A Study of the Guidance Counselling Needs of Adults with Dyslexia within the Irish Adult Educational Guidance Service

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Abstract

A Study of the Guidance Counselling Needs of Adults with Dyslexia within the Irish Adult Educational Guidance Service, by Petra Elftorp

Guidance counselling is identified in policy discourse as an important supporting structure for adults who experience social injustice and barriers in their education and career progression (OECD 2004; SOLAS 2014). To date, social justice debates in the guidance counselling field have primarily focused on gender, socioeconomic class and ethnicity (Reid 2016). However, this current study broadens this discourse to include disabilities such as dyslexia, as adults with dyslexia often face disproportionate barriers and inequalities in relation to their personal/social, educational and career development (Mooney and O’Rourke 2017). Therefore, this study addresses an identified knowledge gap which relates to the contextualised experiences of adults with dyslexia within the Further Education and Training (FET) sector in Ireland. The aim of this study is to investigate the guidance counselling needs of adults with dyslexia within the Irish Adult Educational Guidance Service (AEGS) in order to inform future policy and practice.

Critical pragmatism underpins this study, where the focus is on practical problems and human experience, and it has the advantages of allowing for a flexible and reflexive methodology (Dewey 1973; Morgan 2014). This qualitatively-led sequential mixed methods study was conducted in two phases. First, the perceptions and experiences of AEGS guidance counsellors were gathered through an online questionnaire and analysed using descriptive statistics. In Phase 2, semi-structured face-to-face interviews were conducted with 14 dyslexic adults about their experiences, which was subject to thematic analysis. The findings were then synthesised and a number of core issues emerged which relate to identity and recognition, barriers and facilitating factors to the educational and career development of adults with dyslexia and guidance counselling provision to this cohort.

Based on these empirical findings, an Irish framework for practice is presented. This framework draws on the World Health Organisation (WHO) (2011) model of disabilities where barriers and enablers to personal/social, educational and career progression are identified on three interlinked levels: biological, psychological and social. Additionally, identified guidance counselling needs and appropriate interventions for clients with dyslexia are outlined. The findings have implications for policy, practice and research, specifically in relation to the need to address the identified variations of knowledge about dyslexia, experiences of misrecognition, and the limited access to assessment services, support and reasonable accommodations. Finally, a number of recommendations for policy, practice and research conclude this thesis.
Declaration

I hereby declare that this is entirely my own work and that it has not previously been submitted anywhere for any academic award.

Signature ____________________________________

Date ____________________________________
Acknowledgements

I would like to sincerely thank all the participants in this study, particularly the 14 adults who shared their stories so generously, with altruistic motivations as they wanted to contribute to increased knowledge and to social change for future generations.

I would also like to thank my two supervisors, Dr. Lucy Hearne and Dr. Barry Coughlan, for their support and guidance over the years. Your knowledge and expertise within your fields have greatly enhanced this study.

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# Table of Contents

Abstract .............................................................................................................................. i  
Declaration ........................................................................................................................ ii  
Acknowledgements .......................................................................................................... iii  
List of Tables ...................................................................................................................... viii  
List of Figures .................................................................................................................... ix  
List of Appendices ........................................................................................................... x  
Abbreviations ....................................................................................................................... xi  
Chapter 1. Introduction ..................................................................................................... 1  
1.0 Introduction ............................................................................................................. 1  
1.1 Context and Justification for Study ......................................................................... 1  
1.1.1 Dyslexia ............................................................................................................... 3  
1.1.2 Further Education and Training (FET) ............................................................... 6  
1.1.3 Adult Educational Guidance Service (AEGS) ................................................. 8  
1.2 Researcher’s Positionality and Reflexivity ............................................................ 10  
1.3 Research Aim and Objectives .............................................................................. 12  
1.4 Research Methodology ......................................................................................... 12  
1.5 Thesis chapter overview ........................................................................................ 13  
Chapter 2. Literature Review .......................................................................................... 15  
2.0 Introduction ........................................................................................................... 15  
2.1 Literature Review Purpose and Procedures .......................................................... 15  
2.2 Definitional and Conceptual Debates ................................................................... 16  
2.2.1 The Ongoing Definitional Debates about Dyslexia ....................................... 17  
2.2.2 Dyslexia Perspectives ....................................................................................... 22  
2.2.3 Defining Adult Guidance Counselling within the Lifelong Learning Paradigm ................................................................................................................................. 26  
2.2.4 Defining Social Justice for Adults with Dyslexia ........................................... 30  
2.3 Dyslexia Diagnosis ............................................................................................... 35  
2.3.1 The Diagnostic Process ..................................................................................... 35  
2.3.2 Diagnosis and Resource Allocation ............................................................... 38  
2.3.3 Dyslexia Diagnosis: an Identity Label with Disclosure Implications .......... 39  
2.4 Career Development of Dyslexic Adults ............................................................ 43  
2.4.1 Defining Career ............................................................................................... 43  
2.4.2 Career Development Theories ....................................................................... 45  
2.4.3 Dyslexic Adults’ Participation in Education .................................................. 48  
2.4.4 Dyslexic Adults’ Career Choices and Trajectories ........................................ 51  
2.5 Support Interventions for Dyslexic Adults ........................................................... 54  
2.5.1 Support Interventions within the Education and Employment Sectors ...... 54  
2.5.2 Socially Just Guidance Counselling Approaches for Adults with Dyslexia .. 60  
2.5.3 Guidance Counselling Provision in the FET Sector ...................................... 64  
2.6 Summary ............................................................................................................... 69  
Chapter 3. Methodology ................................................................................................. 71  
3.0 Introduction ........................................................................................................... 71  
3.2 Research Questions ............................................................................................... 71  
3.3 Critical Pragmatism as the Underpinning Research Paradigm .............................. 72  
3.3.1 Ontology and Epistemology .......................................................................... 73  
3.3.2 Methodology: Mixed Methods Research ....................................................... 76  
3.3.3 Axiology ........................................................................................................... 80
3.4 Quality Measures in Mixed Methods Research .................................................... 83
3.5 Conclusion............................................................................................................. 84

Chapter 4. Methods of Data Collection and Analysis ..................................................... 85
4.0 Introduction ........................................................................................................... 85
4.1 Overview of Research Design ............................................................................... 85
4.2 Phase 1: Online Questionnaire .............................................................................. 86
4.3 Sampling Process .................................................................................................. 87
4.4 Design and Administration of the Online Questionnaire ...................................... 88
4.5 Reliability and Validity ......................................................................................... 91
4.6 Data Analysis Method ........................................................................................... 92
4.7 Ethical Considerations in Online Questionnaires ................................................. 93
4.8 Phase 2: Semi-Structured Interviews .................................................................... 94
4.9 Sampling Process .................................................................................................. 95
4.10 Interview Approach and Procedures ................................................................... 99
4.11 Trustworthiness ................................................................................................. 101
4.12 Data Analysis Method ........................................................................................ 102
4.13 Ethical Considerations in Interview Research .................................................. 107
4.14 Conclusion......................................................................................................... 108

Chapter 5. Phase 1 Findings: Online Questionnaire ..................................................... 110
5.0 Introduction ......................................................................................................... 110
5.1 Demographic Details........................................................................................... 110
5.1.1 Gender .......................................................................................................... 110
5.1.2 Years Working as an Adult Guidance Counsellor ....................................... 111
5.1.3 Guidance Counselling Qualifications .......................................................... 111
5.1.4 Membership of Professional Bodies ............................................................ 112
5.1.5 Professional Role ......................................................................................... 113
5.2 Experience of Working with Clients with Dyslexia ........................................... 113
5.2.1 Proportion of Clients with Formally Diagnosed Dyslexia ........................... 113
5.2.2 Proportion of Clients with Suspected Dyslexia ........................................... 114
5.2.3 Type of Support Sought by Clients with Dyslexia ....................................... 115
5.2.4 Specialised Guidance Interventions for Clients with Dyslexia .................... 115
5.2.5 Issues Facing Clients with Dyslexia ............................................................ 117
5.2.6 Issues in Guidance Provision to Clients with Dyslexia ............................... 118
5.2.7 Contributory Personal Factors to Success for Clients with Dyslexia .......... 119
5.2.8 Implications of lack of disclosure by clients ................................................ 120
5.3 Diagnosis and Referral ........................................................................................ 121
5.3.1 Encouragement of Formal Assessment of Suspected Dyslexia ................... 122
5.3.2 Barriers to Formal Assessment of Dyslexia ................................................. 123
5.3.3 Factors that Facilitate the Process of Assessment and Formal Diagnosis ... 124
5.3.4 Inward Referral Services .............................................................................. 124
5.3.5 Outward Referral Services ........................................................................... 125
5.3.6 Adequacy of Referral Services .................................................................... 126
5.4 Professional Practice ........................................................................................... 127
5.4.1 Dyslexia Screening for Clients with Suspected Dyslexia ............................ 128
5.4.2 Standardised Psychometric Assessments with Clients with Dyslexia ...... 128
5.4.3 Dyslexia Friendly Format of Guidance Material/Information ................. 129
5.4.4 Specific Guidance Counselling Models ....................................................... 129
5.4.5 Continuing Professional Development ....................................................... 130
5.5 Additional Comments ......................................................................................... 130
5.6 Critical Reflection on Phase 1 Instrument .......................................................... 131
List of Tables

Table 2.1 Differences between illiteracy and reading disabilities ............................... 21
Table 2.2 Honneth’s Theory of Recognition ............................................................... 33
Table 3.1 Pragmatic dualism........................................................................................ 75
Table 3.2 Validity and trustworthiness ........................................................................ 83
Table 4.1 Levels of measurement .............................................................................. 88
Table 4.2 Analytical steps and objectives ................................................................... 105
Table 5.1 Guidance counselling qualifications ............................................................ 112
Table 5.2 Membership of professional bodies ............................................................. 113
Table 5.3 Type of support sought by clients with dyslexia ........................................ 114
Table 6.1 Demographics .............................................................................................. 133
List of Figures

Figure 1.1 An identified knowledge gap.................................................................2
Figure 2.1 Literature Search Process ....................................................................15
Figure 4.1 Research design ..................................................................................85
Figure 5.1 Gender.................................................................................................110
Figure 5.2 Years working as an adult guidance counsellor ................................111
Figure 5.3 Professional role in the AEGS ............................................................113
Figure 5.4 Proportion of clients with formally diagnosed dyslexia ......................114
Figure 5.5 Proportion of clients with suspected dyslexia ......................................114
Figure 5.6 Type of support sought by clients with dyslexia ..................................115
Figure 5.7 Issues facing clients with dyslexia .......................................................118
Figure 5.8 Issues facing guidance counsellors ....................................................119
Figure 5.9 Contributory factors to success..........................................................120
Figure 5.10 Barriers to formal assessment of dyslexia ..........................................123
Figure 5.11 Inward referral services ....................................................................125
Figure 5.12 Outward referral services .................................................................126
Figure 5.13 Suitability of standardised psychometric assessments ......................128
Figure 5.14 Provision of guidance material in a dyslexia-friendly format .............129
Figure 6.1 Conceptual framework of findings from Phase 2 ...............................140
Figure 7.1 Three-level framework for guidance counsellors working with dyslexic clients ..........................................................216
## List of Appendices

Appendix A. The Irish Education System ................................................................. 283
Appendix B. AEGS Target Groups .................................................................... 284
Appendix C. Sample of Critical Appraisal of Research Studies .................... 285
Appendix D. Guidelines for practice ................................................................. 288
Appendix E. Online Questionnaire Consent Form and Online Questionnaire .... 289
Appendix F. Recruitment E-mail ....................................................................... 302
Appendix G. Phase 1. Extract from Codebook ................................................. 303
Appendix H. Information Letter: AEO ............................................................... 305
Appendix I. Consent Form: AEO ...................................................................... 306
Appendix J. Information Letter: Dyslexia Association of Ireland ................. 307
Appendix K. Consent Form: Dyslexia Association of Ireland ......................... 308
Appendix L. Volunteer Information Sheet: Adults with Dyslexia ..................... 309
Appendix M. Consent Form: Adults with Dyslexia ............................................ 311
Appendix N. Recruitment Poster .................................................................... 312
Appendix O. Interview Guide .......................................................................... 313
Appendix P. Coding Process, Screenshots from NVivo .................................... 314
Appendix Q. Overview of Overarching themes and Subthemes for Phase 2 ...... 315
Appendix R. Interpretation Flow Chart ............................................................ 316
### Abbreviations

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>ADHD</td>
<td>Attention Deficit Hyperactivity Disorder</td>
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<tr>
<td>AEGAI</td>
<td>Adult Educational Guidance Association of Ireland</td>
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<tr>
<td>AEGS</td>
<td>Adult Educational Guidance Service</td>
</tr>
<tr>
<td>AHEAD</td>
<td>Association for Higher Education Access and Disability</td>
</tr>
<tr>
<td>ASD</td>
<td>Autism Spectrum Disorder</td>
</tr>
<tr>
<td>AT</td>
<td>Assistive Technology</td>
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<tr>
<td>BDA</td>
<td>British Dyslexia Association</td>
</tr>
<tr>
<td>BPS</td>
<td>Biopsychosocial</td>
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<tr>
<td>CPD</td>
<td>Continuing Professional Development</td>
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<tr>
<td>DAI</td>
<td>Dyslexia Association of Ireland</td>
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<tr>
<td>DAST</td>
<td>Dyslexia Adult Screening Test</td>
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<tr>
<td>DSS</td>
<td>Disability Support Services (in FET and HE institutions)</td>
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<td>EAD</td>
<td>European Dyslexia Association</td>
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<tr>
<td>ELGPN</td>
<td>European Lifelong Guidance Policy Network</td>
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<tr>
<td>EPSEN Act</td>
<td>Education for Persons with Special Educational Needs Act</td>
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<tr>
<td>ETB</td>
<td>Education and Training Board</td>
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<tr>
<td>ETBI</td>
<td>Education and Training Boards Ireland</td>
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<tr>
<td>FET</td>
<td>Further Education and Training</td>
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<tr>
<td>FETAC</td>
<td>Further Education and Training Awards Council</td>
</tr>
<tr>
<td>HE</td>
<td>Higher Education</td>
</tr>
<tr>
<td>HETAC</td>
<td>Higher Education and Training Awards Council</td>
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<tr>
<td>IACP</td>
<td>Irish Association for Counselling and Psychotherapy</td>
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<tr>
<td>IAEGV</td>
<td>International Association for Educational and Vocational Guidance</td>
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<tr>
<td>IGC</td>
<td>Institute of Guidance Counsellors</td>
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<tr>
<td>ICG</td>
<td>Institute of Careers Guidance in the UK</td>
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<tr>
<td>ICT</td>
<td>Information and Communications Technology</td>
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<tr>
<td>NAEGA</td>
<td>National Association for Educational Guidance for Adults</td>
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<tr>
<td>NALA</td>
<td>National Adult Literacy Agency</td>
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<tr>
<td>NCGE</td>
<td>National Centre for Guidance in Education</td>
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<td>NCSE</td>
<td>National Council for Special Education</td>
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<td>NGF</td>
<td>National Guidance Forum</td>
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<tr>
<td>NQA</td>
<td>National Qualifications Authority</td>
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<tr>
<td>OECD</td>
<td>Organisation for Economic Co-operation and Development</td>
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<tr>
<td>PES</td>
<td>Public Employment Services</td>
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<tr>
<td>SCCT</td>
<td>Social Cognitive Career Theory</td>
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<tr>
<td>SCU</td>
<td>Statistical Consulting Unit</td>
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<tr>
<td>SEN</td>
<td>Special Educational Needs</td>
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<tr>
<td>SOLAS</td>
<td>An tSeirbhís Oideachais Leanúnaigh agus Scileanna (Further Education and Training Authority in Ireland)</td>
</tr>
<tr>
<td>SPSS</td>
<td>Statistical Package for the Social Sciences</td>
</tr>
<tr>
<td>UL</td>
<td>University of Limerick</td>
</tr>
<tr>
<td>VEC</td>
<td>Vocational Education Committee</td>
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<tr>
<td>QQI</td>
<td>Quality and Qualifications Ireland</td>
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Chapter 1. Introduction

1.0 Introduction
This chapter presents the context and justifications for this study. The researcher’s positionality and reflexivity are then outlined, followed by the aim and objectives of the study. The research methodology is briefly summarised, and lastly, a thesis chapter overview is presented.

