslexia occur in HE in the following way: students labelled with dyslexia are the social performers playing the role of the patient in a cycle of shifting performance according to their categories (see Section 4.4). Real-real performers labelled with dyslexia, for example, can be categorised as believer patients labelled with dyslexia. These performers believe in the pathology of dyslexia, which is manifested in the inherence of their impairment as part of their reality. Collinson (2016) supports this category with findings that some individuals labelled with dyslexia transform the label of dyslexia into a belief to shape their identity revolving around dyslexia. Thus, these performers labelled with dyslexia hold a positive attitude towards, and construct a positive relationship with, their lecturers, dyslexia assessors, and their university, believing that these people and institutions sustain their interest to promote social inclusion. This constructed positive relationship develops Elliott and Grigorenko's (2014) argument about the biased nature of dyslexia by suggesting that the students labelled with dyslexia themselves, not just HEIs, may have an interest in sustaining the existence of dyslexia by protecting their interests as patients in HE. This interest may be exemplified in their need to be included in the HE system as equal to their peers without the label.

As real-real performers labelled with dyslexia believe in the pathology of dyslexia, they trust the audience leading them to deliver a "sincere performance of dyslexia" by disclosing their diagnosis of dyslexia. They embrace it as a form of difference, aligning with the disputed relationship between dyslexia and creativity, thus constructing a creative identity revolving around dyslexia. Creating a positive construct of dyslexia (as a form of creativity) leads to the deconstruction of normalisation discourse by posing that dyslexia is not an impairment in HE but a gift or unique superpower. This deconstruction is exemplified in the media when individuals with dyslexia narrate their stories of success in various fields including arts, design, and business, promoting this creative identity that revolves around dyslexia as a desired performance that aligns with social decorum (i.e., cherishing creativity and success) (see Section 3.3). The current cultural debate of dyslexia focuses only on the advantages of this performance without revealing its disadvantages, as demonstrated by the BBC (2019). Despite being positive, this narrative still establishes a strong relationship with disability and ableism discourses as it focuses on what individuals labelled with dyslexia can do despite their dyslexia. In other words, this cultural debate of dyslexia does not represent the experiences of other performers labelled with dyslexia in society (for example, real-cynical). This disputed relationship is contested by psychological studies such as Cancer, Manzoli, and Antonietti (2016) and Duranovic Dedeic and Gavrić (2015) who reported inconsistent findings as the former supported the existence of this relationship whereas the later refuted it. Syred (2018) reported that Dragons' Den star claimed that his dyslexia, which has affected his reading, writing, and spelling skills led to his success due to what he describes as "unique set of skills" individuals labelled with dyslexia tend to have. This star can be described as a real-real performer labelled with dyslexia celebrating their performance by regarding their label as a positive biological expressive tool of performance making them perform uniquely in society, by revealing creativity traits (for example, being a talented actor can be attributed to dyslexia by being unable to get along with traditional subjects in school). The construction of a positive and creative identity revolving around dyslexia allows performers to deconstruct the meaning of their impairment as a form of difference, reducing the influence of stigmatising "individuals because of their difference in society" (Goffman, 1963, p. 34). In other words, viewing the impairment as a form of difference makes universities embrace them as a desirable group that enriches their diversity, instead of an undesirable different group. Through accepting their impairment as a neurodivergence, students with dyslexia are not forced to conform to the collective group identity; rather, accepting their unique identity makes them more embraced and accepted within university. This builds on Park-Nelson's (2018) argument that the development of a positive attitude towards disability as a way of difference can be perceived as a way to deconstruct normalisation discourse. A positive attitude can be adopted because these real-real performers labelled with dyslexia reject the existence of the causal relationship between labelling and stigma. This rejection can be manifested in their denial of the association between dyslexia and stigma through emphasising only on the assumed benefits of dyslexia (creativity and being able to think differently). This rejection of stigma develops Becker's (1973) argument that labelling can have a negative influence on individuals labelled with disabilities suggesting that these performers are attached to the positive meaning of the label of dyslexia as the only effective way to normalise their differences in HE. Elliott (2005) supports the notion of the emotional attachment of some individuals classified with dyslexia to the label as a way to understand their differences from those who are not classified with dyslexia in society.

In contrast, cynical-cynical performers labelled with dyslexia can be categorised as sceptical patients labelled with dyslexia. These performers deny the existence of the pathology of dyslexia as part of their social reality. This denial contradicts Collinson's (2016) argument that dyslexia is a belief within individuals identified as having dyslexia, supporting Opie and Sikes' (2014) suggestion that social reality is subjective. Hence, these performers labelled with dyslexia hold a negative attitude towards, and construct a negative relationship with, lecturers, dyslexia assessors, and their university because they question the intentions of this audience (lecturers and dyslexia assessors) to act in their interests in the imaginary theatre of performance (university). This builds on Elliott and Grigorenko's (2014) argument that the biased nature of dyslexia becomes rooted in everyday discourse sustaining different interests that need to be challenged by educational researchers. This bias means that parties/groups do not share a common understanding of dyslexia, meaning that each group has a different understanding of the label of dyslexia sustaining their own interests. This bias can be challenged by educational researchers by questioning the usefulness of the label to serve the needs of individuals with dyslexia and empower them in society. In addition, they should question how the concept of dyslexia tends to serve the interest of researchers within the field of dyslexia to be prominent figures in the field. Snowling (2000), for example, sustains their interest to be a prominent figure in the field of dyslexia through constructing dyslexia as a form of phonological impairment. Linking this disagreement in dyslexia understanding with performers labelled with dyslexia, each category has a subjective understanding of dyslexia based on the nature of their experiences with the label. For instance, cynical-cynical performers labelled with dyslexia have a negative understanding of dyslexia which negatively shapes their relationship with their university. This relationship is built on scepticism, leading to an "insincere performance of dyslexia" in which students choose not to disclose their diagnosis of dyslexia, for example on "their university applications", due to stigma (Shepherd, 2018, p.100).

Cynical-cynical performers refuse to embrace dyslexia as a form of difference because of their awareness of the potential negative influence of ableism discourse. If so, they may consciously or unconsciously perceive ableism discourse to be the constant focus on an individuals' ability, much like Wolbring's (2008) definition of ableism discourse, which was defined in Subsection 2.3.4. The negative identity revolving around dyslexia these performers construct as a result places them at a disadvantage in HE because they are unable to benefit from their relationship with lecturers and dyslexia assessors due to their scepticism of the intentions of these parties to support their need to belong to university like their peers without the label, and to flourish in university (succeed). Indeed, Vickerman and Blundell (2010) reported that there is a lack of quality support available to students labelled with disabilities. Cynical-cynical performers may be aware of the existence of the causal relationship between labelling and stigma, which may cause them to refuse to request help in HE, possibly explaining the aforementioned rejection to "disclose their dyslexia in the first place" (Shepherd, 2018, p. 100-101).

In contrast to these extreme categories of performers labelled with dyslexia, real-cynical performers labelled with dyslexia can be categorised as hesitant patients labelled with dyslexia due to their inability to adopt a clear attitude towards the label of dyslexia. This means that they are unable to perceive the label as totally an advantage or disadvantage to them because this label can provide them with limited support, which cannot be perceived as a complete advantage or disadvantage. These performers believe in the reality of their dyslexia as part of their identity but question the ability of the label to achieve social inclusion in HE. Like the other two types of performers, these performers labelled with dyslexia form their attitude towards dyslexia based on their subjective understanding of the label of dyslexia as a realistic label. Hence, these performers labelled with dyslexia construct a realistic identity revolving around dyslexia (see Chapter 3 for relevant discussion about this realistic identity). These performers are aware of the advantages and disadvantages of this performance of dyslexia. Thus, these performers establish a "realistic relationship" with their lecturers, dyslexia assessors, and university. They are open to the notion that this audience may sustain their interests in HE; however, they realise that the support it offers is limited. Therefore, this relationship is built on both trust and scepticism, making it less extreme than the relationships both real-real and cynical-cynical performers labelled with dyslexia build with their audience as this relationship is not completely positive or negative but an amalgamation between the two. Real-cynical performers labelled with dyslexia realise the potential benefits and challenges that can be associated with their performance of dyslexia in HE. These benefits and challenges can include obtaining support from support services quickly if they are cooperative and some lecturers may be unwilling to adapt their lectures, for example by providing handouts beforehand to these students. Despite this awareness of the challenges, these performers labelled with dyslexia seem to be more open than the other performers labelled with dyslexia (for example, cynical-cynical) to accept the challenges and benefits associated with the label as a part of their performance of dyslexia in HE.

In the same vein, cynical-real performers labelled with dyslexia can also be categorised as hesitant patients labelled with dyslexia. There are many similarities between cynical-real and real-cynical performers; however, while real-cynical performers accept the label of dyslexia but question its ability to achieve social inclusion, cynical-real performers question the reality of their dyslexia as part of their identity but still believe in the ability of this label to achieve social inclusion in HE. Like real-cynical performers labelled with dyslexia, cynical-real performers labelled with dyslexia demonstrate an unclear attitude towards the label of dyslexia in HE. Similarly, these performers are also aware of the advantages and disadvantages of this performance of dyslexia, so they establish a realistic relationship with lecturers, dyslexia assessors, and their university. This relationship is built on trust and scepticism at the same time; therefore, these performers labelled with dyslexia also construct a realistic identity revolving around dyslexia. They are open to the notion that this audience may sustain their interests in HE, but they realise that it does not do so ideally because of potential hurdles in the system (for example, inability of dyslexia tutor to book a room in a particular university). Despite their potential awareness of the disadvantages of performance of dyslexia, unlike cynical-cynical performers labelled with dyslexia, it may not be clear whether these performers are aware of the existence of the causal relationship between labelling and stigma due to their unclear attitude towards the label of dyslexia in HE. As such, they may be unable to see how university stakeholders may employ the label of dyslexia to promote their institutions as inclusive institutions. In sum, these four categories of performers labelled with dyslexia make the individuals play the role of the patient in different ways, thus influencing the nature of the role their audience plays as well.

5.2.2 The Nature of the Interaction between Lecturers, Dyslexia Assessors, and Performers Labelled with Dyslexia in the University

The first category of audience that interacts directly with performers labelled with dyslexia in HE is lecturers. Within the biological games of performance of dyslexia, the role of lecturer is heavily influenced by "the rise of therapeutic culture" (Ecclestone and Hayes, 2019, p. 23). Lecturers play a central role in the rise of the "diminished self", which can be manifested in two ways. Firstly, performers labelled with dyslexia are considered vulnerable and in need of legal protection. Lecturers perceive students labelled with dyslexia as fragile and unable to cope in HE without legal protection, aligning with the OIAHE (2019) claim to support and protect the needs of students labelled with dyslexia in HE. This necessity for protection is supported by Ecclestone and Brunila's (2015) report of declines in the emotional and psychological wellbeing, engagement, and motivation among groups identified as "at risk categories". The perception that students identified as having dyslexia are fragile arises from the notion of deficit as an important manifestation of the pathology of dyslexia, which can be demonstrated in the current definitions of dyslexia (for example, the IDA, 2020). A number of studies have confirmed this belief that students classified with dyslexia cannot succeed in HE, such as Mortimore (2013a) who emphasised these students' inability to meet the demands of HE, potentially due to scepticism about their ability to succeed because of their dyslexia. Furthermore, linking this belief with the disempowering role of lecturers, lecturers can play a disempowering role by increasing the vulnerability of students labelled with dyslexia in HE through attributing their success with the amount of the support they get.

Secondly, lecturers' continual perception of increased vulnerability can lead students classified with dyslexia to develop an identity crisis, that is, the failure to cope with social norm (Edwards, Sum, and Branham, 2020). This identity crisis is demonstrated by the dependence of students labelled with dyslexia on an identity only revolving around their attitude towards the label. Nonetheless, this disempowering role remains unrecognised political rhetoric within universities due to its inconsistency with the nature of marketised social inclusion statements made by these universities. This inconsistency aligns with the biased nature of WP policies investigated by Adnett and Tlupova (2008), which was explored in Chapter 1. As a result, only cynical-cynical performers labelled with dyslexia may be aware of the existence of this disempowering role, making them lose trust in their lecturers' intention to support them. Consequently, the external performance of lecturers can be described as insincere due to the hegemony of "the therapeutic ethos" in HE (Ecclestone, 2004, p. 14). In other words, these lecturers do not completely support the independence of students labelled with dyslexia, instead treating them as patients who cannot thrive without the presence of a particular support/intervention. Lecturers are thus transformed into therapeutic service providers by their responsibility to follow university policies that aim to support students labelled with dyslexia. However, lecturers can manipulate the degree of their commitment to support these students, making some of these lecturers unsupportive as they believe that they do not have time to support all their students labelled with dyslexia with high efficiency because of other commitments (for example, marking, publishing research, attending conferences and meetings). Nevertheless, universities face enormous pressure to abide by this act due to their need to promote their inclusivity and thus sustain their interest in attracting more students. As such, lecturers are obliged to maintain a minimum degree of commitment to support the needs of their students labelled with dyslexia.

Nevertheless, the role of lecturer is perceived subjectively among the different categories of performers labelled with dyslexia. Real-real performers labelled with dyslexia perceive lecturers as their "Protectors" due to their belief in these lecturers' sincere intention to support them in HE. These performers believe that lecturers guard their interests through empowering them, using the label of dyslexia as a protective tool for their interests. This use aligns with the duty of universities to protect the interests of students labelled with dyslexia in accordance with the Equality Act (2010), which informs all marketised social inclusion statements of universities. Kannangara (2015) supports this with findings that some individuals labelled with dyslexia perceive themselves as thriving and attribute the main cause of their success in HE to their lecturers.

On the contrary, cynical-cynical performers labelled with dyslexia perceive lecturers as their "Antagonists" disempowering them in HE by informally labelling them as lazy, therefore increasing their vulnerability. Thus, these performers think that their lecturers disempower them by violating their interests, indirectly transforming the label of dyslexia to a "disempowering tool". This disempowerment questions the efficacy of the Equality Act (2010) to protect the interests of these performers, and the role universities play in this protection. The argument that lecturers do not support students identified as having dyslexia can be supported by Kendall (2018), who reported that one of the lecturers in their study questioned whether the work submitted by students labelled with dyslexia was indeed written by these students or a support worker. As a result of this informal labelling, these performers labelled with dyslexia believe that their lecturers are the main cause of their failure in university. Unlike real-real and cynical-cynical, real-cynical/cynical-real performers labelled with dyslexia seem to hold a realistic perception of their lecturers without portraying them either heroes or villains.

Dyslexia assessors are the second category of audience interacting indirectly with performers labelled with dyslexia due to the inability of these assessors to directly providing the support services for students labelled with dyslexia in a lecture. The nature of their role depends on the assessment of dyslexia based on current definitions of dyslexia (for example, the BDA, 2019 and ICD-11, 2020). These dyslexia assessors are also impacted by “therapization of universities” (Ecclestone and Hayes, 2019, p. 315) transforming their role into a therapeutic rather than a supportive role. To clarify, these assessors act as the therapeutic service provider perceiving students labelled with dyslexia as patients who need some form of therapy to cope with the demanding nature of the HE environment. This therapeutic role is perceived subjectively by the categories of performers labelled with dyslexia. As a consequence of this therapeutic role, dyslexia assessors may abuse their power in universities by using the label of dyslexia as a diagnostic tool and thereby unequally influencing their relationships with performers labelled with dyslexia in HE as the following.

Real-real performers labelled with dyslexia perceive dyslexia assessors as a reason for their flourishing in HE because these assessors enable them to obtain support as a result of their identification with the label of dyslexia, which they perceive as an emancipation for them as it gives them answers. This perception aligns with Elliott’s (2005) argument that individuals with dyslexia perceive their label as an answer provider because it helps them to understand their differences from other individuals in society. This develops Kannangara’s (2015) notion of the thriving individuals classified with dyslexia by suggesting that some performers labelled with dyslexia develop this identity due to their positive perception of dyslexia assessors in HE. These performers labelled with dyslexia regard assessors as their “Emancipators” because assessors free them from the constraints of lack of understanding regarding the nature of their difference, as well as the subsequent low self-esteem. Dyslexia assessors enable these performers labelled with dyslexia to access HE equally to other students without the label of dyslexia, which reflects Rushton's (2018) definition of WP policies, which was provided in Chapter 1.

For cynical-cynical performers labelled with dyslexia, dyslexia assessors play a "disempowering" role in HE. This role is demonstrated by reinforcing negative feelings regarding a perceived undesirable difference from the social norm; in other words, "feelings of stigma" (Goffman, 1963, p. 31). These performers labelled with dyslexia perceive assessors as their "Captivators", believing that assessors limit their self-identification to their label of dyslexia. They may also feel disadvantaged in HE because their negative attitude towards the label of dyslexia causes discrimination. Madriaga (2007) has reported that the use of informal labelling (for example, laziness, as a result of a dyslexia diagnosis) make the experiences of students with dyslexia in HE more challenging. Therefore, dyslexia assessors may play a critical role in the discrimination against these performers labelled with dyslexia due to their negative attitude towards the label of dyslexia. The assessors can justify this on the grounds of achieving equality and social inclusion, as they are following the biased WP policies potentially discriminating against these performers. However, cynical-cynical performers perceive the negative influence of these policies on their experiences in HE. In other words, the presence of such policies can be linked with ableism discourse. WP policies aim to include individuals who are deemed to be different from the social norm, and the ones who conform to this norm. This justifies universities' discrimination against some students labelled with dyslexia on the grounds of the Equality Act (2010) of the unlawfulness of discrimination against individuals labelled with disability based on their disability.

In contrast, real-cynical/cynical-real performers labelled with dyslexia hold a less extreme attitude towards these dyslexia assessors due to their hesitant attitude towards the label of dyslexia. These performers labelled with dyslexia perceive dyslexia assessors as "Willing Helpers" who intend to support them but will be hindered by external factors such as the unrecognised political bias of WP policies. Thus, this category of performers labelled with dyslexia believes that dyslexia assessors have an ambiguous interaction with the connotation of the expressive tool of dyslexia (positive/negative). The lack of clarity over the dyslexia assessors' perceived performance makes it more difficult to understand the nature of their performance of dyslexia as an audience. This category of performers believes that these dyslexia assessors do not seem to have either completely positive or negative judgements about the performance of dyslexia of performers labelled with dyslexia.

The university as the imaginary theatre of performance becomes the “Therapeutic Support Provider”, directly benefiting from the role of the patient labelled with dyslexia. This enables universities to promote themselves as a therapeutic institution that cares about its “vulnerable” students labelled with dyslexia (see Subsection 3.4.2 for more discussion about universities as therapeutic institutions). Therefore, when students labelled with dyslexia play the role of the patient it reinforces the therapeutic culture in HE, supporting Ecclestone’s (2011) account of the educational implications for therapization of English society. This reinforcement leads to the creation of three types of biological games of performance: “The Positive Biological Game of Performance of Dyslexia”, “The Negative Biological Game of Performance of Dyslexia”, and “The Realistic Biological Game of Performance of Dyslexia”. Real-real performers labelled with dyslexia construct a positive biological game of performance of dyslexia, which is related to the positive social status that they maintain. They display a positive attitude towards the label of dyslexia in HE, including their ability to reveal their creativity and success in HE. In contrast, cynical-cynical performers labelled with dyslexia construct a negative biological game of performance of dyslexia, which is related to their negative social status in HE. They are subjected to inequality as a result of their negative attitude towards the label of dyslexia, including their inability to obtain adequate support in HE, potentially leading to failure. Finally, real-cynical/cynical-real performers labelled with dyslexia construct a realistic biological game of performance of dyslexia because of their vague social status in HE as a result of their unclear attitude towards the label of dyslexia.

Dyslexia as the biological expressive tool of performance, including the pathologisation of dyslexia as a form of impairment used as a tool to obtain support services, can also be perceived subjectively by performers labelled with dyslexia expanding Sikes and Goodson’s (2003) argument that social reality is subjective. Real-real performers labelled with dyslexia perceive the label of dyslexia as a positive biological expressive tool of performance, which is associated with the construction of creative identity revolving around dyslexia. This expressive tool is sustained by perceiving dyslexia as a form of celebrated difference. This perception makes dyslexia become “The Tool of Positive Performance of Dyslexia”, which can be demonstrated by the associated positive emotions, such as reinforcing creativity). Elliott and Gibbs (2008) supports this argument by revealing that creativity as an assumed characteristic of dyslexia can exist as a characteristic of other LDs. Real-real performers labelled with dyslexia reject the coexistence of these traits as a sign of inadequacy of the label of dyslexia as an inefficient tool of performance due to their emphasis on the positivity of being a performer labelled with dyslexia. This positivity can manifest itself in associating uniqueness of university subject choice, such as arts and design, with dyslexia.

Cynical-cynical performers labelled with dyslexia perceive the label of dyslexia as a negative biological expressive tool of performance associated with the construction of negative identity revolving around dyslexia. They participate in the games of performance of dyslexia by delivering an insincere performance to lecturers, dyslexia assessors, and the university. This insincere performance is exemplified in their denial of having dyslexia because they believe that the label is the main cause of subjecting them to inequality due to their needs in HE. For cynical-cynical performers, this expressive tool is maintained by universities (among performers labelled with dyslexia) and society to perceive dyslexia as a form of undesirable difference in HE and society, a discourse associated with group stigma (for example, Goffman, 1963).

For cynical-cynical performers, this perception transforms the label of dyslexia into “The Tool of Negative Performance of Dyslexia”, which is revealed by the constant denial of the existence of dyslexia both as an impairment in general and in themselves. These performers perceive the medical model as an attempt to violate their right of equality in HE by revealing their total dependence on support to succeed in HE (i.e., attempting to fix the impairment to allow these students to function normally in HE), thus stigmatising them and placing them at a disadvantage. This strong link is sustained due to the medical history of dyslexia (for example, Orton, 1925) and its association with therapization of universities, as explored by Ecclestone (2007). These performers labelled with dyslexia may adopt this extreme negative attitude towards the label of dyslexia because they are aware of the therapization of universities. Indeed, Ecclestone and Hayes (2008) argue that therapeutic culture is on the rise in universities. Nevertheless, cynical-cynical performers do not believe in their ability to reveal such awareness because the hegemony of ableism discourse serves the interests of university stakeholders and education policymakers by emphasising on the therapeutic nature of the support of dyslexia in HE and thus reinforcing the biological discourse. Elliott and Grigorenko (2014) support this argument; they concluded that the ongoing existence of the label of dyslexia protects the interests of some groups such as educationalists, clinicians, and policymakers. Cynical-cynical performers realise that they are disempowered in HE, thus, the awareness of therapeutic culture may not sustain their interests in HE. Consequently, they potentially deny having this awareness of their disempowerment to protect themselves. In terms of students labelled with dyslexia who are identified with the label before entering university, it is predicted that these students may not have a direct interaction with dyslexia assessors, which may lessen the influence of dyslexia assessors on their performance, making the performance less extreme. In other words, these performers may have more chance to adopt a hesitant attitude towards the label in HE than those who obtain the label in university because they are less subjected to the abusive power of dyslexia assessors in HE. Nonetheless, they still interact with lecturers and the university. Consequently, they may still be subjected to the influences of therapization.

In contrast, real-cynical/cynical-real performers labelled with dyslexia perceive the label of dyslexia as a “Realistic Biological Expressive Tool of Performance of Dyslexia”, which is associated with realistic identity revolving around dyslexia as a method to participate within the games of performance of dyslexia in HE. This expressive tool enables these performers to adopt a more realistic stance which considers the potential advantages and disadvantages of this performance. This finding is inconsistent with Elliott and Grigorenko’s (2014) argument that dyslexia is biased as this bias is subjected to the extremity of the attitude that a performer labelled with dyslexia holds towards this label. This means that the label of dyslexia as an expressive biological tool is not perceived as biased to all performers labelled with dyslexia.

5.2.3 The Biological Games of Performance of Dyslexia in University

These biological games can be described as layered over therapization of the HE sector (the implications), the biological discourse (the influential factor), the therapeutic university (the impacted institution), and the role of the patient labelled with dyslexia (the impacted students classified with dyslexia), as demonstrated in the figure below.

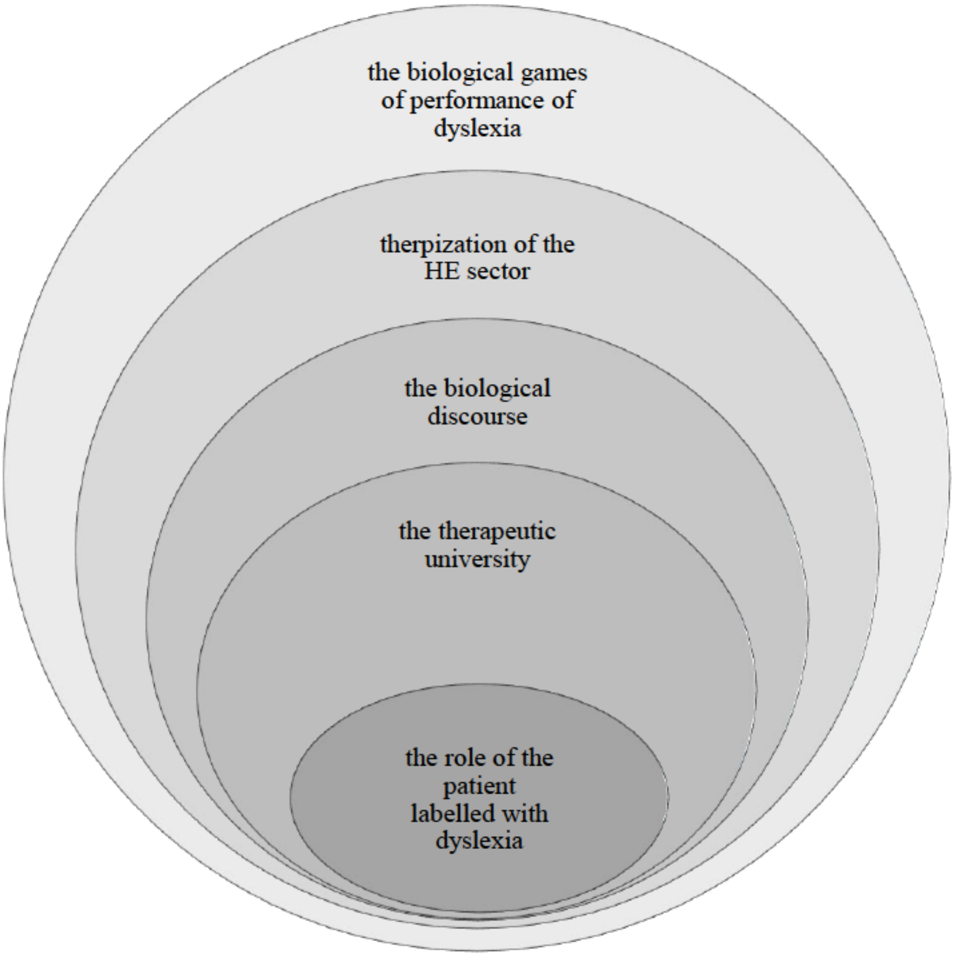

Figure 5 The layered biological games of performance of dyslexia in HE

The figure above demonstrates the layered relationship between therapization of HE, the university, the biological discourse, and the role of the patient labelled with dyslexia. This relationship can be described as layered due to the dependence of each layer on the other. For example, the role of the patient labelled with dyslexia relies on the existence of the therapeutic university), and the therapization of the institution depends heavily on the existence of the biological discourse based on the medical model of disability pathologising dyslexia as an impairment. The therapization of the HE sector can also only be achieved with the existence of the previous layers (for example, the biological discourse, the therapeutic university, and the role of the patient labelled with dyslexia). In the same vein, the biological games of performance of dyslexia cannot be created without the existence of the previous layers. This figure develops Ecclestone and Hayes' (2019) argument that therapeutic culture has become embedded within the English HE system.

5.2.4 The Consumerist Games of Performance of Dyslexia in University

The consumerist games of performance of dyslexia are associated with the commodification of the experiences of students classified with dyslexia in HE due to marketisation reforms such as "the consumerist paradigm" (Tomlinson, 2017, p. 23) and "social inclusion" (Simplican et al., 2015, p. 27). This commodification transforms students labelled with dyslexia into customers in HE, and lecturers and dyslexia assessors into service providers. However, the way the students labelled with dyslexia play this role is subjective in its nature, depending on their adopted attitude towards the label in HE.

Real-real performers labelled with dyslexia play the role of the satisfied customer labelled with dyslexia due to their positive attitude towards the label of dyslexia in HE. These satisfied customers labelled with dyslexia believe in the quality of the process of the provision of support services to support their needs adequately (see Chapter 4), constructing a "Positive Consumerist Game of Performance of Dyslexia". On the contrary, cynical-cynical performers labelled with dyslexia play the role of the sceptical customer labelled with dyslexia due to their negative attitude towards the label of dyslexia in HE. These sceptical customers labelled with dyslexia question the quality of the process of support services offered in HE to support their needs effectively, constructing a "Negative Consumerist Game of Performance of Dyslexia". Finally, real-cynical/cynical-real performers labelled with dyslexia play the role of the hesitant customer labelled with dyslexia because of their vague attitude towards the label of dyslexia. These customers labelled with dyslexia are hesitant despite the fact that some of them, such as cynical-real, believe in the efficiency of the support services offered to them. This hesitancy makes them adopt a more realistic perspective about support provision in HE, constructing a "Realistic Consumerist Game of Performance of Dyslexia".

In the consumerist games of performance of dyslexia, lecturers are heavily affected by the consumerist paradigm described by Tomlinson (2017) due to its influential role in HE. The consumerist role of lecturers can be subjective, depending on the personal experiences of performers labelled with dyslexia. These experiences influence the cues of performance students identified as having dyslexia deliver, including revealing having dyslexia or concealing it, to shape the consumerist role of lecturers as supportive or unsupportive service providers. In other words, the performance of students labelled with dyslexia, which is shaped by their personal experiences influences the nature of the consumerist role lecturers choose to play; if students perceive lecturers as sympathetic with their experiences, these lecturers become supportive service providers delivering the services that suits the needs of these students. However, if these students perceive lecturers as unsympathetic with their experiences with the label of dyslexia, these lecturers become unsupportive service providers offering inadequate support for these students.

In this light, real-real performers labelled with dyslexia perceive lecturers as “Sincere Service Providers” who are willing to provide the support services they require. This perception is due to the positive attitude of these performers labelled with dyslexia towards their label of dyslexia, making them trust the intention of these lecturers to provide them the support service they need in HE. In other words, their performance type makes them trust their lecturers in university. This perception also aligns with Wright and Rogers’ (2009) definition of consumerism as the satisfaction of using material goods. Consequently, their consumption of the support services provided by lecturers satisfies their needs using the label of dyslexia in HE.

In contrast, cynical-cynical performers labelled with dyslexia perceive lecturers as “Insincere Service Providers” who are unwilling to provide the support services that students labelled with dyslexia need in HE. This perception is because of their negative attitude towards the label, making them question the intentions of these lecturers to support their needs effectively in HE. Thus, their consumption of the support services provided by lecturers cannot satisfy their needs using the label of dyslexia as a consumerist expressive tool of performance.

Real-cynical/cynical-real performers labelled with dyslexia, on the other hand, perceive lecturers as “Realistic Service Providers” who are willing to offer support services for students identified as having dyslexia, but whose influence on the efficacy of this support is limited. These performers may realise that lecturers have the intention of helping them to obtain effective support services, but these lecturers cannot guarantee that effective support services would be given to these performers. Kendall (2018) supports this finding through their examination of the hurdles that some lecturers can face when supporting their students identified with disabilities in university. They reported that one of their 23 participants (a lecturer in a university in the North of England) noted facing enormous stress when they have to support their students with visual impairments through writing their lectures notes in braille, describing this support as time consuming. Kendall’s finding can be also applicable for supporting students identified as having dyslexia, as providing additional support to any need could be time consuming.

Dyslexia assessors also play the role of service providers, but they have more influence than lecturers in HE because they are able to employ the connotation of the label of dyslexia to serve their interest to appear reliable and prestigious in HE. The employing of this connotation creates a division in the constructed consumerist identity of students labelled with dyslexia revolving around their dyslexia. These dyslexia assessors create a “Positive Connotation” of the label of dyslexia as an effective consumerist tool of performance to categorise students with dyslexia who believe in the efficacy of the label of dyslexia to “give them answers” (Elliott, 2005, p. 22).

Nevertheless, some students classified with dyslexia do not self-identify with the constructed positive connotation of the label of dyslexia due to their scepticism about the benefits this label can offer them in HE. These students create a “Negative Connotation”, implying that some students labelled with dyslexia are unable to reconcile with this label. Those who cannot accept the label of dyslexia can be alienated in HE as a result. This alienation occurs due to the deviation of cynical-cynical performers labelled with dyslexia from the norm in HE due to their scepticism about the usefulness of the label of dyslexia to satisfy their needs in HE. Goode (2007) supports this argument by maintaining that some students with disabilities are alienated because of the inability to understand their perspectives. In other words, there is an assumption that all students labelled with dyslexia accept the label of dyslexia because it leads to their success in HE. Alternatively, not all students labelled with dyslexia totally accept or reject their label, constructing a “Realistic Connotation” of the label. The existence of this constructed connotation implies that some students labelled with dyslexia cannot clearly construct their identity revolving around the label of dyslexia in HE because of their hesitant attitude towards the label.

"Dyslexia as a Consumerist Expressive Tool of Performance" refers to the commodification of the label of dyslexia as a tool to obtain support services in HE. This commodification stems from the introduction of marketisation reforms in HE discussed by Brown and Carasso (2013). This consumerist expressive tool of performance is perceived differently by performers labelled with dyslexia.

Real-real performers labelled with dyslexia perceive this label as an "Effective Consumerist Expressive Tool of Performance", regarding the label of dyslexia as the only efficient way to address their needs within HE. Without this label, these performers labelled with dyslexia believe that they will lose their ability to succeed in HE. Consequently, this expressive tool facilitates the performance of the role of the satisfied customer labelled with dyslexia, enabling them to obtain what they need in HE.

In contrast, cynical-cynical performers labelled with dyslexia perceive this label as an "Ineffective Consumerist Expressive Tool of Performance", regarding it as an inadequate way to address the needs of these performers labelled with dyslexia in HE because it cannot satisfy their needs as customers in HE. With the existence of this label in HE, these performers labelled with dyslexia believe that they cannot succeed due to the disadvantage they are placed at by the group stigma (for example, Goffman, 1963), which is usually attached to this label. Thus, this expressive tool facilitates the performance of the role of the sceptical customer labelled with dyslexia, making them unable to benefit from the support they may obtain, potentially placing them at a disadvantage in HE.

Finally, real-cynical/cynical-real performers labelled with dyslexia perceive this label as a "Realistic Consumerist Expressive Tool of Performance"; in other words, as a limited effective method to support their needs in HE. The existence of the label in HE causes confusion for these performers labelled with dyslexia due to their vague attitude towards it. This expressive tool facilitates the role of the hesitant customer labelled with dyslexia, making them, much like cynical-cynical performers labelled with dyslexia, unable to exploit the label to obtain the support they need in HE.

The university plays the role of the service provider, becoming what Barnett (2013) describes as a "Marketised Educational Institution", constructing three types of consumerist games of performance of dyslexia, aligning with consumerist discourse in HE. The existence of these consumerist games of performance of dyslexia is constantly reproduced in HE, which can be depicted in the figure below.

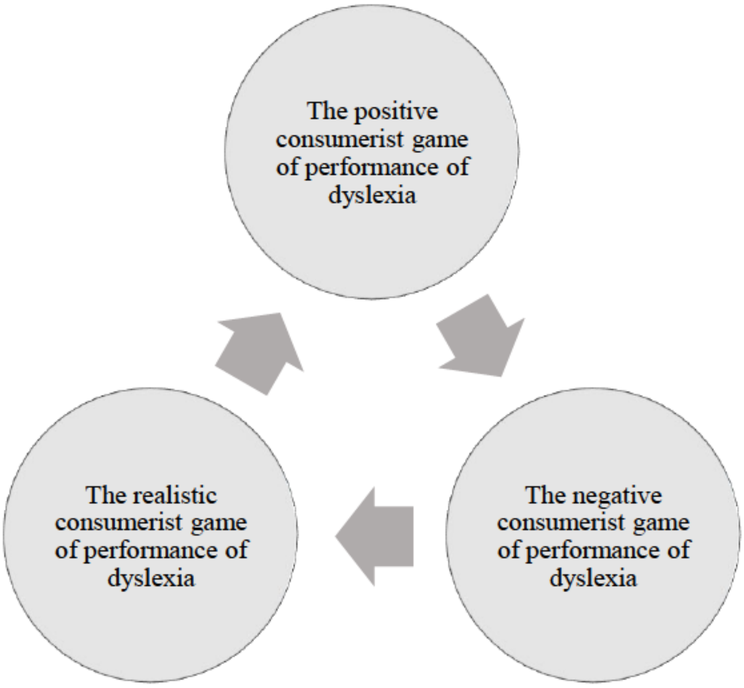

Figure 6 The cycle of the consumerist games of performance of dyslexia in HE

The figure above demonstrates the cycle of the consumerist games of performance of dyslexia in HE. This cycle is constantly reproduced due to the existence of the consumerist discourse aligning directly with the introduction of marketisation reforms in HE as explored by Brown (2015). The positive consumerist game of performance of dyslexia is the main type of game of performance of dyslexia constructed by real-real performers labelled with dyslexia, which is usually revealed as the only type in HE to align with the consumerist paradigm. Real-real performers labelled with dyslexia construct the positive consumerist game of performance of dyslexia because of their belief in the efficacy of the label of dyslexia as an effective consumerist expressive tool. They believe that this tool can sustain their interests in HE by protecting them against any potential discrimination. In contrast, the negative consumerist game of performance of dyslexia is reproduced due to the inability of cynical-cynical performers labelled with dyslexia to construct a positive consumerist game of performance of dyslexia due to their belief that the label of dyslexia is an ineffective consumerist expressive tool. As a consequence, these performers believe that this game of performance of dyslexia violates their rights as customers of HE services. Their rights are violated when they are unable to voice their dissatisfaction of the services without facing discrimination because of their attitude towards the label. Real-cynical/cynical-real performers labelled with dyslexia, however, cannot construct either a positive or negative consumerist game of performance of dyslexia because of their hesitancy towards the efficacy of the label of dyslexia to support their needs as customers in HE. Thus, they construct a realistic consumerist game of performance of dyslexia related to the limited protection of their rights as consumers of dyslexia support services in HE. This questions the ideal picture drawn in the OIAHE annual report (2019), claiming that all students labelled with dyslexia in HE are protected regardless of their attitude towards the label.

5.3 The Factors Influencing the Biological Games of Performance of Dyslexia in Higher Education

The biological games of performance of dyslexia are affected by disability discourse, labelling, and therapization, which will be discussed in turn. Disability discourse is a factor due to its impact on the notion of the impairment, which is usually based on the current definitions of disability (see Chapter 2). This notion determines individuals' quality of life, thus limiting their participation in social life by enabling them only to participate in activities that are carried out by disability communities. This limitation of participation is supported by Oliver's (1990) argument that society creates a disabling environment for these individuals, thereby disempowering them. Furthermore, Wolbring (2008) states that ableism discourse has different forms, including the ability to affect policies, and therefore impact wider society. This discourse can play a significant role in disempowering individuals labelled with disabilities as it emphasises an individual's ability, or lack thereof. Within the HE context, the ableism discourse is reinforced by the games of performance of dyslexia, which is usually sustained by the ability of students with dyslexia to participate in HE only if they have the label and obtain support services. Consequently, pathologising dyslexia justifies the usefulness of the label of dyslexia on the grounds of its ability to provide answers to some individuals labelled with dyslexia about their differences from others in society, expanding Elliott's (2005) argument that individuals labelled with dyslexia develop an emotional attachment with their label of dyslexia.

Disability policies, including *the Disability and Inclusion Policy* in Liverpool John Moores University (2020) and *Disability support policy* in University of Birmingham (2020), claim to reduce the barriers that students labelled with disabilities may face in HE. Therefore, they represent only the positive attitude towards the efficacy of the label of dyslexia to promote social inclusion, assuming that all students labelled with dyslexia adopt the same attitude. However, as discussed in Chapter 4, I posit that this is not the case, and some students labelled with dyslexia adopt alternative attitudes such as negative and realistic attitudes towards the label of dyslexia. Universities' refusal to represent the true variety of experiences of the label of dyslexia means they are in fact harming some students classified with dyslexia, such as cynical-cynical performers labelled with dyslexia and real-cynical performers labelled with dyslexia, by making them more vulnerable to stigma. Thus, these HEIs are violating their legal obligation to protect students classified with dyslexia against any potential discrimination on the basis of their dyslexia in HE according to the Special Educational Needs Disability Act (SENDA; 2002), amended by the Equality Act (2010) (see Subsection 2.2.2 for an informed critique of the Equality Act).

These games of performance have a subjective connotation between performers labelled with dyslexia, aligning with Opie and Sikes' (2014) argument that subjective perception of social reality influences the nature of individuals' experiences. Therefore, the labelling process in HE affects the games of performance. The presence of these labelling processes transforms students identified as having dyslexia into performers in constructed games of performance of dyslexia in HEIs, expanding Becker's (1973) argument that labelling processes can have a significant negative influence on individuals labelled with disabilities in society. Therefore, I predict that labelling processes in HEIs shape these games of performance of dyslexia differently depending on the nature of the experiences reported by the performers, which will be examined in the forthcoming chapters. Nonetheless, these games of performance of dyslexia can be associated with the "Disempowering Effect of the Labelling Processes" because of stigma. Kendall (2018) explored the association between dyslexia and laziness concluding that lecturers tend to question the academic integrity of students with LDs and dyslexia due to the amount of the support they get, thereby informally labelling them as lazy. Nevertheless, universities tend to hide this negative effect of labelling, including informal labelling associated with normalisation discourse, by creating the ideal patient discourse and constructing a positive biological game of performance of dyslexia developing Abberley (1987), and Oliver's (2009) argument that normalisation discourse tend to make individuals with disabilities deny their impairments to fit with social norm. Universities achieve this by constructing a positive connotation of the biological games of performance of dyslexia and therefore underrepresenting the negative connotations of labelling. Hudak (2014) supports this argument by maintaining that labelling processes can lead to segregation of individuals with disabilities in their societies due to the negative connotations that are associated with these processes.

The constructed positive connotation of the biological games of performance of dyslexia is reinforced by "the Therapization of HE" (Ecclestone and Hayes, 2019, p. 123), which in turn affects the games of performance of dyslexia. This positive connotation is reinforced by universities' tendency to emphasise the benefits of the support interventions they provide for students labelled with dyslexia in HE. Indeed, therapization in HE can be demonstrated through HEIs' constant attempts to create a biological discourse to describe dyslexia as a form of biological impairment rather than a socially-constructed phenomenon linked to "literacy norms" (Collinson, 2016, p.138), thus creating a therapeutic value for dyslexia in universities. However, linking these games of performance with therapization, their existence leads to the rise of "the diminished self" (Ecclestone, Hayes, and Furedi, 2005, p.184), due to the tendency to biologise LDs and dyslexia, constructing a "Positive Therapeutic Value for the Label of Dyslexia" in HE. Lopes (2012) supports this argument by concluding that the majority of their participants (more than 75%) believed that dyslexia has a neurobiological origin denying the possibility that dyslexia is a socially-constructed phenomenon. This therapeutic value is exemplified by the emphasis on the importance of obtaining the diagnosis of dyslexia as the only way to succeed in HE. Thus, this positive therapeutic value relates to regarding the label of dyslexia as an efficient tool to support the needs of all students labelled with dyslexia as patients in HE.

Thus, based on the literature review (see Chapters 2 and 3), I predict that due to the existence of labelling and therapization as influential factors of the biological games of performance of dyslexia, there is a strong tendency within HEIs to reveal a fake harmony in performance of dyslexia in these games of performance, obscuring the presence of the "group stigma", which will be tested in the forthcoming Chapters. This typology of stigma results from what Goffman (1963) describes as difference from a collective group identity (for example, individuals without the label of dyslexia). HEIs may obscure the presence of this group stigma, portraying an inclusive environment and hiding the experiences of performers labelled with dyslexia who do not harmonise with this environment (for example, cynical-real performers labelled with dyslexia).

5.4 The Factors that Influence the Consumerist Games of Performance of Dyslexia in University

The consumerist games of performance of dyslexia are affected by marketisation, consumerism, which is exemplified in the commodification of dyslexia, and social inclusion. These games of performance of dyslexia result from what Ball (2012) describes as the responsibility to perform, replacing “social structures and social relations” with “informational structures”. Essentially, we hold an ongoing responsibility to perform our roles as required, meaning we are always governed by the two technologies of agency and performance. Agency and performance can be seen as the direct result of consumerism because of the strong emphasis on the value of the productivity rather than experience. This burden makes us endangered if we are seen as unable to perform our work fast, harder, and better (Ball, 2012). Therefore, marketisation processes can be seen as the reason why HEIs are responsible for satisfying the needs of all customers by providing them with the necessary educational services.

Nonetheless, the nature of marketisation remains contentious because of the disagreement about the advantages that it is claimed to offer. Nedbalová, Greenacre, and Schulz (2014) state this disagreement has created an ambiguous meaning for these games of performance in HE. Marketisation becomes the main justification for creating two inconsistent meanings of the games of performance of dyslexia at the university level (positive) and among performers labelled with dyslexia (positive, negative, and realistic). Indeed, universities promote only the positive consumerist game of performance of dyslexia to satisfy their need to promote social inclusion hiding the other types of these games that do not align with their need. In doing so they create an ambiguous meaning in relation to students with dyslexia who do not align with these games in HE. Therefore, university stakeholders exploit the contentious nature of marketisation by employing only the positive side, creating a positive consumerist game of performance of dyslexia to sustain their interests within HE. Elliott, and Grigorenko (2014) support this argument by arguing that the concept of dyslexia is a biased concept that satisfies the needs of particular groups such as policymakers.

The positive consumerist game of performance of dyslexia is the tendency to represent students labelled with dyslexia as the ideal customer satisfied with the quality of support services, thus aligning institutions with the customer law in HE. For instance, the CMA (2015) claims to protect students classified with dyslexia against any potential discrimination based on their socially-constructed disability in terms of their right to obtain support services within HE. This inaccurate representation of students labelled with dyslexia as completely satisfied customers leaves some voices of performers labelled with dyslexia (for example, cynical-cynical) unheard. This lack of representation leads to the emergence of “The Phenomenon of the Hidden Voices of Some Performers labelled with Dyslexia”.

In contrast, I expect that the constructed ambiguous connotation of marketisation in universities remains effective only among performers labelled with dyslexia in HE, leading to shape “Subjective Consumerist Games of Performance of Dyslexia”, which will be explored in the forthcoming Chapters. The subjective consumerist games of performance of dyslexia depend on the nature of the experiences of performers with the label of dyslexia as a form of commodity due to universities’ promotion of dyslexia support as a form of consumed service. These types of experiences align with the consumerist paradigm commodifying dyslexia in HE. This commodification is usually justified on the grounds of creating an inclusive environment to construct social inclusion in HE. However, this type of social inclusion creates a similar negative effect to social exclusion; it justifies the lack of representation of some performers labelled with dyslexia on the grounds that they are labelled as different customers due to their need for a particular type of service to cope with HE demands. These services are included in marketised educational inclusion policies. The presence of these factors in both games of performance of dyslexia necessitates exploring these games in HE in further detail. In addition, the implications of social class, gender, and culture for the experiences of students labelled with dyslexia are explored in the next section.

5.5 The Implications of Social Class, Gender, and Culture for the Experiences of Students with Dyslexia in Higher Education

The term “social class” first came into wide use in the early 19th century, replacing terms such as rank and order as descriptions of the major hierarchical groupings in society (Macdonald, 2009). In the light of Atkins’ (2017) argument about the influence of different social classes and class fractions on decision making, it can be argued that social classes and class fractions influence the nature of the cultural capitals that individuals can access to. For example, a middle class individual may be able to access only to the cultural capital that is made available to them. This cultural capital may provide access to more options of fields to study than a working class individual who may have cultural capital that does not allow them to access the valorised capitals in HE. This means that this working class individual may not have the same ability to access valorised capitals in HE like a middle class individual who can access these capitals due to their parents’ advanced levels of education. Thus, social classes and class fractions of individuals determine the nature of the advantages and disadvantages that individuals may have due to the different cultural capitals they have allowing them to have different degrees of access to valorised capitals that enable access to HE. To clarify, a middle class individual may be able to have more chance to be educated in a reputable school due to the advanced levels of education their parents have (i.e., they may have graduated from this school). In contrast, a working class individual may not have the same chance as the former has due to the potential low levels of education their parents have (i.e., they may not be educated or they may have left school). This lack of education means that they may left school without obtaining A levels, which may not occur in the case of middle class individuals. This can lead these working class parents to work in low paid jobs, which may be less likely to occur in the case of middle class individuals. As a result, the former may have a more chance to have better schooling and access to valorised capitals that facilitate accessing HE that the latter may not have as the latter may not include “the embodied and objectified cultural capital valorised in education” (Atkins, 2017, p.5). With regards to dyslexia, literature such as Macdonald (2009), Macdonald and Deacon (2019), Macdonald (2012), and Madriaga (2007) indicates that social class can greatly impact dyslexia as shown by the low percentage. According to these authors, about 30% of working class individuals who are able to obtain an early diagnosis for their dyslexia in schools can access HE in English society. This low percentage means that social classes and class fractions can also determine the nature of the advantages and disadvantages that individuals with dyslexia may have due to their possession of different cultural capitals that allow them to have different degrees of access to valorised cultural capitals that allow their access to HE. The presence of dyslexia along with belonging to different social classes can raise additional challenges for individuals with dyslexia when accessing education (i.e., schooling and HE). For instance, middle class individuals may have an early diagnosis for their dyslexia as this diagnosis may be facilitated as their parents may have advanced levels of education that enable them to understand the nature of support these individuals require for their dyslexia. Their parents' potential advanced levels of education may enable them to access valorised capitals that support the access of these individuals to HE. Nevertheless, working class individuals may not be able to obtain an early diagnosis of dyslexia due to the inability of their parents to access educational services including dyslexia assessment in their schools due to their cultural capital and their parents' low levels of education, which may lead them to fail to reach HE successfully. These individuals can have a limited access to the valorised capitals that support HE access due to their social class as well as their dyslexia, which may be another burden that may limit their access to HE. In other words, this means that social classes and class fractions can have a significant influence on constructing the enabler and disabler factors that individuals with dyslexia are subjected to, which will be explored further in this section.

According to Grenfell (2008, p. 5), cultural capital refers to "the collection of symbolic elements such as skills, tastes, posture, clothing, mannerisms, material belongings, credentials, that one acquires through being part of a particular social class". In this light, Reay (2013) uses these theoretical tools to demonstrate how students from working class backgrounds may have poorer educational experiences than those from middle class because they do not possess the same symbolic elements that the latter possess such as skills that enable them to access higher levels of education. Therefore, cultural capital is usually associated with the social class that an individual belongs to. In the case of students labelled with dyslexia, this association can be evident in parents who have a clearer understanding of dyslexia due to advanced levels of education. Hence, middle class students classified with dyslexia may be able to negotiate the support that is more suitable for them, which may be harder for those with working class backgrounds. To clarify, this means that these students who belong to middle class can choose the most suitable adjustment for them due to the social, cultural and financial resources that their families have that enable these families to provide them with the best support for their dyslexia. Indeed, students labelled with dyslexia who come from a working class background may be discriminated against due to both their social class and their dyslexia, which may place them at a disadvantaged position in HE.

Moreover, culture can intersect with social class and dyslexia to influence the experiences of students classified with dyslexia differently expanding Gopaldas' (2013) argument that the intersectionality between social class, gender, and culture can shape humans' experiences differently. In this light, dyslexia can be perceived differently in relation to social class cultures. For instance, working class culture may perceive dyslexia as a shame or weakness due to the inability of the individual labelled with dyslexia to succeed like their peers in HE and the lack of awareness of their parents of what constitutes dyslexia (i.e., the potential advantages of dyslexia). This lack of awareness is potentially due to their low levels of education as a consequence of their cultural capital. This argument aligns with Nash's (2008) argument that intersectionality has become a tool to explore the influences of different factors such as social class and gender on the experiences of individuals in Western societies. On the other hand, middle class culture may perceive dyslexia as a form of power due to the ability of the middle individuals labelled with dyslexia to belong to HE as a form of diversity due to their ability to access valorised capitals that allow access to HE. This perception is because parents of individuals with dyslexia who belong to middle class may have strong awareness of dyslexia that result from their cultural capital (i.e., they possess symbolic elements that working class parents do not have such as different skills and levels of education). As a result of their advanced levels of education, their parents may be able to understand how they can use that to empower these individuals by enabling them to access HE successfully.

Referring to gender, literature suggests that dyslexia is more common among boys than girls (Kirby 2019; Miles, Haslum, and Wheeler 1998; and Yang et al 2022). Gender can intersect with dyslexia and social class, influencing the experiences of female students labelled with dyslexia from various social classes differently in HE. For example, females from working class backgrounds may have less chance to be identified with the label of dyslexia and supported effectively in HE building on Macdonald and Deacon's (2019) argument that gender may influence the issues of diagnosis, and education (including HE) experiences of individuals with dyslexia who belong to lower social classes (working class). Thus, this reduced chance to obtain a diagnosis may make the experiences of these female students more challenging in university, which can impact their ability to succeed in HE as they may be discriminated against due to their gender, social class, and dyslexia. Despite this challenging experience, these students may be able to access HE. Conversely, male students who belong to middle class may have more chance to obtain the diagnosis and the necessary support in HE, which may make their experiences more rewarding than those female students from lower social backgrounds, thus increasing the success rates of the former in HE. This is because these males have social, cultural and financial resources to support a successful HE application and to advise them who to speak to request support. Macdonald (2009) supports this argument by maintaining that social class and gender may influence the nature of the experiences of individuals with dyslexia in HE by making them more challenging. Their experiences may become challenging when these individuals may have a less access to HE because of their social class as they may have a limited access to valorised capitals that provide access in HE. In terms of the influence of gender, the experiences of these individuals may become more challenging due to potential discrimination against them due to their gender and social class (e.g., a working class female student with dyslexia may be unable to access HE due to the nature of her cultural capital to obtain the necessary support for her dyslexia).

Finally, there is a direct relationship between culture and the nature of language as dyslexia can be manifested differently in different languages due to the difference in the nature of the relationship between sounds and letters in these languages (the nature of this relationship can be transparent or opaque) (Tainturier, Roberts, and Charles, 2011). Nonetheless there is evidence that similar errors may occur in the case of dyslexia in Arabic and English. For example, Abu Rabia and Sammour (2013) conducted a study to investigate the spelling errors of 8th grade dyslexic students and a group of 5th and 6th graders matched to the dyslexic group according to their spelling level. All students were tested on spelling isolated words in Arabic and English. The authors concluded that the dyslexic group made significantly more semi-phonetic errors in Arabic than the spelling-level matched group, while the two groups made a similar number of semi-phonetic errors in English. In the light of Rabia and Sammour's study, it is important to note that English language can be described as an opaque language whereas Arabic can be described as transparent language, which means that dyslexia in English is usually manifested in the accuracy and fluency (speed) of reading. However, in Arabic, dyslexia is usually manifested in the fluency of reading. In terms of the implications of the nature of these differences on the experiences of Arabic students with dyslexia in the HE system in England, it can be argued that the complex nature of the English language may pose challenges to them when they study in English particularly where it is their second language. Thus, in the light of Shany, Asadi, and Share’s (2023) argument that the subtypes of dyslexia that are associated with Arabic are different than those associated with English, it can be argued that the weaknesses of Arabic students with dyslexia may be identified inaccurately in the English HE system because of the difference in the linguistic nature of English and Arabic making some features of their dyslexia unidentified by support services. This lack of identification may increase the challenges they may face as second language learners with dyslexia in English HE. Thus, the questions that remain are: Is the perception of dyslexia as a rewarding or challenging experience due to culture or nature of the acquisition of a particular language? Are there cultural or language differences? These implications mean that there is a tendency among universities to oversimplify the representation of dyslexia in HE.

5.6 The Oversimplification of Representing Dyslexia in Higher Education

There is a strong tendency among universities to oversimplify dyslexia utilising the biological and consumerist discourses of dyslexia in order to satisfy the needs of these universities to promote social inclusion. Universities use these discourses to categorise students with dyslexia as patients or customers, leading these students to play their roles depending on the nature of their experiences with their label in HE. This oversimplification may confine their self-identification to the label of dyslexia, expanding Ecclestone and Hayes (2019), and Tomlinson’s (2017) arguments that therapeutic and consumerist cultures have become embedded in the HE system.

Summary

There is a strong tendency within HEIs to present a fake harmony within the performance of dyslexia, obscuring the presence of the “group stigma”. The lack of representation of negative experiences is justified on the grounds of the legal obligation of the SENDA (2002), amended by the Equality Act (2010) by subjecting some students with dyslexia to discrimination to promote social inclusion due to their different attitude from what universities promote for (positive). As such, some students labelled with dyslexia are harmed by the underrepresentation of their experiences in HE. This implies that this subjective connotation relies on the nature of the experiences of performers labelled with the “Pathologised Label of Dyslexia”. Due to the emphasis on pathologising dyslexia in this biological game of performance of dyslexia, this game is intertwined with the labelling processes in HE. However, universities tend to hide the effects of labelling by constructing a positive connotation of the biological game of performance of dyslexia. In the same manner, universities reveal the positive consumerist game of performance of dyslexia by hiding the negative effect of the label of dyslexia as a useless label providing inadequate services for some performers labelled with dyslexia. This construction remains inconsistent with the connotation of the games of performance of dyslexia among performers labelled with dyslexia, leading to the emergence of the phenomenon of the hidden voices of performers labelled with dyslexia in HE. This inconsistency indicates that there is a false interpretation of the experiences of students labelled with dyslexia in HE as performers. The current chapter has described different games of performance based on theoretical analysis of the literature. The next chapter will use empirical data to confirm the existence of these games of performance of dyslexia.