1.1 Context and Justification for Study
We live in a culture which values literacy highly and in a society where literacy skills have become increasingly important in our personal and social lives, in education and in the world of work (NALA 2010; EU High Level Group of Experts on Literacy 2012; Cameron and Billington 2015). There is also an increasing onus on adults to engage in ‘lifelong learning’ and to continuously upskill to remain ‘employable’ within an unpredictable labour market (Sultana 2012a; 2012b; Government of Ireland 2016; SOLAS 2017). Within this context, a considerable number of individuals have the ‘hidden’ disability ‘dyslexia’; whereby they struggle with fluent and accurate reading and writing, with inevitable impact on their career development (Bell 2010; Rinaldi 2013; Nag 2014).

Whilst working as a tutor for early school leavers in the Further Education and Training (FET) sector in 2010, I observed a sense of social stigma and a lack of support for adults with dyslexic symptoms. Essentially, these observations of social injustice, and a wish to address them, have driven this study. An initial review of the literature identified a knowledge gap which has informed the specific focus of this study, namely the guidance counselling and support needs of adults with dyslexia within the Irish Adult Educational Guidance Service (AEGS). The identified gap relates to three broad topics in the literature, namely: socially just guidance counselling, frameworks/guidelines for guidance counselling practice, and dyslexia research. Firstly, in terms of socially just guidance counselling, the focus in the literature has primarily been on gender, socioeconomic class and ethnicity/culture (Reid 2016). Meanwhile, there has been limited focus on disability and specific learning disabilities such as dyslexia (Nag 2014).
Secondly, in relation to frameworks and guidelines for guidance counselling practice, most frameworks tend to either focus on children with dyslexia, or have a broader focus on ‘students with disabilities’, and less so on adults with dyslexia. Thirdly, dyslexia research is often positioned in primary, post-primary or higher education (HE), with few studies exploring experiences in the FET sector or in adult guidance counselling settings, such as the AEGS. Furthermore, whilst many dyslexia studies either have a medical or a psychosocial perspective, studies with non-reductionist and interactionist approaches are limited. Figure 1.1 illustrates this gap, where the three ‘portions’ of the larger circle outline topics which are well or reasonably well researched to date, and the smaller, inner circle identifies topics with less emphasis in the literature.

*Figure 1.1 An identified knowledge gap*

The significance of this study relates to the contribution to knowledge on the contextualised experiences of adults with dyslexia within the FET sector in Ireland. The study also focuses on exploring appropriate guidance counselling interventions for this client group in order to inform the development of a framework for practice in the AEGS.

In order to provide more context and background to the research topic, an introduction to the three key areas of this research is provided here, namely: dyslexia, the Further Education and Training (FET) sector, and adult guidance counselling in the AEGS.
1.1.1 Dyslexia

A key issue in relation to this study is the varied terminology used to describe dyslexia and this section clarifies the rationale for using certain terms throughout this research. A dyslexia definition is also presented which represents how dyslexia is conceptualised in this study. Finally, the prevalence of dyslexia is discussed.

Through history, terms and expressions used to categorise people with dyslexia and other impairments have changed, but continue to be complex and sometimes contentious (Kuppers 2014). In relation to disabilities more broadly, the term ‘person with disability’ emerged in the 1970s (Linton 1998) and this so called “person-first language” is still often considered appropriate as it is argued that it reflects an increased respect for the individual (McDermott and Turk 2014, p.257). However, to counteract deficit discourses, the disability movement has tried to establish a positive discourse where some argue that the term ‘disabled’ allows the individual to take pride in their disability as part of a politicised group identification (Loewen and Pollard 2010; Kuppers 2014; Riddell and Weedon 2014). Similarly, in relation to people with a range of learning disabilities, the term ‘neurodiversity’ has emerged in recent years, where ‘neurotypical’ has replaced the normative notion of ‘normal’ learners (Griffin and Pollak 2009; Davis 2013).

With regard to dyslexia more specifically, both ‘dyslexic’ and ‘person with dyslexia’ are terms frequently used by advocacy organisations such as the Dyslexia Association of Ireland (DAI) (2016) and the European Dyslexia Association (EDA) (2014) and both terms will also be used throughout this study\(^1\). However, it should be acknowledged that it may be stigmatising to use either term, as adults with dyslexic symptoms should be accepted as human beings primarily. Thomas (1999) highlights the inadequacy of viewing someone as simply ‘disabled’ or ‘dyslexic’ by emphasising that the terms ‘non-disabled’ and ‘non-dyslexic’ are not particularly telling of someone’s identity. Nonetheless, addressing oppression and injustice in the absence of a category or label may be difficult, and the terms ‘dyslexic’ and ‘adult with dyslexia’ are sometimes necessary for the sake

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\(^1\) Given that both ‘dyslexic’ and ‘having dyslexia’ were used as self-identifying labels by all interview participants (except one who did not use either term) in Phase 2 of this study, it is deemed appropriate to use both terms in the thesis.
of clarity (Anastasiou and Kauffman 2011). In this study, the term ‘non-dyslexic’ is used with the purpose to describe individuals who do not have dyslexic symptoms, in order to centre dyslexia and to challenge normative positions (Linton 1998).

Over a hundred years ago, when literacy gained importance in many people’s lives, scientists discovered what today is known as ‘dyslexia’ (Miles 1996; Gayan 2001). Whilst the dyslexic condition and its possible causes have been extensively researched during the past century, there is still no universally accepted definition and dyslexic individuals are confronted with a frequent questioning of the dyslexia classification, in both academic and public spheres (e.g. Elliott and Grigorenko 2014; EU High Level Group of Experts on Literacy 2012; Wilkinson 2014).

A number of dyslexia definitions have been considered in relation to existing empirical evidence and from an interactionist perspective. As the evidence has shown that intelligence has no relevance to the presence of dyslexia (Stanovich 2005), one of the criteria for a suitable definition for this study was that it should not be based on an intelligence discrepancy understanding of dyslexia. As the dyslexia definition was not used as sampling criteria in this study, the exact causes and sub-types of dyslexia were not considered relevant either. Furthermore, the definition should be neutral, acknowledging both advantages and challenges in relation to dyslexia (WHO 2011). Finally, the critical pragmatic underpinnings of this study required a non-reductionist approach which considers the multi-layered and interactionist nature of factors which may have an influence on adults with dyslexia (Shakespeare 2006; Morgan 2014).

One definition which has been considered is that of the Dyslexia Association of Ireland (DAI 2016a):

Dyslexia is a specific learning difficulty which makes it harder to learn how to read, write and spell accurately. It is not caused by lack of education or by lack of intelligence. Adults will often have developed ways of coping with these difficulties and even ways of hiding it. Dyslexic difficulties occur on a spectrum from mild to severe.

(DAI 2016a, p.2)

Whilst the above definition is broad and rejects discrepancy models, it lacks an explicit consideration of social factors and an interactionist perspective. The definition by the
EDA (2014), below, is considered more comprehensive and representative of how dyslexia is understood in this study:

Dyslexia is a difference in acquiring reading, spelling and writing skills, that is neurological in origin. The cognitive difficulties that cause these differences can also affect organisational skills, calculation abilities etc. It may be caused by a combination of difficulties in phonological processing, working memory, rapid naming, sequencing and the automaticity of basic skills. Alongside these issues is the ongoing challenge for people with dyslexia navigating through life in a largely non-dyslexia friendly world. Researchers acknowledge that there are many possible causes of dyslexia, including genetics. There is no relationship between a person's level of intelligence, individual effort, of socio-economic position and the presence of dyslexia. Furthermore, across Europe the diversity of languages and the multilingual demands, socio-cultural backgrounds as well as educational opportunity, have a significant influence on the life-chances for dyslexic children and adults.

(European Dyslexia Association 2014, para. 1-7)

The EDA (2014) definition acknowledges both cognitive and social difficulties, rejects discrepancy approaches and also acknowledges contextual influences on the ‘life-chances’ for individuals with dyslexia. Other definitional issues related to dyslexia are explored further in the upcoming literature review chapter.

Students with a ‘specific learning disability’ such as dyslexia, consistently make up the largest sub-group of students with disabilities in HE in Ireland (AHEAD 2017). Whilst it is difficult to establish the exact prevalence of dyslexia, one of the more systemic investigations into dyslexia prevalence, based on research from 1980 with 12,905 ten year old students in the UK, suggested that 3% had severe dyslexia and a further 6% had milder, or variants of dyslexia (Miles et al. 2003). Even though this data is now more than three decades old, a more exact rate has proven extremely difficult to establish due to a number of issues. Firstly, dyslexia exists on a continuum from mild to severe, which is not always recognised in formal diagnostic assessments with politically driven cut-off points (Ireland, Department of Education and Science 2001; Rose 2009; Gilger 2010). Secondly, dyslexia is a ‘hidden’ disability which can remain undisclosed or unidentified in adulthood (Jamieson and Morgan 2008; Watson and Nolan 2011). Thirdly, research studies often lack resources for full assessments on a large scale (Miles 2004). There is similar uncertainty in relation to gender differences but it appears to be generally accepted
that dyslexia is more common amongst males than females (Miles et al. 1998; Riddick et al. 2002; Hawke et al. 2009).

As the majority of the studies on adults with dyslexia are primarily located in HE, it was deemed appropriate to locate this study within the somewhat neglected FET sector in Ireland. This is addressed in the next section.

1.1.2 Further Education and Training (FET)

Historically, the FET sector has included vocational education, apprenticeships and community-led education, and students in the sector have predominantly come from lower socio-economic groups compared to other sectors (McGuinness et al. 2014). Due to the disparate nature of the FET sector and its many components, it is often defined by what it is not, which makes it somewhat difficult to summarise the history of the sector (Grummell and Murray 2015). Nonetheless, a brief overview of the key developments in the FET sector and its current structure will be outlined to contextualise this study.

The FET sector dates back to the late 19th century in Ireland, where ‘technical schools’ were established to cater for ‘pre-employment’ education (Coolahan 1981). Courses generally included evening courses for employees and full-time agriculture and domestic crafts for unemployed (McGuinness et al. 2014). As a result of some critique of the structure of technical schools, Vocational Education Committees (VEC) were established in the 1930s and provided ‘continuation education’ as employment preparation, and ‘technical education’ for employees needing to improve their skills (McGuinness et al. 2014).

The 1980s witnessed a number of developments in the sector. For example, community education groups emerged, offering un-accredited courses focusing on arts and hobbies with the aim to foster empowerment and increase social inclusion (Aontas 2010). Post-Leaving Certificate (PLC) courses have also been offered since the 1980s and generally combine aspects of practical work, academic studies and work experience (McGuinness et al. 2014). Meanwhile, apprenticeship training and services for the unemployed have been provided and overseen by FÁS, which was established in 1987, and later disbanded in 2013 when SOLAS was established (McGuinness et al. 2014). Literacy provision for
adults is also encompassed within the FET sector and it is overseen by the National Adult Literacy Association (NALA) and provided by Adult Literacy Services (ALS) in VEC’s/ETB’s throughout Ireland (Ireland, Department of Education and Science 1997; Ireland, Department of Education and Skills 2013b).

More recently, and since the commencement of this study in 2011, the Irish government has implemented a number of structural changes in the provision of FET with the overall aim of reducing costs and as part of the Government’s “labour-market activation agenda” (McGuinness et al. 2014, p.22). The new FET authority, SOLAS, was established in 2013 and is responsible for the co-ordination and funding of training providers, and SOLAS is also tasked with delivering the training activities and apprenticeships formerly provided by the disbanded FÁS (Further Education and Training Act 2013). Another major structural change involved the amalgamation of all 33 VEC’s into 16 Educational Training Boards (ETB’s) (McGuinness et al. 2014). The FET sector currently spans QQI Level 1 to 6 and includes a number of education and training options, such as PLC’s, ‘Back to Education Initiatives’ and apprenticeships (Condon et al. 2013). Appendix A provides a map to locate the FET sector in the overall education system in Ireland.

In addition, significant changes in related sectors have occurred with the establishment of the new ‘employment and income service’ INTREO (Aontas 2013). Another development has been the establishment of the Quality and Qualifications Ireland (QQI) agency in 2012, which replaced the Further Education and Training Awards Council (FETAC), the Higher Education and Training Awards Council (HETAC) and the National Qualifications Authority (NQA) of Ireland and incorporates functions of the Irish Universities Quality Board (Aontas 2013). It is not clear yet how these changes have or will affect learners and staff in the FET sector.

Overall, the FET sector has been, and may still be, perceived as having lacked a distinct identity and a lower status compared to HE, despite having had an important role in increasing skills and social inclusion of people whom are under-represented in HE and may have left school early (McGuinness et al. 2014; Grummell and Murray 2015). The FET sector has also been described as particularly suitable for individuals with disabilities due to the wide range of courses within the sector, the local provision, as well as the option to study part-time (National Disability Authority 2004). Additionally, it has been
regarded as having “a strong emphasis on student-centred learning with associated active learning methodologies” (McGuckin et al. 2013, p.29). However, disability support and funding for FET students have been insufficient, sporadic and varied throughout the country (McGuckin et al. 2013). There is a scarcity of specific training for adults with dyslexia within the FET sector, with the exception of one full-time course provided by the DAI and the Kildare and Wicklow ETB (the ‘Career Paths for Dyslexia Programme’, www.careerpaths.ie), and two short courses/workshops provided by other FET institutions.

The current key provider of adult guidance counselling to students in the FET sector is the national Adult Educational Guidance Service (AEGS) which is explored next.

1.1.3 Adult Educational Guidance Service (AEGS)

Guidance counselling is provided in a number of sectors in Ireland, such as post-primary education, FET, HE, Public Employment Services (PES), and in private sector enterprises. In this study, the focus is on the AEGS and its local services nationwide which are primarily located in ETB’s. The White Paper on Adult Education (Ireland, Department of Education and Science 2000) and the FET strategy (SOLAS 2014) are two key policies underpinning the AEGS, in which adult guidance counselling has been defined as activities which enable individuals to make well-informed life choices.

The AEGS was established in 2000 with the objective to meet the guidance counselling needs of adults in Ireland and it is co-ordinated by the National Centre for Guidance in Education (NCGE) and funded by the DES (Ireland, Department of Education and Science 2000). The target groups of the AEGS were originally identified in terms of educational participation and included VTOS, Adult Literacy, and Community Education (including BTEI) (Phillips and Eustace 2010). These have recently been reframed and extended to include 15 groups which “experience particular and acute barriers to participation” (see Appendix B) (Ireland, Department of Education and Skills 2012a, p.5).

The target groups are eligible for individual guidance counselling, at “pre-entry, entry, ongoing and pre-exit stages” and follow-up after the completion of a FET course (Ireland, Department of Education and Skills 2012a, p.3). Additionally, educational information is
available to the general public and all provision in the service is offered free of charge (NCGE 2014a). All AEGS have at least one guidance counsellor and one information officer, and there may also be a co-ordinator; however, in some services the guidance counsellor has co-ordinator duties (Phillips and Eustace 2010). Whilst the AEGS are primarily located within the FET sector, they are also intrinsically linked to other education sectors and the labour market as they provide three interlinked types of guidance: personal/social, educational and career guidance (Ireland, Department of Education and Skills 2012a; NCGE 2014a). From an international perspective, this integrated and holistic approach to guidance counselling is rather unique to Ireland.