Chapter 6

Empirical Findings

6.1 Introduction

The present chapter builds on the previous Chapters by exploring and analysing the empirical evidence supporting the aforementioned types of games of performance of dyslexia. It begins by exploring the influence of the biological and consumerist constructs on creating an identity revolving around dyslexia for students labelled with dyslexia. The consumption attitudes of performance of dyslexia are then investigated, including how these attitudes shape the tools of performance of dyslexia in HE. Moreover, the games of performance of dyslexia are examined by exploring how they are constructed, testing the previous Chapter's assertion that the constructs of dyslexia are embedded within HE. Furthermore, biological and consumerist relationships between students classified with dyslexia, lecturers, and dyslexia assessors are examined. Finally, the Chapter ends by examining the shift of performance of dyslexia in some performers labelled with dyslexia, exploring the causes of universities' reliance on biological discourse and its hegemonic presence in HE. All these themes are supported by the data collected in this thesis.

Qualitative data were collected for this thesis to explore the nature of dyslexia constructs and their impact on the social performance of students labelled with dyslexia in HE, which are interrelated datasets aiming to examine the influence of the constructs of dyslexia on students classified with dyslexia in HE. This interrelated nature of the data means they were collected from the same universities to explore the nature of the political rhetoric of dyslexia in HE:

- The hegemonic presence of the biological and consumerist discourses in HE, coded as (HEI, HBCD), and their influence on dyslexia constructs demonstrated in a comprehensive survey of 30 universities that construct dyslexia as a form of disability and consumerist service, which is evident in the description of dyslexia on their websites.
- Marketised social inclusion statements from 10 universities, coded as (HEI, MSIS), to explore how these statements influence the construction of dyslexia as a tool of social performance in HE. These universities develop these marketised social inclusion statements that clearly support their inclusion process of students with dyslexia on their websites.

- Marketised educational inclusion policies were collected from 20 universities, coded as (HEI, MEIP), to interrogate the influence of dyslexia constructs on performers labelled with dyslexia. These universities develop support policies that clearly address the needs of these students with dyslexia by providing a clear description of these adjustments on their websites.
- Opinions of students labelled with LDs including only those classified with dyslexia were collected from 40 universities, coded as (HEI, QS), to support the existence of the categories of performers labelled with dyslexia. These universities obtain the opinions of students with dyslexia about the efficacy of support services provided to them using QS surveys. Only (40 out of the 60 approached universities mentioned in the previous bullet points) conducted these surveys.
- Statistics about the numbers of students labelled with dyslexia in universities were collected from 20 universities, coded as (HEI, S), used to support the embeddedness of dyslexia as a political rhetoric in the HE system. These universities carry out statistics about the numbers of students with dyslexia in a specific category. Only (20 out of 100 universities mentioned in the previous bullet points) carried out such statistics.

6.2 The Games of Performance of Dyslexia

6.2.1 The Construction of the Patient Identities of Dyslexia – The role of Experience with the Label of Dyslexia in Shaping Identity

The first research question I aimed to answer with these findings was, "What are the features of the constructs (for example, biological) of dyslexia, and how do these features influence students classified with dyslexia in universities?" As discussed in previous Chapters, the biological construct of dyslexia is perceived differently among performers labelled with dyslexia, constructing a subjective identity revolving around dyslexia. I proposed that this constructed subjective identity can be categorised according to the belief that students labelled with dyslexia hold including positive, negative, and realistic attitudes towards the label of dyslexia. To address this prediction, survey data were obtained by FOI requests. These surveys were conducted by several universities, usually by the disability support services offices, to assess the quality of the support services they offer and the degree to which students labelled with dyslexia (and other LDs) were satisfied with the support they received. These surveys comprised a set of open-ended questions, meaning that the responses contained a lot of in-depth information about the quality of support these students felt they had been offered. Surveys were conducted anonymously to maintain the students' confidentiality and increase the likelihood of detailed and honest answers. Confidentiality was also maintained by removing some experiences of students with dyslexia that may be deemed to be too sensitive for some performers labelled with dyslexia (for example, cynical-cynical).

Analysis of the opinions expressed in these surveys confirmed my prediction, as opinions could indeed be categorised as positive, negative, or realistic. Those who hold a positive belief about the label had positive experiences, which can be demonstrated in the following quotation:

> … Probably one of the most critical features that they put in place for me was an extended book loan which meant that I could take a book out from the library and you would loan them for normally 5 days but I got 19 days. It [an extended book loan] gives me the time I need for assignments. It is really helpful. Now my perspective of my dyslexia has changed. I am no longer think of it negatively. I think I just need more time to show my creativity to lecturers in assignments. Having it [an extended book loan] make me develop creative ideas that I wasn't expecting (HEI 26, QS).

The student in this quotation can be described as a real-real performer labelled with dyslexia adopting a positive belief about dyslexia. This belief is demonstrated through the opinion that the label was helpful, enabling them to have an extended book loan and subsequently giving them the time, they need to complete their assignment. This positive belief led them to construct a positive creative identity revolving around dyslexia in HE (will be explored in Subsection 6.2.1.1).

In contrast, other students' opinions demonstrated a negative belief about the label as a result of their negative experiences with this label in HE, which can be revealed in the following quotation:

> The assessor claims that dyslexia makes me different as she said that I need this tutorial as some individuals with dyslexia have an issue with sequencing sometimes it can be a bit of an issue just sort of…doing a bunch of things at once it's difficult so just breaking it up into different shapes and forms it. However, nothing is wrong with me and it [support tutorial] was extremely unhelpful it didn't help me to feel that I belong to university again (HEI 28, QS).

This student can be described as a cynical-cynical performer labelled with dyslexia due to their negative experience with the label, which was evident in their negative language in describing the support offered to them, such as "it was extremely unhelpful it didn't help me to feel that I belong to university again". The quotation indicates that this student did not believe in the usefulness of the support that the label provided for them. Indeed, they described it as unhelpful as it disempowered and alienated them in HE.

A third category of students classified with dyslexia had somewhat more ambiguous experiences with the support services they obtained due to the label of dyslexia. These experiences can be described as an amalgamation of mostly positive and some negative or mostly negative and some positive experiences, which make these students construct a more realistic identity than the other categories explored earlier in this theme. The hesitant construction is demonstrated in the following quotation, "support may not help me to overcome my dyslexia in social situations like delivering presentations in lectures. I may still feel the same dread" (HEI 30, QS). This particular student classified with dyslexia had a less clear experience with support services and the label of dyslexia, constructing a realistic identity revolving around dyslexia and adopting an unclear attitude towards this service and the label. Thus, they can be described as either a real-cynical or cynical-real performer labelled with dyslexia.

6.2.1.1 The Creative Identity Revolving around Dyslexia – The Believer Patient Labelled with Dyslexia

The qualitative surveys obtained via FOI requests for the current study revealed that 60% of universities portray the creative identity revolving around dyslexia as the identity construction among students labelled with dyslexia. This finding confirms the strong tendency of universities to represent all students classified with dyslexia as having a creative identity, which can be demonstrated through their MSIS. The students portraying this identity construction become the believer patients labelled with dyslexia, believing in their dyslexia as an inherent impairment within them.

The tendency to report students labelled with dyslexia who construct a creative identity can be demonstrated by HEI 5, MSIS in the following quotation: "the university advises on the compliance with the Equality Act (2010) protecting the needs of students with dyslexia enabling them to reveal their creativity and flourish in university". In this quotation, HEI 5 demonstrates its alignment with the Equality Act in terms of protecting students labelled with dyslexia by representing only those constructing a positive identity of their dyslexia in universities. In other words, FOI survey data emphasised the tendency to report the opinions of students labelled with dyslexia who adopted a positive attitude more than the opinions of students classified with dyslexia who adopted other attitudes. In other words, some surveys reported more positive experiences of students labelled with dyslexia than others. HEI 27, QS presents the positive construction of identity revolving around dyslexia through linking the label with learning improvement, enabling these students to discover their areas of strengths, and constructing a creative identity revolving around dyslexia, which can be demonstrated in the following quotation:

> Support services using the diagnosis of dyslexia is an important factor to improve learning experience. They [support services] help me to develop strategies that help me to show my creativity. These tutorials enable me to accept my difference. Dyslexia means to perceive things differently. The support that this university offers is ideal (HEI 27, QS).

Perceiving the label of dyslexia as a way to improve learning can imply that it enables some students labelled with dyslexia to discover their strengths by developing coping strategies through support tutorials. As a result, some of the students classified with dyslexia in HE can be categorised as real-real performers labelled with dyslexia who construct a creative identity revolving around dyslexia. They emphasise the development of creative strategies to overcome their weaknesses in literacy, thus reinforcing the ideal patient discourse created by universities. The acknowledgement of such weaknesses indicates that these students labelled with dyslexia may be categorised as believer patients labelled with dyslexia, pathologising dyslexia using the medical model of disability. This pathologisation also aligns with MEIPs, for example, “the DDS [the disability and dyslexia service] also acts as an advisory service for students in receipt of DSA [disability student allowance] or applying for DSA and to university staff who request guidance on inclusivity or reasonable adjustments” (HEI 13, MEIP). Therefore, according to the QS data, real-real students labelled with dyslexia believe in the ability of the support services they obtain to help them to develop creative compensatory strategies to overcome their weaknesses, reinforcing their creativity. Such compensatory strategies will be discussed in the following Subsections.

6.2.1.1.1 Sticky Notes

The use of sticky notes was reported as the most frequently used compensatory strategy among students labelled with dyslexia. Real-real performers labelled with dyslexia believe that sticky notes offered them a creative solution to their weaknesses. Sticky notes refer to the sticky paper usually used to take notes. This paper can be useful for students labelled with dyslexia as it can help them to recall information they may need for an exam or an essay by highlighting key concepts of the subject they study; for example, “the sticky notes approach is very useful it reduces barriers of thoughts” (HEI 26, QS). The student labelled with dyslexia in this quotation can be described as a real-real performer labelled with dyslexia who believes in the ability of sticky notes to reduce “barriers of thoughts”. The student was facing difficulties in recalling information due to their dyslexia and sought university support to overcome these difficulties. They declared that using sticky notes helped them to overcome this issue in an exam for which they obtained a good mark. The use of sticky notes as a compensatory strategy indicates the strong tendency to represent students classified with dyslexia as a vulnerable group, questioning their ability to succeed without obtaining support in HE. This aligns with Ecclestone, Hayes, and Furedi’s (2005) term “the diminished self”, which was discussed in Chapter 3.

6.2.1.1.2 Learning by Teaching

Likewise, the surveys obtained by FOI requests indicated that learning by teaching was often taught as a strategy to compensate for difficulties recalling and processing information. Learning by teaching is a learning technique that shows students how to develop summaries for their modules depending on their own preference for either, teaching, or presenting for their peers. The survey data indicated that many students found this helpful; for example, “a bit surprised about how much information I can tell and how much I can receive from my friends because of this support service [learning by teaching] I was offered” (HEI 27, QS). The student classified with dyslexia in this quotation can be described as a real-real performer labelled with dyslexia, who believes in the ability of learning by teaching to increase the amount of the information they have about a particular subject area.

6.2.1.1.3 Analogies

In a similar vein, many students in the QS reported using analogies as a compensatory strategy. For example, a student from HEI 28, QS, stated “[analogies] associate things to stories or to objects or making my own little ways of remembering it”. This student represents the real-real performer labelled with dyslexia, who believes in the ability of analogies to facilitate their remembrance of information. This performer plays the role of the believer patient labelled with dyslexia as they believe in the nature of their biological deficit, including the difficulty to recall information.

6.2.1.1.4 Summary and Impact of Creative Strategies on Students Labelled with Dyslexia

The examples above align with the values promoted in universities’ MSIS, which often allude to the creative identity revolving around dyslexia construction. This identity is usually developed through the use of compensatory strategies such as sticky notes and learning by teaching. For example, HEI 1, MSIS reinforces equality and social inclusion, enabling real-real performers to develop their positive identity revolving around dyslexia, stating:

> We’re engaging with, involving and inspiring, people on our campus, in communities and around the world to develop our understanding of social inclusion and how we can foster inclusive and effective solutions. We help students with dyslexia to develop their creative identity that is fostered in this university.

HEI 1, MSIS, emphasised engagement through fostering “inclusive and effective solutions”. This emphasised engagement addresses the needs of real-real performers labelled with dyslexia as these performers represent the picture of the ideal patient student in HE. The institution also claims to help these performers to develop their creative identity revolving around dyslexia.

The idea that students with dyslexia require specific solutions and have their own creative identity reinforces a biological understanding of dyslexia as a form of impairment, suggesting that students labelled with dyslexia cannot cope without support in HE. This biological understanding can be exemplified in the following quotation, “students with long-term conditions and specific learning difficulties such as dyslexia are entitled to support” (HEI 14, HBCD). Thus, while students may feel positive about the creative strategies, they are also being given the impression that they will not succeed in HE without them.

6.2.1.2 Negative Identity Revolving around Dyslexia – The Sceptical Patient Labelled with Dyslexia

In contrast, other students classified with dyslexia constructed a negative identity revolving around dyslexia, becoming the sceptical patients and questioning the reality of their dyslexia as an impairment. This attitude is demonstrated by feelings like, “support just allowed me to hate my dyslexia more because I felt different from everyone else” (HEI 8, QS). The student labelled with dyslexia in this quotation had a negative experience with support and the label, which can be associated with Goffman’s (1963) perception of stigma as a deviation from the collective normative identity in society. Thus, these students construct a negative identity where they associate themselves with disadvantage resulting from their failure in HE. This constructed identity aligns with Kannangara’s (2015) description of languishing individuals labelled with dyslexia, associating their dyslexia with failure. Thus, these students can be described as cynical-cynical performers labelled with dyslexia. This negative identity revolving around dyslexia can be viewed clearly in the following quotation:

> Dyslexia is the main cause of my misery and disadvantage in university. I can see everybody at university patronising me lecturers, my peers, everybody. They do not understand what is meant to have dyslexia in university. For me, the label just makes the things worse than they really are (HEI 17, QS).

This student classified with dyslexia developed a negative identity revolving around the disadvantages of the label of dyslexia in HE. They perceive behaviours from their peers and lecturers to be patronising, and attribute that to the label of dyslexia. Likewise, another student reported constructing the same negative identity while reflecting on their disappointing experience at university, stating:

> I had an extremely disappointing experience at university. In the last semester I asked a lecturer if they can extend a deadline of an assignment that was supposed to be handed in next week explaining to her that my dyslexia makes things really difficult sometimes as I cannot sometimes produce the required work in speed I need more time. Then the lecturer said that she cannot do that because if she did it once every time she had to respond to the desire of each student to postpone. I felt so disadvantaged. Even my peers said they do not object to the deadline believing that it is sufficient to finish the assignment in a week. They can but I cannot. Nobody really cares about my needs. Dyslexia is a hindrance for me and lecturers don’t want to help me (HEI 22, QS).

The student described in this quotation developed a negative identity revolving around dyslexia due to a negative experience in their university doubting the intention of lecturers to respond to their needs in university.

6.2.1.3 Realistic Identity Revolving around Dyslexia – The Hesitant Patient Labelled with Dyslexia

The QS obtained from universities reported that some students identified as having dyslexia construct a realistic identity revolving around dyslexia, becoming hesitant patients who are unsure about the nature of their dyslexia. This can be demonstrated in the following quotation, “I don’t think my dyslexia is always a hurdle to me. Some lecturers may have the will to help, but the system limits their ability to help sometimes. They don’t always have much to do really with limited resources to help” (HEI 4, QS). The student in this quotation constructed a realistic identity revolving around dyslexia. Constructing this identity, the student does not reject the intention and the attempts of lecturers to support them, but they acknowledge the potential hurdles, such as a limited amount of support resources, which may hinder the ability of these lecturers to help. In the same vein, another student reported:

> University may always offer strategies to help me to control the negative side of my dyslexia like note taking, software that help with writing, calendars in the support tutorials. Tutorials may be efficient in helping me to use this, but I don’t think that any support plan given may be sufficiently implemented in a lecture (HEI 35, QS).

The student labelled with dyslexia in the above quotation constructed a realistic identity that revolves around dyslexia without seeing the label as a complete advantage or disadvantage. They think that universities and lecturers are willing to help, but that the implementation of the support is not sufficient. Similarly, another student stated:

> University can offer the support needed for my dyslexia, but I still believe that you cannot totally depend on that as the support may not be adequately given within a

> lecture. Therefore, I need to keep discovering the wonders of my dyslexia on my own using as much support as possible offered in the university (HEI 35, QS).

The student labelled with dyslexia in this quotation constructed a realistic identity revolving around dyslexia without completely accepting or rejecting the benefits of the label in HE, while acknowledging the potential limitations of this label.

To conclude, all these constructed identities revolving around dyslexia transform students classified with dyslexia to believer, sceptical, and hesitant patients labelled with dyslexia as they perceive themselves as patients who cannot cope without support/intervention.

6.2.2 The Construction of The Consumer Identities of Dyslexia – The role that the Experience with the Label of Dyslexia Plays in Shaping Identity

The second research question I aimed to address with these findings is “How do consumerism processes sustain the presence of these constructs of dyslexia in universities, and how does this existence affect university students classified with dyslexia?” The survey data obtained by FOI requests revealed the tendency of students labelled with dyslexia to construct a consumerist identity revolving around dyslexia in HE. Furthermore, this identity depends on the nature of their attitude towards the ability of the label of dyslexia as a consumed service to achieve social inclusion.

6.2.2.1 The Positive Consumerist Identity Revolving around Dyslexia

Some students classified with dyslexia constructed a positive consumerist identity revolving around dyslexia in HE and play the role of the satisfied customer labelled with dyslexia, which can be shown in the following quotation, “[support] definitely helped with my essays. I am now like everyone else who studies and has good marks” (HEI 1, QS). Such students can be categorised as real-real performers labelled with dyslexia as they believe in the ability of the label as a facilitator of support services to widen their access in HE and thus achieve social inclusion. Therefore, they play the role of the satisfied customer labelled with dyslexia. This role can be associated with the tendency to promote social inclusion. For example, according to the QS data, 60% of the universities that promote social inclusion found that the majority of their students identified as having dyslexia are satisfied customers labelled with dyslexia. This belief about the usefulness of the label to promote social inclusion implies that there is a powerful desire to promote social inclusion in universities. This desire reinforces the consumerist paradigm and advances Gingrich’s (N.D) definition of marketisation as an expansion of an economic system into a market-based organisation by suggesting that the label of dyslexia sustains the needs of the market by becoming a consumerist tool used to support the needs of the customers labelled with dyslexia in HE.

Only real-real performers labelled with dyslexia play the role of the satisfied customer labelled with dyslexia. The vague nature of their institutions' MSIS do not seem to negatively influence their trust in the quality of support services offered to them in HE. These students are happy despite the vague policies because these students believe that their university has a sincere interest in supporting their needs in HE. Moreover, many students with the label can be subjected to the same MSIS and MEIPs but they develop different attitudes towards them because they are all helped to different degrees. They are perceiving authentic differences in sincere interest among the staff, because some probably have much more helpful lecturers than others.

6.2.2.2 The Negative Consumerist Identity Revolving around Dyslexia

Conversely, other students labelled with dyslexia who adopt a negative attitude towards the support services that they are offered in HE may realise that their institutions' vague MSIS and MEIPs do not reflect their own attitudes. This lack of reflection is the indirect consequence of these performers' realisation of the existence of an insincere performance, which is manifested through broad, and unspecified statements and policies. As such they may be aware of the negative influence of these vague statements, as demonstrated by the following quotation:

> Our mission is to create a truly inclusive environment, building on our cherished cultural diversity, where students and staff flourish, reach their full potential and are proud to be part of the University. We support all our students with dyslexia enabling them to reach their academic potential by offering them the best services to satisfy their needs (HEI 2, MSIS).

Cynical-cynical performers labelled with dyslexia adopt a negative attitude towards support services, questioning the ability of the label to achieve social inclusion. The HEIs' vague statements and policies demonstrate a lack of representation of the experiences of these cynical-cynical performers labelled with dyslexia, making them disadvantaged in HE. Some students classified with dyslexia reported feeling disadvantaged due to the vague MSIS failing to address their needs (for example, HEI 13, MSIS), stating:

> Dyslexia is an actual difference that can be exploited. You go to support services at university and they promise you to make things better offering you support tutorials but

> the situation is always the same. You will remain disadvantaged in the university. Lecturers perceive me inadequate and lazy student who does not have enough academic potential to succeed. I am sick of this negative judgement. I want them to understand me personally without linking everything to my dyslexia (HEI 14, QS).

The student in the quotation above can be described as a cynical-cynical performer labelled with dyslexia perceiving their dyslexia as an actual difference that can be exploited in HE. This student indicated that their dyslexia can be exploited in HE as they are promised that support services will make things better, but their situation does not change. They further described feeling stigmatised and disadvantaged in HE due to their dyslexia. The MSIS and MEIPs developed by universities (for example, HEIs 8, and 9, MSIS; and HEIs 14, 15, MEIPs) are therefore inaccurate in their suggestion that all students labelled with dyslexia develop a satisfied customer identity revolving around dyslexia in universities, as they overlook the experiences of students labelled with dyslexia who do not develop such an identity in HE. Hence, these students play the role of the sceptical customer labelled with dyslexia. Interestingly, these performers may be aware of the ambiguity of the MSIS. For example, one student classified with dyslexia who constructed a negative consumer identity revolving around dyslexia in HE showed a potential awareness:

> I don’t know what they mean [the university] by cultural diversity and flourishing. I don’t think that these statements are clear for every student with dyslexia as it can mean many things for each one of us. They assume we all deal with our dyslexia in the same way, but this is not always the case (HEI 34, QS).

In this quotation, the student labelled with dyslexia appeared to be aware of the ambiguity of the MSIS in their university, making them sceptical about the degree to which their attitude towards their label was represented in these statements. These performers may realise that this statement does not clearly state how their access is widened in HE, and as a result may question the extent to which such statements protect their rights as students labelled with dyslexia. The existence of this issue indicates that these vague statements and policies can only satisfy the needs of one group of students classified with dyslexia.

Real-real performers labelled with dyslexia believe in the reality of these promoted MSIS in HE. However, they may be unaware of the broad nature of these statements and their inability to help students labelled with dyslexia who adopted negative or realistic attitudes towards the support services provided for them in HE. This broadness can be seen in the following statement, “‘Inclusion’ is one of four core values within the university strategy, driving the institution’s vision to enable our staff and liberate talent. Our students with dyslexia are given the best possible services to support their needs” (HEI 4, MSIS). This statement can be described as extremely broad as there is a lack of specification of the groups involved in this MSIS and a lack of clarity about the strategies used to increase access for students classified with dyslexia, instead simply emphasising equality between students. In other words, this statement does not clearly address the hurdles that some students labelled with dyslexia may face in obtaining support, making this statement insufficient in addressing their needs effectively in HE.

6.2.2.3 The Realistic Consumerist Identity Revolving around Dyslexia

In contrast, students labelled with dyslexia who adopt a vague attitude towards support services are unsure whether these services facilitate their inclusion in HE. Therefore, it was not always clear from the QS whether these students perceive a negative influence of these statements on them in university, making them play the role of the hesitant customer labelled with dyslexia. The nature of the vague construction of these MSIS raises the same dilemma about whether the rights of these real-cynical/cynical-real students are protected alongside the real-real performers.

The efficiency of the implementation of social inclusion on the experiences of these students can be questioned because the statements are non-specific and do not state clearly how the institutions will deal with the challenge that real-cynical/cynical-real performers labelled with dyslexia pose. In other words, MSIS can be described as overly vague and stereotypical as they assume that all students labelled with dyslexia develop a satisfied customer identity revolving around dyslexia. As a result, the statements are unable to address the experiences of those students who do not adopt a positive attitude towards the label of dyslexia in HE.

6.2.2.4 The Consumption Attitude of the Performers Labelled with Dyslexia

This section explores the consumption patient and customer attitudes of dyslexia through analysing quotations, which were reported in QS collected from universities.

6.2.2.4.1 The Positive Consumption Patient Attitude of Dyslexia

The existence of the biological construct of dyslexia can be attributed to “the rise of the diminished self” in HE (Ecclestone, Hayes, and Furedi, 2005, p. 184) and a subsequent increase in students labelled with dyslexia playing the role of the patient in HE, thereby adopting a "consumption patient attitude". This consumption patient attitude refers to the transformation of students labelled with dyslexia into patients when consuming support services in HE. As a result, these students adopt "a positive consumption patient attitude" in HE, that is, they deliver a sincere performance due to their belief that education policymakers and university stakeholders sincerely intend to protect their interests as patients. The QS obtained by FOI request revealed the tendency of real-real performers labelled with dyslexia to attribute the label of dyslexia with a sense of relief. For example, HEI 1, QS, recorded the following opinion, "support services was a relief, an answer of what is wrong". This student classified with dyslexia believe in the ability of the label to provide answers for their differentness from their peers. This student can be regarded as real-real performer labelled with dyslexia, believing that they have "a condition", and the label of dyslexia can provide them with answers and support.

Such biological constructs can also be seen in the universities' rhetoric. For example, HEI 9, HBCD stated, "support services are offered along with the diagnosis of dyslexia as an answer of why and what is wrong". This biological construct of dyslexia depicts it as a "long-term condition" and therefore categorises it as a form of disability, leading the students to construct biological games of performance of dyslexia in HE.

6.2.2.4.2 The Positive Consumption Consumerist Attitude of Dyslexia

The consumption consumerist attitude refers to the transformation of students labelled with dyslexia into customers when consuming support services, which shapes their role of the customer labelled with dyslexia. A "positive consumption consumerist attitude" refers to the sincere performance of real-real performers labelled with dyslexia based on trusting the intention of education policymakers and university stakeholders to protect their interests as customers in universities (for example, the employment of support services staff and the implementation of essay deadlines extension). This adopted positive consumerist attitude advances Goffman's (1956) notion of sincere performance as the belief in the reality of performance in society by suggesting that those who play the role of real-real performers labelled with dyslexia deliver a sincere performance, revealing their belief in the usefulness of their performance to protect their interests as customers in HE. The positive consumption consumerist attitude is reinforced by a recent report into support for students labelled with hidden disabilities and dyslexia in HE. The Support for Disabled Students in Higher Education in England Bill (2020) supports this argument by revealing that the government created a specialist equipment allowance for disability equipment of up to £5,657 in 2019/20. This specialist equipment for students labelled with hidden disabilities and dyslexia in HE indicates that education policymakers play a central role in justifying the consumerist consumption attitude of students classified with dyslexia, as they are presumably aware of the money allocated to enable universities to provide such students with specialist equipment.

The role of the customer labelled with dyslexia is subjective and dependant on the role students labelled with dyslexia choose to perform in HE. The nature of this role expands Opie and Sikes' (2014) argument about the subjective nature of social reality and aligns with the structuralist stance adopted in this thesis as it demonstrates how students labelled with dyslexia construct their performance of dyslexia subjectively based on the nature of their experiences in HE.

Real-real performers labelled with dyslexia adopt a positive consumerist attitude, which aligns with the focus of most MSIS. This can be demonstrated in the following statement:

> We are one community, with staff and students working together to create an environment in which people flourish based on their abilities and their diverse and rich experiences enabling students with dyslexia exploring their strengths developing their identity positively (HEI 8, MSIS).

The existence of this alignment between the adopted positive consumerist attitude of real-real performers labelled with dyslexia and the MSIS adopted in HE misrepresents this adopted attitude as the only one that students labelled with dyslexia hold.

6.2.2.4.3 The Negative Consumption Patient Attitude of Dyslexia

Other students in the QS could be categorised as cynical-cynical performers labelled with dyslexia in HE, adopting a "negative consumption patient attitude". This type of attitude refers to insincere performance based on doubts about education policymakers and university stakeholders' intention to protect their interests as patients. These attitudes can be seen in the students' opinions about the quality of the support services offered to them. For example, "support services offered due to a dyslexia diagnosis become a touchy subject for me. It's not easy to recognise symptoms, especially when you're not informed about them. So, there is no point to get diagnosed or even obtaining support" (HEI 10, QS). The student classified with dyslexia in this quotation adopts a negative consumption attitude, refusing the advantages of this label and therefore playing the role of the sceptical patient labelled with dyslexia in HE.

6.2.2.4.4 The Negative Consumption Consumerist Attitude of Dyslexia

Students classified with dyslexia who consciously choose to become cynical-cynical performers labelled with dyslexia adopt a “negative consumption consumerist attitude”. This type of consumption attitude refers to cynical-cynical performers’ scepticism of the intentions of education policymakers and university stakeholders to protect their interests as customers of educational services in HE, as demonstrated in the following quotation, “I find it hard to keep up with most of my classes. The strategies that support tutorials offer are useless. I can’t keep up with the fast pace of my lectures” (HEI 39, QS). This scepticism leads this category of students to deliver an insincere performance by refusing to shape their reality using the label of dyslexia. This category of performers adopts a negative attitude towards the support services offered to them in HE, for example:

> I used a variety of materials I got from tutorials. I found out later they may be not useful. They are like the traditional way of teaching. They may have a limited ability to help me with my dyslexia. They don’t even help me to succeed in exams sometimes (HEI 34, QS).
>
> Dyslexia becomes the weak point for any student with dyslexia like me as it [dyslexia] always makes me feel disadvantaged and different from my peers. They [my peers] don’t see me normal like them. I always get a surprised reaction every time I mentioned being at support service. I doubt all the university attempts to support us [students classified with dyslexia] will be helpful to solve this issue [being disadvantaged and different]. All their bombarded statements are not relevant to us. They [universities stakeholders] are only interested in the reputation of their institutions [universities] as inclusive institutions. No one really cares about our interests and need (HEI 20, QS).

The students in the above quotations can be described as cynical-cynical performers labelled with dyslexia. They are sceptical about the intention of stakeholders to adequately address their needs and help them overcome the negative influences of their dyslexia. The performer from (HEI 20, QS), specifically questions the relevance of the universities’ MSIS to students labelled with dyslexia who have negative/hesitant attitudes towards the label making them unrepresented in these statements. This is because according to this performer (HEI 20, QS), these statements are only provided to promote social inclusion of universities, not to protect the interests of this performer in HE.

6.2.2.4.5 The Hesitant Consumption Patient Attitude of Dyslexia

In contrast, some students classified with dyslexia choose a more hesitant role to perform, either a real-cynical or cynical-real performance of dyslexia, adopting “a hesitant consumption patient attitude”. This attitude refers to the students’ hesitancy in performance due to the lack of clarity of real-cynical/cynical-real performers’ attitude because of their uncertainty regarding the intention of university stakeholders and education policymakers to sustain their interests as patients. On the one hand, real-cynical performers labelled with dyslexia adopt a hesitant consumption patient attitude with a sceptical tendency towards the ability of the label to achieve social inclusion. For instance:

> It’s more in the open now. Its more in the media sort of side of thing. I think I may be able to obtain more good support now. However, I am not sure if lecturers are really supportive I think some of them still don’t understand yet what dyslexia is (HEI 35, QS).

This student is unsure whether their interests as patients will be protected in HE. At the same time, they still believe that their university is willing to support them. For these performers labelled with dyslexia, education policymakers may have the intention to protect their interests, but they are restricted by the government’s scarce resources to support these performers labelled with dyslexia and protect their interests as patients. These performers labelled with dyslexia consider the equality legislation (for example, the Equality Act, 2010) to be an insincere attempt to protect their interests. On the other hand, cynical-real performers labelled with dyslexia adopt the hesitant consumption patient attitude with a tendency to believe in the efficacy of the label to achieve social inclusion, which can be demonstrated in the following quotation: “I am not sure that I can describe dyslexia as a part of who I am, but obtaining the diagnosis is really helpful for me to remove barriers becoming part of the university” (HEI 32, QS). This student can be described as a cynical-real performer labelled with dyslexia, who adopts a hesitant consumption patient attitude with a belief in the capability of the label to achieve social inclusion in HE.

6.2.2.4.6 The Hesitant Consumption Consumerist Attitude of Dyslexia

Students classified with dyslexia who become real-cynical/cynical-real performers labelled with dyslexia adopt a different “hesitant consumption consumerist attitude”. This attitude refers to the inability to totally trust the intentions of education policymakers and university stakeholders to support the interests of these performers labelled with dyslexia as customers of educational support services. Real-cynical performers labelled with dyslexia adopt a hesitant consumption consumerist attitude with a sceptical tendency towards the ability of the label to achieve social inclusion through providing them with adequate support services. This sceptical tendency can be demonstrated in the following quotation, “I would say that in my brain I may see things differently and I am not sure that support the university offer me really helps me to deal with this difference” (HEI 35, QS). This student can be described as a real-cynical performer labelled with dyslexia due to their unclear attitude towards the ability of support services to help them to understand the nature of their dyslexia, as well as a sceptical tendency towards the ability of the label to achieve social inclusion. Nonetheless, cynical-real performers labelled with dyslexia adopt a hesitant consumption consumerist attitude with a belief in the ability of the label to achieve social inclusion through offering them adequate support services. This hesitant belief can be demonstrated in the following quotation, “I don’t think that dyslexia diagnosis makes any difference in how I see myself, but the diagnosis is still important to obtain the necessary support that is important part of belonging to the university” (HEI 36, QS). The student in this quotation can be described as a cynical-real performer labelled with dyslexia who adopted a hesitant consumerist attitude towards the label with a belief in its ability to achieve social inclusion by offering them support services. This attitude is demonstrated through sentences such as “the diagnosis is still important to obtain the necessary support that is important part of belonging to the university”.

6.2.3 The Hegemonic Discourses of Dyslexia in Universities and Constructing the Tool of Performance of Dyslexia

To assess the presence of hegemonic dyslexia discourses such as biological and consumerist within HE, I conducted a comprehensive survey of phrases describing dyslexia on the university websites as a form of deficit and consumed service coded as HBCD. Indeed, QS and MEPIs were collected from universities that supplied survey data through FOI requests. The findings showed a strong tendency among universities to rely heavily on biological discourse in describing the influence of dyslexia as a form of impairment, aligning with the current definitions of dyslexia such as the BDA (2019), IDA (2020), and ICD-11 (2020) (see Section 2.2, Chapter 2). In the first comprehensive survey (HBCD), universities revealed a strong tendency to pathologise dyslexia as an impairment, constructing it as a form of disability. HEI 1, HBCD, for example, creates this biological construct of dyslexia stating, “[a demonstration of] Weaker language skills than other thinking skills”. The influence of this discourse can also be revealed in the following quotation, “the idea behind group sessions is to introduce students with dyslexia to a number of strategies, which the students with dyslexia can try out within a safe and supportive environment" (HEI 10, HBCD). This quotation reveals the strong tendency of universities to portray students classified with dyslexia as vulnerable and in need of therapeutic sessions. As a result, these students labelled with dyslexia become patients in HE, which was explored previously in this section.

There is also a hegemonic presence of consumerist discourse in HE. For instance, HEI 4, HBCD, constructs the label of dyslexia as a form of commodified service, which is demonstrated in the following quotation: "dyslexia assessments usually cost between £350 to £450". HEI 4 creates the consumerist construct of dyslexia through representing only one type of performance of dyslexia. The constant existence of this construct significantly influences the attitudes of students labelled with dyslexia in HE. To clarify, students classified with dyslexia usually have a particular set of expectations about these discourses, which can be demonstrated in the ability of these discourses to represent them in university. However, as soon as these students enter university, they realise that their expectations about these discourses do not match the true discriminatory nature of these discourses in HE.

In this light, the analysis of the consumerist phrases of the hegemonic discourses that shape the understanding of dyslexia in universities revealed that the label of dyslexia became commodified as a form of service; for example, "support services in this university are flexible, student-centred, and personalised offered to meet students' preferences and needs" (HEI 17, HBCD). This quotation reveals the commodification of the label of dyslexia, transforming the label into a consumerist tool of services. In particular, the words "meet students' preferences and needs" indicate that the experiences of students are commodified in HE, including those labelled with dyslexia.

The consumerist discourse creates the consumerist identity revolving around dyslexia for performers labelled with dyslexia. This consumerist tool has significant effects on the performance of dyslexia of students labelled with dyslexia in HE by reinforcing their role as customers in HE, which was explored previously in this section. The existence of these hegemonic discourses creates the expressive biological and consumerist tools of performance of dyslexia, which will be explored in the next subsections.

6.2.3.1 The Construction of the Biological Expressive Tool of Performance of Dyslexia

A QS conducted by HEI 23, QS supplied plenty of evidence of an ambiguous representation of the "biological expressive tool of dyslexia" in universities and among performers labelled with dyslexia, for example, "I am not sure how can I describe the label of dyslexia as a student with dyslexia who may not be clearly represented in the university as I feel that our experiences with dyslexia are unrecognised. The university staff does not know how much we suffer to succeed to belong to it [the university]" (HEI 23, QS). This expressive tool of performance of dyslexia creates the biological games of performance of dyslexia in HE. On the one hand, according to the empirical data collected from universities (for example, HBCD, MSIS, MEIP, QS, and S), universities tend only to present the "positive biological expressive tool of dyslexia" as useful for all performers labelled with dyslexia. The usefulness of this biological expressive tool is demonstrated by one survey conducted by HEI 23 in which the accuracy of the tutorial times was used to examine its influence on the social performance of students labelled with dyslexia within that institution. These tutorial times refer to the usefulness of the timing of support tutorials for students identified as having dyslexia to help them cope with the pace of the lectures. The usefulness of timing of support tutorials refers to the length of the time allocated for tutorial that a student with dyslexia can get. This survey demonstrated the importance of the biological expressive tool of dyslexia for students labelled with dyslexia as it is the only way to officially have these tutorials as a part of support services they are entitled to due to the association between obtaining the label of dyslexia and their right to obtain this support as patients. When they become patients these students reinforce the biological discourse of dyslexia as a way to conform to "therapeutic ethos" (Ecclestone, 2004, p. 10) in HE. It yielded interesting findings, in that a minority of students labelled with dyslexia reported that the support tutorial that their university provides for students labelled with dyslexia (i.e., reported from students labelled with dyslexia from different modules in the university) started late. This late start hindered them from following the pace of the lectures and therefore placed them at a disadvantage due to their inability to learn sufficient compensatory strategies that they may employ in lectures. Whereas other respondents were completely satisfied with the start time of the support tutorial, describing it as accurate and facilitating them to follow the pace of their lectures. A third group did not give a clear answer either way. The findings above described a minority of students labelled with dyslexia as unsatisfied with the time the tutorial was given. On the other hand, the satisfied, sceptical, and hesitant students can be described as real-real, cynical-cynical, real-cynical, cynical-real performers labelled with dyslexia creating three connotations for the biological expressive tool of performance of dyslexia (see Chapter 5).

In universities, the only connotation represented in MSIS and MEIPs is the positive connotation of the label, making it mistakenly appear as though there is only a positive biological expressive tool of performance. Consequently, the other two connotations of this tool of performance, such as negative and realistic, remain unrecognised in HE. Through this inaccurate representation, universities sustain their image as “Positive Therapeutic Institutions”, which refer to the tendency of universities to construct a “positive therapeutic value” for the label of dyslexia by representing only the positive experiences of real-real performers labelled with dyslexia. These performers can be described as believer patients labelled with dyslexia.

6.2.3.2 The Construction of The Consumerist Expressive Tool of Performance of Dyslexia

The QS also showed, like the biological expressive tool of performance of dyslexia, evidence of an ambiguous representation of the “consumerist expressive tool of performance of dyslexia” in universities and among performers labelled with dyslexia. This expressive tool of performance constructs the consumerist game of performance of dyslexia in HE. A substantial number of the students labelled with dyslexia chose to regard the label of dyslexia as an effective consumerist expressive tool of performance in HE, aligning with the HEIs’ MEIPs. This alignment can be demonstrated through the analysis of the following policies in relation to the choice of the role these students perform using the label of dyslexia. HEI 8, MEIP, for instance, aligns with this choice in its policy, stating “students with dyslexia will have access to the same range of support services that are available to their peers without disabilities”. Thus, HEI 8, MEIP, represents only students classified with dyslexia who believe that the label of dyslexia is an effective consumerist expressive tool of performance, demonstrated in their emphasis on the positive consumerist discourse in describing WP policies such as “have access”, “the same range”, and “available to their peers without disabilities”. These words align only with real-real performers labelled with dyslexia. Nonetheless, these connotations are represented differently in universities and among performers labelled with dyslexia, which was explored in Chapter 5.

Consequently, students who hold a negative attitude towards the label of dyslexia, believing it to be an ineffective consumerist expressive tool of performance, or hesitant attitude towards it, regarding it as a realistic expressive tool of performance of dyslexia, are not represented. This can also be seen in the same policy adopted by HEIs 9 and 10, MEIP, stating, "advance equality of opportunity between people who "share the protected characteristics' listed" and "It is not anticipated that this policy will have any negative impact on any protected groups", respectively. These MEIPs listed above do not represent the other connotations of the consumerist expressive tool of performance of dyslexia, such as negative, and realistic, making their "authentic" interest to achieve equality and social inclusion questionable. Similarly, *the Equality, Diversity, and Inclusion Policy* adopted by HEI 9, MEIP can be described as dubious because it emphasises the needs of only students classified with dyslexia identified as real-real performers labelled with dyslexia, without addressing the needs of other categories. They draw a vivid picture to hide their inability to address the needs of these groups of students labelled with dyslexia, using generalised phrases such as "equality of opportunity" and "share the 'protected characteristics'", portraying themselves as "Positive Consumerist Institutions". In other words, they construct a positive consumerist value of the label of dyslexia by representing only real-real performers labelled with dyslexia, who can be described as satisfied customers labelled with dyslexia. The use of such words may seem convenient to the public, reflecting a disputed authentic objective interest to "widen students' access in HE" (Rushton, 2018, p. 27). Nevertheless, in reality, these words reveal an inauthentic interest through the exploitation of the Equality Act (2010) to achieve a flawed social equality in HE.

6.2.4 The Biological and Consumerist Games of Performance of Dyslexia

6.2.4.1 The Biological Games of Performance of Dyslexia

The evidence obtained from FOI requests revealed two levels of the constructed biological games of performance of dyslexia in HE, which are created as a result of the constant use of the label of dyslexia as a biological expressive tool of performance. These levels are the university level, whereby universities construct only a positive biological game of performance of dyslexia, aligning with the Equality Act (2010), and the internal level among performers labelled with dyslexia, which reveals three types of these games of performance of dyslexia, namely positive, negative, and realistic. These levels demonstrate the front and backstage areas in the case of dyslexia in HE (see Subsection 5.2.3, Chapter 5 for definitions of these biological games of performance of dyslexia).

Referring to the first level (the university level), the surveys revealed an overrepresentation of one type of the biological games of performance of dyslexia (positive), which can be depicted in the following quotation:

> The support I received helped me massively in the areas I was struggling. I think most students like me feel that this support is helpful. The university is very supportive. They try their best to support us to succeed in our studies. I don’t think that there are students with dyslexia that do not find support useful. We all need this support to unlock our creativity in university (HEI 1, QS).

This opinion aligns with most of the assessed universities’ MEIPs, for example:

> In this university, we provide a constant support for students with dyslexia whose needs are always satisfied. We support our students with dyslexia throughout their learning journey enabling them to flourish developing their creative identity providing them with the most effective interventions and support that help them to overcome any potential hurdles they may face throughout their learning journey (HEI 12, MEIP).

The type of biological game demonstrated in this quotation can be described as positive due to the significant benefits that support services offered to these students. Therefore, students labelled with dyslexia who are happy with the support they receive, such as the one quoted above, become the ideal patient labelled with dyslexia, who is represented through the biological discourse used in HE. As universities demonstrate only the positive biological game of performance of dyslexia, they create an inconsistency in the representation of performers labelled with dyslexia in HE, representing only real-real performers. Similarly, HEI 2, HBCD represents a positive game of performance of dyslexia, which can be demonstrated in the following quotation, “dyslexia Advisor offers initial screening for dyslexia that is reliable service for students”. Here, dyslexia screening is represented as a reliable service for students labelled with dyslexia, claiming that it sustains their interest to be supported adequately in their university. Thus, it represents only one game of performance of dyslexia in HE and overlooks other biological games of performance of dyslexia. This inconsistency is created due to the importance of sustaining the positive connotation of the therapeutic culture in HE. In other words, representing the other biological games (for example, negative and realistic) questions the justification of sustaining the connotation of this culture in HEIs, revealing its negative influences on students classified with dyslexia.

Therefore, universities shed light only on the positive biological game of performance of dyslexia, overlooking the negative biological game of performance in HE and revealing the tendency to promote therapeutic culture in HE by pathologising dyslexia. However, the QS data confirmed that the negative biological game of performance exists, as shown clearly in the following quotation:

> I feel that universities exploit my dyslexia to make me feel like the patient who needs some kind of a treatment in a clinic, and the patient’s experiences are dehumanised. I need to be satisfied with everything they offer through label or otherwise I will not belong to university. It’s not fair (HEI 10, QS).

The student labelled with dyslexia in this quotation revealed that they feel that their university may exploit their label by underrepresenting their experiences and disempowering them in HE. Therefore, the biological game of performance of dyslexia in this quotation can be described as a negative biological game of performance of dyslexia, which disempowers some students labelled with dyslexia. This group can be categorised as cynical-cynical performers labelled with dyslexia. Disempowerment, in these cases, is caused by HEIs perceiving these students as vulnerable, leading to the rise of the previously discussed “diminished self” (Ecclestone, Hayes, and Furedi, 2005, p. 184). Thus, the negative biological game of performance remains underrepresented in the majority of universities. Another survey from HEI 22, QS reported a lack of representation of students labelled with dyslexia who can be categorised as cynical-cynical. Students were asked, “To what extent would you say dyslexia and SpLD tutorial support has helped you to understand your best way to learn (learning style)?” In response, a meaningful number of students labelled with dyslexia (27 out of 40) felt that their experiences were not valid, describing themselves as “disadvantaged” and “alienated from their peers and university". This survey shows that many students with dyslexia felt underrepresented, which can demonstrate the lack of recognition of the negative biological game of performance of dyslexia in HE. This lack of recognition can be associated with universities' tendency to promote social inclusion, expanding Brown (2015) and Simplican et al.'s (2015) understandings of marketisation and social inclusion respectively. The lack of representation of this group also expands Atkins' (2016) argument that social inclusion policies tend to marginalise students with disabilities in HE in subtle ways. It suggests that students classified with dyslexia can also be marginalised through the policies that claim to enable them to access HE equally to their peers who are not classified with dyslexia.

6.2.4.2 The Consumerist Games of Performance of Dyslexia

The consumerist game of performance of dyslexia is constructed as a consequence of the constant use of the label of dyslexia as a consumerist tool of performance in HE. Much like the biological games of performance of dyslexia, the QS revealed evidence of two levels of the constructed consumerist games of performance of dyslexia in HE, namely the university level and the performer level among students labelled with dyslexia (see Subsection 6.2.4.1 for explanation about the two levels of the biological games of performance of dyslexia).

With regards to the university level, there is an inconsistent representation of the consumerist games of performance of dyslexia. In other words, universities tend to represent only the positive consumerist game of performance of dyslexia, ignoring the negative and realistic games of performance, which exist clearly in the performers' level (see Subsection 5.2.4, Chapter 5 for definitions of these consumerist games of performance of dyslexia). This inconsistent representation can be demonstrated in the following quotation:

> We, as an educational institution provide our students with dyslexia with the best possible support that meets their needs adequately empowering them in universities. We ensure the implementation of this support across all lectures in all disciplines leaving no students with disability or dyslexia disadvantaged behind. We offer them the diagnosis that transforms their lives enabling them to thrive in society (HEI 20, MEIP).

The MEIP quoted above demonstrates the strong tendency of universities to overrepresent the positive consumerist game of performance of dyslexia by revealing only the advantages that students labelled with dyslexia can have due to this label as customers. Nonetheless, this policy fails to acknowledge the existence of other consumerist games of performance of dyslexia by not revealing the other attitudes that some students labelled with dyslexia may have towards the label, which were explored in Subsections 6.2.2.4.4, and 6.2.2.4.6.

6.2.5 The Relationships between Students Labelled with Dyslexia and Lecturers and Dyslexia Assessors in University

This section analyses the patient and customer relationships between students labelled with dyslexia and their university, lecturers, and dyslexia assessors as evidence by the QS. The patient relationships aim to sustain the patient discourse created in HE, whereas the customer relationships aim to sustain the consumerist discourse created in HE.

6.2.5.1 The Positive Relationship – The Positive Patient Relationship

Of the 40 institutions that provided survey data, 30 provided evidence of a positive patient relationship between students and their university, lecturers, and dyslexia assessors. With regards to their relationship with their institution, real-real performers labelled with dyslexia believe in the intention of their universities to support them, for example, "…. they have a really good support team there. They make it clear that it is about support and things" (HEI 37, QS). The student labelled with dyslexia in this quotation can be described as a real-real performer labelled with dyslexia who built a positive relationship with their university. This relationship is usually based on trust, with the students believing that their universities are willing to provide them with the support services they need. Thus, they deliver a sincere performance, believing in the role of dyslexia they play and revealing the characteristics of their dyslexia in the imaginary theatre of performance (the university). This description can be demonstrated through the following student opinion:

> I don't feel that dyslexia is a disadvantage to me. I think that my university is very supportive as they [the university] do care about our [students labelled with dyslexia] needs making enormous efforts to remove barriers to enable us [students labelled with dyslexia] to succeed in HE. Students like me obtain the support without any delay (HEI 26, QS).

The student in the above quotation can be described as the constructor of the positive patient relationship with their university, believing that it is a positive therapeutic institution that cares for them and adequately supports their needs as a patient.

There were similar depictions of the positive patient relationship between students and their lecturers, for example:

> I don't feel that dyslexia is a hurdle to my success in university. Most lecturers are really supportive. They are empathic towards my needs. One of my lecturers suggested software to me and she gave me examples of them for the purpose of seeing if I would benefit from them. The software helped me with writing essays or writing revision notes. She [the lecturer] is really supportive (HEI 16, QS).

The student classified with dyslexia in the quotation above can be described as a real-real performer labelled with dyslexia who has created a positive relationship with their lecturers by perceiving them as "supportive" and "empathetic". This positive patient relationship is also clear in one of the lecturer's suggestions to use a software to help this performer write essays and revision notes. Consequently, this performer believes that their lecturer's supportive attitude towards them represents a sincere performance that will help this performer to overcome their impairment.

Likewise, this category of performers creates a positive relationship with their dyslexia assessors, perceiving them as saviours/ heroes. In this case, students labelled with dyslexia who choose to play this role believe that dyslexia assessors save their lives, which is evident in the quotation below:

> I do think that every student with dyslexia needs an assessor who enables them to succeed in university. For me, I believe that one of the assessors who usually work with the university plays an enormous role in saving my life leading me to success as now I understand what is going on and why I am different and what I need to do to boost my creativity in university (HEI 34, QS).

The student in the quotation above can be described as a real-real performer labelled with dyslexia who creates a positive relationship with their dyslexia assessor, believing that the assessor was the main cause of their emancipation in university. Hence, this student becomes a believer patient labelled with dyslexia, who believes that this assessor did not just help them to overcome hurdles in HE, but actually saved their life. The dyslexia assessor in this quotation succeeded in changing the connotation of the label of dyslexia, transforming it into a positive one to sustain their therapeutic interests and thus make them more reliable. Furthermore, the QS data supplied numerous other examples of the subjective biological nature of the relationship between performers labelled with dyslexia and dyslexia assessors influenced by therapization and biologisation of the construction of dyslexia and LDs. This subjectivity is demonstrated in the following quotation, "then, you go for a need assessment as well where someone determines what is required to assist you so that you'll learn so that you are not at a learning disadvantage due to this support" (HEI 11, QS). This quotation demonstrates the ability of the dyslexia assessor to change the connotation of the label of dyslexia. Their aim is to influence the decision of the student labelled with dyslexia to choose the role of the real-real performer labelled with dyslexia, believing that the label enables them to be at a learning advantage in HE.

6.2.5.2 The Positive Relationship – The Positive Customer Relationship

The QS evidence also reported that 50% of the students labelled with dyslexia construct a positive customer relationship with their university, lecturers, and dyslexia assessors. For real-real performers labelled with dyslexia, the university represents the ideal service provider as it is sincere in its efforts to provide the best quality of services to satisfy their needs adequately, delivering a sincere performance. Such a relationship can be seen in the following quotation, "This university is supportive. I think they offer the best services a student with dyslexia may need. Their system is very efficient allowing you [the student classified with dyslexia] to obtain the necessary support without any delay" (HEI 23, QS). In this quotation, the student classified with dyslexia constructs a positive customer relationship with their university, believing in its ability to address their needs adequately.

The type of customer relationship a student develops with their university will subsequently impact the relationship with their lecturers. A students' positive relationship with the university and sincere performance are indicative of playing by the rules, as it were, making their lecturers more likely to act as cooperative service providers (for instance, by extending deadlines for their assignments). This positive relationship is demonstrated in the following quotation, "the lecturers in this university are awesome. They do their best to support me throughout my dyslexia. I receive handouts for most of my lectures and have extension in my deadlines of assignments every semester" (HEI 17, QS). This student labelled with dyslexia plays the role of the satisfied customer labelled with dyslexia, believing that lecturers play an essential role in supporting their needs adequately in university.

Real-real performers labelled with dyslexia usually construct a positive relationship with their dyslexia assessors, perceiving them to be ideal service providers; for example, "this assessor is amazing. She gave me a booklet explaining everything about dyslexia and the support I am entitled to have and how lecturers should support me too" (HEI 36, QS). This student labelled with dyslexia believes in the capacity of their dyslexia assessor to provide adequate guidance for them to obtain the necessary support services and therefore adequately address their needs in HE.

On the contrary, dyslexia assessors may change the connotation of the label, making them more reliable as service providers. This change occurs by revealing the label of dyslexia as a positive label. This ability to change the connotation can be demonstrated in the following quotation, "I think dyslexia assessors have an essential role in informing lecturers how best to support us [students classified with dyslexia]. The label of dyslexia is really useful tool that reliable assessors use to support us to succeed in university" (HEI 25, QS). The student in this quotation may not be aware of how dyslexia assessors can change the connotation of the label of dyslexia to positive one, and therefore serving their interests to be reliable and prestigious.

6.2.5.3 The Negative Relationship – The Negative Patient Relationship

On the contrary, 15 of the 40 QS reported that some students labelled with dyslexia construct a negative patient relationship with their university, lecturers, and dyslexia assessors. These students question the intention of their universities to support them in HE. For example:

> I doubt that this university supports its students with dyslexia well. I have heard horror stories about some students with dyslexia who were not supported throughout their learning journey. So they left university without a degree after failing many times (HEI 15, QS).

The student labelled with dyslexia in this quotation questions the degree of the support universities claim to give their students labelled with dyslexia, indicating that this relationship is built on scepticism. As a result, these cynical-cynical performers labelled with dyslexia believe that their lecturers, as the main deliverers of relevant university policy, are willing to disempower them in HE, which can be clearly demonstrated by the following opinion:

> Sometimes you don't really want to discuss it with them [lecturers] because you don't feel comfortable with it [dyslexia] … and its worse to reiterate this to people who do not understand this like villain lecturers. Support doesn't solve this problem (HEI 40, QS).

The student here reported their negative belief about their lecturers, describing them as "villains", who disempower them in HE. These words indicate that these students feel stigmatised as they do not belong to the "normative group identity" (Goffman, 1963, p. 42) in HE. At the same time, they are unable to deliver their performance due to this audience's lack of experience with anything other than a positive performance, which can be demonstrated in the words “its worse to reiterate this to people who do not understand this”.

The scepticism described above leads these students to construct their relationship with their dyslexia assessors negatively, perceiving them as their captivators. This group of performers believes that the assessors limit their academic potential, as demonstrated in the quotation below:

> I can’t believe her advice [dyslexia assessor]. She advised me to change my major from law to art history. Because of my dyslexia she said I won’t be able to keep up with the fast pace of law as it depends on writing. She gives me an impression that I am inadequate to what I am studying because of my issues in memorisation resulting from my inability to recall information because of a stupid neurological difference. Its unfair. She is my captivator. I cannot fulfil my dream to be a lawyer anymore (HEI 24, QS).

The student labelled with dyslexia in this quotation describes their dyslexia assessor as a captivator due to the unconstructive advice they were given. The assessor treated the student like a patient who is unable to perform normal activities in society, equating it to someone who cannot run due to a physical impairment. In the same manner, this student is deprived of realising their dream because of the association between dyslexia and the neurological impairment. This experience has made the student a sceptical patient labelled with dyslexia, questioning the interests of this assessor to help them. As a result, this student may realise that the assessor changes the connotation of the label (i.e., associating it with inability or impairment, making it more negative) to disempower them in HE, which is evident in this quotation, “she advised me to change my major from law to art history. Because of my dyslexia she said I won’t be able to keep up with the fast pace of law as it depends on writing”.