To date, research into professional practice in the AEGS has been quite limited, with the exception of contributions from Phillips and Eustace (2010) and Hearne (2010; 2012). AEGS practitioners have been found to work with stretched resources and complex client issues, demanding highly resilient practitioners (Hearne 2012). From gathering contact information for Phase 1 of this study, I established that in 2012, there were 39 guidance services throughout the Republic of Ireland with approximately 64 guidance co-ordinators and guidance counsellors employed within them. There are currently 40 AEGS services nationwide offering adult guidance counselling at 48 different locations (NCGE 2017).

Recently, there has been a distinct policy shift whereby a more coherent and comprehensive “Adult Guidance and Information Service” has been proposed, which is intended to be based on the current model of the AEGS (SOLAS 2014, p.114). It was suggested that this new type of service should be broadened to include guidance counselling practitioners in PLC institutions and other areas of the FET sector during the period 2014 to 2016 (SOLAS 2014). Whilst no implementation plans have been published to date, a draft framework is currently under development and consideration by SOLAS and the DES (SOLAS 2017). These proposed developments provide an opportune moment to inform the future development of provision to adults with dyslexia in a more cohesive manner based on empirical evidence gathered in the field.
1.2 Researcher’s Positionality and Reflexivity

The reflexive stance taken throughout this research is compatible with the critical pragmatic paradigm underpinning this study, whereby knowledge is regarded as provisional and contextual, which should be questioned and reflected upon (Morgan 2007; Bryant 2009). Furthermore, reflection and a strong awareness of the ‘self’ are central to both social research and the field of guidance counselling (Bourdieu and Wacquant 1992; McCormack and Ryan 2011). The process of reflecting back over my personal, educational and work experiences has helped me to identify my own ideological stance. A number of formative experiences have influenced my conceptualisations and they span from early childhood to my current status as a doctoral student and emerging researcher.

In particular, my personal history has influenced how I conceptualise social justice and how I relate to the world. I grew up on the countryside in Sweden as the youngest of four siblings to two very reflective and socially aware and engaged parents and primary school teachers. Dinner conversations often concerned politics and what I today would label ‘issues of social justice’ and I think it is fair to say that our parents instilled a level of critical consciousness in us as children. However, the complexity of justice is evident when engaging with theories as well as lived experiences. I suspect my grandmother, ‘Mormor Svea’, may be right in saying that: “the only thing that is fair in this life is the number of hours we are given each day”.

At the age of 19, I moved to Ireland to work and to experience a new culture. Since then, I have experiences of employment, education and unemployment, which has given me a deepened and personal understanding of how such experiences can influence on one’s life. Furthermore, through personal experiences of sciatica (back pain), I have a deepened appreciation of why conceptualisations of disability and social justice must include considerations of the ‘body’ (Shakespeare 2006; WHO 2011).

As stated previously, this study was initially informed by the injustice I observed whilst working in the FET sector with long term unemployed adults. One of the learner groups I worked with was very ‘close knit’ but most of the adults in this group had limited literacy skills and some of them had recently started identifying as ‘dyslexic’. I found myself lacking in knowledge of dyslexia and I struggled to locate appropriate supports. I was
also surprised at how openly they disclosed their suspected dyslexia within the group, but how cautious they were in a less ‘safe’ space. As my previous engagement with adults with dyslexia has given rise to my interest in pursuing this study, I have had to be critically aware of any presumptions influencing the research design and interpretation of findings throughout the research process (Etherington 2004; Thomas 2009). Through ongoing discussions with my supervisors and professionals in the field, whilst keeping a reflexive research diary, I have recorded my critical reflections, which has helped me to be honest with myself about my observations (Lincoln and Guba 1985; Rinaldi 2013).

Consequently, it is important to let the reader know about potential biases connected to the multiple positions I have (Etherington 2004). Whilst positionality may classify and sort persons into binary and simplified stereotypes, I am likely to be positioned by the reader if I do not position myself (Rinaldi 2013). Some of my positions include ‘researcher’, ‘qualified guidance counsellor’, ‘tutor’, ‘mature student’, ‘immigrant-emigrant’, ‘mother’, and ‘non-dyslexic’. In relation to the latter position as ‘non-dyslexic’, it has been suggested that disability research preferably should be carried out in conjunction with, or by persons with disabilities (Charlton 1998; Mertens 2012). Whilst I may be considered an ‘outsider’ as ‘non-dyslexic’, that position allowed me to enter the field without personalised preconceived ideas of what it is like to be dyslexic. Additionally, as I do not have extensive work experience in the Irish adult guidance field, I could also approach the field without too many assumptions about ‘typical’ clients or client issues in the AEGS.

Finally, the choice of research paradigm has acted as a frame of reference during the research process, when reviewing literature, in methodological decisions, and whilst making sense of the data (Camp 2001). The theoretical assumptions of critical pragmatism reflect my beliefs and understandings, which are linked to a commitment to social justice. Having positioned myself and reflected on my experiences and worldviews, the next section will outline the overall aim and objectives of this study.
1.3 Research Aim and Objectives

The overall aim of this study was to investigate the guidance counselling needs of adults with dyslexia within the Irish AEGS in order to inform future policy and practice.

The key objectives of the study were:

1. To undertake a critical review of the relevant literature related to adult dyslexia and adult guidance counselling and associated topics;
2. To investigate the perceptions and experiences of guidance counsellors working with dyslexic adults in the AEGS through an online questionnaire;
3. To interview dyslexic adults for a deeper understanding of their experiences related to their personal/social, education and career progression in the FET sector;
4. To propose recommendations in relation to adult guidance counselling provision to clients with dyslexia within the AEGS and inform the development of a framework for future practice.

1.4 Research Methodology

This is a mixed methods study underpinned by critical pragmatism. The rationale for choosing critical pragmatism as the research paradigm for this study was informed by both my ontological and epistemological beliefs and the research topic itself (Grant and Osanloo 2014). Specifically, the concerns for issues of social justice and practical problems, and a focus on human experience, as well as a preference for a flexible and reflexive methodology suggest that critical pragmatism is a good fit to examine the topic (Biesta and Burbules 2004; Morgan 2007; 2014). Furthermore, critical pragmatism, as applied in this study, draws primarily from Dewey (1973) and allows for a contextual, interactionist and multi-layered perspective on the support needs of adults with dyslexia. The critical emphasis has also shaped the social justice stance taken, which considers issues of both relational and institutional injustice at the biological, psychological and social levels (Danermark and Gallerstedt 2004; Shakespeare 2006; World Health Organisation 2011).

Whilst a mixed methods study may prove challenging for a single researcher in terms of demanding more time and method-related skills, it offers methodological flexibility and
plurality which, in this study, has yielded more comprehensive findings compared to what a mono-method research design could have (Johnson and Onwuegbuzie 2004; Todd et al. 2004; Perry 2009; Migiro and Magangi 2011). The design of this study can be described as qualitatively-led sequential mixed methods (Creswell and Plano Clark 2011). First, an online questionnaire investigated the experiences of the guidance practitioners in the AEGS where the findings were subject to descriptive statistics and analysis using SPSS. Subsequently, semi-structured face-to-face interviews with dyslexic adults explored their experiences and multiple realities. Thematic analysis was chosen as an appropriate analysis method for the qualitative interviews and the NVivo software was also used to assist the analytical process and handling of the data (Richards 2009; Braun and Clarke 2013). A thematic analysis approach was also taken in the synthesis of the overall findings, where ‘social justice’ was used as a sensitising concept (Bowen 2006). Professional ethical principles have also underpinned this study in relation beneficence, nonmaleficence, autonomy, fidelity and justice, and the specific ethical issues in each phase of the study have been carefully considered (McLeod 2010; Cohen et al. 2011).

1.5 Thesis chapter overview

Chapter 1 has presented the research topic and context overview, the researcher’s positionality and reflexivity, the aim and objectives and the research methodology.

Chapter 2 presents a critical literature review, examining literature related to dyslexia and adult guidance counselling under four thematic areas, namely: definitional and conceptual debates; dyslexia diagnosis; career development of dyslexic adults; and interventions for dyslexic adults.

In Chapter 3, the research questions are presented and critical pragmatism is proposed as the underpinning research paradigm of this study, where the ontological, epistemological, methodological and axiological stances of critical pragmatism are outlined. Quality measures are also discussed in relation to mixed methods research.

Chapter 4 outlines the methods of data collection and analysis of Phase 1 (online questionnaire and descriptive analysis) and Phase 2 (semi-structured interviews and thematic analysis).
Chapter 5 presents the findings and analysis of the online questionnaire in Phase 1.

Chapter 6 reports the findings of the semi-structured interviews in Phase 2.

In Chapter 7, the findings from Phases 1 and 2 are synthesised and discussed in relation to the literature and a new framework for practice is presented.

Finally, Chapter 8 presents the conclusions made in relation to the key findings and associated implications and recommendations for practice, policy and research are outlined. Strengths and limitations are identified and a personal reflection concludes the thesis.
Chapter 2. Literature Review

2.0 Introduction

This chapter presents the literature review of this study. First, the purpose and procedures for this structured literature review are outlined. The four thematic sections of the review are then presented: definitional and conceptual debates, dyslexia diagnosis, career development of dyslexic adults, and support interventions for dyslexic adults.

2.1 Literature Review Purpose and Procedures

The literature review process started in 2011 and the purpose of this review is:

- To provide conceptual clarity by critically exploring definitions and concepts which are central to the research topic,
- To provide context to the study by examining key debates and discourses surrounding dyslexia and adult guidance counselling,
- To position this study by critiquing previous research and identifying a knowledge gap and appropriate research questions.

The complex nature of the research topic demanded a broad review of the literature from different fields of study, such as education, psychology and social science. A structured approach has been employed which involved comprehensive searches for both primary and secondary sources. Figure 2.1 presents an overview of the literature search process.

**Figure 2.1 Literature Search Process**

|---|---|
| Identifying potential sources, including books, journals, databases, institutional repositories, internet, organisations etc. | Journals: e.g. Dyslexia; European Journal of Special Needs Education; British Journal of Guidance and Counselling; International Journal for Educational and Vocational Guidance; Journal of Adult Education; Journal of Career Development  
Databases: e.g. Academic Search Complete, EBSCO host  
Government bodies: e.g. DES, DSP, DJE  
Organisations: e.g. DAI, EDA, AHEAD, ESRI, NDA, Aontas, OECD, WHO |
| Execute search | E.g. methodology (incl. quan, qual and mmr), sample (dyslexic adults prioritised), year of publication (recent research prioritised), context (Irish studies prioritised) |
| Evaluate search results (relevance and quality) | |

15
In relation to dyslexia research, key studies have been gathered and evaluated in a table (see Appendix C). The purpose of this was to summarise and appraise the literature in terms of methodology, methods, key findings, strengths and weaknesses (Petticrew and Roberts 2006). This helped ensure a structured and critical approach and also provided a useful overview of the literature in relation to topics and methodologies, which in turn also helped identify the knowledge gap and to locate this study to address that specific gap.

As a result of this structured literature review, a number of key areas were identified as particularly pertinent to the topic and these are reported under four thematic sections:

1. The first section of this review examines definitions and concepts related to dyslexia, adult guidance counselling, and social justice.

2. Section two addresses the complex issues of diagnosing dyslexia, the impact of a dyslexia diagnosis on the individual’s sense of identity and disclosure, and the link between a dyslexia diagnosis and resource allocation.

3. The third section examines ‘career development’ in relation to dyslexic adults, where the word ‘career’ is understood in its broadest sense, as it encapsulates personal/social, educational and career development.

4. Finally, section four addresses debates regarding appropriate interventions for adults with dyslexia in relation to learning support and reasonable accommodations in education and employment, and adult guidance counselling.

### 2.2 Definitional and Conceptual Debates
Definitions of key terms are important to review as there is often a great deal of both conflict and overlap in different ways of understanding a term or a phenomenon. Discourses concerning disability and dyslexia are particularly important to explore if we understand identity construction as something which takes place in social contexts and in interaction rather than in isolation (Dewey 1973; Garland Thomson 1997; Pollak 2005). Therefore, this section first explores definitional debates around dyslexia and different dyslexia perspectives. Adult guidance counselling is then positioned and defined within
the ‘lifelong learning’ paradigm. Finally, social justice debates are explored and a definition of social justice for adults with dyslexia is proposed.

2.2.1 The Ongoing Definitional Debates about Dyslexia

The term ‘dyslexia’ originates from the Greek language and can be translated as *Dys: difficulty* and *Lexis: written word*, i.e. difficulties with written words (Thomson and Watkins 1998). However, historically, there are some slight variations in the literature regarding the derivation of the term ‘dyslexia’. Nonetheless, it is clear that the term originally was used within a rather small circle of medical practitioners since the late 19th century, when literacy gained importance in many peoples’ lives (Gayán 2001). Among the medical practitioners who contributed to dyslexia research during this time were Dejerne, Pringle Morgan, Hinshelwood and Orton (Lawrence 2009).

The term ‘word blindness’ originated around the same time as dyslexia and appears to have been used to a larger extent until the 1950s (Gayán 2001). One of the first publications on ‘word blindness’ was published in 1896 by Dr. W. Pringle Morgan in the British Medical Journal:

… He has always been a bright and intelligent boy, quick at games, and in no way inferior to others of his age. His great difficulty has been - and is now - his inability to learn to read. This inability is so remarkable, and so pronounced, that I have no doubt it is due to some congenital defect.

(Pringle Morgan 1896, cited in Miles 1996, p.146)

Although ‘word blindness’ was a recognised condition previous to Pringle Morgan’s article, it was previously regarded as an acquired condition as opposed to congenital (Lawrence 2009). ‘Congenital word blindness’ is what generally today is referred to as ‘developmental dyslexia’, or simply ‘dyslexia’ (Miles 1996). Other terms used to describe dyslexia include ‘specific learning disability’ and ‘specific learning difficulty’. In this study, the position of dyslexia has been interpreted as a sub group, under the broader concepts of ‘disability’, ‘learning disability’ and ‘specific learning disability’.

Whilst dyslexia has been the subject of a lot of research for over a century now, it continues to be a contentious issue and to date there is still no universally accepted definition of dyslexia (McPhillips et al. 2015). Such definitional problems are not unique
to dyslexia as similar issues are present in relation to other “developmental disabilities” (Paradice 2001, p.214). However, although existing definitions vary greatly, they generally include the following elements: (i) origin, (ii) characteristics, (iii) causes, (iv) unexpectedness, and (v) additional symptoms (Lyon et al. 2003).

In relation to origin, dyslexia is often described as congenital, but with some variation related to whether it is identified as being neurological (EDA 2014), neurobiological (Lyon et al. 2003), or neuropsychological (Funnell 2000). Some definitions do not single out one origin, but state that there are a number of possible ones (e.g. Ireland, Department of Education and Science 2001). The terminology can be confusing, and for those of us not familiar with clinical terms, it is difficult to understand the difference between dyslexia being neurobiological or neuropsychological. Essentially, however, there is a convergence on the biological origin of dyslexia.

In terms of the characteristics of dyslexia, all definitions included in this review centre on reading and/or writing and spelling difficulties, with minor variation in the wording. For example, the EDA (2014) defines it as a ‘learning difference’ which includes ‘cognitive difficulties’, and Lyon et al. (2003) describe it as difficulties with “accurate and/or fluent word recognition” and “poor spelling and decoding abilities” (p.2).

The identified causes of dyslexia vary somewhat but a deficit in the phonological processing ability is frequently identified as a cause of dyslexia (Lyon et al. 2003; Tunmer and Greaney 2010). Other causes identified in the literature are poor working memory, difficulties with automaticity of basic skills and poor rapid-naming ability (Ireland, Department of Education and Science 2001; BDA 2017; EDA 2014).