6.2.5.4 The Negative Relationship – The Negative Customer Relationship

Evidence from the QS collected from universities revealed a tendency of some students classified with dyslexia to create a negative customer relationship with their university, lecturers, and dyslexia assessors. Indeed, 14 out of 40 revealed the existence of a negative consumerist relationship between some students classified with dyslexia and universities. These students labelled with dyslexia lose their trust in the intention of their university to provide them with the adequate support services they need, which can be demonstrated in the following quotation:

> The university does not care about students with dyslexia at all. I was left a whole year with no support after obtaining the label. I spent my whole first year chasing disability support services to obtain support from them (HEI 12, QS).

The student labelled with dyslexia in this quotation describes their disappointing experience in university without being able to obtain any support after obtaining the label of dyslexia. Thus, they questioned the ability of their university to play the role of the service provider adequately. A perceived inability of universities to play this role adequately will negatively influence the relationship between students labelled with dyslexia and lecturers who become inadequate service providers, which can be demonstrated in the following quotation:

> This lecturer is unempathetic. She does not understand what I have been through to get the diagnosis, and the learning support plan hoping that she will implement it but I later discovered that the lecturer did not bother to implement it (e.g., giving handouts, extra time in her exams, etc…). I do not think she can do this, but I think I am too vulnerable to sue her or even quarrel with her. I don’t have enough energy for this (HEI 27, QS).

The student labelled with dyslexia in this quotation created a negative relationship with their lecturer due to their perception that the lecturer was unwilling to support them, making this lecturer appear to be an inadequate service provider. The student also described themselves as vulnerable due to feeling unprotected by the university. This implies that they construct a negative consumerist relationship with their dyslexia assessors as well. In other words, the inability of the university to play this role adequately negatively influences the relationship between students labelled with dyslexia and dyslexia assessors, as they are also perceived to be inadequate service providers. This perception can be demonstrated in the following quotation.

> I can still hear her [the dyslexia assessor] shocking words when she said my role ends after testing you and giving you the official label. I have nothing to do with helping you to obtain support; it’s something that you have seek by yourself. I still cannot believe that she saying this (HEI 22, QS).

The student labelled with dyslexia in this quotation describes their constructed negative relationship with their dyslexia assessor who refused to provide this student with any help in obtaining the support they need for their dyslexia. This student therefore perceives their dyslexia assessor to be an inadequate service provider unwilling to help them to obtain more information about the support available within their university.

6.2.5.5 The Realistic Relationship – The Realistic Patient Relationship

There was also evidence of a third, although much smaller (about 4%), category of relationship, namely a realistic patient relationship between some students labelled with dyslexia and their university, lecturers, and dyslexia assessors, which can be demonstrated in the following quotation:

> I have realised that the university is willing to support us [students labelled with dyslexia] but sometimes it [university] may not have enough resources to support our need. Not every student with dyslexia can obtain a notepad. There is limited amount of them [notepads] really (HEI 4, QS).

The student labelled with dyslexia in this quotation believes that university is an "Effective Therapeutic Institution", but they are also aware that the resources to support their needs in their educational journey in HE are limited. University as an effective therapeutic institution refers to an institution that is willing to support the needs of students identified as having dyslexia effectively as patients in HE. Interestingly, 12 out of the 40 QS revealed evidence of students labelled with dyslexia developing a realistic patient relationship with their lecturers, supporting the notion of the inconsistent representation of performers labelled with dyslexia in HE. Similarly, the realistic relationship between lecturers and students labelled with dyslexia is not clearly recognised through MSIS and MEIPs in HE, which can be demonstrated in the following quotation.

> I believe that the phrase that the experiences of students labelled with dyslexia are at the heart of the university that universities promote may not be very realistic. Although everyone is really supportive. Sometimes issues arise. For example, I had a meeting with my tutor. I didn't bother to book a room at the library because I was expecting her to do it. But she cannot book the rooms because she's not a university lecturer, she's a guest. Because of this I was late to my lecture and the lecturer didn't like that and asked me not to be late next time. She said it nicely. She may be supportive in her attitude towards my dyslexia, but her comment makes me feel uncomfortable (HEI 14, QS).

The student labelled with dyslexia in the quotation above describes their relationship with their university and lecturers as realistic. According to this student, these lecturers, and other staff, including tutors, may intend to help them, but they do not seem to do this effectively all the time. This is evident through the student's description of the tutor's inability to book a room for their tutorial. This does not necessary mean that the tutor did not intend to help, but it could indicate that their ability to help was limited due to restrictions in the university system (i.e., she cannot book a room because she is a guest). Likewise, according to this student, the lecturer is not necessarily unsupportive and unempathetic, but through trying to enforce the rules, they were placing the student in an uncomfortable position.

Thus, these students labelled with dyslexia believe that their dyslexia assessors intend to support their needs in university, which can be evident in the following quotation:

> The assessor was really willing to help me to get the support I get for my dyslexia, but they do not really have an influential guiding role in the university. They cannot recommend what support is the best for me for example (HEI 15, QS).

The student labelled with dyslexia in this quotation believes that the dyslexia assessor has the will to help them to obtain the necessary support for their dyslexia, but at the same time, they realise that this assessor does not have an influential guiding role in the university. In other words, they cannot give recommendations on the most appropriate support for this student.

6.2.5.6 The Realistic Relationship – The Realistic Customer Relationship

Like the realistic patient relationship, there were fewer (about 3%) demonstrations of realistic customer relationships than there were positive and negative; nevertheless, evidence suggested that some students labelled with dyslexia construct a realistic customer relationship with their university, lecturers, and dyslexia assessors. These students believe in the intention of their university to support them, but they realise its lack of ability to do it adequately; for example, "I believe that the university is always willing to help me but it [the university] don't have the experienced team needed to support our needs [students classified with dyslexia]" (HEI 16, QS). The student in this quotation believes in the willingness of the university to support their needs, but they question its adequacy to do so because of the lack of an available experienced team to support this student in HE.

There was also some limited evidence of students labelled with dyslexia who have a realistic relationship with their lecturers based on their unclear attitude towards the label and the quality of support service they were offered in HE. These students can be categorised as real-cynical/cynical-real performers labelled with dyslexia, forming a realistic relationship with their lecturers. For example, "some lecturers were sympathetic. They offered excellent quality of support services and some weren't and may offer a poor quality of support services or refused to offer any support services" (HEI 31, QS). The student labelled with dyslexia in this quotation seemed to have a less clear attitude towards the willingness of their lecturers to support them in HE. This makes them unsure of the nature of this role, holding a realistic attitude towards it by accepting the fact that some lecturers construct a positive relationship with them, whereas others construct a negative relationship by being unwilling to offer them adequate support (i.e., this relationship with students identified as having dyslexia is created by the performers themselves). Therefore, these students can be described as real-cynical/cynical-real performers labelled with dyslexia (in the category of the hesitant customer labelled with dyslexia).

These students with dyslexia may have a less extreme perception of the role of their dyslexia assessors, constructing a realistic relationship with them, for example,

> I am really struggling with reading. I may have dyslexia. I may need to get tested. I think that some dyslexia assessors are awesome, but I’ve heard horror stories from students who got tested and facing troubles to feel part of the university again. I am not sure what I need to do (HEI 35, QS).

This student has a vague perception of the role of dyslexia assessors, making them form a more realistic perception than real-real and cynical-cynical performers labelled with dyslexia. These students believe in the limited ability of these assessors as service providers.

6.2.6 The Shift of Performance of Dyslexia

6.2.6.1 The Shift of Performance of Dyslexia – The Role of The Patient

Interestingly, the QS indicated that 20% of students classified with dyslexia change their role of the patient labelled with dyslexia and can therefore be categorised as shifting performers. In other words, the surveys indicated a change in the attitudes of some students identified as having dyslexia towards their label, depending on the nature of their experiences with it in HE, which can be depicted in the following quotation:

> … Before I got diagnosed in university I felt lost and cannot belong to university, but now after obtaining the label of dyslexia that I don’t really believe makes any difference to who I am, I can still feel like other students who are supported through their studies in university (HEI 36, QS).

The student labelled with dyslexia in this quotation can be described as a shifting hesitant performer labelled with dyslexia. The student initially described an experience placing them in the category of cynical-cynical performer labelled with dyslexia because they appear to be sceptical about the usefulness of the support services they were offered and the label of dyslexia. However, this student then changed their attitude towards the support services they were offered in HE, suggesting that they may be useful. This change in attitude means they can be recategorised as a cynical-real performer labelled with dyslexia. This change could be due to a positive experience with support services this student was offered, making them more open to use the label as a method to obtain useful support in HE. This acceptance of support can significantly influence the construction of a less clear identity revolving around dyslexia than those who can be categorised as real-real or cynical-cynical. Likewise, the following quotation also indicated a change in the role of dyslexia that some students labelled with dyslexia play in HE, which can be demonstrated in the following quotation:

> Yeah… because I looked, you know, watched these programmes of support after being diagnosed and think I haven't really got that and [the dyslexia assessor] say ok. Then, I thought half those things [the characteristics of dyslexia] I might have, but then I read more about it [dyslexia] and think that the diagnosis is like straight, moderate and severe. Then I realised that I have dyslexia thinking that you always need support to pass [succeed at university] (HEI 36, QS).

This student describes a unique performance shift as they went through three stages, leading to a shift in the role they play. The first stage was "The Pre-Knowledge Stage". In this stage, the student labelled with dyslexia questioned the existence of their dyslexia due to their inability to understand what dyslexia means. Therefore, they could be categorised as a cynical-cynical performer labelled with dyslexia. The second stage was "Building Awareness of Dyslexia". In this stage, the student began to understand the meaning of dyslexia, and began comparing the issues they have with the characteristics of dyslexia. However, the student remained unsure about the reality of these characteristics as a way to obtain support. Consequently, this student could be categorised as a real-cynical performer labelled with dyslexia because they began to believe in their dyslexia, but they still did not believe in the utility of support services in HE. The final stage is "Realisation", which refers to this student's change from unclear belief in their dyslexia to absolute belief in its existence and their need to use the label as an effective tool to obtain support in HE.

6.2.6.2 The Shift of Performance of Dyslexia – The Role of The Customer

Much like the role of the patient, some students (about 19%) indicated a change in the role of the customer labelled with dyslexia. For example, one student stated:

> I used to think that dyslexia support is useless. However, now I think I know more about support services process. I think after all it can be useful for me to help me to overcome the problem of swapping letters around and things like that … It was quite interesting to learn more about dyslexia. Support services are not always bad after all (HEI 37, QS).

The student quoted above changed their role of the customer labelled with dyslexia from being a sceptical customer labelled with dyslexia to a satisfied customer labelled with dyslexia after their positive experience with support services in HE. As a result, this change can be described as a transformation from the category of cynical-cynical performer labelled with dyslexia to real-real performer labelled with dyslexia. However, some performers labelled with dyslexia appeared to shift to a more hesitant attitude, which can be reflected in the following quotation:

> It’s more in the open now. Its more in the media sort of side of thing. I think I may be able to obtain more good support now. However, I am not sure if lecturers are really supportive I think some of them still don’t understand yet what dyslexia is (HEI 35, QS).

This student labelled with dyslexia shifted their performance of dyslexia from the category of the satisfied customer labelled with dyslexia to the realistic customer labelled with dyslexia after discovering that the implementation of support services in HE is not ideal. Based on the empirical findings about the demonstration of biological discourse of dyslexia in HE (i.e., constructing the patient identity that revolves around dyslexia, relationships, biological games, and shift in the role of the patient played in HE), universities have a powerful tendency to rely on biological discourse.

6.2.7 Universities’ Reliance on Biological Discourse

Universities construct biological discourse as a cultural phenomenon to justify their promotion of social inclusion in HE. To do this they represent the positive patient identity of dyslexia as a product of the nature of their discourse that results from therapeutic culture. This representation manifests itself in the construction of dyslexia as a form of disability (for example, HEI1 and HEI 10, HBCD). To clarify, these students classified with dyslexia create their patient identity as a response to the university’s therapeutic ethos, depending on the nature of their experiences with their label. Universities deconstruct impairment as a “form of creativity” (Winner et al., 2001, p. 28), enabling them to promote social inclusion by emphasising the positive patient identity revolving around dyslexia as evidence for their successful widening participation of these students in HE (see Subsection 6.2.1.1). According to the QS that include the opinions of students labelled with dyslexia about support services, universities tend to overrepresent university students labelled with dyslexia who construct a positive patient identity revolving around dyslexia. This tendency was demonstrated in HEI 27, QS by a student constructing a creative identity revolving around dyslexia, stating:

> Support services using the diagnosis of dyslexia is an important factor to improve learning experience. They [support services] help me to develop strategies that help me to show my creativity. These tutorials enable me to accept my difference. Dyslexia means to perceive things differently. The support that this university offers is ideal.

As explained in Subsection 6.2.1.1, this student classified with dyslexia constructed a positive creative identity revolving around dyslexia, reinforcing the existence of the therapeutic culture in HE. The construction of this identity is intertwined with the biological discourse as a cultural phenomenon (defined previously in this Subsection). Therefore, the existence of this real-real performer labelled with dyslexia (HEI 27, QS) is clear evidence of the transformation of the biological discourse from a tool of identification to a "tool to justify social inclusion" (Thomas and Macnab, 2022, p. 21). Thus, universities rely on biological discourse to classify students with the label of dyslexia as patients in HE. HEIs justify their biologised language by constructing this discourse and making students classified with dyslexia play the role of the patient. This justification occurs when they legally protect these students, and they have satisfied their need to create an inclusive environment. Universities satisfy this need by legitimising their reliance on this discourse, which can be based on its importance to widen the access of these students using the "politically biased WP policies" (Adnett and Tlupova, 2008, p. 25) in HE (explored in Chapter 1).

Moreover, universities construct the biological discourse as a legitimised justification to inconsistently represent the biological games of performance of dyslexia as tools to promote social inclusion in HE by revealing only the positive connotation of these games. This legitimised justification refers to associating the construction of dyslexia as a form of disability with achieving equality through the Equality Act (2010) by revealing only the positive experiences of some students with dyslexia with the label. This construction means that universities represent only the positive biological game of performance of dyslexia to justify their promotion of social inclusion as the only guarantee to improve the quality of the experiences of all students labelled with dyslexia in HE. Hence, this positive biological game of performance of dyslexia have become "The Positive Political Ideological-Imperative Consequence" of the legally justified use of biological discourse as a tool to promote and achieve social inclusion. This positive political ideological-imperative consequence means that the overrepresentation of the positive biological game of performance of dyslexia become politicised as a way to achieve social inclusion through using the "biased-political WP" policies

(Adnett and Tulpova, 2008, p. 25). These biological games become the positive political ideological-imperative when social inclusion is achieved through the emphasis on the positive connotation of dyslexia. Indeed, universities use these connotations as a way to enhance the diversity of HE to promote social inclusion. This promotion can be demonstrated in the MEIPs that universities tend to develop to “address” the needs of students classified with dyslexia, as they claim. HEI 15, MEIP states:

> All policies, procedures, functions and activities consideration is given to the means of enabling dyslexic students full participation in all aspects of the academic and social life of the institution making them satisfied with the support they obtain enabling them to belong in HE.

HEI 15, MEIP represents the construction of the positive biological game of performance of dyslexia as the positive political ideological-imperative consequence of the legally justified use of the biological discourse to create an inclusive environment as a way to promote social inclusion. This promotion is evident through the emphasis on the positive connotation of the biological games of performance of dyslexia in HE, which can be reflected in the following sentence: “… enabling dyslexic students full participation in all aspects of the academic and social life of the institution making them satisfied with the support they obtain enabling them to belong in HE”. Through this statement, HEI 15, MEIP justifies the use of biological discourse, which is evident in implementing particular “policies, procedures, functions, and activities” for enabling students labelled with dyslexia to be “included” in HE, revealing that they are all satisfied with the support they have. In this way, this university presents only the positive biological game of performance of dyslexia. This strong emphasis on “the full participation of [these students] in academic and social life of the institution” means that HEIs are trying to justify the inconsistent representation of these biological games of performance at university level and among performers as a positive political ideological-imperative consequence of their promotion of social inclusion (see Subsection 6.2.4.1 for further discussion about this inconsistent representation of the biological games of dyslexia in HE). This justified inconsistent representation can lead to increasing their reliance on biological discourse as a way to achieve social inclusion. QS evidence revealed a paradox in the representation of the biological games of performance of dyslexia at the university level and among performers labelled with dyslexia, which can be demonstrated in the following quotations:

> The support I received helped me massively in the areas I was struggling. I think most students like me feel that this support is helpful. The university is very supportive. They try their best to support us to succeed in our studies. I don’t think that there are students with dyslexia that do not find support useful. We all need this support to unlock our creativity in university (HEI 1, QS).
>
> I don’t feel support I get for my dyslexia is very useful. I still face problems…while doing an assignment I froze up. My mind went just completely blank… I was in the middle of a sentence… everything went just… I just walked away and left it.. support services do not take me seriously when I describe my issue [cognitive freezing while doing assignment]. They [support services] promise me to give me support but nothing changes (HEI 26, QS).

HEI 1 and 26, QS demonstrate an inconsistency in the representation of the biological games of performance of dyslexia in HE at the university level and among performers labelled with dyslexia revealing universities’ tendency to use this inconsistency as a way to legitimise their reliance on biological discourse in HE. On one hand, HEI 1, QS emphasises representing the positive connotation of the biological games of performance of dyslexia by demonstrating the tendency of universities to rely heavily on this discourse as a way to promote social inclusion. This tendency is demonstrated by emphasising their claimed ability to satisfy the needs of all their students labelled with dyslexia adequately. This statement shows how universities misrepresent the experiences of students labelled with dyslexia revealing only the positive connotation of the biological games of performance of dyslexia aligning with universities’ MEIPs (for example, HEI 12, MEIP). This inconsistent representation occurs when universities falsely reveal the complete satisfaction of some students labelled with dyslexia as a legal justification to use the biological discourse of dyslexia as a claimed helpful tool to promote social inclusion of these students in HE. This legal justification legitimises the strong reliance of universities on biological discourse as a legitimate tool to achieve claimed equality and social inclusion. Nonetheless, HEI 26, QS revealed a negative connotation of the biological games of performance of dyslexia describing the support that the student obtained for their dyslexia as useless questioning the legitimacy of universities’ reliance on biological discourse to achieve social inclusion, which is evident in the following statement: “support services do not take me seriously when I describe my issue [cognitive freezing while doing assignment]. They [support services] promise me to give me support but nothing changes”. This quotation indicates that the biological games of performance of dyslexia are misrepresented in HE by representing only the positive connotation as the other connotations are not represented (such as negative) questioning the legitimacy of biological discourse as a tool to promote social inclusion as they reveal the harm of this discourse on students labelled with dyslexia in HE. This harm is demonstrated by revealing the disadvantages of the performance of dyslexia. This negative connotation indicates that universities' heavy reliance on this discourse can potentially marginalise some students classified with dyslexia due to the nature of their belief (for example, negative), questioning the legitimacy of this discourse as a reliable tool to achieve equality and social inclusion (for example, HEI 14, QS; and HEI 13, MEIP). This reliance of universities on biological discourse indicates that this discourse has become a hegemonic political rhetoric in HE, which is explored in the next Subsection.

6.2.8 The Hegemony of the Biological Discourse as a Political Rhetoric in Higher Education

Biological discourse has become hegemonic in HE, which can be described as a cause-effect politicisation of dyslexia as a political rhetoric in HE: the reinforcement of therapeutic culture creates the biological discourse, thus politicising dyslexia in HE as a tool to "promote social inclusion" (Altermark, 2015, p. 17). This politicisation can be described as a political ideological-imperative because it satisfies the interests of education policymakers and university stakeholders to promote social inclusion. Subsequent effects of this include an increase in the number of students classified with dyslexia, as reported by HESA (2011) (will be explored further in Subsection 6.2.9). This cause-effect relationship can be demonstrated clearly through the hegemonic biological discourse used to describe dyslexia as a form of impairment (was explored in detail in Subsection 6.2.3). This hegemonic discourse can be demonstrated in the following quotations:

> [A demonstration of] Weaker language skills than other thinking skills (HEI 1, HBCD).

> An individual learning plan (ILP) is a document that informs university of the recommended adjustments that can be put when dyslexia is declared (HEI 25, HBCD).

These descriptions provided by HEI 1 and 25, HBCD can be interpreted to show that biological discourse is a cause-effect political consequence resulting from reinforcing therapeutic culture by education policymakers and university stakeholders to sustain their interest in HE. This reinforcement is clear in the use of a particular medical language, to politicise the experiences of students labelled with dyslexia in HE as patients using biological discourse. For example, some words, like "weaker language skills", emphasise dyslexia as a form of a linguistic impairment. In addition, the use of the phrase an "individual learning plan (ILP)" indicates a strong politicisation of the experiences of students identified as having dyslexia as weak individuals who need an individual learning plan in order to cope with the learning demands in their university. The use of this language means that biological discourse is used as a politicised tool to promote social inclusion in HE potentially benefiting from the rise of therapeutic education.

Furthermore, biological discourse has become hegemonic in HE to validate the experiences of students labelled with dyslexia with their impairment of dyslexia in HE politicising the concept of dyslexia to become an embedded political rhetoric transforming students with dyslexia to vulnerable customers in HE. The validation of these reported challenges associated with dyslexia occurs through acknowledging the existence of the challenges the students face, including "working memory issues, phonological deficit issues (such as, decoding issues), and the influence these challenges can have on their academic achievement in HE" (The BDA, 2019, p. 22). Universities can benefit from the fact that individuals labelled with dyslexia play the role of the patient because the existence of the medical model of disability validates the experience of impairment of students with dyslexia, legitimising the use of biological discourse to achieve social inclusion. Indeed, real-real performers labelled with dyslexia believe that biological discourse validates their experiences with their label by providing them with the official diagnosis of dyslexia in HE. This hegemonic presence of the medical model and the validation of the experience of the impairment of dyslexia was supported by QS which revealed a strong association between the label of dyslexia and the impairment caused by dyslexia (for example, weakness in working memory). For instance, a student classified with dyslexia in HEI 26 (QS) reported associating support services like sticky notes with difficulties to recall information stating: "the sticky notes approach is very useful it reduces barriers of thoughts". The student labelled with dyslexia in this quotation aligns their experiences with the medical model by revealing the fact that they use sticky notes to overcome their "barriers" of thought, increasing the hegemony of the biological discourse as the only way to legitimise the challenges they face in HE due to their dyslexia. This alignment with the medical model can reveal the hegemony of biological discourse as the only authentic tool that can validate the experiences of students classified with dyslexia as a dysfunction, which some students labelled with dyslexia deconstruct as a "form of creativity" (Kannangara, 2015, p. 24). This deconstruction is evident in the following quotation:

> Support services using the diagnosis of dyslexia is an important factor to improve learning experience. They [support services] help me to develop strategies that help me to show my creativity. These tutorials enable me to accept my difference. Dyslexia means to perceive things differently. The support that this university offers is ideal (HEI 27, QS).

The use of the word “differently” in the above quotation indicates the strong existence of the medical model of disability as a way to maintain the hegemony of the biological discourse in HE. This establishes the positive patient identity of this student revolving around their dyslexia, using the medical model of disability to validate their experience with dyslexia in HE (was discussed in Subsection 6.2.1.1). This hegemony of the biological discourse in HE reinforces the embeddedness of the label of dyslexia as a political rhetoric.

6.2.9 The Embeddedness of Dyslexia as a Political Rhetoric

Finally, based on the empirical findings presented in the current Chapter, I argue that the concept of dyslexia is embedded as a political rhetoric in English universities. Statistics from 20 of the universities from which the QS were obtained revealed a strong tendency to represent the ongoing existing numbers of students labelled with dyslexia in universities as evidence of the embeddedness of dyslexia as a political rhetoric that were expected to be organised by year to enable me to carry out this analysis, which were not organised that way. For example, HEIs 1, 2, 3, and 4 reported a significant increase in the numbers of students labelled with dyslexia from the years 2016–2021. The numbers of students labelled with dyslexia increased in HEI 1 from 340 in 2016 to 2227 in 2021. Likewise, the numbers of these students also increased in HE 2 from 945 in 2018 to 1092 in 2021. In the same vein, these students’ numbers increased in HEIs 3, and 4 from 1032 to 2081 from 2018–2019 and from 4323 to 5023 in the same year range (2018–2019) respectively. These statistics are usually carried out by universities to reveal the degree of their inclusivity and the extent to which they implement WP policies to widen the access of students labelled with dyslexia in HE, and thus promote social inclusion. The continuous report of the numbers of students classified with dyslexia indicates that the concept of dyslexia persists to be embedded within HEIs as a political rhetoric.

Summary

The current chapter presents the empirical findings of this thesis, divided according to the themes that were brought to the data analysis. Firstly, biological discourse is hegemonic within HEIs, leading to shape how these educational institutions represent dyslexia and create a biological construct in HE, which has a significant influence on performers labelled with dyslexia. This biological construct creates the biological games of performance of dyslexia; however, only the positive biological game of performance of dyslexia is presented within HEIs. This inaccurate representation creates an inconsistency in the representation of the role of the patient labelled with dyslexia in HE, ignoring performers labelled with dyslexia who do not conform with the norm. Thus, the shifting of performance of dyslexia of the role of the patient labelled with dyslexia remains unrecognised in HE. This problematises the claimed authentic interest of universities to equally address the needs of all students labelled with dyslexia in HE. Thus, universities provide adequate support services only for performers labelled with dyslexia who agree to identify as a vulnerable group that cannot achieve success without support, and in doing so, become “Biased Therapeutic Institutions”.

Consumerist discourse is also hegemonic within universities, leading to shape how these educational institutions represent dyslexia and create a consumerist construct in HE. This construct significantly affects performers labelled with dyslexia by transforming students into consumers. Consumerist constructs create consumerist games of performance of dyslexia, typically presented only as a positive consumerist game of performance of dyslexia in HEIs. This inaccurate representation creates an inconsistency in the representation of the role of the customer labelled with dyslexia in HE, ignoring the customers who do not conform with the norm and therefore stigmatising them. Hence, the shifting of performance of dyslexia of the role of the customer labelled with dyslexia remains unrecognised in universities. This lack of recognition problematises the claimed authentic interest of universities to equally address the needs of all students labelled with dyslexia in HE. This problematisation deconstructs the consumerist role of universities by identifying them as “Biased Marketised Institutions” that provide adequate support services only for performers labelled with dyslexia who conform with the picture of the ideal customer.

Chapter 7

Conclusion

7.1 Introduction

Throughout this thesis, I have proposed that the concept of dyslexia is a socially-constructed phenomenon. Within universities this is demonstrated in two main constructs, namely the biological and consumerist constructs of dyslexia. The ongoing existence of these dyslexia constructs has led to the construction of two games of performance of dyslexia in HE, namely the biological and the consumerist games of performance of dyslexia. These games of performance of dyslexia are represented as positive in universities, which makes the other connotations of these games, such as negative and realistic, unrecognised in the HE system. However, negative and realistic games are represented subjectively among performers labelled with dyslexia leading to shape their identity revolving around dyslexia and their relationship with their lecturers and dyslexia assessors in universities (see Subsection 6.2.5).

Universities' representation of categories of performers labelled with dyslexia and the shift between these categories is inconsistent with what is known among performers labelled with dyslexia. This inconsistency was confirmed by the empirical findings in Chapter 6, through the QS reported from universities in response to my FOI requests, as well as the independently collected MEIPs available in e-documents from English universities. Ensuring reflexivity in research is also discussed. Finally, the presence of biological discourse in other educational and social care institutions will be discussed to explore fruitful avenues for future research.

7.1.1 Research Questions

In the introduction, I posed two questions:

- What are the features of the constructs (for example, biological) of dyslexia, and how do these features influence students classified with dyslexia in universities?
- How do consumerist processes sustain the presence of these constructs of dyslexia in universities, and how does this existence affect university students classified with dyslexia?

The following section will address how the findings reported in the thesis relate to these research questions.

7.2 Discussion

7.2.1 The Role of The Experience of The Label of Dyslexia in Shaping Identity

To address Research Question One, “What are the features of the constructs (for example, biological) of dyslexia, and how do these features influence students classified with dyslexia in universities?”, I analysed QS conducted by universities and obtained for this research through FOI requests. Through these I was able to ascertain whether there is a subjective relationship between students’ label of dyslexia and their experiences in HE, which are usually shaped according to the belief that these students have about the label. According to the QS, some students labelled with dyslexia have positive experiences with the label of dyslexia. Therefore, these students labelled with dyslexia, who can be described as real-real performers labelled with dyslexia, construct their identity revolving around dyslexia based on their positive experiences with the label in university. This positive experience aligns with Elliott’s (2005) argument that the label of dyslexia is associated with a sense of relief for some individuals labelled with dyslexia due to its association with support services available to those with the label.

I demonstrated the biological and consumerist features of the constructs of dyslexia through analysing phrases obtained from the websites of the universities that supplied QS data. The analysis showed how these features, such as construction as a form of disability, labelling, therapization, marketisation, and consumerism, construct dyslexia as biological and consumerist tools in universities due to the hegemonic presence of the biological and consumerist constructs in the HE sector. HEIs 3 and 6 (HBCD), respectively, demonstrated these features in the quotations below:

> “Dyslexia and Dyspraxia Advisor offers initial screening for dyslexia.”
> “A Disclosure and Confidentiality Agreement (DCA) which allows you to declare who the student wish to give the universities consent to share information about their dyslexia with e.g., Academic staff, parent/guardian, accommodation office.”

These quotes demonstrate features of the biological and consumerist constructs, which can be manifested in the use of these discourses. The use of phrases like “initial screening” and “a Disclosure and Confidentiality Agreement (DCA)” had a powerful effect on the construction of the games of performance of dyslexia, which creates biological and consumerist games of performance of dyslexia that is usually shaped by the same features of the constructs. This construction was strongly impacted by the experiences of students identified as having dyslexia in HE, constructing their identity revolving around dyslexia.

The existence of these features shapes the relationship between students labelled with dyslexia (performers) and lecturers, dyslexia assessors (audience), and their university (the imaginary theatre of performance) based on these constructs. To clarify, the hegemonic presence of biological discourse can be demonstrated in universities' tendency to construct dyslexia as a form of impairment on their websites. This creates a patient relationship where students identified as having dyslexia become the patients and the university becomes the therapeutic institution. This expands Ecclestone and Hayes' (2019) argument about the rise of therapeutic culture in HE (see Subsection 3.4.2 for a definition of therapeutic institutions).

Referring to Research Question Two, "How do consumerism processes sustain the presence of these constructs of dyslexia in universities, and how does this existence affect university students classified with dyslexia?", the hegemonic presence of consumerist discourse was assessed through examining university websites' descriptions of dyslexia support as a form of service. In doing so, they create a consumerist relationship where students labelled with dyslexia become the customers of support services and universities become the service providers (Biased marketised institutions) (see the summary section in Chapter 6). This consumerist relationship is exemplified by the following quotation: "The team of experienced professionals understand the many positives of SpLDs" (HE 9, HBCD). This relationship was confirmed by HEI 18, QS in the following quotation: "This service [dyslexia tutorials] enables me to produce work to a high standard and feel encouraging in my intellectual thought in my work". These quotations demonstrate a clear portrayal of the positive consumerist relationship between students labelled with dyslexia and universities, reflected by the student in HEI 18, QS who reported their positive experience with the label using positive language such as "enables me to produce work to a high standard". In other words, some students classified with dyslexia create positive consumerist relationships with their universities, lecturers, and dyslexia assessors, which can be attributed to their constant belief in the adequate provision of support services for them in HE.

In contrast, other students labelled with dyslexia reported having negative experiences with the label of dyslexia in their university. These were usually attributed to inadequate provision of support services provided, which can be demonstrated in the following quotation: "Dyslexia tutorials have an insignificant influence on increasing belonging to university" (HEI 14, QS). In this quotation, the student labelled with dyslexia reported the insignificant effect of dyslexia tutorials their university provided for them on increasing their belongingness to the university. These negative experiences are supported in the literature. For example, Taylor et al. (2016) reported that libraries in universities need to increase the number of scanners provided for students labelled with disabilities in universities. Furthermore, Rankin, Ruth, Robyn, and Smith (2010) concluded that it is difficult for staff to provide support services tailored to the individual needs of students labelled with disabilities, such as setting learning aims and objectives using a learning contract, because there is a conflict between adequately support students labelled with disability accurately and maintain the required levels of standard of the service. In other words, universities face a challenge to support the needs of these students and at the same time maintain the level of the efficacy of the service that they offer to these students including the need to fit the individualistic needs of students classified with dyslexia. Carter (2004) supports this argument by concluding that support services may be inadequate for helping students labelled with dyslexia to maximise their strengths and address any potential remaining challenges in HE. These negative experiences are inconsistent with the ideal picture that universities draw in their MSIS and MEIPs, which emphasise the representation of real-real performers labelled with dyslexia as a majority in HE. For example, in the statement, "dyslexic students are empowered enabling them to raise their voices through providing feedback to help improve our services and support", HEI 7, MSIS represents all students labelled with dyslexia as empowered in universities through claiming that these students' opinions matter in this university. Likewise, HEI 3, MEIP also claim to reinforce the experiences of students labelled with dyslexia: "the duty to make reasonable adjustments requires institutions to ensure that they have anticipated and taken reasonable steps to address barriers which put dyslexic students at a substantial disadvantage in relation to a relevant matter when compared to non-dyslexic students". HEI 3, MEIP claim to provide reasonable adjustments in order to avoid subjecting students classified with dyslexia to any disadvantage in HE.

Real-cynical/cynical-real performers labelled with dyslexia had less clear experiences with the support services they obtained due to their vague attitude towards the label of dyslexia. For instance, the students may appreciate the support services that they access, but nevertheless feel that those services are not sufficient to overcome all the barriers they face. Such experiences make these students classified with dyslexia construct a more realistic identity than the other categories. For example, “and after getting the support and the diagnosis it is still difficult to know what your problem really is, if you think hard enough there are all sorts of strange habits you have, which you say that may be dyslexia, but the label is useful for support after all” (HEI 23, QS). This student reported constructing a realistic identity revolving around dyslexia through revealing their uncertainty about the label as a part of their reality choosing the role of the cynical-real performer labelled with dyslexia to play in HE. The existence of this category contradicts both Elliott (2005) and Vickerman and Blundell (2010) who argue that individuals with dyslexia can report positive/negative experiences respectively because the reported experiences of students labelled with dyslexia with their label are not always positive or negative, but they can be an amalgamation between the two.

7.2.2 The Construction of the Patient Identity of Dyslexia

The biological construct of dyslexia is perceived differently among performers labelled with dyslexia, leading to the construction of a subjective identity revolving around dyslexia, building on Opie and Sikes’ (2014) perception of the subjective nature of social reality. This perception aligns with the epistemological and ontological positions, defined as constructivist and structuralist, that are adopted in this thesis. This constructed subjective identity can be placed into three categories according to the attitude that students labelled with dyslexia adopt towards the label of dyslexia: positive, negative, and realistic.

7.2.2.1 The Positive Patient Identity of Dyslexia

Real-real performers labelled with dyslexia can be categorised as believer patients labelled with dyslexia. These performers believe in the pathology of dyslexia (i.e., the inherence of their impairment) as part of their reality, which is caused by the hegemonic presence of the biological discourse in HE constructing dyslexia as a form of disability (for example, HEI 10, HBCD). This expands Collinson’s (2016) argument about the transformation of dyslexia into a belief for individuals labelled with dyslexia who play the role of the believer patient labelled with dyslexia. Collinson argues that for individuals labelled with dyslexia, the label of dyslexia becomes an internal belief, leading to shape their identity that revolves around dyslexia. Indeed, the current thesis expands this argument by suggesting that the label of dyslexia not only transforms into a belief that shapes the social reality of individuals classified with dyslexia in society, but it is also a political rhetoric. The politicisation of dyslexia aligns with the epistemological and ontological stance adopted in this thesis and my role as a qualitative interpretivist researcher (see Chapter 4), revealing the nature of dyslexia, which can be described as a “political rhetoric” (Edwards et al., 2004, p. 16). The continuous existence of this political rhetoric can be demonstrated by the embeddedness of dyslexia in HE (for example, HEI 2, S). Students labelled with dyslexia respond to the political discourses created by the biological and consumerist discourses in universities by playing their role within their institution depending on their beliefs and attitudes towards the label (for example, HEI 8, HBCD; and HEI 8, MEIP). Thus, real-real performers labelled with dyslexia hold a positive attitude towards their lecturers, dyslexia assessors, and their universities, believing that the staff and institution sustain their interests. This positive subjective performance expands Elliott and Grigorenko’s (2014) argument about the biased nature of dyslexia as it shows that the biased nature of dyslexia also exists within the HE context. This bias exists because students labelled with dyslexia have different experiences with the label and this impacts their subjective understanding of dyslexia (for example, HEI 26, QS; and HEI 22, QS).

A positive attitude results in a positive relationship with lecturers, dyslexia assessors, and the university, based on the trust these performers have in their audience. This trust leads these performers to deliver a sincere performance of dyslexia, which can be demonstrated by disclosing their diagnosis of dyslexia. They embrace it as a form of difference, aligning with the disputed relationship between dyslexia and creativity. This relationship has been investigated by previous psychological studies on dyslexia, such as Kapoula et al. (2016) and Wang and Yang (2011) who found that their participants with dyslexia performed poorly in creativity tasks such as identifying a shape that is different from a particular pattern. In contrast, Cancer, Manzoli, and Antonietti (2016) concluded that their participants labelled with dyslexia performed better in connectivity tasks involving establishing a connection between different mental fields through an unusual combination of ideas supporting new possibilities and original solutions.

The constructed positive meaning is created by underrepresenting the negative connotations of labelling, including informal labelling in HE, which is associated with normalisation discourse (see Chapter 2 for a definition of informal labelling) (see Appendices 1 and 2 for a demonstration of the historical roots of normalisation discourse in English society). Oliver

(2009) and Abberley (1987) have problematised this discourse by suggesting that it disempowers individuals labelled with disabilities by treating them as patients in society due to its association with the social tendency to conform to normative identity. In Chapter 5, I posited that universities have a strong tendency to maintain a specific type of normalisation discourse that students classified with dyslexia should be satisfied with the support services they obtain in order to belong to the university and avoid being stigmatised. The empirical data collected in this thesis support this finding (for example, HEI 1, QS), revealing the strong presence of this normalisation discourse. I term this the “Ideal Patient Labelled with Dyslexia Normalisation Discourse”, which refers to the universities’ tendency to portray their students labelled with dyslexia as ideal patients labelled with dyslexia who are satisfied with the services they obtain as patients from universities, making them become biased therapeutic institutions (see the summary section; Chapter 6).

7.2.2.2 The Negative Patient Identity of Dyslexia

In contrast, cynical-cynical performers labelled with dyslexia can be categorised as sceptical patients labelled with dyslexia. These performers deny the existence of the pathology of dyslexia as part of their social reality. This denial contradicts Collinson’s (2016) argument about dyslexia as a belief within individuals classified with dyslexia as some of these individuals may question the existence of this belief as part of their identity. Hence, these performers hold a negative attitude towards lecturers, dyslexia assessors, and their university, questioning the intention of this audience (lecturers and dyslexia assessors) to sustain their interests in the imaginary theatre of performance (University). This subjective negative performance of dyslexia builds on Elliott and Grigorenko’s (2014) argument about the biased nature of dyslexia by suggesting that this bias can lead to potential discrimination against them in HE. This discrimination results from the tendency of universities to construct the ideal patient labelled with dyslexia normalisation discourse, placing these performers labelled with dyslexia in a disadvantage due to the deviance of these performers from this “constructed norm” (Goffman, 1963, p. 55) (for example, HEI 8, QS). As a result, these performers construct a “negative relationship” with lecturers, dyslexia assessors, and their university.

7.2.2.3 The Realistic Patient Identity of Dyslexia

On the contrary, real-cynical/cynical-real performers labelled with dyslexia can be categorised as hesitant patients labelled with dyslexia due to their inability to adopt a clear attitude towards the label of dyslexia. This hesitant attitude supports Opie and Sikes' (2014) argument about the subjectivity of social reality, as these students perceive their dyslexia realistically based on the subjective perception of both positive and negative experiences. The cultural debate in the university setting emphasises embracing dyslexia as a form of difference that empowers students labelled with dyslexia, rather than disadvantaging them. Thus, real-cynical/cynical-real performers' unclear attitude towards the label means that they are inconsistent with this culture, which was revealed in HEI 8, MSIS; and HEI 35, QS. Furthermore, they do not align with the ideal patient normalisation discourse because they adopt an unclear attitude towards the support services they receive as patients, as demonstrated by HEI 36, QS.

Consequently, these performers establish a "realistic relationship" with their lecturers, dyslexia assessors, and university. They are open to the notion that this audience (lecturers and dyslexia assessors) may sustain their interests in the imaginary theatre of performance (university); however, they realise that it does not do so ideally. This inability to sustain their interests was demonstrated in HEI 30, QS. In other words, they believe that the support on offer is limited, aligning with Vickerman and Blundell's (2010) argument that substantial work is required to increase the quality of support services offered to students with hidden disabilities in HE.

7.2.3 The Construction of the Customer Identity of Dyslexia

7.2.3.1 The Positive Customer Identity of Dyslexia

The construction of the positive customer identity can be explained by universities' tendency to construct the "Ideal Customer Labelled with Dyslexia Normalisation Discourse", which refers to portraying students labelled with dyslexia as the ideal customers in universities. Such customers are satisfied by the services they obtain, transforming universities into biased marketised institutions (see the summary section; Chapter 6). To investigate this identity, the QS collected from universities were analysed for opinions of satisfaction with support services. The data indicated that students labelled with dyslexia playing the role of real-real performers labelled with dyslexia reported a positive attitude regarding the suitability of support services. Of the 40 collected QS, 30 revealed that some students labelled with dyslexia trust the ability of the label to support their needs in HE. The extent to which the services they obtain from their university meet their needs makes them aware of the potential disadvantages associated with obtaining these services, including embracing being perceived as different from their peers. As a result, these students play the role of the satisfied customer labelled with dyslexia in HE.

50% of the performers labelled with dyslexia reported being satisfied with the support services they obtain, attributing them to their success in HE. This attribution can be demonstrated clearly in HEIs 1 and 3, QS. This positive attitude towards support services aligns with MEIPs' portrayal of all students labelled with dyslexia as satisfied with their experiences in universities. Likewise, these performers also align with the ideal customer picture that universities draw through their MSIS.

7.2.3.2 The Negative Customer Identity of Dyslexia

Interestingly, the QS data indicated that students labelled with dyslexia who play the role of cynical-cynical performers labelled with dyslexia reported a negative attitude regarding the adequacy of the support services they obtained to support their needs in HE. These students labelled with dyslexia may potentially be aware of the biased nature of the Equality Act (2010) because of its inability to protect their interests in universities. This law becomes biased as university stakeholders employ it to hide the way these performers perceive the inauthentic interest of these stakeholders to promote social inclusion by not representing these negative experiences. Thus, the act only protects satisfied customers in HE, but cynical-cynical performers play the role of the sceptical customer labelled with dyslexia. This flawed protection was demonstrated in HEI 5, MSIS.

These findings support the relationship between dyslexia and marketisation processes explored in Chapter 3, as students are transformed into customers, who are "protected by the customer law in HE" (the CMA, 2015, p. 17). Therefore, the OIAHE's (2019) protection of these students is questionable because these performers' negative attitude towards the ability of their label to protect their consumerist rights as customers of educational support services in fact reduces their protection (for example, HEI 14, QS). Likewise, this category of sceptical customers aligns with legislators' argument that the degree to which the Equality Act (2010) protects students classified with dyslexia should be questioned by academics in the field of dyslexia, educationalists, education policymakers, and university stakeholders to address its inability to protect all students classified with dyslexia in HE. This flawed protection questions the role of universities in claiming to protect all students labelled with dyslexia as they seem to protect only those aligning with the ideal customer identity created in HE (see Subsection

6.2.2). Furthermore, the existence of these performers contradicts the claim of the CMA (2015) to protect the interests of all students identified as having dyslexia in HE. In other words, students' experiences are politicised in HE due to their association with consumerist discourse resulting from marketisation reforms (for example, WP policies that are perceived as a political-ideological imperative) creating the consumerist construct of dyslexia in HE. As a result, students with dyslexia are transformed into customers who need to align with the consumerist paradigm in HE (for example, HEI 34, QS). However, cynical-cynical performers will not be aligned with the consumerist paradigm unless they fight for their rights to be included as customers of support services in HE. Their inclusion as customers of support services presents a challenge for the ideal customer labelled with dyslexia normalisation discourse that universities create by revealing the biased nature of these marketised institutions against representing the experiences of these performers accurately in HE.

7.2.3.3 The Realistic Customer Identity of Dyslexia

Findings from the QS indicated that there is a group of students labelled with dyslexia who did not construct a satisfied or sceptical customer identity of dyslexia, but rather a less clear form of this identity, which can be described as the hesitant/realistic customer identity of dyslexia. Students labelled with dyslexia who belong to this group can be described as real-cynical/cynical-real performers labelled with dyslexia. The existence of this category of customers poses an additional threat to the ideal customer labelled with dyslexia normalisation discourse that universities construct. Therefore, like those who develop a negative consumerist identity of dyslexia, those who develop a realistic consumerist identity of dyslexia, playing the role of the hesitant customer labelled with dyslexia, are usually underrepresented in universities. The existence of negative and realistic games supports the continuous existence of the political rhetoric of dyslexia in HE, which can be exemplified by the increasing numbers of students labelled with dyslexia in HEIs (see Subsection 6.2.9) "commodifying" (Tomlinson, 2015, p. 13) the experiences of students with dyslexia in HE.

7.2.4 The Biological and Consumerist Expressive Tools of Dyslexia in Universities

The qualitative university surveys supplied plenty of evidence of an ambiguous representation of the biological and consumerist expressive tools of dyslexia in universities and among performers labelled with dyslexia (for example, HEI, 10, QS; and HEI 20, MEIP). Universities tend to reveal only the positive biological expressive tool of dyslexia, constructing the "Ideal

Biological Expressive Tool of Dyslexia Normalisation Discourse”. This normalisation discourse can be defined as the representation of the biological expressive tool of dyslexia as an efficient tool for all students labelled with dyslexia as patients in HE. Whereas “The Ideal Consumerist Expressive Tool of Dyslexia Normalisation Discourse” is the representation of the consumerist expressive tool of dyslexia as an effective tool for all students classified with dyslexia as customers (see Section 6.2.3).

7.2.5 The games of performance of dyslexia in universities

The construction of identity revolving around dyslexia as a patient or as a customer creates the biological and consumerist games of performance of dyslexia, which are shaped by the subjective attitudes of performers labelled with dyslexia towards their label in HE (see Subsections 6.2.1 and 6.2.2). The meaning of these games of performance is created through the attitudes of performers labelled with dyslexia towards the label of dyslexia, constructing a positive, negative, or realistic expressive tool of performance of dyslexia identified either as biological or consumerist. The acknowledgement of these types of performances of dyslexia is governed by the way universities represent students identified as having dyslexia in relation to their MSIS and MEIPs. As such, I analysed the MSIS and MEIPs from 40 universities that provided QS data (for example, HEI 10, MSIS and HEI 15, MEIP). Universities construct the “Positive Biological Game of Performance of Dyslexia Normalisation Discourse”, which is the representation of the positive biological game of performance of dyslexia, through revealing only the benefits of the label of dyslexia for students labelled with dyslexia, thus creating a positive patient relationship between these students and their university. Universities also construct the “Positive Consumerist Game of Performance of Dyslexia Normalisation Discourse”, which refers to the representation of the positive consumerist game of performance of dyslexia in universities, through revealing the benefits of the label of dyslexia for students labelled with dyslexia, creating a positive consumerist relationship between these students and their university (see Subsections 6.2.4 and 6.2.5).

The evidence collected from FOI requests of QS data revealed two levels of the constructed biological and consumerist games of performance of dyslexia in HE. These levels were a) the university level, which is manifested by constructing only positive biological and consumerist games of performance of dyslexia aligning with the Equality Act (2010), and b) the internal level among performers labelled with dyslexia revealing three types of these games of performance of dyslexia: positive, negative, and realistic.

7.2.5.1 The Biological Games of Performance of Dyslexia in Universities

The constant presence of the biological discourse establishes the games of performance of dyslexia in universities based on the consumption patient attitude that performers labelled with dyslexia adopt in HE. There is a strong tendency among universities to rely heavily on biological discourse when describing the influence of dyslexia on students labelled with dyslexia in HE (for example, HEI 3, HBCD) (see Subsection 6.2.7 for further discussion about the reasons of this reliance). As such, they tend to describe dyslexia as an impairment, aligning with the current definitions of dyslexia, such as the ICD-11 (2020), IDA (2020), and BDA (2019). For example, much like the ICD-11's definition of dyslexia, universities tend to emphasise the difference between academic achievement and intellectual functioning in their constructs of dyslexia. As previously mentioned (see Subsection 6.2.3), the way the biological construct of dyslexia is created has significant implications for performers' construction of patient identity revolving around dyslexia in universities. The construction of this patient identity was demonstrated in HEIs 27–32, QS. The biological games of performance of dyslexia are impacted by three concepts: disability discourse, labelling, and therapization (see Chapters 2 and 3 for relevant discussion on these concepts), which will be discussed in turn.

7.2.5.1.1 The Impact of Disability Discourse on Biological Games of Performance of Dyslexia

The biological games of performance are affected by disability discourse as it is heavily influenced by the notion of the impairment. This notion, based on the current definitions of disability, such as the Equality Act (2010), determines individuals' quality of life and limits their participation in social life. This is because these definitions emphasise the impairment, stereotypically identifying these groups' patterns of participation in society as a result of their impairment and linking their identification with "ableism discourse" (Wolbring, 2008, p. 252), thus disempowering them. In other words, according to Nagi's (1965) medical model of disability, these individuals are labelled with disabilities because of their impairment, not society. This notion of impairment has been challenged by Oliver's (1990) social model by exploring the negative impact of the notion of impairment on individuals labelled with disabilities in society. In this light, Barnes (1991) argued that the social model of disability originally aimed to dismantle the barriers that individuals labelled with disabilities may face in society. Nonetheless, individuals labelled with disabilities continue to face different barriers within their society, aligning with Oliver's (1990) argument about the role of society in creating "a disabling environment" for these individuals.

The existence of the notion of the impairment has led to the creation of the biological games of performance of dyslexia, which were confirmed by a number of QS collected from universities (for example, HEI, 27, QS; HEI 17, QS; and HEI 35, QS). The existence of these games can be demonstrated in the following quotation:

> The support I received helped me massively in the areas I was struggling. I think most students like me feel that this support is helpful. The university is very supportive. They try their best to support us to succeed in our studies. I don't think that there are students with dyslexia that do not find support useful. We all need this support to unlock our creativity in university (HEI 1, QS).

This quotation is a clear construction of a positive biological game of performance of dyslexia, which is evident through the emphasis on the university's efforts to support students labelled with dyslexia. These efforts were exemplified in HEIs 19–20, MEIP, among others, which reveal only their positive game of performance of dyslexia through focusing on enabling students classified with dyslexia to increase their creativity. The MEIP data therefore revealed a strong tendency within HEIs to convey a fake harmony within the performance of dyslexia in this game of performance. Furthermore, institutions obscure the presence of "group stigma" which was evident from some of the qualitative surveys oversimplifying the representation of dyslexia in HE (see section 5.7 for further discussion about this oversimplification). This type of stigma results from what Goffman (1963) describes as a difference from a collective group identity (i.e., students without the classification of dyslexia). This presence is obscured by portraying an inclusive environment and hiding the experiences of performers labelled with dyslexia who do not harmonise with this environment (see Subsection 6.2.1.2). This obscured presence is due to the challenge the group stigma poses on the positive biological game of performance of dyslexia normalisation discourse that universities construct to promote themselves as inclusive institutions. Therefore, this biological game is represented differently by the university and performers labelled with dyslexia. This inconsistent representation was revealed in HEI 16, MEIP and HEI 26, QS.

7.2.5.1.2 The Impact of Labelling on Biological Games of Performance of Dyslexia

The biological games of performance are also influenced by the biological subjective connotations among performers labelled with dyslexia, which are based on the nature of the experiences these students have with the "pathologised label of dyslexia" (see Appendix 3 to illustrate the relationship between medicine and dyslexia). Due to the emphasis on pathologising dyslexia in these games of performance, these games are intertwined with the labelling processes in HE. These processes transform students labelled with dyslexia into performers in constructed games of performance of dyslexia in HEIs. This expands Becker's (1973) argument about the negative influences of these processes on individuals with disabilities in society. According to Becker, labels are regarded as the external judgements that control the self-perception of an individual and the response to the labelled individual as a form of deviance that does not conform with the accepted norm in society. This perception of labelling suggests that the existence of these biological games of performance of dyslexia is harmful for all students labelled with dyslexia because they perceive their reality only in relation to their label. Nonetheless, universities have a strong tendency to not represent particular groups of patients labelled with dyslexia, such as cynical-cynical/real-cynical/cynical-real, in order to maintain the biological construct of dyslexia in HE and therefore preserve the hegemony of the biological discourse as a political rhetoric in HE (see Subsection 6.2.8 for further discussion). This biological discourse focuses on the deviation of these performers from what is usually regarded as the social norm in HE:

> Dyslexia becomes the weak point for any student with dyslexia like me as it [dyslexia] always makes me feel disadvantaged and different from my peers. They [my peers] don't see me normal like them. I always get a surprised reaction every time I mentioned being at support service office. I doubt all the university attempts to support us [students labelled with dyslexia] will be helpful to solve this issue [being disadvantaged and different]. All their bombarded statements are not relevant to us. They [universities stakeholders] are only interested in the reputation of their institutions [universities] as inclusive institutions. No one really cares about our interests and need (HEI 20, QS).

The student in this quotation demonstrated the influence of the biological discourse, which was exemplified in feeling different from students without the label, leading them to create a negative biological game of performance of dyslexia. This game of performance remains underrepresented because it challenges the fake harmony created by universities (i.e., the believer patient labelled with dyslexia normalisation discourse). Consequently, universities tend to hide the negative effects of labelling by constructing a positive connotation of the biological games of performance of dyslexia.

7.2.5.1.3 The Impact of Therapization on Biological Games of Performance of Dyslexia

The constructed positive connotation of the biological games of performance of dyslexia is reinforced by the "therapization of HE" (Ecclestone and Hayes, 2019, p. 29). Universities tend to therapize the label of dyslexia by transforming the students classified with dyslexia into patients who consume support services, in turn reinforcing the existence of the label of dyslexia by creating biological games of performance of dyslexia (for example, HEI 1, QS). Therapization thus leads to the politicisation of the label of dyslexia as a biological expressive tool of performance of dyslexia by allowing university stakeholders to create biased therapeutic institutions and thus employ the label for their own gains. However, the tendency to "biologise LDs and dyslexia" (Lopes, 2012, p. 14), leads to the rise of "the diminished self" (Ecclestone Hayes and Furedi, 2005, p. 184). This was confirmed by the analysis of university MSIS and MEIPs, which showed a strong tendency to portray students labelled with dyslexia as a vulnerable group, which needs support and protection against any potential discrimination to be able to cope with the constantly high demands of HE (for example, HEI 5, MSIS and HEI 10, MEIP).

Consequently, universities shed light only on the positive biological game of performance of dyslexia, revealing their tendency to promote therapeutic culture in HE by pathologising dyslexia and overlooking the negative biological game of performance in HE. This game can be shown clearly in the following quotation:

> I feel that universities exploit my dyslexia to make me feel like the patient who needs some kind of a treatment in a clinic, and the patient's experiences are dehumanised. I need to be satisfied with everything they offer through label or otherwise I will not belong to university. Its not fair (HEI 10, QS).

HEI 10, QS revealed the negative biological game of performance of dyslexia among cynical-cynical performers labelled with dyslexia, which is unusual tendency to the HEIs (i.e., universities usually represent only the positive biological game of performance to achieve social inclusion). Nonetheless, this representation was not evident in MEIPs adopted in HE.

7.2.5.2 The Consumerist Games of Performance of Dyslexia in Universities

The consumerist games of performance of dyslexia are affected by marketisation, consumerism, and social inclusion (see Section 5.4). Consumerism refers to the commodification of disability. The contentious nature of marketisation processes was discussed by Nedbalová, Greenacre, and Schulz (2014), who argue that there is inconsistency in marketisation literature regarding the benefits and harms of marketisation processes on HE. for example, Brown (2010), and McMurtry (1991) argue that marketisation can negatively influence the quality of education. This inconsistency has created an ambiguous meaning for the consumerist games of performance in HE. To clarify, university stakeholders use the contentious nature of marketisation by employing only the positive side, creating a "positive consumerist game of performance of dyslexia" and thereby sustaining their interests in HE. This use was revealed in HEIs 8 MSIS and MEIP. The QS findings expand Elliott and Grigorenko's (2014) argument about the biased nature of dyslexia, suggesting that dyslexia is understood subjectively among students identified as having dyslexia, which is shaped by their experiences with the label creating their subjective perception of lecturers, and dyslexia assessors in HE (for example, HEI, 23, QS; HEI, 40, QS; and HEI 31, QS).