Many dyslexia definitions include a level of ‘unexpectedness’ either in relation to educational opportunities, other abilities or provision of literacy interventions (Lyon et al. 2003). This can be described as a ‘discrepancy’ approach to defining dyslexia. However, there are other approaches, such as using exclusion criteria, or positive indicators (Mortimore 2003; Snowling 2005). According to the exclusion approach, a person is described as dyslexic when no other potential causes can be identified to explain the difficulty or disability. This form of definition presents several problems as it is based
on questionable assumptions about how we learn and what abilities are required to learn to read and write. The following is an example of a definition by exclusion:

A disorder manifested by difficulty in learning to read despite conventional instruction, adequate intelligence and sociocultural opportunity. It is dependent upon fundamental cognitive disabilities which are frequently of constitutional origin.


The word ‘despite’ in this definition indicates that the factors subsequently named should be excluded in order to identify dyslexia. It may make sense to exclude certain causes, such as lack of opportunity or indeed a vision or hearing disability. To exclude individuals with a certain level of intelligence is, however, considerably more problematic as a person with low intelligence can learn how to read and write, and dyslexia can be found across the whole range of intelligence (Stanovich 2005; Elliott and Gibbs 2008; Elbro 2010; McPhillips et al. 2015).

The exclusion approach is now considered outdated and has largely been replaced by a discrepancy approach, where the word ‘despite’ has been replaced by ‘unexpected’. The Taskforce on Dyslexia (Ireland, Department of Education and Science 2001) uses the discrepancy approach as it states that dyslexic difficulties should be “unexpected in relation to an individual’s other abilities and educational experiences” (p.xii). However, it is problematic to establish someone’s potential ability, and educators and parents of children with dyslexia have recently critiqued the Taskforce discrepancy definition as it can lead to delayed recognition considering that one must fail before being recognised as dyslexic (McPhillips et al. 2015). In contrast, the DAI (2016a) dyslexia definition emphasises that a lack of education or intelligence do not cause dyslexia:

Dyslexia is a specific learning difficulty which makes it harder to learn how to read, write and spell accurately. It is not caused by lack of education or by lack of intelligence. Adults will often have developed ways of coping with these difficulties and even ways of hiding it. Dyslexic difficulties occur on a spectrum from mild to severe.

(DAI 2016a, p.2)

However, in some other definitions and diagnostic assessments, ‘adequate intelligence’ is used as discrepancy factors “despite two decades of research showing little or no relevance to the nature of dyslexia” (Elbro 2010, p.469).
Another definitional approach identifies dyslexia through positive indicators associated with dyslexia. These indicators can include both factors related to literacy and also some ‘additional symptoms’, such as difficulties with organisational, sequencing, and motor skills, or other kinds of symbols such as numeric or musical (Gayán 2001; Ireland, Department of Education and Science 2001). Whilst the additional symptoms are generally of a deficit nature, the BDA (2017) is keen to emphasise that there are some strengths associated with dyslexia, such as creativity and problem solving skills. Whilst some studies support this, it is not a vastly researched area and empirical evidence is inconclusive as it is difficult to establish cause and effect and the impact of compensatory behaviour and skills (Wolff and Lundberg 2002; Tafti et al. 2009).

The European Dyslexia Association’s (EDA 2014) is one of few definitions which includes positive indicators and potential causes for dyslexia, whilst also acknowledging the challenges a “non-dyslexia friendly” environment presents:

Dyslexia is a difference in acquiring reading, spelling and writing skills, that is neurological in origin. The cognitive difficulties that cause these differences can also affect organisational skills, calculation abilities etc. It may be caused by a combination of difficulties in phonological processing, working memory, rapid naming, sequencing and the automaticity of basic skills. Alongside these issues is the ongoing challenge for people with dyslexia navigating through life in a largely non-dyslexia friendly world. Researchers acknowledge that there are many possible causes of dyslexia, including genetics. There is no relationship between a person's level of intelligence, individual effort or socio-economic position and the presence of dyslexia. Furthermore, across Europe the diversity of languages and the multilingual demands, socio-cultural backgrounds as well as educational opportunity, have a significant influence on the life-chances for dyslexic children and adults.

(European Dyslexia Association 2014, para. 1-7)

Furthermore, as the EDA is an advocacy organisation, its definition is particularly important, as a sound dyslexia definition arguably should be informed by “the dyslexia community”, which includes individuals with dyslexia, their families, practitioners and educators who work with them (Miles 2001, p.57).

Controversially, there have been suggestions that the term ‘dyslexia’ should be abandoned altogether. For example, the EU High Level Group of Experts on Literacy (2012) recommends that the term ‘struggling reader’ should replace ‘dyslexia’ as they argue that a dyslexia ‘label’ can disempower and give a “false sense of comfort” to the
individual (p.45). However, the term ‘struggling reader’ fails to recognise that spelling can often be more difficult than reading for individuals with dyslexia (Cooke 2001). Furthermore, it is difficult to anticipate what changing labels from ‘dyslexic’ to ‘struggling reader’ would achieve in relation to the risk of disempowerment and it can be argued that the Group (2012) draws simplistic conclusions from complex studies and presents certain views as ‘facts’ which appear highly contested. For example, it makes reference to Singleton’s (2009) research review in relation to measurable outcome from adult literacy training to support its claims even though Singleton concludes that this is a complex area in need of further empirical research prior to drawing any firm conclusions. Finally, there are ‘categorical’ differences between persons with dyslexia and those with literacy problems without dyslexia (Miles et al. 2003). Such differences are presented in Table 2.1:

**Table 2.1 Differences between illiteracy and reading disability**

<table>
<thead>
<tr>
<th>Causes</th>
<th>Illiteracy</th>
<th>Reading disability</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Secondary causes</strong></td>
<td>Social disadvantage</td>
<td>Neurological difference</td>
</tr>
<tr>
<td></td>
<td>Inadequate schooling, weak motivation</td>
<td>Deficient decoding of print, selectively impaired processing of verbal stimuli</td>
</tr>
<tr>
<td><strong>Affected population</strong></td>
<td>Disadvantaged groups</td>
<td>Any person can be affected</td>
</tr>
<tr>
<td><strong>Achievement profile</strong></td>
<td>Nonspecific low achievement</td>
<td>Low achievement confined to reading and writing</td>
</tr>
<tr>
<td><strong>Usual basis for identification</strong></td>
<td>Childhood: Family background</td>
<td>Childhood: teacher-referred, discrepancy between aptitude and achievement</td>
</tr>
<tr>
<td></td>
<td>Adulthood: self-referred</td>
<td>Adulthood: childhood history of reading disability</td>
</tr>
<tr>
<td><strong>Treatment</strong></td>
<td>Adult literacy programs</td>
<td>Special education services</td>
</tr>
</tbody>
</table>

(Adapted from Fowler and Scarborough 1995, p.8)

In this current study adults with dyslexia are distinguished from adults with literacy difficulties which are caused by social disadvantage, for example. However, to argue that there is a case to distinguish between these groups is not to say that one is more important than the other. To further explicate how dyslexia is understood in this study, the different dyslexia perspectives are examined next.
2.2.2 Dyslexia Perspectives

Our understanding of dyslexia informs how we view people with dyslexia and how we engage with the process of removing barriers to create a more inclusive and socially just society (Howard 2003). It is, therefore, necessary to understand differing underlying perspectives of dyslexia in order to address issues of social justice. As dyslexia is a type of disability, it is useful to draw on broader disability models and theories. Specifically, dyslexia is discussed here from three contrasting perspectives, namely: ‘medical’, ‘social’ and ‘interactionist’ perspectives.

(i) **The Medical Perspective**

From the medical perspective, a person with dyslexia can be described as someone having certain physical deficits which impede his or her reading and writing abilities (Barclay 2011). Research within this perspective has focused on identifying the primary cause of dyslexia, where brain imaging has allowed scientists to make significant advances in this field (Lishman 2006). Some of the main dyslexia causal theories include the phonological deficit hypothesis, cerebellar deficit hypothesis (automaticity), magnocellular deficit hypothesis (auditory and visual) and the double deficit hypothesis (Ramus et al. 2003; Nicolson and Fawcett 2011; Norton et al. 2014). These theories can be viewed as a complementary set of theories aiming to explain the underlying causes of a similar set of symptoms, but from different perspectives (Ramus et al. 2003).

According to the phonological theory, dyslexia is caused by phonological difficulties, such as limited short-term memory, phonological awareness and sometimes also poor long-term verbal learning (Snowling 2006). The cerebellar deficit theory suggests that the result of an abnormal cerebellum in the brain affects the atomisation process, motor skills and coordination which in turn contribute to a phonological processing deficit (Lishman 2006; Nicolson and Fawcett 2011). Meanwhile, Stein and Talcott (1999) put forward the magnocellular hypothesis where dyslexia is seen as a result of “abnormal development of magnocellular neurones throughout the whole brain”, which may affect the visual, auditory and/or motor magnocellular systems (p.72). According to the double deficit hypothesis, dyslexic difficulties may be caused by either phonological difficulties or rapid naming difficulties, or both (Norton et al. 2014). Some studies have found that a phonological deficit is sufficient on its own to cause dyslexia, but that additional sensory
or motor deficiencies intensify the phonological deficit (Ramus et al. 2003; Vellutino et al. 2004). Similarly, Lishman (2006) suggests that phonological difficulties are central for most people with dyslexia, while not excluding the possibility of co-occurring causes. There is also a general agreement that dyslexia is hereditary, in the sense that it is often found to be intergenerational as one inherits genes which may contribute to one being prone to develop dyslexia (Lundberg 2003; Gilger 2010).

The medical perspective has been heavily critiqued for its focus on curing or treating the impairment and lack of recognition of factors outside of the individual (Barclay 2011). At policy level, the medical model appears to have given way to the social model, as at least part-responsibility to include disabled people in education and employment has been recognised through legislation focusing on systemic discrimination, or ‘ableism’ (e.g. Ireland, Department of Education and Skills 2000; 2001; Equality Act 2004). However, the wording in the Irish Disability Act 2005 would suggest that a medical model is still partly employed, as ‘disability’ is defined as:

A substantial restriction in the capacity of the person to carry on a profession, business or occupation in the State or to participate in social or cultural life in the State by reason of an enduring physical, sensory, mental health or intellectual impairment.

(Disability Act 2005: 2(1))

Although the environment is described as a factor which can be altered to accommodate persons with disabilities, the disability itself appears to be placed entirely within the individual as the individual’s impairment is given as the reason for participatory restrictions. As such, the ‘social’ perspective takes the opposite position, as it attributes the dyslexic difficulties to the social context and environment (Howard 2003; MacDonald 2009b).

(ii) The Social Perspective

From the social perspective, social and cultural contexts are important to understand and as literacy is valued differently in different cultures, the disabling consequences of dyslexia vary depending on cultural context (Siok et al. 2004; AHEAD 2008; Elbro 2010). Traditionally, the majority of dyslexia research has been situated in English speaking countries but more recently, an interest has grown in literacy acquisition in different languages and the possibility of languages being more or less dyslexia-friendly
Inconsistent with previous assumptions, individuals with dyslexia have literacy difficulties even in non-alphabetical, so called logographic, writing systems such as Chinese; as such languages also require phonological processing (Siok et al. 2004).

The orthography (spelling) of a language has also been perceived to be an important factor for individuals with dyslexia and the prevalence of dyslexia appears higher in some languages compared to others. For example, deep orthographies such as English where there is a high variance of pronunciation of letter combinations, is thought to present more difficulties for those with dyslexia, compared to shallow orthographies such as Italian where the dyslexia can be described as having a “hidden existence” (Paulesu et al. 2001, p.2165). However, findings remain inconclusive and at times contradictory (Vellutino et al. 2004; Myrberg 2007; Barbiero et al. 2012; Wajuihian and Naidoo 2012).

In relation to education and learning, some suggest a move from seeing dyslexia as a ‘learning difficulty’ towards viewing it as a learning ‘difference’ (Riddick 2000; UK, Department for Education and Skills 2004). For example, “a student with dyslexia is only disabled in the classroom if the teaching methods used are not suitable” (AHEAD 2008, p.15). However, such approaches have been critiqued for employing ‘contextual essentialism’ and some argue that it does not fully recognize the hurt and frustration related to the biological impairment (Morris 1993; Söder 1999). Furthermore, both the medical and the social model essentially victimise the disabled person, where one is either a victim of one’s own body (medical), or by one’s environment (social) (Danermark and Gellerstedt 2004). A third perspective, discussed next, addresses this issue as a disability like dyslexia is considered as the result of dynamic interactions.

(iii) The Interactionist Perspective
The preferred disability perspective in this study can be described as interactionist and non-reductionist as it incorporates aspects from both medical and social perspectives and critiques the reductionist methodological tendencies in disability research (Howard 2003; Danermark and Gellerstedt 2004). It also sits well within the critical pragmatic paradigm as it allows for the existence of biological impairments and associated hurt or difficulties independently of our awareness and discourses of them. Additionally, the pragmatic perspective of humans and their environments as interactional/transactional is compatible
with an interactionist model of disability (Biesta and Burbules 2004; Morgan 2007; WHO 2011).

Frith’s (1999) ‘three-level framework’ is an example of an interactionist dyslexia model, where the environment interacts and influences on a biological, cognitive and behavioural level. The environment can include exposure to various teaching methods, cultural attitudes and socio-economic factors, and the cognitive level (e.g. information processing) is seen as a bridge to understand the link between the biological level (e.g. magnocellular abnormality in the brain) and the behavioural level (e.g. poor reading) (Frith 1999). This framework is primarily developed to provide a definitional and causal explanatory structure and is therefore not particularly useful in this study.

There are also variants of interactive and non-reductionist approaches which outline levels of analysis for disability research, such as those proposed by Danermark and Gallerstedt (2004), Shakespeare (2006), Van de Ven et al. (2005), and the World Health Organisation (WHO) (2011). The model of the WHO (2011) describes disability as an outcome of interactions between biological, psychological and social aspects (BPS model) and in its first World Report on Disabilities; the stance is outlined as follows:

[The WHO] understands functioning and disability as a dynamic interaction between health conditions and contextual factors, both personal and environmental /…/ Promoted as a “bio-psycho-social model”, it represents a workable compromise between medical and social models

(WHO 2011, p.4)

The levels identified by Shakespeare (2006) as influential in the interactive process include medical, psychological, environmental, economic and political. Danermark and Gellerstedt (2004) use different labels, namely: culture, socio-economic, psycho-social, psychological, and biological levels. Somewhat similar, Van de Ven et al. (2005) propose three interactional levels in terms of personal, societal and support factors. There is evidentially a great deal of overlap between these non-reductionist models and they all share an emphasis on understanding disability as a result of the interaction of various factors on different levels. Whilst a clear categorisation of such factors is useful from a theoretical perspective, the factors may be more difficult to distinguish when applied to lived experiences due to the intersectional nature of these models.

25
The levels which will be referred to in this study include: biological, psychological and social, where the ‘social level’ is broad and understood to include cultural, inter-personal, socio-economic and political factors. As such, it draws primarily on the BPS model (WHO 2011). Nonetheless, the BPS model has been criticised for being too eclectic as empirical inquiries sometimes require a more reductionist approach (Ghaemi 2009).

The BPS model distinguishes between impairment and disability, as impairment is defined as the biological condition influencing functioning whereas disability describes the outcome of the process of interaction between biological, psychological and social factors (Riddell 2009; WHO 2011). There is often a risk that only negative aspects are considered in relation to disabilities, however, neutrality is also an underlying principle of this model, which means that influencing factors may be negative or positive. For example, a person with dyslexia may have literacy difficulties, but he/she may also be gifted in other areas, and have a strong supporting network.

The principle of neutrality also means that disability research should recognise the continuum of impairments from mild to severe (Danermak and Gallerstedt 2004). For example, some may see dyslexia as a tragedy and others as a ‘difference’ whilst both ends of the continuum should be recognised (Shakespeare 2006). Furthermore, the ambition to minimise the impact of dyslexia should be carefully balanced with trying to address barriers and allowing the individual to reach an acceptance of his/her dyslexia (Shakespeare 2006). Finally, respectful considerations about appropriate interventions should be based on the experience of the individual rather than group affiliations (Shakespeare 2006; Jerlinder et al. 2009).

2.2.3 Defining Adult Guidance Counselling within the Lifelong Learning Paradigm

As this study is focusing on guidance counselling needs of adults with dyslexia in the FET sector, it is necessary to examine definitions of guidance counselling for adults within the wider lifelong learning paradigm. Dewey (1893) proposed:
...if I were asked to name the most needed of all reforms in the spirit of education, I should say: ‘Cease conceiving of education as mere preparation for later life, and make it the full meaning of the present life.’

(Dewey 1893, p.660)

Dewey’s (1893) definition of what education is, or at least should be, is somewhat similar to how ‘lifelong learning’ has been defined by the Commission of the European Communities (CEC) over a century later:

all learning activity undertaken throughout life, with the aim of improving knowledge, skills and competences within a personal, civic, social and/or employment-related perspective

(Commission of the European Communities 2001, p.9)

The lifelong learning concept was originally coined in the 1970s has been a central concept in many western countries’ policy discourse since the 1990s, including that of Ireland (Hager 2011). Other critical and feminist theoretical perspectives on adult education and lifelong learning have been proposed by Freire (1970), Mezirow (1991) and Weiler (1996), for example. However, lifelong learning has become “a normatively-orientated discipline with a much greater focus on educational reform than radical change” (Lynch 2000, p.100). Similarly, current lifelong learning policies in Ireland and abroad are generally framed by neoliberalism (Irving 2005; Darmon and Perez 2011; SOLAS 2014; Grummell and Murray 2015; Fleming 2016; Government of Ireland 2016; SOLAS 2017). For example, in the new FET strategy (SOLAS 2014) lifelong learning is primarily defined as a tool to:

…attain and refresh economically-valuable skills to access and sustain all types of employment, tackling skills shortages and boosting the future growth and competitiveness of the Irish economy.

(SOLAS 2014, p.51)

In other words, employment and economic growth are considered the end goals of lifelong learning in the FET strategy, to which education is considered as “mere preparation” (Dewey 1893, p.660). The emphasis on the labour market and the economic value of FET is also repeated in the most recent SOLAS Corporate Plan (SOLAS 2017):

Developing a broad spectrum of skills, and aligning FET provision with the needs of the labour market to boost learners’ employability, represents a significant opportunity to support economic growth

(SOLAS 2017, p.4)
Such neoliberal influences on lifelong learning policy have been critiqued, for example Biesta (2012) warns that lifelong learning has changed from an “instrument of emancipation” to “an instrument of adaptation” (p.8). There has also been a shift from ‘education and training’ to ‘learning’, and from ‘education providers’ to ‘qualification providers’ which indicates that the focus and responsibility are no longer on training providers or on education itself, but rather on the individual and his/her ability to gain formal qualifications in order to become ‘employable’ (Irving 2005; Watts et al. 2010; Fleming 2016; SOLAS 2017). The importance of ‘individual employability’ is also emphasised in the Irish *Pathways to Work* policy, for example (Government of Ireland 2016). Whilst Watts et al. (2010) suggest that the focus on the individual can be seen as an attempt to empower citizens; it carries a risk of reinforcing inequalities, particularly for marginalised individuals who experience social barriers (Tett 2014).

Adult guidance counselling, within the broader context of ‘lifelong guidance’, is now also embedded in this neoliberal lifelong learning policy discourse. Watts and Sultana (2004) have found that the definitions of guidance counselling used in policies worldwide in the early 2000s were “virtually identical”, namely:

> Services intended to assist individuals, of any age and at any point throughout their lives, to make educational, training and occupational choices and to manage their careers.  
> (Watts and Sultana 2004, p.107)

The above definition includes both educational and occupational choices, but not a personal and social aspect to guidance as in Ireland, where guidance has been defined as follows:

> Guidance facilitates people throughout their lives to manage their own educational, training, occupational, personal, social, and life choices so that they reach their full potential and contribute to the development of a better society.  
> (National Guidance Forum 2007a, p.6)

Although the NGF (2007a) definition is now a decade old, it is still employed and has been adopted in the Programme Recognition Framework for providers of initial education programmes in guidance counselling in Ireland (Ireland, Department of Education and Skills 2016a). Whilst ‘guidance counselling’ is the term used in Ireland, the OECD (2004) predominantly uses the term ‘career guidance’. Some may associate the term ‘counselling’ with psychologists and a strict separation between guidance and counselling
is sometimes made to protect professional identities (Watts and Kidd 2000). Nonetheless, ‘counselling’ and ‘guidance’ often refer to the same range of interconnected and complementary activities (OECD 2004). However, according to Herr et al. (2004) the word ‘guidance’ is often used to describe a broader range of activities compared to ‘counselling’. For example, both the Council of the European Union (2008) and the NGF (2007a) define counselling as a core competency, incorporated in the wider concept of ‘guidance’.

In Ireland, the NCGE and the Directors of Studies in Guidance Counselling (2011) state that ‘counselling’ should refer to supporting an individual with personal problems. Similarly, the IGC (2017) also associates counselling with the personal/social dimension of guidance counselling. However, they reiterate that personal counselling is interlinked with the educational and career dimensions and this is also evident in the IAEVG competency framework (Repetto et al. 2003) where it establishes that counselling involves “prompting self-reflection to clarify self-concepts, identify options, make decisions, and resolve difficulties” (p.3).

In contrast to the ‘whole person’ approach to adult guidance counselling, guidance counsellors are increasingly expected to promote labour market readiness and to take the role as a government instrument for the implementation of public policy goals (Kit 2010; Darmon and Perez 2011; Sultana 2012a). For example, guidance counselling has been identified as a means of “assisting citizens to overcome gender, ethnic, age, disability, social class and institutional barriers to learning and work” (OECD 2004, p.70). The somewhat naïve notion of guidance counselling interventions being ‘enough’ to overcome such powerful barriers has been critiqued in the field (Plant and Kjaergard 2016). Within this context, guidance counsellors must reflect on whether their role is to help individual clients to “fit into the existing world, or to challenge that world”, or both (McNair 2015, p.10). Prilleltensky and Stead (2012) refer to this as an ‘adjust-challenge dilemma’ and Watts (1996) has identified four broad ideologies in guidance which inform such decisions:

1. Conservative: guidance counsellors as agents of social control
2. Liberal: non-directive guidance
3. Progressive: guidance as means of individual change
4. Radical: guidance to promote social change

(Watts 1996, p.355)
Whilst guidance counsellors are likely to employ a mixture of these ideologies in their practice, there are moral decisions related to the most appropriate mix to consider (Watts 1996). In contrast to the policy discourse; research and theory development in the adult guidance counselling field have become increasingly concerned with a radical approach and focus on social justice. However, ‘social justice’ as a concept requires scrutiny as it carries the risk of being part of an empty rhetoric. The following section will explore what social justice may look like for adults with dyslexia.

2.2.4 Defining Social Justice for Adults with Dyslexia

Historically, social justice movements have been concerned with civil rights issues related to gender, socio-economic class, ethnicity, sexuality and ability (Shakespeare 2006; McBride 2013). Young (1990), one of the key writers on social justice, suggests that social justice equates to freedom from oppression and full participation in education, employment and decision making processes. However, people with a disability are inherently different to other oppressed groups, such as women or ethnic minorities, as disability is connected to an impairment or “intrinsic disadvantage” (Shakespeare 2006, p.65). As such, ‘biology’ must be considered in a multi-layered social justice model and in the analysis of disability research (Danermark and Gellerstedt 2004).

However, we must also consider how social justice can be achieved and whilst some may argue that social justice entails having all the rights, power and resources one desires, social justice cannot be concerned with what we want as some may want to possess more than others, or be regarded as superior to others (McBride 2013). In contrast, a merit approach implies that people are rewarded based on individual attributes, talents and effort (Vera and Speight 2003; Blustein et al. 2005). Rawls (1999) critiques this form of meritocracy on the basis that talent is a matter of luck and socio-historical contexts influence what is valued as talent. Furthermore, it seems rather unfair in relation to adults with dyslexia as it does not recognise the inherent disadvantage of having a disability, and it ultimately means that a person is to blame for issues of unemployment and educational ‘failure’ (Arthur 2008; Irving 2013).
Rather than focusing on want or merit, this study has a preference towards defining social justice as having certain material and psychological needs met (Prilleltensky and Stead 2012). This needs approach is not necessarily entirely achievable as needs may change over time and as it is difficult to establish what is needed to live a good life and if we all have the same needs. Furthermore, it is also necessary to consider how ones needs can be met and some social justice theories centre on the concepts of ‘redistribution’ and ‘recognition’ (Fraser and Honneth 2003; Riddell 2009; McBride 2013). The redistributive perspective aims to erase, or blur, differences and inequalities through redistribution of resources (Danermark and Gellerstedt 2004). However, it is widely critiqued by critical thinkers due to its lack of regard to context, power, oppression and domination (Young 1990; Gale 2000). In contrast, recognitive measures focus on embracing and respecting group differences (Danermark and Gellerstedt 2004). Nonetheless, recognitive social justice theories have been critiqued for producing empty rhetoric policies and for accentuating differences (Riddell 2009). Social justice seems inevitably complex and as Fraser (2003) states, “redistribution has misrecognition effects” and recognition without redistribution may be nothing more than “empty gestures” (pp.65-66).

Nonetheless, whilst recognising the tensions between these perspectives, some recent contributors to the social justice debate demonstrate that it is possible to have a “plural conception of social justice” (Honneth 2004, p.355). In this study, and from a critical pragmatic perspective, redistribution is considered subordinate to recognition, and recognition will therefore be discussed in more depth in this section. Fundamentally, ‘recognition’ can be described as the process of being cared for, respected, and held in esteem by others and in legislation (Honneth 2003). These are considered necessary conditions for the development of self-determinism, identity formation, and social justice (Dewey 1973; Honneth 2004; McBride 2013). Indeed, if we accept humans as ‘social beings’ (Dewey 1938), recognition can be described as a universal need where our relationship to the ‘self’ is intertwined with our social relationships.

Recognition is generally accepted as something good, but we should not blindly accept a claim for recognition as just, or a lack of recognition as unjust, and its relationship to justice is complex, as is the process of translating recognition into policy and practice (Thomas et al. 2016). For example, there is a paradox in wanting to be equal, whilst also
wanting to be valued for our differences (McBride 2013). Furthermore, recognitive social justice theories often fall within what McBride (2013) calls “recognition deficit models” where the focus is on groups who lack recognition and try to demand it from someone who has the power to grant it (p.6). Seeking someone’s recognition is, in a way, to assert their authority and power over oneself (Thompson 2014). Therefore, it is important that the surplus recognition enjoyed by certain social groups are challenged and that we are seen as active in the recognition process.

Honneth (1995), a member of the Frankfurt School of critical theory, is a key contributor to the theorisation of recognitive social justice. Like Dewey (1973), he is heavily influenced by Hegel’s (1977) ideas of intersubjective recognition and they share concerns for the relational influences on identity-formation and self-realisation, or growth. Within the Frankfurt School of critical theory, Honneth’s theory can be described as a development of Habermas’ (1987) theory of communicative action, where Habermas identified distorted communication as the key social pathology to overcome in capitalist societies. Whilst they agree that intersubjectivity should be the normative basis for social critique, Honneth (2003) argues that a need for recognition precedes communication and recognition is therefore the focus of his theory.

Although Honneth (1995) brings personal and intersubjective experiences to the fore, he also posits that the personal and the social are intrinsically connected. He draws particular attention to the significance of identity formation in social justice debates as he suggests that “the purpose of social equality is to enable the personal identity formation of all members of society” (2003, p.177). In relation to this study, Honneth’s (2003) conception of equality and social justice provides an opportunity to examine and interpret the intersubjective experiences of the dyslexic adults as matters of social justice by considering their identity formation and identifying the social pathology, or institutional structures in which these occur.

Honneth (1995) has developed a framework where recognition and misrecognition can be experienced within three dimensions, or interpersonal spheres, which influence how we relate to the ‘self’ (see Table 2.2).
Table 2.2 Honneth’s Theory of Recognition

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Forms of recognition</th>
<th>Forms of misrecognition</th>
<th>Self-relation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family, close relationships</td>
<td>Love, care, friendship</td>
<td>Abuse, emotional neglect, pejorative labels</td>
<td>Self-confidence</td>
</tr>
<tr>
<td>State legislation</td>
<td>Rights (e.g. education and employment rights)</td>
<td>Lack of rights and violation of rights</td>
<td>Self-respect</td>
</tr>
<tr>
<td>Community (e.g. workplace, education), culture</td>
<td>Solidarity, contributions valued and acknowledged</td>
<td>Constant negative evaluations and denigration</td>
<td>Self-esteem</td>
</tr>
</tbody>
</table>

(Adapted from Honneth 1995, p.195)

Firstly, according to Honneth (1995), recognition in the form of love, care and friendship, experienced in family and close relationships generates self-confidence. Secondly, recognition in state legislation experienced through political and social rights generates self-respect. Thirdly, recognition in the form of being valued for one’s uniqueness and contributions experienced in communities and through culture in workplaces generates self-esteem. Misrecognition at any of these three levels generates injustice or harm to the individual’s self-confidence, self-respect and self-esteem.

Some individuals adapt to, or cope with personal experiences of misrecognition. However, others will struggle for recognition and social justice, but only if they become aware of such experiences being unjust and if they live in a “cultural-political environment” which allows for political resistance (Honneth 1995, p.139). Similarly, Dewey (1973) suggests that rejecting a subservience and becoming aware of an injustice is a precondition for a struggle for recognition.

Whilst Honneth’s (1995) theory of recognition has explanatory value, this kind of identity-based social justice theory has been critiqued for not adequately recognising the importance of multiple identities and group affiliations, particularly for people with disabilities (Danermark and Gellerstedt 2004; Thomas 2007; Irving 2010; Sen 2014). For example, there is no unifying culture or language between people with dyslexia and “many disabled people will prefer to seek what they have in common with non-disabled people” (Shakespeare 2006, p.82). Nonetheless, Honneth’s (1995) theory has also been appraised for its complexity and it has been applied and adapted in different fields, such as: disability (Warren 2012; Maia and Vimieiro 2015), wellbeing (Thomas et al. 2016).
social support (Houston and Dolan 2008; Houston 2015) and in relation to ‘non-traditional learners’ in HE (Fleming and Finnegan 2011).

In contrast to Honneth’s (1995) identity-focused theory, Fraser’s (2003) status-focused model means that injustices concern institutionalised values and cultures which systematically deny parity of participation to members of a specific group. She considers Honneth’s (1995) theory overly subjective as it seems unreasonable to accept that anyone who feels misrecognised is experiencing social injustice. However, Honneth (1995) does not suggest that feelings of shame and anger are always a result of injustice, but argues that such feelings can be seen as potential occurrences of misrecognition. In this current study, social injustice is understood to occur when relational and/or institutional experiences of misrecognition of an individual with dyslexia are shared amongst other individuals with dyslexia (Honneth 1995; Danermark and Gellerstedt 2004).

Whilst Honneth’s (1995) theory has been described as overly subjective, neglecting individual experiences carries a risk of becoming a “faceless or subject-less discourse of injustice” (Pilapil 2011, p.79). Indeed, it has been argued that subjective experiences and inter-personal aspects may be particularly important in disability research (Danermark and Gellerstedt 2004; Shakespeare 2006; Jerlinder et al. 2009). An approach which includes cultural, institutional and relational recognition resonates with me as “respect should always be equal to all human beings in institutional, as well as individual encounters” (Danermark and Gellerstedt 2004, p.347). Specifically, this pluralistic approach is considered suitable for this study due to the multifaceted and contextual issues concerning adults with dyslexia. It is assumed that redistributive measures and institutional arrangements and cultures are important, but cannot ensure social justice unless relational and interpersonal misrecognition of dyslexic individuals are also addressed.