The evidence collected from MSIS and MEIPs in HE and the QS obtained by FOI requests reported the existence of two inconsistent levels of the constructed consumerist games of performance of dyslexia in universities: the university level and the performers labelled with dyslexia level. At the university level, the positive consumerist game of performance of dyslexia in HE is represented as the only type of this game benefiting performers labelled with dyslexia. This representation aligns with the representation of the ideal customer in HE that is depicted in universities' MEIPs. HEI 11, MEIP, for example, claimed that it supports all students identified as having dyslexia according to the Equality Act (2010), stating "the Equality Act places the university under a duty to make reasonable adjustments to support individual students with dyslexia in realising their full potential and to ensure that they are not disadvantaged in comparison with students without dyslexia". HEI 11, MEIP therefore places a strong emphasis on their duty to make "reasonable adjustments" for students labelled with dyslexia under the Equality Act (2010). However, the word reasonable can be perceived subjectively among performers labelled with dyslexia, depending on their attitudes towards the label. Hence, what real-real performers labelled with dyslexia perceive as "reasonable adjustments" may not be reasonable for cynical-cynical performers labelled with dyslexia in HE. This indicates that HEI 11, MEIP, and indeed the other HEIs MEPs included in the analysis, represent only one type of consumerist games of performance of dyslexia in HE (the positive game) because they do not reveal any strategies to address the students classified with dyslexia who are dissatisfied with the quality of the support provided in their university. Through this inaccurate representation, the universities attempt to show what I argue is a dubious interest in achieving equality, making the other types of consumerist games of performance of dyslexia unrecognised in HE. To support this analysis further, MSIS failed to include these games in HE because, I argue, they challenge the fake harmony that universities try to create when they draw this picture of the ideal customer, which can be demonstrated in the following quotation:

> Inclusivity is a value at the heart of the University strategy, expressing our commitment to Equality, Diversity, Inclusion and Social Responsibility (EDISR). EDISR is intrinsic to everything we do as a university and to every aspect of our student and staff experience, including who we attract to study and work here, their experiences and opportunities to achieve and the impact they have in the future. Our students with dyslexia are able to demonstrate their creativity, which is supported and strengthened in this university offering them adequate services to satisfy their needs (HEI 3, MSIS).

This quotation reveals the lack of the representation of the other consumerist games of performance of dyslexia as they challenge the positive consumerist game of performance of dyslexia normalisation discourse that universities create in their MSIS and MEIPs (for example, HEI 9, MSIS and MEIP). In contrast, among performers labelled with dyslexia, the categories of consumerist games of performance of dyslexia are fully represented as positive, negative, and realistic (see Subsection 6.2.4).

The negative consumerist game of performance of dyslexia is perceived by cynical-cynical performers labelled with dyslexia in HE due to their belief that the existence of this game violates their interests as customers in HE. This argument expands Elliott and Grigorenko's (2014) argument about the biased nature of the label of dyslexia by revealing its negative influence on cynical-cynical performers labelled with dyslexia. Likewise, the realistic consumerist game of performance of dyslexia is perceived by real-cynical/cynical-real performers labelled with dyslexia because these performers believe that the consumerist games of performance of dyslexia do not consistently protect or violate their interests as customers in HE (for example, HEI 35, QS).

7.2.6 The Nature of Relationships Revolving Around Dyslexia in Universities

These constructed identities revolving around dyslexia impact the nature of the relationships between students labelled with dyslexia and their lecturers, dyslexia assessors, and university, which in turn shapes the games of performance of dyslexia in HE differently. The existence of these identities challenges the "Ideal Patient and Consumerist Relationship Normalisation Discourses" that universities construct, which are the representation of the positive patient and consumerist relationships between students labelled with dyslexia, lecturers, dyslexia assessors, and their university. The QS provide evidence of this challenge faced by universities by highlighting the impact of the belief these students have about the label on the subjective relationships between them and their lecturers. Some of the surveys supplied evidence of negative relationships between some students labelled with dyslexia and lecturers, highlighting the "unsupportive" role of these lecturers (for example, HEI 40, QS).

These contrasted relationships imply that some performers labelled with dyslexia may hold an extremist attitude towards the performance of their lecturers and dyslexia assessors, describing it as either sincere or insincere. This judgement is based on whether these performers labelled with dyslexia perceive their lecturers and dyslexia assessors as willing or unwilling to help them (for example, HEI 16, QS; and HEI 40, QS). However, HEIs 31–32, QS also indicated that some performers labelled with dyslexia have realistic relationships between their lecturers and dyslexia assessors, questioning whether these lecturers and assessors are completely heroes or villains. In the same vein, the consumerist identity revolving around dyslexia has the same implications for the relationships between these performers labelled with dyslexia and their lecturers and dyslexia assessors. The existence of these relationships expands Ecclestone's (2007) argument that therapeutic culture is built on the assumption of the vulnerability of some individuals in society by suggesting that students labelled with dyslexia are perceived as vulnerable customers who need a network of support to cope with the demands of university.

The QS strongly support discussions within the literature on the influence of "therapization" (Ecclestone, 2012, p. 13) and "biologisation of LDs and dyslexia" (Lopes, 2012, p. 14) on the relationships between performers labelled with dyslexia and dyslexia assessors in HE. The findings showed that some students labelled with dyslexia construct a positive relationship with their dyslexia assessors in HE, viewing them as their emancipators; for example, "then, you go for a need assessment…so that you'll learn so that you are not at a learning disadvantage due to this support" (HEI 11, QS). These results support the literature by concluding that some students labelled with dyslexia perceive the label of dyslexia positively as an effective biological expressive tool of performance that provides answers. This perception aligns with Elliott's (2005) argument about the positive value that some individuals classified with dyslexia attach to their label valuing it as a provider of answers.

On the contrary, cynical-cynical performers labelled with dyslexia constructed a negative relationship with their dyslexia assessors, perceiving them as captivators; for example, "I don't know where she [the dyslexia assessor] gets her knowledge… she isn't helpful… giving the label does not help me… I am disadvantaged" (HEI 40, QS). In contrast, other students labelled with dyslexia described a realistic relationship with their dyslexia assessors based on their unclear attitude towards the label and the quality of support service they are offered in HE. These students can be categorised as real-cynical/cynical-real performers labelled with dyslexia, forming realistic relationship with their lecturers. This realistic relationship was demonstrated in HEIs 23 and 36, QS.

The construction of these games of performance of dyslexia has a significant effect on the way performers labelled with dyslexia construct their identity revolving around dyslexia, as well as their relationships with lecturers and dyslexia assessors in HE. The QS data revealed that some students labelled with dyslexia constructed a positive relationship with their lecturers and dyslexia assessors in HE as service providers who are willing to emancipate them. This positive consumerist relationship was revealed in HEI 25, QS. Employing Wright and Rogers' (2009) definition of commodity as the pleasure of the consumption of material goods, the QS data supplied evidence of the subjective relationships between performers labelled with dyslexia and dyslexia assessors. This evidence suggested that students identified as having dyslexia categorised as real-real performers labelled with dyslexia perceive their dyslexia assessors as their ideal service providers who empower these students by providing them with the label of dyslexia and enabling them to access support services in HE.

7.2.7 The Shifting of Performance of Dyslexia in Universities

Based on the theoretical findings of this thesis, students labelled with dyslexia are the social performers who play the roles of the patient and customer in a cycle of shifting performance according to their categories. This develops the medical model of disability and Goffman's (1956) theory of social performance, which stated that the categories of performers are static and do not change. Instead, I suggest that the performance of students classified with dyslexia shifts, enabling them to transform from one category to another in HE (see Section 4.4).

The QS data revealed evidence that some students labelled with dyslexia changed the patient and customer role of dyslexia they played in HE. For instance, some groups of performers labelled with dyslexia changed the patient role of dyslexia they played based on the nature of their experiences in HE. According to HEI 22, QS, 18% of the students labelled with dyslexia who answered the survey conducted by HEI 22 revealed a shift in the role of the patient that they played in HE due to having a positive experience with dyslexia in HE. In the same vein, some of the survey data indicated a change in the role of the customer labelled with dyslexia among some students identified as having dyslexia in HE:

> I think I know more about support services process. I think after all it can be useful for me to help me to overcome the problem of swapping letters around and things like that … It was quite interesting to learn more about dyslexia. Support services are not always bad after all (HEI 37, QS).

This student indicated that they were initially sceptical of the process of classification, but their scepticism changed to belief after they consumed the services on offer to them, confirming that the role of customer is not fixed throughout the students' time at university.

7.2.8 Universities' Reliance on Biological discourse

In Chapter 6, I argued that universities rely on biological discourse for two reasons. To begin with, universities construct biological discourse as a cultural phenomenon to justify their promotion of social inclusion in HE and society. Biological discourse is hegemonic because universities construct it as a cultural phenomenon, creating the identity of individuals [classified with dyslexia] based on their socially-constructed disability as "a form of creativity associated with superior visual-spatial skills" (Winner et al., 2001, p. 22). This construction is associated with the "rising of the therapeutic culture" in HE (Ecclestone and Hayes 2019, p. 20). The construction of this discourse as a cultural phenomenon was supported by the QS surveys (for example, HEI 27, QS). Hence, HEIs rely heavily on this discourse to legitimise the protection of students identified as having dyslexia. They do this to "promote social inclusion" (Thomas and Macnab, 2022, p. 23) and widen students' access to HE using "the biased WP policies" (Adnett and Tlupova, 2008, p. 18).

Furthermore, universities' rely on the biological discourse as a legitimised justification to inconsistently represent the biological games of performance of dyslexia as tools to promote social inclusion in HE. This legitimisation was supported by MEIPs (for example, HEI 15, MEIP). Consequently, this reliance on biological discourse in HE is questionable as it can potentially marginalise students labelled with dyslexia whose negative/hesitant attitudes towards the label do not align with the ideal patient normalisation discourse that is created by universities (for example, HEI 40, QS; and HEI 14, QS).

7.2.9 The Hegemony of the Biological Discourse in Higher Education

Biological discourse has become hegemonic in universities for two reasons. Firstly, biological discourse can be described as a cause-effect politicisation of dyslexia as a political rhetoric in HE because the rise of therapeutic culture creates the biological discourse, thus politicising dyslexia in HE as a tool to "promote social inclusion" (Altermark, 2015, p. 5). Phrases collected from the websites of the universities that provided the QS (HBCD), such as HEI 1, HBCD; and HEI 25, HBCD, confirmed this cause-effect politicisation of dyslexia. This cause-effect politicisation can be described as inauthentic as it enables education policymakers and university stakeholders to maintain their interest to promote social inclusion. In doing so, they marginalise cynical-cynical/real-cynical/cynical-real performers by misrepresenting their experiences and othering them in HE using "exclusionary othering" (Canals, 2000, p. 7). Through misrepresentation, these performers are subtly excluded due to their inability to align with the ideal patient normalisation discourse that is created in universities. This develops Atkins' (2016) argument that social inclusion is an illusionary concept that may cause marginalisation of some individuals in society due to the social tendency to define them according to the extent to which they are equal to others. This marginalisation was confirmed in some QS which reported negative experiences of some students classified with dyslexia in HE (for example, HEI 40, QS).

Secondly, universities tend to impose the medical model on students labelled with dyslexia in subtle ways through justifying its importance as a claimed protective tool that validates their experiences to legally protecting them and reinforces their "vulnerability as at-risk category" (Ecclestone and Brunila, 2015, p. 236) transforming them to vulnerable customers. Evidence from QS confirmed the existence of this tendency as a way to legitimise the use of the medical model to shape the experiences of these students in HE as patients (for example, HEI 15, QS).

7.2.10 The Embeddedness of Dyslexia as a Political Rhetoric

To conclude, based on the statistics collected via FOI requests (see Subsection 6.2.7), it can be argued that the concept of dyslexia has become an embedded political rhetoric in HEIs. It can be revealed through the ongoing report of the increasing numbers of students labelled with dyslexia in HE, which sustains the interests of university stakeholders and education policymakers to achieve what I describe as “Inauthentic Social Inclusion Political Agenda”. This is because this political agenda disempowers students classified with dyslexia who do not harmonise with the ideal patient/consumerist discourses in HE, which are supported through the empirical findings in this thesis (see Chapter 6). Due to the subjective nature of these empirical findings, it is necessary to explore how reflexivity was ensured in this research.

7.3 Reflexivity

Wellington (2001) has defined reflexivity as the notion that involves the researcher reflecting on themselves including questioning their own values, ideas, knowledge, motivation, and prejudices. In this light, in this research, I began to question my values about equality and inclusion of all individuals in education and the degree to which this is applicable to the case of dyslexia in HE. In addition to that, I began to question my previous ideas about inclusive practices as an effective tool to empower all individuals including those with dyslexia through examining how these practices can become exclusionary in their nature excluding those with dyslexia. Moreover, I became sceptical about the extent to which the scientific knowledge in the field of dyslexia is sufficient to inform practice in the case of students with dyslexia in HE. Furthermore, I also reflected on the potential influence of my motivation to question the neutrality of the concept of dyslexia in HE on my interpretation of the data in this research highlighting my potential prejudice of being an outsider researcher (i.e., not dyslexic). This prejudice can influence my interpretation by potentially focusing on the biases that can be associated with the label, which can lead to inaccurate representation of the experiences of some students with dyslexia in HE (real-real performers labelled with dyslexia). To avoid this inaccurate representation, I ensured that the interpretation matches the experiences of each category of performers labelled with dyslexia (i.e., their belief about the label) particularly those real-real performers labelled with dyslexia by representing their positive attitude towards the label accurately. Reflexivity in this research was ensured by avoiding the misrepresentation of the experiences of real-real performers by representing the inconsistency of the experiences of performers labelled with dyslexia at the university level and at performers' level, regardless of my stance as a qualitative interpretive researcher against the label of dyslexia. The perception of dyslexia as a socially-constructed phenomenon led me to adopt a qualitative interpretivist research paradigm and a constructivist epistemological and structuralist ontological stance employing Goffman's (1956) theory of social performance ensuring that my position against the label does not lead to influence negatively the representation of the experiences of real-real performers labelled with dyslexia as positive regardless of my belief about the reality of the label of dyslexia. This aligns with my position against the label, which refers to my belief that the label of dyslexia is a political socially-constructed concept that satisfies the needs of educational policymakers and university stakeholders. I believe that this concept others some students labelled with dyslexia due to their negative/ realistic experiences with the label that do not align with what universities represent (positive experience) to promote social inclusion.

As part of reflexivity in this research, I questioned the effectiveness of inclusive policies that universities implement to support their students with dyslexia by suggesting that these policies tend to disable students labelled with dyslexia by limiting their self-identification to biological and consumerist discourses. Consequently, as a qualitative interpretivist researcher, I analysed these discourses since they are hegemonic in HEIs in the empirical and theoretical data collected in this thesis using disability discourse analysis as an analytical method (see Chapter 4 for further discussion about this method) (for example, HEI 23, QS; HEI 27, QS; HEI 35, QS; and HEI 40, QS).

7.4 Potential Implications of Games of Performances of Dyslexia

Dyslexia, as I envision it, as a form of a game of performance in universities, has significant implications for MSIS and MEIPs, universities, and performers labelled with dyslexia. I propose that this occurs not only in universities, but also in the wider English context and similar contexts as well. However, perhaps the most important of the potential implications of dyslexia as a game of performance is for MEIPs. The existence of different connotations of the games of performance constructed by students labelled with dyslexia (for example, positive, negative, and realistic) as well as the acknowledgment of only the positive consumerist game of performance of dyslexia, implies that MEIPs are probably unable to address the challenges that some students classified with dyslexia in HE face. These unrepresented students create the negative connotation of the performance of dyslexia, constructing negative games of performance of dyslexia. In other words, cynical-cynical and real-real performers show a gap in representation within educational policy which impacts performers, as evidenced by the representation of real-real performers (for example, HEI 12, QS). Whereas cynical-cynical or real-cynical/cynical-real can often remain unheard in official HE policy (for example, HEI 4, MSIS).

This lack of representation questions the true ability of universities to employ MSIS to achieve equality between these performers labelled with dyslexia and other students in universities. However, education policymakers and university stakeholders continue to emphasise the positive connotation of these games as the other games of performance of dyslexia may pose a serious threat to their interests by questioning the ability of their MEIPs to protect the interests of all performers labelled with dyslexia. This advances Elliott and Grigorenko’s (2014) argument about the biased nature of the label of dyslexia and its tendency to sustain the interests of different groups such as policymakers. To sustain the interests of all performers labelled with dyslexia, MSIS and MEIPs need to address the challenges university students classified with dyslexia who perform the roles of cynical-cynical/real-cynical/cynical-real may face in universities such as sense of belonging to their university, lack of representation, and inadequate support (for example, HEI 14, QS; HEI 34, QS; and HEI 36, QS). Addressing these challenges will enable these performers to feel that universities may be sincerely interested to address the challenges that they face and clearly acknowledge their existence in HE. Furthermore, addressing these challenges will probably break the discourse of the ideal patient/customer that universities attempt to create (for example, HEIs 5–10, MEIPs), enabling these institutions to protect the interests of all their students labelled with dyslexia regardless of their subjective understanding of dyslexia. Therefore, I argue that MSIS and MEIPs are unreliable tools that can actually create a paradox between the representation of performers labelled with dyslexia in QS and in these statements and policies in HE.

The emphasis on only positive games of performance of dyslexia in universities can have further implications for the awareness of lecturers and dyslexia assessors of these games of performance of dyslexia as they too are given the impression that there is only one connotation of the games of performance of dyslexia (see Subsections 5.2.3 and 5.2.4). Consequently, there is a strong need to raise awareness of the existence of different games of performance of dyslexia and categories of performers labelled with dyslexia in universities, as well as the strengths and weaknesses of MSIS and MEIPs in addressing these games and performers. This could be done through a series of qualitative longitudinal studies to examine the experiences of students labelled with dyslexia and their changing opinions about the usefulness of the support services they obtain in HE, interrogating their relationship with the games of performance of dyslexia. In addition, systematic reviews of the current MSIS and MEIPs can examine the extent to which these MSIS and MEIPs address the games of performance of dyslexia and the performers labelled with dyslexia themselves. Universities could also arrange for educationalists to deliver short presentations about the experiences of students identified as having dyslexia. Moreover, academics who are interested in questioning the labelling processes in HE can raise awareness about the threat education policymakers and stakeholders perceive from the existence of other games and performers labelled with dyslexia. They could even hold a series of lectures exploring the further implications of performance of dyslexia on universities through exchanging the findings of longitudinal studies with the public. Finally, cynical-cynical, real-cynical, and cynical-real performers labelled with dyslexia should be encouraged to narrate their experiences openly to normalise their existence in HE.

In conclusion, it can be argued that the current politicised HE system is harmful for all students labelled with dyslexia as it forces them to be part of a constant political game of performance. Therefore, there is a need to depoliticise the HE system, which cannot be achieved unless the purpose of the HE system is redefined away from therapization, marketisation reforms, and social inclusion political agendas. This redefinition can lead to the deconstruction of the HE system. It would then become an authentic egalitarian system that supports all students, regardless of having their label of dyslexia, enabling them to belong to university and society. This would be termed as a “Depoliticised Equal Existence”, which refers to the equal representations of all the experiences of students classified with dyslexia regardless of their attitudes towards the label of dyslexia. This politicisation of dyslexia can be associated with the hegemonic presence of biological discourse in HE (see Subsection 6.2.8) extending to other educational and social care institutions as well.

7.4.1 Biological Discourse in Educational, Higher Educational, and Social Care Institutions

The presence of biological discourse in HEIs is also mirrored in other educational and social care institutions, such as care homes, because of its association with “Institutional Power”. Institutional power refers to “the authority that a psychiatric institution has on constructing the experiences of individuals with disabilities and psychological labels as abnormal, stigmatising these individuals and alienating them in society” (Nelkinr, Tancredi, and Tancredi, 1994, p. 41). This presence of biological discourse can be associated with institutional power as institutions tend to use this biological discourse to shape the experiences of individuals who are part of this institution.

Educational institutions (such as schools and nurseries) employ biological discourse to maintain their interest to promote social inclusion, enabling what Tomlinson (2014, p. 60) has described as “the thrive of the special education industry”. The presence of this biological discourse in educational institutions can be demonstrated in the increasing use of positive psychological interventions (PPIs) to improve the learning experiences of individuals labelled with dyslexia. PPIs are interventions that are usually used to improve self-esteem, self-efficacy, and anxiety levels (Seligman and Csikszentmihalyi, 2000). Consequently, it can be argued that PPIs may have become tools to increase the embeddedness of the biological discourse in educational institutions. Literature demonstrates that PPIs have become ingrained in schools in the case of dyslexia (for example, Bull 2007; and Keller, Ruthruff and Keller 2019). This literature can indicate that the biological discourse has become hegemonic in schools through the use of PPIs to shape the learning experiences of students labelled with dyslexia.

Likewise, biological discourse tends to be present in social care institutions, such as nursing homes, due to their potential interest in establishing social control over the lives of individuals living within these institutions. This social control can manifest itself in an “oppressor-oppressed” (Freire, 2005, p. 61) relationship where individuals living in these institutions are separated from the rest of society, which aligns with “institutionalisation of individuals with disabilities” (Burrell, and Trip 2011, p. 121). In other words, individuals who live within social care institutions such as nursing homes because of a particular disability or illness are perceived as different from other individuals in society. Society expects individuals to be independent and work to support themselves and others, which individuals in care homes cannot achieve (Mallon, Karsa, and Gammie, 2019). Therefore, these individuals’ experiences are shaped by the biological discourse as patients who need to be located in social care institutions because of their complex needs which cannot be satisfied outside these institutions. The presence of this discourse can be supported in literature (for example, Mallon Karsa and Gammie 2019; and Simpson Almack and Walthery 2018). PPIs are also commonly used as remedial interventions for individuals who live in care homes. This clearly demonstrates the use of these interventions as tools to increase the embeddedness of the biological discourse in care homes, advancing Oliver’s (1990) argument about how society creates a disabling environment for people with disabilities. Literature suggests that there is a tendency to increase the presence of biological discourse in care homes using PPIs (for example, Guzmán-García et al., 2013; and Van Haitsma Kimberley et al., 2015).

Finally, biological discourse can be regarded as an authoritative tool that is used in HEIs, as well as educational and social care institutions, to shape the experiences and the identities of individuals who are deemed unsuitable to participate directly in society without specialised support (see, Abberley, 1987 for further discussion about normalisation discourse). Therefore, there is a strong need to move away from this biological discourse, which can be achieved in two ways. Firstly, I and other academics interested in this area can conduct interviews with 20 students labelled with dyslexia, tutors, and support services and see how they perceive this discourse, which can help us to gain a clear understanding of the influence of this discourse that can enable us to break its hegemony in HE and society. Secondly, there is a need to deconstruct the biological games of performance of dyslexia by deconstructing the perception of dyslexia as a form of impairment. To do this, universities have to change their definitions of dyslexia by perceiving it as a socially-constructed phenomenon influenced by literacy, enabling us to dismantle the hegemony of this discourse in HE and society.

Concluding Remarks

Throughout this thesis I have sought to argue that dyslexia is a constructed social performance dictated by the hegemonic ongoing presence of biological and consumerist discourses in HE. The ongoing existence of these constructs is maintained by the interests of education policymakers and university stakeholders to represent only the game of performance of dyslexia and category of performer labelled with dyslexia that aligns with their political agendas to promote social inclusion. This only represented type is the positive game of performance of dyslexia and real-real performers labelled with dyslexia, respectively, developing Elliott and Grigorenko's (2014) argument about the biased nature of the label of dyslexia as it sustains the interests of different groups such as educationalists.

The ongoing existence of the biological and consumerist constructs of dyslexia shapes the nature of the relationships between performers labelled with dyslexia and lecturers and dyslexia assessors. These relationships become either biological or consumerist, holding subjective connotations depending on the attitudes these performers labelled with dyslexia hold towards their label including positive, negative, and realistic connotations. Because of these attitudes, performers labelled with dyslexia construct their identities revolving around dyslexia either as a creative, negative, or realistic. The biological discourse is manifested in other educational and social institutions such as schools and care homes (for example, Mallon, Karsa, and Gammie, 2019).

The question here remains: why does dyslexia exist? Is it because there is a group of students who really has something different in their reading ability called dyslexia or, as I suggest, that these students classified with dyslexia perform this role for different reasons in universities and wider society? Consequently, we do not only need to ask whether dyslexia is a myth or reality, but we need to go beyond the notion of dyslexia as a performance, examining it within other HE contexts. We need to investigate other types of games of performance of dyslexia than biological and consumerist, which potentially exist in other HE systems around the world.

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Appendices

Appendix 1

Timeline of Learning Disability History and Labelling

1845 - Lunacy Act – this legislation, administered by Commissioners in Lunacy, was dominant for the early years of the Royal Albert. It made no clear distinction between learning disability and mental illness stating that “Lunatic shall mean insane person or any person being idiot or lunatic or of unsound mind.”

1886 - Idiots Act. For the first time legislation dealing with the educational needs of those with learning disability. It made a clear distinction between lunatics on one hand and “idiots” and “imbeciles” on the other.

1890 - Lunacy Act which like its 1845 predecessor again muddied distinctions between learning disability and mental illness, and national developments and policies.

1847 - The Charity for the Asylum of Idiots – established in London.

1850s and 60s - Along with Earlswood Asylum in Surrey, The Charity for the Asylum of Idiots gave impetus and support to the establishment of 4 regional voluntary large-scale asylums for “idiots” in England: The Northern Counties (i.e., The Royal Albert); Eastern Counties Idiot Asylum (Colchester); Western Counties Asylum (Starcross, near Exeter); and Midland Counties Asylum (Staffordshire).

1907 - Formation of Eugenics Education Society.

1908 - Report of Royal Commission on Care and Control of the Feeble-Minded.

(1900 – 1950) - “Mental defective” and “mental deficiency” became most common terms.

1913 - Mental Deficiency Act. Use of terms “idiot”, “imbecile”, “feeble-minded” and “moral imbecile” became common. In particular, this influential Act made it possible to institutionalise women with illegitimate children who were receiving poor relief.

1914 - Elementary Education Act

(The Open University, 2022)

Appendix 2

Disabled People's Movement – History Timeline

1388 - The Statute of Cambridge ("Poor Law"): distinguishes between the 'deserving' and "undeserving" poor claiming alms. Those with disability and older people are considered to the "deserving" and therefore eligible for charity.

1530s - The dissolution of the monasteries creates large numbers of beggars, many of them people with disabilities who had previously been supported by the church. In response the Poor Law Act of 1535 decrees that "the poor and impotent should be supported by way of voluntary and charitable alms raised locally". This was the beginning of taxation to support the poor.

1547 - Priory of St Mary of Bethlehem (which later became the infamous Bedlam Hospital) is given to the city of London for the express purpose of housing "mental patients". This was the first formal "institution" for people with disability in England.

1601 - Elizabethan Poor Law: explicitly defines "deserving poor" as people with disability and children and included a requirement for each parish to support people with disabilities and the old – this sets the tone for the next 300 years of "state administration" of the lives of people's identified with disabilities. Disability was characterised as an individual's problem and the state's role was to "manage" them. Many amendments to the Poor Laws follow. In Bradford: The Poor Law Guardians had to be protected by troops after riots against the Act; the Huddersfield Guardians defied the law for over a year. Opposition to the New Poor Law was great in the West Riding of Yorkshire and Lancashire where there were also movements supporting factory reform, parliamentary reform, and the beginnings of trade union activity.

1607 - Because Alderman W. Suddell was deaf, he was allowed to sit in any seat he deemed convenient at St John's Parish Church. He was not fined the usual violation charge of 12 pence for not sitting in his appropriate pew. The Mayor, Councillors and Aldermen all had designated seating.

1744 - Vagrancy Act: enabled detention of people experiencing mental distress (lunatics) for the first time.

1750 - The Industrial Revolution in Britain brings urbanization and the breakdown of rural state and church welfare. Increase in factory-based work meant an increase in segregation for people labelled with disability who were unable to work in the new factories. The spread of poverty in cities leads to a growth in the number of institutions, asylums, and workhouses to keep the “economically unproductive” off the streets.

1764 - The first special school for deaf children opened.

1784 - “Whites Act” – to segregate prisoners in Lancaster Castle Prison, the prison was remodelled which led to better facilities for the ‘Lunatics’ that were kept there (of which there were between 5 and 9). Although facilities were better there was still a policy of “Incarceration and Restraint” for treatment.

1816 - The first County lunatic asylum was opened in Lancaster (Lancaster Moor), another 6 were opened in Lancashire over the next 100 years.

1845 - First pressure group to defend the liberty of people in asylums was formed.

1867 - 11th March-The North Lancashire Blind Welfare Society was founded in the Preston Corn Exchange, when a group of local dignitaries joined together to try and help visually impaired people, many of whom wandered the streets without work.

1868 - The Royal National Institute for the Blind (RNIB) was formed. This marked the beginning of modern charitable organisations, established by philanthropists or parents and carers, for people with disability.

1872 (April) - Whittingham Asylum opened and was fully operational by 1875.

1877 - East Lancashire Deaf Society was formed.

1886 - Royal Commission on the Blind and Deaf: the first official recognition that national government should act on poverty amongst people labelled with disabilities.

1890 - The British Deaf Association was founded

1899 - The National League of the visually impaired and those with disability is established as a trade union

1897 - Queen Victoria grants permission for a number of deaf schools, including Preston’s, to use the prefix “Royal” in its title and the Cross Deaf and Dumb School becomes known as the Royal Cross School for the Deaf.