To sum up, social justice for adults with dyslexia, as conceptualised in this study, entails both institutional and relational recognition, as well as distribution of arrangements to accommodate and compensate for biological impairments.


2.3 Dyslexia Diagnosis

As dyslexia diagnosis is a contested politicised topic which is linked to the distribution of resources and legislated rights to reasonable accommodations, it is also a social justice concern. This section first examines the literature on the current dyslexia assessment process for adults in Ireland. The second section critiques literature which focus on dyslexia diagnosis as an identity label, and the third section examines the link between the diagnosis and resource allocation.

2.3.1 The Diagnostic Process

There is a strong convergence regarding the practice of formally diagnosing dyslexia across all English speaking countries (New Zealand, Ministry of Education 2010). However, there may be some variation related to the overall approach to identify a person as dyslexic. In Ireland, the ‘Tri-Partite Approach to Identification’ is recommended by the Association for Higher Education Access & Disability (AHEAD) (Loftus 2009) and it reflects practices in at least some HE institutions in Ireland (Harkin et al. 2015). The approach includes: (i) a screening test and pre-assessment interview by a learning support tutor or counsellor, (ii) a formal diagnostic assessment by an educational psychologist, and (iii) an individual needs assessment by a learning support tutor (Loftus 2009).

In relation to screening, one of the most common tests within HE in Ireland appears to be the Dyslexia Adult Screening Test (DAST) (Harkin et al. 2015). Snowling et al. (2012) argue that screening tests should be used with caution as they rarely are validated. However, DAST appears to be a frequently used and validated test which was developed two decades ago, as Nicolson and Fawcett (1997) had identified a need for “a quick but informative screening procedure” for adults given the barriers to accessing formal diagnostic assessments (p.82). The screening test recommended for Irish guidance counsellors to use with clients over the age of 15, is the ‘Lucid Adult Dyslexia Screener’, which has also been tested and validated to some extent (Singleton and Horne 2004; Ireland, Department of Education and Skills 2015).

A formal assessment of dyslexia in Ireland is also called a psycho-educational assessment, which should be facilitated by an educational psychologist (Ball et al. 2007).
There are a number of recognised tests and whilst they may differ somewhat, they generally include: test of general level of intellectual ability; cognitive processing and attainment tests; and conclusions (Loftus 2009). The general level of intellectual ability measures discrepancies between verbal and non-verbal abilities. Such an intelligence discrepancy approach suggests that traditional methods of assessing and defining dyslexia can persist in practice despite evidence disproving the approach (Elbro 2010; Meteyard and Gilmore 2015). This issue has recently been highlighted by professionals in Ireland who would prefer an evidence-based approach to the current discrepancy model (McPhillips et al. 2015).

The cognitive processing and attainment test includes testing working memory, phonological processing, speed of processing, and other functions such as motor control may also be included, as well as reading, arithmetic and language attainments (Loftus 2009). Finally, the concluding section states if the person has dyslexia and makes recommendations for support (Ball et al. 2007; Loftus 2009). McNulty (2003) found that it is important for the individual’s self-esteem that the information in the report is both clear and communicated in a positive manner. However, assessment reports have been criticised for not being clearly communicated and containing too much jargon and difficult language, thus reducing their accessibility to the dyslexic individual (Griffin and Pollak 2009; Fletcher et al. 2015).

The tri-partite approach has been critiqued recently as the guidelines are too brief and fail to recognise the prevalent issue of co-occurrence of two or more disorders, or comorbidity of specific learning disabilities (Harkin et al. 2015). From the findings of a comprehensive survey study on disability support in HE institutions in Ireland, Harkin et al. (2015) found that the support services are not always adequately resourced and the qualifications of those who screen students can vary considerably. The criteria to access an external psycho-educational assessment to gain access to the support and special accommodations in many institutions is also critiqued as it makes for inequitable support provision (Harkin et al. 2015).

Another study has also found that the financial cost of an external formal assessment is a key barrier for students with disabilities in both FET and HE in Ireland as State funding generally is not available for adults (McGuckin et al. 2013). An assessment currently
costs €490 with the DAI, with a waiting time of approximately three months (DAI 2017a). This may have implications for individuals, especially adult learners who lack financial resources as their dyslexia could remain undiagnosed for a prolonged time.

Another key issue in relation to dyslexia diagnosis is client inclusion in the diagnostic process. The power to ‘label’ individuals as dyslexic, at least formally, generally lies with professionals, or more specifically educational psychologists. Riddell (2009) argues, from a social justice perspective, that this is problematic and in the UK, “efforts of parents and young disabled people to become more actively involved in these decision making processes have often been resisted” (p.293). Active involvement in a diagnosis process has been described as important in relation to other conditions. For example, Sandell et al. (2013) investigated the experiences of adults with recently diagnosed Attention Deficit Hyperactivity Disorder (ADHD) and Autism Spectrum Disorder (ASD) from an Occupational Therapy perspective. They found that personal support and active involvement in the diagnosis process were critical in ensuring positive outcomes such as understanding previous experiences and to reach a level of acceptance. Sandell et al. (2013) argue that the process of including the client in the diagnosis process involves encouraging the client’s voice in relation to goal setting and identifying support needs. Whilst ADHD and ASD are different disabilities to dyslexia, it is possible that studies in this field can offer valid insights into support needs pre-, intra- and post-diagnosis for individuals with dyslexia. Moreover, the assessment approach facilitated the participants in their study to re-frame their identity in a more positive light post-diagnosis.

In relation to an individual’s response to a dyslexia diagnosis, the literature suggests that initial responses do not necessarily last. For example, two Irish studies have found that the parents of diagnosed dyslexic children witnessed an initial defensiveness toward the diagnosis, followed by an increase in self-esteem, motivation and confidence with positive effects on the child’s emotional wellbeing (Long and McPolin 2009; McPhillips et al. 2015). Similarly, but in relation to adult learners in HE in the UK, a dyslexia diagnosis has been found to result in an initial shock and difficulties accepting the diagnosis, followed by feelings of relief and increased self-esteem (Pollak 2005; Riddell and Weedon 2014). This shift from negative to positive reactions to a diagnosis may be related to an increased understanding of dyslexia and availing of support (McNulty 2003;
Osterholm et al. 2007; Young Kong 2012). The following section will further examine the relationship between diagnosis and resource allocation.

2.3.3 Diagnosis and Resource Allocation

A key debate in relation to dyslexic individuals in education concerns the relationship between diagnosis and resource allocation (Ireland, Department of Education and Science 2001; NCSE 2013). Some voices in this debate object to the practice of distinguishing certain individuals as dyslexic as those with difficulties that score just outside the cut-off points for a diagnosis in an assessment may not qualify for additional support (Elliott and Grigorenko 2014). This issue has recently been addressed at policy level in relation to children up to 18 years of age as a shift from strict diagnosis criteria to needs-based support is due to be implemented in 2017 (NCSE 2014b; 2017). Although this study is positioned in the FET sector, practices and policy developments in the primary- and post-primary sectors are reviewed here as they may have long-term implications for students with dyslexia who progress to FET or HE institutions.

Although the Education for Persons with Special Educational Needs Act 2004 (known as EPSEN Act) has not yet been fully implemented, it is important to note that it outlines a statutory right to assessment (s.4 (4)). Whilst the new need-based resource allocation may increase access to resources for struggling students not diagnosed with dyslexia, the right to assessment established in the EPSEN Act appears to have been lost along with other benefits of a diagnosis. The need-based approach also fails to align with other key issues, such as access to exam accommodations, exemptions from Irish and transitions to HE (McPhillips et al. 2015).

Another related recent policy development concerns the Disability Access Route to Education (DARE) scheme where post-primary students no longer are required to have a formal diagnosis no more than three years old, as was previously the case (Access College Ireland 2017). The requirement of a formal assessment is, however, not abandoned as students applying to HE through this scheme must submit a full psychological assessment report (of any age), attainment scores from testing administered by the school or by a qualified psychologist, carried out on or after 1 February 2015, as well as an Educational
Impact Statement by the applicant and his/her teacher (Access College Ireland 2017). In other words, a formal diagnosis continues to be a potential barrier to HE for students with disabilities.

As there is no formal disability support structure within the FET sector, there does not appear to be a link between a dyslexia diagnosis and resource allocation or support provision. However, for full-time learners studying in FET or HE institutions at QQI level 5 and up, there is a Fund for Students with Disabilities which require medical verification of a disability, such as a formal dyslexia diagnosis (AHEAD 2017).

In relation to the HE sector specifically, Harkin et al. (2015) propose ‘The Trinity Model’ as a recommended approach for other institutions to adopt, whereby positive dyslexia screening results would allow for registration with the disability support service (DSS) and access to non-funding dependent accommodations and support, even without a formal diagnosis. They suggest that thorough and standardised screenings and needs assessments should be carried out within all HE institutions by suitably qualified professionals. The potential risk of bias should be noted as the three authors work in the HE institution in question (Trinity College Dublin).

A dyslexia diagnosis does not only have implications for the individual’s access to resources and support, however, as a diagnosis can be viewed as an identity marker which has disclosure implications. These issues are examined next.

2.3.2 Dyslexia Diagnosis: an Identity Label with Disclosure Implications

A diagnosis of any sort is often closely linked to the individual’s sense of identity, which may explain why a diagnosis can have “transformative power” (Jutel 2014, p.79). The ‘hidden’ nature of dyslexia also means that there is an added complexity related to the issue of disclosure. Literature related to both identity labels and disclosure are examined in this section.

Within the education field, there appears to be a fear of over-labelling individuals (Riddick 2012). Perhaps this is due to a healthy reluctance to categorise people, and Ho (2004) argues that there is too much “pathologizing” in relation to reading and writing
skills (p.84). Nonetheless, research has shown that in the absence of formal labels, individuals often still self-label or are informally labelled by others (Riddick 2012). Research also suggests that teachers often label students based on their literacy skills, such as ‘struggling’ or ‘talented’ (Birr Moje et al. 2009). These informal labels can have a significant and prevailing influence on how a person is characterised by others, and how the person self-identifies, and a formal dyslexia diagnosis can enable the person to identify as dyslexic, rather than ‘struggling’ or ‘slow’ (Riddick 2012).

Nonetheless, there are some identified risks associated with diagnosing dyslexia, including the danger of self-fulfilling prophecy with expectations to fail, labelling of a temporary and transient difficulty and incorrect labels (Riddick 2000). However, the literature suggest that this is a complex process with nuances. For example, Borgfors (2008) found that when dyslexia was diagnosed at a late stage of secondary school, students experienced anxiety post-diagnosis in relation to stigma and anticipated negative reactions from non-dyslexic peers, but they also benefitted from an increase in support, better exam results and strengthened self-esteem.

Similarly, Young Kong (2012) found, in a small scale study addressing dyslexia diagnosis in HE mature students in the UK, that high levels of anxiety affected most of the participants in relation to both academic and social situations. Feelings of failure, demotivation, embarrassment and anger (that the dyslexia was not discovered earlier) also affected some of the participants. However, it is difficult to establish the role of a formal diagnosis as it is also common amongst adults with unidentified learning disabilities to feel stigmatised and ‘different’ from non-dyslexic peers (Griffin and Pollak 2009).

A person’s willingness to identify as dyslexic post-diagnosis has been explored in some studies (Armstrong and Humphrey 2009; Evans 2014). Armstrong and Humphrey (2009) conceptualise this “along a continuum of resistance and accommodation” (p.98), which is rather similar to Evans’ (2014) ‘Embracer - Passive Engager - Resister’ continuum. Armstrong and Humphrey (2009) argue that this should be understood as a flexible and dynamic process, where some may have a ‘conflicted status’, and others may move from one end of the continuum to the other, over time. They argue that an individual’s sense of self is more solidified in late adolescence and adulthood compared to younger children and that an early diagnosis therefore is preferable (Armstrong and Humphrey 2009).
relation to adults, Evans (2014) suggests that those who embrace a dyslexic identity are more likely to seek support, compared to those who resist a dyslexic identity. It is also suggested that an individual’s level of understanding of his/her dyslexia contributes to whether he/she resists or embraces a dyslexic identity (Armstrong and Humphrey 2009; Evans 2014).

However, due to tendencies to reduce a person to a label and thus ignore other factors, such as personality, gender and ethnicity, some still oppose the practice of labelling someone as disabled or dyslexic (Shakespeare 2006). Nonetheless, it can be argued that not labelling dyslexia would require silence on the topic as a formal label may increase attention given to the specific disability in relation to research, support provision, and advocacy (Osterholm et al. 2007; Anastasiou and Kauffman 2011). As allocation of resources and support often are label-led, a dyslexia diagnosis generally has practical benefits to students, such as: increased access to exam accommodations; exemption from a third language entry requirement; and access to support services in HE (Mather and Gregg 2006; Ball et al. 2007; Loftus 2009; Harkin et al. 2015). Moreover, from a ‘rights perspective’, Hughes et al. (2009) state that a diagnosis can be empowering and that “adults with dyslexia are entitled to this knowledge about themselves” (p.37).

Shakespeare (2006) suggests that the advantages of receiving a diagnosis is heightened for individuals with hidden disabilities such as dyslexia:

Diagnosis for people with hidden impairments gives credibility to their difference, may lead to effective medical or educational support, and also gives protection under anti-discrimination legislation /…/ Understanding that an impairment is real, and may have a biological basis, has been liberating for families

(Shakespeare 2006, p.71)

Additionally, individuals with ‘hidden’ disabilities, such as dyslexia, must also consider the issue of disclosure. Disclosing can be defined as the act of providing personal information to another person or body and for individuals with a hidden disability, ‘coming out’ as disabled or dyslexic may be to deny an assumed identity as ‘normal’ (Titchkosky 2001). Whether or not one should disclose one’s disability is among the most frequently asked questions from students with hidden disabilities to AHEAD (2013). The hiddenness of dyslexia consequently requires sensitivity and knowledge from educational
stakeholders, including guidance counsellors, as well as good referral systems (Bell 2010).

Disclosure is generally required to access disability-specific support and Hoffman (2003) argues that it reinforces the marginalisation of these individuals. In contrast, Martin and McLoughlin (2012) suggest that “disclosure is an exercise in self-advocacy” which requires the dyslexic individual to have sufficient knowledge of their own needs and preferred solutions or accommodations (p.134). They recommend using positive language, such as “I read thoroughly so I need more time” rather than “I read slowly” or simply stating that “I have dyslexia” (p.134). They also state that more research is needed into the specific factors that facilitate disclosure, particularly in relation to adults who are not enrolled in formal education. Furthermore, Titchkosky (2003) argues that the credibility of a disability may increase if the disability is made visible through open disclosure. This may have certain implications for both individuals with dyslexia and support services as it may be more difficult to advocate for and justify support and accommodations if the disability is not discernible or openly disclosed (Rinaldi 2013).

The findings from some studies suggest that disclosure is an essential factor in relation to ensuring that dyslexic students are sufficiently supported. In an Irish context, McGuckin et al. (2013) identified dyslexia disclosure as a major challenge for post-primary school students, particularly in relation to ensuring that all relevant staff are informed. They propose a mentoring model where each dyslexic student has a designated mentor, or point of contact as non-disclosure has been found to have a negative impact on a person’s access and participation in both FET and HE (McGuckin et al. 2013).

In relation to employment, the proportion of dyslexic employees who choose to disclose their dyslexia to colleagues or supervisors in the workplace is difficult to assert but some studies suggest that workplace disclosure may be as low as 15% (Price and Gerber 2008; Martin and McLoughlin 2012). Dyslexia disclosure can be “costly in psychological terms” (Pino and Mortari 2014, p.362) and a fear of being discriminated against appears to be one of the main barriers to disclosure (Gerber 2012; McPheat 2014). The willingness to disclose a disability may also be influenced by previous experiences and responses from others (Riddick 2000). Therefore, some may be happy to accept a dyslexia label
privately but not want to disclose it in public due to the social stigma associated with dyslexia (Armstrong and Humphrey 2009).

Rocco (2004) has also noted that the issue of status and power relationships is an important factor in disclosures of disability identities that requires further scrutiny as adults with disabilities who had lower level positions in a company were less likely to self-disclose their disability, compared to those in management positions. Furthermore, Kerschbaum and Price (2014) point to the intersection between one’s disability and other personal factors, such as gender and ethnicity, and the importance it may have in relation to disclosure. They state that “the process of disclosing a disability in a higher-education setting is multi-layered, often risky and generally not well-understood” (2014, para.2). Similarly, there is a gap in knowledge in relation to dyslexia disclosure in the FET and adult guidance counselling sector.

Dyslexia diagnosis has been discussed in this section in terms of the process of assessing dyslexia, the link to allocation of resources, and the close association with a person’s sense of identity and the issue of disclosing that ‘dyslexic identity’. The following section examines the literature related to another key topic in this study, namely the career development of dyslexic adults.

2.4 Career Development of Dyslexic Adults

The third thematic section in this literature review relates to the career development of adults with dyslexia. Firstly, an explication of how ‘career’ is understood is presented. Different theories of career development are then examined in relation to adults with dyslexia. Thereafter, literature and statistics related to dyslexic adults’ participation in education and their career trajectories are reviewed.

2.4.1 Defining Career

For the purposes of this study, it has been proposed that a career may include the development of personal/social, educational, work, and decision making skills and
behaviour, which may or may not be linear (Blustein et al. 2005). This broad definition of career aligns well with the AEGS integrated approach for working with adults (NCGE 2014a). There are, however, contrasting definitions and understandings of career, particularly in relation breadth. For example, the Oxford English Dictionary (2015) presents a rather traditional and narrow definition of career as “an occupation undertaken for a substantial period of a person’s life”. Missing from this definition are the private roles we play throughout our lives (Sharf 2010).

Traditionally, the term ‘career’ has been seen as a “mark of privilege” (Inkson et al. 2015, p.12) and career development is still often associated with a linear and ‘upwards’ direction with the achievement of tangible outcomes, such as promotions (Hearne 2010). However, changes in our society have influenced the nature of employment, from linear and predictable to fragmented and unpredictable and our definitions of ‘career’ should reflect this (Watts et al. 1996; Field 2010; Savickas 2011; Irving 2013; McNair 2015). The lifelong learning paradigm also strongly suggests that education should be considered as an important aspect of lifelong career development (Watts and Sultana 2004; Watts et al. 2010).

Additionally, traditional discourses on career have not been representative of the working class, individuals with disabilities, or other voiceless groups (Arthur et al. 2009). From a critical social justice perspective, Arthur (2014) suggests that the guidance profession has a responsibility to challenge and expand these dominant and traditional discourses on ‘career’ and aligning concepts, such as ‘intelligence’, ‘talent’ and ‘success’:

> Our profession needs to have a strong voice in making sure that people are seen in holistic ways, and that the social contexts of their lives, their potential, and a focus on human development are not forgotten

(Arthur 2014. p.57)

A level of criticality in guidance counselling could also enable clients to “develop their own understanding of ‘career’ within a lived context”, rather than accepting oppressive labour market ideologies (Irving and Malik 2005, p.5). Furthermore, if we take a long-term approach to careers it may allow for recognition of ‘failure’ and change in direction as important aspects of learning and development (Krumboltz 2009). Additionally, the IGC (2017) recognises that career is linked to self-perceptions and identity-formation as it states that it is “a continual developmental process of compromise and synthesis within
which the self-concept operates” (p.32). This may be a particularly important aspect to consider in relation to the career development of individuals with dyslexia as ‘being dyslexic’ often informs the individual’s self-perceptions (Birr Moje et al. 2009; Gwernan-Jones 2010).

The following section will examine theories of career development in relation to adults with dyslexia.

### 2.4.2 Career Development Theories

There are a range of career development theories which focus on explaining decision making processes, career trajectories and development of individuals (McMahon 2014). This section critically examines key career development theories in relation to adults. No dyslexia- or even disability-specific career development theory has been identified in the literature to date.

Adults with dyslexia and other disabilities often face disproportionate barriers in their education and careers and also risk being socially excluded (Ryan and the International Dyslexia Association 2004; Pollak 2005; Gannon and Nolan 2006; NALA 2010; Watson and Nolan 2011; Mark 2014; Evans 2015; Watson et al. 2015). However, this does not necessarily mean that the career development of dyslexic adults is different compared to non-dyslexic peers. Therefore, assumptions are not made to suggest that differential theories are needed for adults with dyslexia but the applicability of existing theories to adults with dyslexia are critically reviewed here.

The approaches to theorising career development have shifted over time and include differential, developmental, social learning and constructivist approaches. Primarily, career development theories are largely rooted in the positivist tradition and with a differential approach, which strongly features assessments, matching and individualist decision making processes as part of linear career trajectories (Blustein 2011). However, new trends in theory developments during the past three decades have become positioned within constructivism with an increased effort to address the previous lack of consideration for the changing nature of work and careers, and for cultural and socio-economic diversity (Savickas 2008; McMahon 2014).
Historically, the need for theorisation of careers emerged during the industrialisation and urbanisation of the western world during the 19th century, as some people who previously had inherited an occupation were faced with a career decision (Watts and Kidd 2000; Savickas 2011). Parsons (1909) is probably the best-known contributor to the discipline from this period. He developed a psychologically based matching model, generally known as the Trait-factor theory, on which many others have based their theories and developed psychometric testing instruments, such as Holland (1997) (Herr et al. 2004; Plant and Kjaergard 2016). The idea that individuals should match their knowledge of their self to the world of work has dominated a rather large part of the 20th century and has remained relatively popular in both policy and practice (Bimrose and McNair 2011). For example, SOLAS (2014) states in the FET policy that it intends to explore “the role of guidance in matching learners to courses” (p.113). However, Bergmo Prvulovic (2015) has found that there is often a stark contrast between guidance practitioners’ perceptions of their professional role (often perceived as enablers of client self-realisation), to the emphasis on ‘matching’ in government policies.

The matching theories essentially employ a rather static view of individuals’ traits and interests, which is particularly problematic for adults with dyslexia who may be discouraged from pursuing specific work based on their impairments (Fink 2002; Martin 2012). Furthermore, it should be noted that matching theories emerged within a socio-historical context where a ‘career’ meant having one job for life, from a young age and predominantly for white men in the western world, which is not how we understand the concept of ‘career’ today (Savickas 2011). Additionally, matching theories do not address the issue of biological, psychological and social barriers and their effect on the career decision making processes (McMahon 2014).

In contrast to the differentialist approach, the developmental perspective views career development as a process, with several stages and roles which continue throughout life, where vocational development is closely related to the development and implementation of a self-concept (Super 1953; 1994). Although Super’s (1994) theory does not explicitly recognise disability or dyslexia as factors in career development, it is a comprehensive theory which can explain difficulties and restrictions experienced throughout one’s career and it has been applied in research on visually impaired students in Kenya, for example
(Murugami and Nel 2012). However, Blustein (2011) critiques the taken for granted notion that work is always an expression of the ‘self’, particularly for marginalised groups.

In more recent time, the social learning theories have emerged that take account of the contextual nature of career development for individuals (Bandura 1997), e.g. Social Cognitive Career Theory (SCCT) (Lent 2013), and Learning Theory of Career Choice and Counselling (Krumboltz 2009). These theories often focus on change, action, cognitive processes and the understanding of our own behaviour (Kidd 2006; Fabian and Pebdani 2013). Self-efficacy, outcome expectations, and goals are three linked concepts in the SCCT which are used to explain career interests and choices (Lent 2013). Self-efficacy refers to our beliefs about our abilities to achieve specific tasks, and together with outcome expectations, informs the goals we set (Lent 2013). The achievement of one’s goals then informs our self-efficacy and outcome expectations in this cyclical theory. The SCCT is well supported through extensive research and some models of interventions based on the SCCT have been proposed (e.g. Blustein et al. 2005; Nag 2014). It has also been argued that the SCCT may be beneficial for adults with disabilities such as dyslexia, as research suggest that individuals with disabilities often have lower self-efficacy and career maturity compared to non-disabled peers, which in turn has been linked to negative career development (Barlow et al. 2002; Betz 2007; Fabian et al. 2009; Fabian and Pebdani 2013).

A significant development has been the emergence of constructivist and social constructionist theories of career development in the latter part of the twentieth century (Pryor and Bright 2011). The characteristics of these theories are that our reality is seen as being “constructed from the inside out” and individuals are encouraged to take a proactive role in managing their career (Patton and McMahon 2006a, p.4). Examples of such theories are Positive Uncertainty (Gelatt 1989), Chaos Theory of Careers (Pryor and Bright 2011) and Career Construction Theory (Savickas 2013). These theories and models can be seen as responses to the rapidly changing nature of the labour market. More critically, however, they can also be described as strongly influenced by a neoliberal agenda with a tendency to individualise social problems (Thomsen 2012). In this context, career adaptability and resilience have emerged as important concepts in career
development theories (Bimrose and Hearne 2012). However, in relation to disabilities such as dyslexia, the concept of resilience has been challenged as it implies that a lack of resilience is a personal failure and it does not adequately recognise biological and social barriers (Sultana 2012b; Runswick-Cole and Goodley 2013).

An explicit consideration of biological and social factors, such as gender, disability and ethnicity, have been missing in most, but not all, career development theories (Reid 2016). One of the first theories to focus on gender as a key influential factor on career development is Gottfredson’s (1981) *Theory of circumscription, compromise and self-creation*. However, Gottfredson (2002) has a rather linear view of development as she argues that we make our “usually permanent circumscription of occupational preferences” based on perceived power and gender roles from the age of three to eight years (p.545). Gottfredson’s theory has been critiqued for neglecting the issue of adults trying to re-evaluate and redress earlier career decisions when returning to education as adults (Hearne 2010). Nonetheless, although it focuses on gender, it may be useful to understand the career development of individuals with congenital disabilities such as dyslexia as they may have been circumscribing careers from an early age (Patton and McMahon 2006a; Fabian and Pebdani 2013).

To better understand the educational and career development of dyslexic adults, the following two sections critically examine the literature related to participation in education and career trajectories of this cohort.

### 2.4.3 Dyslexic Adults’ Participation in Education

Lifelong educational opportunity and participation has been described as a core matter of social justice due to the influence education has, not just on employment opportunities, but also on health and social participation (Muller 2014). It has also been argued that measures to increase equity of access to education must span over different sectors, from pre-school to FET, HE and the labour market as “access is a reflection of patterns of inequality” (Fleming and Gallagher 2003, p.1). This section reviews literature related to participation rates, barriers to education and experiences of adults with dyslexia participating in education.
In relation to participation rates of adults with disabilities, such as dyslexia, in the FET sector in Ireland, the FET strategy (SOLAS 2014) proposes that SOLAS, in collaboration with other agencies, should agree on targets and support provision. However, to date, no targets have been set and no clear support provision framework has been proposed (SOLAS 2016a; SOLAS 2017). Furthermore, there is no system for capturing participation rates of individuals with dyslexia and other disabilities in the FET sector (Mooney and O’Rourke 2017). Instead, ETB’s estimate rates, and for 2016 they estimated that a total of 20,534 learners “reported as having disability” participated in FET, of which 6,925 were full-time learners (SOLAS 2016a, p.31). The lack of means to capture exact participation rates is now an urgent issue considering that the participation rates of students with disabilities has been described as a measure of the success of the FET strategy (SOLAS 2014).

In contrast to the FET sector, detailed annual reports are available in relation to participation rates of students with disabilities in HE and the reports indicate that there has been a steady increase in students with disabilities in HE over the past few years (AHEAD 2017). The participation rate for students with disabilities in HE institutions in the 2015/16 academic year stood at 5.2% \((n=11,244)\) of the total HE student population (AHEAD 2017). However, students with disabilities are severely under-represented in part-time education (1.2%) and AHEAD (2017) suggests that funding is the main barrier for this group. It is also important to note that figures presented by AHEAD (2017) only refer to students who are registered with the disability support services (DSS), which generally means that they have disclosed their disability and presented evidence of a diagnosis.

The largest sub-group, in terms of disability profile in HE, have a ‘specific learning disability’ such as dyslexia (45.5%) and 424 HE students with suspected dyslexia were referred by a DSS for dyslexia screening (AHEAD 2017). Whilst there was a positive screening rate of 55%, the number of students who subsequently accessed and received a formal dyslexia diagnosis is unknown. Nonetheless, this indicates that a significant amount of students reach HE without having been screened or diagnosed for dyslexia previously. It would be reasonable to assume that there may be a considerable number of
adults in both employment and in the FET sector with both diagnosed and un-diagnosed dyslexia.

Barriers to education are important to investigate as they are often both complex and group-specific (Fabian et al. 2009). Barriers can also be described as interactive processes between the individual and his/her environment and can therefore exist outside or inside the individual, or both (Kenny et al. 2003). A number of studies suggest that psychosocial barriers often are experienced as more significant than the impairment itself (Boetsch et al. 1996; Hellendoorn and Ruijssenaars 2000; McNulty 2003; Ingesson 2007; Hughes et al. 2009; Burden 2010). Early academic and personal struggles have been found to often taint attitudes towards education and perceptions of one’s own learning capabilities (NALA 2010; Mark 2014). However, disrespectful social interactions may be more difficult to overcome compared to academic failure and numerous studies have found that deleterious experiences from early education are prevalent amongst adults with dyslexia (Riddick 2000; Ingesson 2007; Tanner 2009; 2010; Stampoltzisa and Polychronopoulou 2013; Evans 2014; Nag 2014).

For adults with SEN, such as dyslexia, one of the key barriers to accessing FET in Ireland is reported to be a lack of awareness and information about courses and services in the FET sector (Mooney and O’Rourke 2017). Mooney and O’Rourke (2017) propose that more guidance counselling and information as well as effective marketing of the sector is needed to address this issue. Another key barrier they identified relates to the limited availability of supports and accommodations for adults with SEN in the FET sector. Although flexible and part-time education has been identified as more appropriate than full-time education for students with SEN, supports on such courses are even more limited (Duggan and Byrne 2013).

In relation to dyslexic adults’ experiences of participating in education, research suggests that dyslexic students in HE in Ireland and abroad generally experience high levels of academic and social anxiety (Carroll and Iles 2006; Yong Kong 2012; McCarthy et al. 2015). Poor awareness of what dyslexia is and how to support dyslexic students have been identified as prevalent amongst staff in HE in Ireland and other parts of Europe (Pino and Mortari 2014). Students with SEN have also been found to experience difficulties
completing courses in HE in Ireland, which has been linked to limited access to support and technology (University College Cork and Cork Institute of Technology 2010).

In the FET sector in the UK, Smith (2006) establishes that some of the key issues for students with SEN include a fear of discrimination and a poorly integrated support structure, which correlates with a more recent report on progression of secondary school students with SEN in Ireland (McGuckin et al. 2013). Furthermore, a non-integrated support structure has been described as a significant issue in a number of countries, including Ireland, and the OECD (2011) recommends that admission of students with disabilities in HE should be linked with guidance provision throughout their educational trajectories.

From a review of 15 qualitative interview studies with dyslexic individuals, Gwernan-Jones (2010) concludes that the focus of dyslexic research participants’ ‘talk’ is more often on relational experiences compared to the symptoms of dyslexia:

>The focus of talk done by the dyslexic participants in these studies was not about their cognitive/neurological functioning, nor was it about the benefit particular teaching methods had in teaching them to read and/or write (though some touched on these issues). The focus of their talk was rather on the way people treated them in relation to their difficulties.