1912 - It was suggested that visually impaired workers could be taught to make mattresses and bedding and the members of the League for the visually impaired said “Preston being a sea faring town, the making and renovating of mattresses for sailors bunks ought to be sought after”.

1913 - Mental Deficiency Act: required local authorities to maintain “mental deficiency” institutions and set up supervised community care and control.

By 1914 - There were over 100 thousand people living in some 100 mental institutions around the country, these only started to close with the passing of the Chronically Sick and Disabled person’s Act in 1970.

1917 - The Government was shocked by the number of visually impaired serviceman [during World War I] who began to apply a more active part in the welfare of the visually impaired. At a National Conference attended by delegates of the visually impaired Institute the then Chairman of St Dunstans Sir Arthur Person, made a top-secret announcement that “the National Air Board required 1,000 intelligent visually impaired men as ‘detectors’ on the approach of aircraft. They would be employed at listening posts connected with anti-aircraft defences. Their presence would lead to the release of men able to perform other military duties, but more than that they were peculiarly fitted for the work as in their case their sense of hearing was developed to a greater degree of sensitivity”. The delegates were asked to recommend suitable volunteers.

1920s - Blind Persons Act: More unions of those with disabilities war veterans were formed and visual impaired workers march on London, against poor pay and conditions. Results in first legislation were passed, introduced, and supported by people with disabilities.

1944 - Disabled Persons Employment Act: introduced the “green card” scheme and segregated state workshops and introduced the first legal definition of a person identified with a disability.

1948 - The National Health Service Act and the National Assistance Act passed: The Labour Government constructed the “welfare state” with the introduction of the National Health Service and the National Insurance Scheme. The welfare state marks the end of the “deserving poor” charitable approach to people identified with disabilities, but the philosophy continues.

1950 - One of Lancashire’s oldest charities, Galloway’s Society for the Blind, set up its headquarters in Penwortham and has been there ever since. The charity provided services to visually impaired people across Lancashire and beyond.

1951 - Greater London Association of Disabled People (GLAD) was set up.

1952 - Scope (originally "The Spastics Society") was founded by 3 parents and a social worker who wanted children identified with disabilities to have equal rights to an education.

1969 - The Chronically Sick and Disabled Person's Bill: Alf Morris, then Member of Parliament for Manchester (originally part of Lancashire), won the right to present a Private Member's Bill to Parliament. On 5th December that year, his Chronically Sick and Disabled Person's Bill was endorsed by the House of Commons.

1970 - Chronically Sick and Disabled Persons Bill became an Act of Parliament: passed without input from people labelled with disabilities.

1972 - Paul Hunt wrote a letter to the Guardian newspaper calling for equality for people labelled with disabilities. His letter inspired the start of a united struggle against discrimination.

1977 - Scope opened Beaumont College in Lancaster offering both residential and day programmes to learners aged between 18 and 25 with a broad range of physical and learning disabilities.

1974 - Union of the Physically Impaired Against Segregation (UPIAS) was formed and moved the focus away from welfare towards rights. UPIAS was the first to articulate the social model of disability, defining disability as: "the disadvantage or restriction of ability caused by a contemporary social organisation which took little or no account of people who have physical impairments and thus excluded them from participation in the mainstream of social activities".

1974 - David Halpin became the first "wheelchair-bound" social worker in the country. Announcement that a TV film featuring mentally handicapped children in the Preston area was to be made with the help of the Lancashire Social Services Department.

1975 - It was announced that a special residential home for men and women identified with disabilities is to be built; the only one of its kind in Lancashire. It was projected to be a 26-room unit located near Sharoe Green Hospital, Fulwood.

1976/77 - UPIAS published "Fundamental Principles of Disability" outlining the social model. Sisters against Disablement was founded by feminists labelled with disabilities to promote the concerns of women labelled with disabilities and perspectives within the movement of people identified with disabilities. Several members were founders of UPIAS.

1981 - Disabled People's International was formed as a reaction to the refusal of the Rehabilitation International to share power with people identified with disabilities. British Council of Disabled People (BCODP) was established as an umbrella body that supported and encouraged the development of hundreds of new organisations controlled by people with disabilities across the UK during the 1980s.

1982 - The Commission of Restrictions Against Disabled People (CORAD) report advised that there should be legislation and a Commission to implement it. This was turned down by the Government, but CORAD began the campaign for civil rights legislation that culminated in the Disability Discrimination Act.

1985 - Les Roberts gains Preston Council approval to build the North's first purpose-built riding centre for youngsters with disabilities. A charitable trust was to be set up and then run by Mr Roberts. It was projected that as many as 70 donkeys would be giving rides to the areas "handicapped" children. 3 key schemes to help the "mentally handicapped" in Lancashire were backed by the county council and health authorities – providing day centres in Preston, Lancaster and Wyre.

1990 - The first Black Disabled People's Network and several black mental health users' groups were founded. Campaign for Accessible Transport (CAT) was one of the first groups for people with disabilities to use direct action.

1992 - Disability Awareness in Action was established to support self-advocacy of people labelled with disabilities that was empowered internationally, promoted, and protected the human rights of people with disabilities.

1993 - CAT and "Block Telethon" actions led to the new Disabled people's Disability Action Network (DAN) carrying out over 100 protest actions in the next 5 years.

1994 - Sir Nicholas Scott, Minister for Disabled People, defeated the Civil Rights (Disabled Personal) Bill by procedural meant at report stage. Public outrage at these tactics forced the Government to introduce its own proposals- the Disability Discrimination Act (DDA) 1995.

1995 - After years of campaigning by disability activists, the Conservative Government introduced legislation to outlaw discrimination against people with disabilities. The DDA was limited in scope and the duty to treat people labelled with disabilities equally was subject to a reasonableness caveat. The definition of disability was based on the medical model.

1999 - National Service Framework (NSF) for Mental health set minimum standards and good practice.

2005 - The DDA amendment act: extends anti-discrimination protection to land transport, small employers, and private clubs, extends the definition of disability, and introduces a public duty to promote the equality of people labelled with disabilities and "involved" people with disabilities.

2005 - Disability Equality Duties for public sector bodies introduced through the DDA -The Prime Minister's Strategy Unit published its report, Improving the life chances of people labelled with disabilities, setting out recommendations for achieving the equality of people with disabilities by 2025. Recommendation 4.3 of the report said that by 2010 there should be a user-led organisation, modelled on a Centre for Independent Living, in every locality.

2007 - The UN Convention on the Rights of People with Disabilities opened for signature. The UK government agreed to roll-out individual budgets nationally.

2010 - The UK Government ratified the United Nations Convention on the Rights of people with disabilities and passed the Single Equality Act: Much has yet to happen to make these Rights a daily reality for the 12 million children and adults identified with disabilities in the UK.

2010 - The Equality Act legally protects people from discrimination in the workplace and in wider society. It replaces previous anti-discrimination laws with a single Act, making the law easier to understand and strengthening protection in some situations.

2011 - Hardest Hits Campaign: people with disabilities, those with long-term conditions and their families are being hit hard by cuts to the benefits and services they need to live their lives. The Hardest Hit campaign, organised jointly by the Disability Benefits Consortium (DBC) and the UK Disabled People's Council, brings together individuals and organisations to send a clear message to the Government: stop the cuts. There was a protest in May 2011, when an estimated 8,000 people labelled with disabilities marched on Parliament, and further protests across the country on the 22nd of October 2011.

2011/12 - Women labelled with disabilities from Lancashire took Lancashire County Council to a High Court Judicial Review hearing following their cuts to Adult Social Care, reducing their budget by £179m over the next 3 years.

2014 - Care Act 2014. The Care Act is an Act of Parliament of the UK that received Royal Assent on 14th May 2014, after being introduced on 9th May 2013. The main purpose of the act was to overhaul the existing 60-year-old legislation regarding social care in England. The Care Act sets out in one place, local authorities' duties in relation to assessing people's needs and their eligibility for publicly funded care and support

(Disability Equality, 2022)

Appendix 3

A Chronology on Questioning the Dyslexia Debate

1878 - Adolf Kussmaul introduced the term “Word Blindness” to describe stroke patients who had lost their ability to read but had good oral and non-verbal reasoning skills.

1884 - The term “Dyslexia” was first described by Rudolf Berlin, a German Ophthalmologist. It described a form of word blindness found in adults. He argued that brain lesions cause it.

1887 - Berlin was the first to hypothesis that dyslexia is related to brain lesion issue.

1896 - Pringle-Morgan conducted a study on “A case of congenital word blindness” (Inability to Learn to Read) - The 14-year-old child was good at games but not able to read.

1925 - Orton conducted a study titled ‘World- blindness in school children’- The case MP was “admitted to a psychopathic hospital for more extended study and experiment”. This was due to the challenge to explain his written product and the doubts about the accuracy “of his mental rating”. “While he was unable to recall the visual impressions of words clearly enough to recognise them in print, he did make facile use of visual imagery of objects or rather a complex type”. Orton suggested that dyslexics reverse letters and called it “strephosymbolia”.

1976 - Denckla and Rudel conducted a study on “Naming object drawings on those labelled with dyslexia and other children labelled with learning disabilities”- Children labelled with dyslexia named fewer pictures correctly on Wingfield- Picture naming test “sensitive to chronic dyspraxia in adults”.

1979 - Vellutino wrote a book titled *Dyslexia: Theory and research*- It was influential because it “switched the emphasis away from the visual domain and into the language processing domain, from which the phonological processing deficit hypothesis arose”.

1980 - Snowling conducted a study on “The development of grapheme-phoneme correspondence in normal and readers identified with dyslexia”- Investigation of the use of grapheme-phoneme correspondences “in a recognition memory task for pronounceable non-words” in readers labelled with dyslexia and normal readers.

1980 - Levinson wrote a book titled *A solution to the riddle of dyslexia*- The author examined the theories of dyslexia “(Cortical, and Psychogenic)”, which he described as “leading to nowhere” and emphasised on the need of “something new”.

1982 - Johnston conducted a study titled “Phonological coding in dyslexic readers”- The author concluded the “phonemic confusability effect” was not “generalisable” to the older poor reader, although previous studies argued poor readers showed it.

1984 - Hornsby wrote a book titled *Overcoming dyslexia: A straight forward guide for Families and Teachers*- The author “combined her experience as a psychologist, teacher and speech therapist” to guide parents and teachers to adequately support the needs of children identified with dyslexia.

1985 - Rack conducted a study titled “Orthographic and phonetic coding in developmental dyslexia”- The author concluded that ‘those labelled with dyslexia were found to make more use of an orthographic code with both visual and auditory presentation. He also found the group identified with dyslexia was unable to access to “a phonological code in memory”. However, the group compensated this by excessive use of a “visual/orthographic code”.

1987 - Riddle and Fowler conducted a study on “Fine binocular control in children labelled with dyslexia”- Evidence revealed that 67% of children with dyslexia show “poor dynamic control of vergence movements in response to a small fusion stimulus”.

1988 - Friedman and Stephenson wrote an article titled “Reading processes in specific reading retarded and reading backwards 13-year-olds”- The authors concluded the performance of the retarded and backward readers did not indicate they are distinct groups.

1991 - Hinton and Shallice modelled deep dyslexia- connectionist models of single word reading (developed by Seidenberg and colleagues) - First prediction was semantic errors would be produced because of a damage in a specific component of the network. Later, it was concluded that the damage would be everywhere in the network because of “the interactive nature of the processing involved in going from print to semantics”.

1992 - Hulme and Snowling wrote a chapter titled “Phonological deficits in dyslexia: A ‘sound’ reappraisal of the verbal deficit hypothesis in learning disabilities” - The authors investigated the evidence of the importance of verbal problems.

1993 - Osmond wrote a book titled *the reality of dyslexia*- The author presented an “informative and sensitive” study of living with dyslexia. He introduced dyslexia through the perspective of his son identified with dyslexia and his as a parent.

1993 - Riddoch and Humphreys wrote a chapter titled “Visual aspects of dyslexia” in a book titled *Visual Processes in Reading and Reading Disabilities*- The Book discussed that even if significant progress has been done to understand the process of reading and reading disabilities, the visual aspects of reading did not receive sufficient attention.

1993 - Castles and Coltheart conducted a study titled “Varieties of developmental dyslexia”- The authors concluded there are two subtypes for developmental dyslexia. “[T]he first of which is characterised by a specific difficulty using the lexical procedure, and the second by a difficulty using the sublexical procedure”.

1994 - Stanovich wrote an article on ‘Annotations: Does dyslexia exist?’- Terms like “Congenital word blindness”, and “dyslexia” were coined to describe a group of children who were assumed to be different from other poor readers in their “aetiology, neurological makeup, and cognitive characteristics”.

1995 - Stuart and Howard conducted a case study on “KJ: A developmental individual labelled with dyslexia”- KJ made “visual, morphological, and visual and /or semantic” mistakes, could not read the simplest nonwords, and semantic mistakes in producing speech and comprehending.

1996 - Eden et al. conducted a study on “The visual deficit theory of developmental dyslexia”- Individuals who have developmental dyslexia have a deficit in phonological features of “spoken and written language”- “The pathophysiology of developmental dyslexia is more complex than originally thought, extending beyond the classically defined language areas of the brain”.

1996 - Snowling, Goulandris, and Defy conducted a “Longitudinal study of reading development in children labelled with dyslexia”- “Children labelled with dyslexia performed worse on tests of reading, spelling, and phonological processing than chronological age-matched normal readers, but their performance was qualitatively similar to that of a younger reading aged-matched control”.

1998 - Field and Kaplan conducted a study titled “Absence of linkage of phonological coding dyslexia to chromosome 6p23-p21.3 in a large family data set”- The authors concluded there was no evidence for linkage “found by LOD score analysis or affected sib-pair–methods”. The authors indicated “no evidence for linkage or association between phonological coding dyslexia and chromosome 6p markers was found”.

2000 - Riddick wrote an article on “Examining the relationship between labelling and stigmatisation with special reference to dyslexia”- “Label may lead to stigmatisation, but this is not always the case”. “Labelling can be treated as a unitary construct as something can be simply described as good or bad.’

2001 - Nicolson, Fawcett and Dean wrote an article on “A case of a cerebral deficit in developmental dyslexia”- “Specific behavioural and neuroimaging tests indicated that dyslexia is indeed associated with cerebellar impairment in about 80% of cases”.

2001 - Berninger wrote an article on “Understanding dyslexia: IQ –discrepancy and other definitional issues” – a review with “A historical perspective” on developmental dyslexia and examining the research that supports IDA’s “working definitions”. Developmental dyslexia “is differentiated from other learning difficulties”. An emphasis on the need for “national and international classification schemes” to define specific learning and developmental disabilities for the ‘purposes of educational services and research”.

2002 - Reid and Wearmouth edited a book titled *Dyslexia and literacy: Theory and practice-* Understanding of the most updated “theoretical positions” in dyslexia and literacy and how can they be applied to practice.

2003 - Overy conducted a study titled ‘Dyslexia and music: From timing deficits to musical intervention’- The author concluded that children with dyslexia “showed difficulties with music timing skills while showing no difficulties with pitch skills”.

2004 - Lorusso et al conducted a study on “Wider recognition in peripheral vision common to different subtypes of dyslexia”- “The wider distribution of recognition, similar across the various subtypes of dyslexia, suggested a general characteristic of visual perception, and possibly a different visual attentional mode”.

2005 - Elliott wrote an article “The dyslexia debate continues- “The programme entitled: the dyslexia myth not the myth of dyslexia stating the common understanding of dyslexia is a myth”.

2006 - Pennigton developed a Multiple Deficit Model (MDM) in a study titled “Individual prediction of dyslexia by single versus multiple deficit models”- replacing the model that has attributed dyslexia to a single cause- “Multiple genetic and environmental risk factors operate probabilistically by increasing the liability of disorder-Protective factors decrease the liability”.

2007 - Panton published an article on Spiked titled “The dyslexia sceptic is on to sumthing”- The author argued that “By labelling great numbers of children with dyslexia, we do a disservice to those children who really do suffer from severe learning difficulties – those who do need special attention and resources to be properly educated and to compete with other children on an equal footing”. However, the author argued against Elliott suggesting that dyslexia cannot be considered as a middle class phenomenon because of this “miss[es] broader trends in contemporary culture that have led to an increased diagnosis of dyslexia”.

2008 - Elliott and Gibbs wrote an article titled “Does dyslexia exist?” to question the existence of dyslexia- Current knowledge not adequate to distinguish between categories of dyslexia and poor readers.

2009 - Macdonald wrote an article on “Towards a social reality of dyslexia”- “This article confronts “anti-labelling” approach by reflecting on the life experiences of people with dyslexia”.

2011 - Pennington et al conducted a study titled “Individual prediction of dyslexia by single versus multiple deficit Models”- The authors concluded “we found that roughly equal proportions of cases met both tests of model fit for the multiple deficit models (30–36%) and single deficit models (24–28%); hence, the hybrid model provided the best overall fit to the data”.

2012 - Collinson wrote an article on “3 philosophical experiments” of imaginative scenarios that predict the situation of individuals labelled with dyslexia if literacy loses its meaning titled “Dyslexics in time machines and alternate realities: Thought experiments on the existence of dyslexics, “dyslexia” and “Lexism”- The possibility that “dyslexics” can be thought of as being “othered” and defined by the social norms and educational practices surrounding literacy, which can be termed as “lexism”.

2013 - Goswami et al conducted a study titled “Perception of patterns of musical beat distribution in phonological developmental dyslexia: Significant longitudinal relations with word reading and reading comprehension”- The authors concluded “the children with dyslexia performed more poorly in the musical task than younger children reading at the same level, indicating a severe perceptual deficit for musical beat patterns. They also had a significantly poorer perception of sound rise time than younger children”.

2014 – Elliott wrote his book *The Dyslexia Debate* in cooperation with Grigorenko questioning the existence and usefulness of the term “dyslexia”- The authors recommended that the term dyslexia should be abandoned.

2014 - The Independent has published an article on Elliott’s book *The Dyslexia Debate* titled “Dyslexia a label that has no meaning”- “Dyslexia is a “meaningless” label which is holding teachers and parents from helping children with their individual learning difficulties”. Nevertheless, the “UK leading dyslexia charity challenged the findings and said dyslexia was a helpful term, which allowed people to make sense of their reading problems and help teachers to understand and help pupils”.

2014 - Irish Daily Mail Reporter published an article on Elliott’s book *The Dyslexia Debate* titled “Dyslexia is meaningless label sought out for lazy children”- ‘Dyslexia is “a useless term that should be abandoned”. “Dr John Rack, of the charity Dyslexia Action, said the term “has value both scientifically and educationally”.

2018 - Naskar et al conducted a study titled “Ancestral variations of the PCDGH gene cluster predispose to dyslexia in a multiplex family”- The authors found the “observed association of PCDHG gene encoding neural adhesion proteins reinforces the hypothesis of aberrant neurological connectivity in dyslexia”.

2022 - Torppa et al. conducted a study titled “Long-term effects of the home literacy environment on reading development: Familial risk for dyslexia as a moderator”. In this study, “they concluded that the results supported the Home learning Literacy Environment (HLE) model in that teaching literacy at home predicted stronger emerging literacy skills, whereas shared book reading predicted vocabulary development and reading motivation. Both emerging literacy and vocabulary predicted reading development. Familial risk for dyslexia was a significant moderator regarding several paths; vocabulary, reading fluency, and shared reading were stronger predictors of reading comprehension among children with familial risk for dyslexia, whereas reading motivation was a stronger predictor of reading comprehension among adolescents with no familial risk”.

Appendix 4

Ethics Form

UNIVERSITY of DERBY

Request for ethical approval for research undertaken by staff, post-graduate research and post-graduate professional students

Please submit your completed form to the chair of your college research ethics committee (CREC)

Your Name	**Dana Abu Omar**
College	**Arts, Humanities and Education**
College Research Ethics Committee	**Arts, Humanities and Education Research Ethics Committee**
Staff ID	
Student ID	**100400151**
Unimail address	**d.abuomar1@unmail.derby.ac.uk**
Programme name / code	**PGRC08**
Name of supervisor(s)	**Professor Dennis Hayes** **Dr Geraldene Codina**

Title of proposed research study

How Can We End the Dyslexia Debate?

Background information

Has this research been funded by an external organisation (e.g. a research council or public sector body) or internally (such as the RLTF fund)? If yes, please provide details.	No
Have you submitted previous requests for ethical approval to the Committee that relate to this research project? If yes please provide details.	No
Are other research partners involved in the proposed research? If yes please provide details.	No

Signatures

The information supplied is, to the best of my knowledge and belief, accurate. I clearly understand my obligations and the rights of the participants. I agree to act at all times in accordance with University of Derby Policy and Code of Practice on Research Ethics: http://www.derby.ac.uk/research/uod/ethics/

Signature of applicant	[redacted]
Date of submission by applicant	4/7/2018
Signature of supervisor (if applicable)	[redacted]
Date of signature by supervisor (if applicable)	4/7/18

<u>For Committee Use</u> *Reference Number (Subject area initials/year/ID number)* ………………….

Date received …………………………….. Date considered …………………………………….

Committee decision …………………………………………………….. Signed ………………………

1. What is the aim of your study? What are the objectives for your study?
The main purpose of this study is to critically analyse the existence of dyslexia.
The objectives of the study:

- Critically examine the biomedical, sociological and affirmation perspectives of dyslexia.
- Critically examine and challenge the efficacy of dyslexia as a label of special educational need.
- Develop new understandings of dyslexia that address the dyslexia debate.

NB. This is a literature based study.

2. Explain the rationale for this study (refer to relevant research literature in your response).
The Dyslexia debate is a controversial topic.

The Usual Understandings of dyslexia are revealed in the individual's 'masked ' abilities under a specific problem with literacy(Elliott, J,.G . and Grigorenko, E., 2014). A number of hypotheses has been suggested to explain dyslexia. The first hypothesis is the phonological deficit hypothesis. Advocates of this hypothesis have suggested dyslexia is a learning difficulty resulting from a deficit in the correspondence of letters and sounds (e.g., Reid 2016). The phonological deficit hypothesis has been challenged by studies conducted by studies conducted by Ramus and Colleagues (2014). These studies found phonological representations may be adequate, but the ability to access them is impaired (Ibid 2014). Critics of this hypothesis believe it is unable to explain some of the characteristics of dyslexia irrelevant to phonological awareness (e.g., Nicolson and Fawcett, 1995). Cornelissen cited in (Stein and Walsh, 1997) concluded individuals labelled with dyslexia have impaired 'visual motion sensitivity' (149). The authors have hastily concluded researchers could be 'fairly' confident many dyslexics have a 'fundamental impairment' in their 'visual processing' (ibid, 1997). (Bosse, Tainturier and Valdois, 2007) have suggested 'a visual attention (VA) span could be an alternative 'underlying cognitive' impairment in dyslexia (See stein, 2003 for more explanation about the magnocellular system). Dyslexic and non-dyslexic groups performed similarly in 'saccade accuracy and latency'(Judge, Caravolas and Knox, 2007). The double deficit hypothesis has suggested dyslexia is a learning difficulty resulting from a deficit in phonological processing and rapid naming (see Wolf and Bowers 1999: 416). (Skottun, 2000) has argued magnocellular deficit hypothesis has suggested a reduction in the sensitivity of the magnocellular system may cause dyslexia. It was found the lateral geniculate nucleus (LGN) was 'significantly smaller in volume' and 'is shaped differently in children who have dyslexia(Hancock, Gabrieli and Hoeft, 2016). (Wachinger *et al.*, 2018) concluded their longitudinal study provided unique evidence on the possibility to detect the neurophysiological differences in the late positive component (LPC) between dyslexic and control children. (see Schiavone et al, 2014; Demb, Boynton, and Heeger, 1998; and Conway et al, 2008 for more understanding about the neurological differences between children with and without dyslexia). Genetic studies have indicated dyslexia may be hereditary (e.g. Grigorenko et al 1997). It has been assumed one of the strongest risk factors [for dyslexia] is having a close relative with reading problems (Dyselxia Research Trust, no date). (e.g., Plomin and Kovas, 2005). Advocates of the sociological approach have argued dyslexia is socially constructed and is connected to literacy (see Collinson, 2012). Nonetheless, academics in the field of disability studies have criticised the sociological approach suggesting it has ignored the experiences of individuals with disabilities (e.g., Macdonald 2009 2010; and Oliver 2013).

Advocates of the sociological approach have questioned the utility of the label to provide adequate support for children with dyslexia. Nevertheless, parents of children with dyslexia still believe the label gives them the needed answers regarding their children's difficulties. However, Elliott (2005) has suggested this believe is misleading because there is no evidence on a more suitable approach for a 'dyslexic subgroup' than other poor readers. (Elliott, J., G., and Gibbs, 2008) have suggested current scientific knowledge in the fields of genetics and neurology may be inadequate to distinguish between the categories of dyslexia and poor readers. Therefore, (Elliott, J,.G . and Grigorenko, E., 2014) have recommended the label 'dyslexia should be abandoned. However, abandoning the label may not be easy because it is rooted since the late 19th century (see Morgan's case study, 1896; Tallal et al 1980; Seigel, 1985; and Tonnessen 1997).

The existence of a large number of hypotheses explaining the underlying cause of dyslexia have led to confusion (e.g., Kuppen and Goswami, 2016). Therefore, there is a lack of consensus on the adopted definition of dyslexia (e.g., The Rose Report, 2009:9; International Dyslexia Association 2002; NHS N.D; and Goldberg Shiffman and Bender 1983). As a consequence, I argue there is a necessity to question the efficacy of the label 'dyslexia' and its current definitions and understandings in order to be able to develop new understandings helping to adequately support all children who face reading difficulties.

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3. Provide an outline of your study design and methods.

The methodology will be a critical review of the literature on the dyslexia debate

4. If appropriate, please provide a detailed description of the study sample, covering selection, sample profile, recruitment and inclusion and exclusion criteria.

There will be no recruitment of participants, since the study will be a literature-based study.

5. Are payments or rewards/incentives going to be made to the participants? Yes ☐ No ☐
If so, please give details.

6. Please indicate how you intend to address each of the following ethical considerations in your study. If you consider that they do not relate to your study please say so.

Guidance to completing this section of the form is provided at the end of the document.

- a. **Consent: NA**
- b. **Deception: NA**
- c. **Debriefing: NA**
- d. **Withdrawal from the investigation:** NA
- e. **Confidentiality:** NA
- f. **Protection of participants: NA**
- g. **Observation research: NA**
- h. **Giving advice: NA**
- i. **Research undertaken in public places**: NA
- j. **Data protection:** NA
- k. **Animal Rights:** NA
- l. **Environmental protection: NA**

Are there other ethical implications that are additional to this list? No ☐

7. Have / do you intend to request ethical approval from any other body/organisation? Yes ☐ No ☐
If 'Yes' – please give details

8. Do you intend to publish your research? Yes ☐
If 'Yes', what are your publication plans?
I will present different papers at conferences, which will hopefully be published. I also intend to turn my thesis into a book.

9. Have you secured access and permissions to use any resources that you may require? (e.g. psychometric scales, equipment, software, laboratory space). NA

10. Have the activities associated with this research project been risk-assessed? Yes

At CRC there was some concern that this was a controversial topic. This is true of must interesting studies. I am happy to engage in challenging debate and the 'risk' to my well-being is minimal or non-existent.

Which of the following have you appended to this application? None

☐ Focus group questions	☐ Psychometric scales
☐ Self-completion questionnaire	☐ Interview questions
☐ Other debriefing material	☐ Covering letter for participants
☐ Information sheet about your research study	☐ Informed consent forms for participants
☐ Location consent form	☐ Other (please describe)

PLEASE SUBMIT THIS APPLICATION WITH ALL APPROPRIATE DOCUMENTATION
NA

FOI requests (Qualitative Surveys and Statistics) Correspondence

Dear Dana,

Thank you for your email of 6 October 2021 in which you requested information about qualitative surveys about dyslexia. We have dealt with your request under the Freedom of Information Act 2000.

Your request I would like to ask you if it is possible to provide me with qualitative surveys conducted recently in the university about the opinions of students with learning difficulties including those with dyslexia about the usefulness of support services for them throughout their learning journey in the university.

Dear Dana,

I write further to your request for information, below, made on 20 October 2021 under the terms of the Freedom of Information Act 2000, and to my colleague's acknowledgement of 21 October 2021.

Dear Dana,

Freedom of Information Act 2000

Information Request

Thank you for your request for information from the University of Gloucestershire received on 08 October 2021.

Your request is being handled under the Freedom of Information Act 2000 (FOIA).

Ethics Approval

David McGravie

14th September 2018

Dana Abu Omar

Dear Dana

Re: Ethics decision for the proposal related to the project:

Can We End the Dyslexia Debate?

Reviewers have granted approval for your study, commenting it was is a well judged submission and we are content with the ethical considerations:

The study does not need to go through the ethical process again.

The work can proceed.

Yours Sincerely,

[redacted]

David McGravie

Chair of College of Arts, Humanities and Education Research Ethics Committee