(Gwernan-Jones 2010, p.59)

This suggests that qualitative methodologies have particular value as they, at least to some extent, allow the participants to direct the focus of the research to the issues they experience as most significant, rather than the researcher setting the research agenda pre-data collection as in quantitative methods (King and Horrocks 2010).

### 2.4.4 Dyslexic Adults’ Career Choices and Trajectories

This section reviews literature in relation to career choices and career trajectories of dyslexic adults. Currently, the career choice of adults with dyslexia is an under-researched area. Nonetheless, Taylor and Walter (2003) found that adults with dyslexic symptoms were “more likely to be involved in people-oriented professions such as nursing or sales”, and less so in science/computing, management, and finance (p.177). Representation in different fields of study also gives an indication of career choices of adults with dyslexia.
One study found that dyslexic symptoms was significantly more prevalent amongst students studying art compared to students on non-art courses (Wolff and Lundberg 2002) and in Ireland, HE students with a Specific Learning Difficulty are significantly overrepresented in the field of Agriculture and Veterinary (AHEAD 2017). Other studies give some likely answers to underlying reasons for such career choices. For example, Fink (2002) suggests that adults with dyslexia often are discouraged from pursuing certain careers, particularly in the fields of mathematics, science, and technology. Furthermore, career expectations have also been found to be lower for adults with dyslexia, and especially so for women (Fink 1998; 2002). Martin (2012) labels these types of disablist attitudes as a barrier and contends:

The attitude that nursing is by definition an inappropriate career choice for someone with dyslexia, for example, is a disabling and disablist attitudinal barrier which could well limit life chances if held by someone within university admissions

(Martin 2012, p.15)

In contrast, Nag (2014) found that the presence of SEN can help “counter the influence of dominant preferences” (Nag 2014, p.503). However, it should be noted that the participants in her study were from a privileged background and so when they chose practical and artistic courses in vocational colleges, they went against the norms of their socio-economic group.

In relation to career progression, Nag (2014) also suggests that the transition from education to work poses significant challenges for dyslexic individuals as although support in educational institutions is often lacking to some degree, support in the labour market can appear to be absent. Likewise, some studies have found that progression in the labour market can be difficult for adults with dyslexia. For example, Morris and Turnbull (2007) found that although career progression was achievable for nurses with dyslexia, it was perceived to take longer compared with non-dyslexic peers. Furthermore, Bell (2010) discovered that the six adults with dyslexia in her qualitative study had a dysfunctional career progression as they showed a tendency to move from job to job as a strategy to avoid difficulties in the workplace related to their dyslexia. She also found this to be damaging to their self-esteem and a hindrance to a ‘natural’ career progression (Bell 2010).
Conversely, there are also a number of studies exploring contributory factors to ‘successful’ career development of individuals with dyslexia and other learning disabilities. For example, Raskind et al. (2002) have identified a number of personal attributes as stronger predictors of successful educational and career progression than education level or IQ in individuals with learning disabilities (NB not exclusively dyslexia), namely: self-awareness and self-acceptance; proactivity; perseverance; goal setting; presence and use of effective support systems and emotional stability. These attributes were identified based on findings from a 20-year longitudinal study and have since been identified in other studies in relation to individuals with dyslexia specifically, with the addition of well-developed coping strategies (Hellendoorn and Ruijssenaars 2000; McNulty 2003; Nalavany et al. 2011).

In particular, the notion of reframing self-perceptions and reaching a level of self-acceptance have been highlighted as important enabling factors in a number of studies (Higgins et al. 2002; Tanner 2009; Gwernan-Jones 2010; Evans 2014; Claassens and Lessing 2015). Examples of factors which in turn may facilitate a positive reframing of self-perceptions include talking to dyslexic peers, receiving a diagnosis and good knowledge of dyslexia, personal strengths and weaknesses (Armstrong and Humphrey 2009; Gwernan-Jones 2010; Nag 2014). Furthermore, in order to help clients to “rewrite their core beliefs about themselves and the world which they live in”, Howard and Solberg (2006) argue that guidance counsellors first must validate and acknowledge social barriers and oppression (p.281). As such, it may be necessary to broaden the focus from individuals to barriers located in institutional practices and cultures (Fraser 2003).

A case study in New Zealand (Irving 2013) has explored how employment schemes can both facilitate career progression of youths with ‘high-end’ disabilities and contribute to reframing employers’ conceptions of disability and disabled individuals. It has also been suggested that guidance counsellors should work with employers to change attitudes and increase awareness of different disabilities in order to reframe perceptions and overcome discrimination in the workplace (Herr et al. 2004). In an Irish context, Evans (2014) suggests that a more nuanced approach to dyslexia has become more prevalent in recent years, compared to the traditional deficit perspective with lowered expectations in educational institutions, but that more work is needed in this area.
This section of the literature review has highlighted that adults with dyslexia face particular barriers and challenges in their education and career progression and the following section examines appropriate interventions and supports for dyslexic adults.

2.5 Support Interventions for Dyslexic Adults

This final section of the literature review will first examine the literature on the issue of support interventions in the education and employment sectors for adults with dyslexia. Socially just guidance counselling models for this cohort are then examined and finally, the literature on guidance counselling within the FET sector is reviewed.

2.5.1 Support Interventions within the Education and Employment Sectors

Current legislation in Ireland puts an onus on educational institutions and employers to actively work to eliminate discrimination and to promote equal opportunities for individuals with disabilities (Employment Equality Act 1998; Equal Status Act 2000; Disability Act 2005; Irish Human Rights and Equality Commission Act 2014). This section reviews literature related to support strategies in educational institutions, reasonable accommodations in education and employment, and adult literacy training.

With regard to strategies and approaches to supporting students with disabilities in educational institutions, ideas of ‘best practice’ are ever changing and have comprised “segregation, integration, inclusion, and many shades in between” (Reid et al. 2013, p.175). However, as Riddell (2009) points out, “there is a strong tendency for practice to remain remarkably constant, even if the official discourse has shifted” (p.293). Furthermore, the term ‘inclusion’ is often simplified in policy contexts as it is a highly complex concept in practice (Irving 2005). For example, there is a conflict in relation to providing inclusive education for students with highly individualised educational needs, such as students with dyslexia (Bell et al. 2011). Riddell (2009) argues further that the “focus on making disabled children conform rather than developing other aspects of their abilities and adapting the environment to accommodate their needs” is an expression of normalising forces which often exist in education and such an approach may not allow students to develop a sense of self-acceptance (p.285).
Two different approaches to supporting dyslexic adult learners can be identified in education policy and practice. One the one hand, an embedded or integrated approach to support is currently emerging in relation to primary and post-primary education, which is based on the idea that mainstream teachers use inclusive teaching methods to support students with specific needs within the mainstream classroom (EPSEN Act 2004; NCSE 2017). For students with hidden disabilities, such as dyslexia, an embedded support provision may be advantageous due to the difficulty of identifying who has a specific need (Couzens et al. 2015).

On the other hand, there are some benefits with a segregated approach, where support is provided by a separate service, such as a Disability Support Service (DSS) in HE institutions (AHEAD 2017). This approach has the advantage of allowing staff to work “with disabled people as individuals in order to come up with bespoke reasonable adjustments” (Martin 2012, p.16). However, access to a segregated disability support services requires that the person self-identifies as disabled, which is not necessarily the case for individuals with dyslexia due to the stigma attached (Clark 2007; Riddell and Weedon 2014; Evans 2015). Furthermore, the DSS may be increasingly overstretched in terms of personnel, as AHEAD’s most recent statistics indicate that the DSS ‘staff to student ratio’ “has risen 26% in the past 2 years to an average of 122 students per staff member” (2017, p.56). Nonetheless, whilst more resources are needed in DSS offices, AHEAD (2017) also emphasises that supporting students with disabilities is the responsibility of all HE staff:

The challenge for higher education is to respond holistically to this changing context of diversity and to ensure it is everyone’s job and not just the role of the Disability /Access Officer to include and support students

(AHEAD 2017, p.6)

AHEAD (2016a) proposes a ‘Universal Design for Learning’ which “looks systematically at the whole college experience and creates a culture of teaching and learning which is engaging, flexible and offers many routes to achieving learning outcomes” (AHEAD 2016a, p.6). This approach is also set out in legislation whereby the Irish Disability Act (2005, Section 52) states that the principles of universal design should be employed in educational institutions to enable persons of all abilities to access, understand and use their environment. However, more training was evidently needed as HE teaching staff
have been found to not sufficiently use flexible and inclusive teaching methods, (McPhillips et al. 2015; AHEAD 2016a).

Concerning the FET sector, a balanced approach, which includes both embedded and segregated provision, was set out in the White Paper on Adult Education (Ireland, Department of Education and Science 2000) as it aimed to provide “an integrated response across the full range of provision” with disability specific supports when necessary (p.48). However, the more recent adult education policies (SOLAS 2014; 2016a; 2017a) have not addressed the issue of how to organise disability support and the sector currently lacks a national strategy, despite estimation that student numbers with disabilities in the FET sector are nearly twice as many compared to HE (SOLAS 2016a; AHEAD 2017). In relation to legislation, FET institutions have an obligation to have an ‘access officer’ with disability support responsibilities (The Irish Equality Act 2004, Section 26(2)). However, the visibility of disability support to the student population has been found to be poor in many ETBs (McGuckin et al. 2013; NCSE 2014a).

Nonetheless, McGuckin et al. (2013) acknowledge that there are positive examples of ‘best-practice’ in the sector, such as the City of Dublin ETB which has developed local guidelines and a systemic partnership with the National Learning Network (NLN). For example, to address the emotional and psychological support needs of students with dyslexia, the NLN has developed an additional support service for students in some FET and HE institutions in Dublin (McCarthy et al. 2015). The support in this service is provided by ‘assistant psychologists’ who provide what they refer to as “low-intensity psychological interventions” which may include: development of coping strategies, time-management and organisational skills, CBT to address negative cognitive patterns and development of self-confidence (McCarthy et al. 2015, p.33). However, this support structure is not widely available outside the Dublin region.

Whilst there is some anecdotal evidence suggesting that the issue of meeting the needs of learners with disabilities in FET is now being considered by the ETBI, a robust plan for delivering more equitable support throughout the country has not been published to date. However, Irish legislation supports the view that the provision of appropriate support for dyslexic adults is a human rights issue (Irish Human Rights and Equality Commission Act 2014). Furthermore, the Irish Equal Status Act (2000) establishes that all public
bodies and services must do all that is reasonable to accommodate all individuals with disabilities in relation to both access and participation. Reasonable accommodations may include measures to ensure equality of access to education, assessment/exam accommodations, and learning accommodations (Disability Act 2005).

In terms of exam accommodations, there does not appear to be data available for the FET sector but AHEAD (2017) reports that that 89% of HE students with a Specific Learning Disability received exam accommodations in the 2015/16 academic year. Some of the most frequently provided categories of exam accommodations included additional time and the use of a computer, neither which incur much financial cost to the HE institutions.

In addition to exam accommodations, there is a ‘Fund for Students with Disabilities’ which FET and HE institutions can use to provide different accommodations for students with dyslexia and other disabilities. However, the eligibility criteria of the Fund currently excludes both part-time students and those studying in the FET sector at QQI Level 4 or lower (Duggan and Byrne 2013; SOLAS 2016a). Although it is possible that FET institutions accommodate disabled students through other means, both the National Disability Strategy Implementation Plan (Ireland, Department of Justice and Equality 2013) and the Higher Education Authority (2015) have highlighted the inequality of the current eligibility criteria for the Fund. Furthermore, as part of the Action Plan for Education 2017 (Ireland, Department of Education and Skills 2016b), the Government has proposed that the criteria should be reviewed. However, recommendations from such a review have not been published to date.

Some research has focused specifically on the impact of technology as a form of accommodation for learners with dyslexia. Assistive Technology (AT), ICT and applications for mobile technology have been found to help dyslexic students to cope with their literacy difficulties and increase their sense of being independent learners (Reid et al. 2013; Pino and Mortari 2014). Nguyen et al. (2013) have found that students with learning disabilities in community colleges in Canada often do not utilise ICT’s as much as students without learning disabilities and suggest that the key barrier is a lack of training and knowledge of how to use them. On the other hand, students with learning disabilities were found to use ‘new’ technology, such as smartphones, which may not be recognised by support staff and experts in the field (Nguyen et al. 2013). To ensure that
dyslexic students have sufficient skills and the confidence to use AT and mobile technology at a HE level or in employment, such tools need to be introduced during primary and post-primary education (Reid et al. 2013; Higher Education Authority 2015; McPhillips et al. 2015).

The right to reasonable accommodations for adults with disabilities in employment is also established as the Employment Equality Act (1998, Section 16 (3b)) states that “An employer shall do all that is reasonable to accommodate the needs of a person who has a disability by providing special treatment or facilities…”. Additionally, according to the Comprehensive Employment Strategy for People with Disability (Government of Ireland 2015), ‘reasonable accommodations’ can include “modification to work tasks, to start and finish times, changes to the workplace or workstation, or the provision of assistive technology” (p.28). However, the legislation also protects the interests of the employer as it should “not constitute a disproportionate burden to the employer” (Government of Ireland 2015, p.28). Furthermore, although employees have certain legislated rights which can create opportunities for advocacy and self-advocacy, it can have limited value in the context of power imbalance and negative positioning of individuals with ‘differences’ as they must challenge institutional discrimination individually (Irving 2005; 2013). Therefore, it can be argued that anti-discrimination and equity legislation should be delivered in conjunction with staff training in appropriate provision and interpretation of legislation for it to be effective in improving access, participation and progression of adults with disabilities such as dyslexia (Duggan and Byrne 2013).

A search in online databases for literature related to interventions for adults with dyslexia generates a large number of articles which focus on literacy training. However, the evidence is conflicting in relation to adult literacy training as a learning intervention for dyslexic adults. Some research has found that there are insignificant differences between persons with dyslexia and persons with poor literacy skills due to other causes in relation to measurable outcomes of adult literacy training (Fowler and Scarborough 1995; Rice and Brooks 2004; Brooks et al. 2007; Elliott and Nicolson 2016). Furthermore, Elliott and Grigorenko (2014) argue that evidence is weak to support any specific approach as a “powerful” intervention for dyslexic adults (p.145) and state that “a significant concern
relates to our inability to find practical ways to help those with the greatest problems beyond advocating ‘more of the same’” (p.147).

In contrast, there is some evidence to suggest that a number of interventions or specialist dyslexia teaching approaches are particularly effective, such as phonologically based and structured, systematic approaches (Singleton 2009). Multisensory approaches are also often cited as appropriate but with less empirical evidence to justify such claims (Elliott and Grigorenko 2014). Kaufman (2010) argues that ‘metacognition’ (conscious control over cognitive processes) has the potential to play an important role for all students, but particularly for students with learning difficulties. Students with well-developed metacognition can, he argues, become more involved in their learning process. Additionally, Leather et al. (2011) have found that well-developed planning and metacognitive skills can contribute to high levels of self-efficacy and job satisfaction for adults with dyslexia. However, the uncertainty and conflicting evidence surrounding adult literacy and learning interventions for dyslexic adults is also reflected in practice as there is an identified need to develop clearer guidelines for tutors working with learners with specific learning difficulties (Ireland, Department of Education and Skills 2013a).

In addition to the formal support and interventions discussed here, dyslexic adults can also be an important source of support for each other. Although the topic is vastly under-researched in relation to adults, Bell’s (2009) case study in the UK sheds some light on the potential benefits of peer support. In her study, dyslexia peer support groups contributed towards a sense of group identity and emotional well-being for the dyslexic adults in the workforce. Other benefits include enabling dyslexic adults to keep up to date with relevant information and available support, to participate in decision-making processes, to raise public awareness of dyslexia, and to create a safe space free from stigma (Bell 2009). However, these types of voluntary peer support groups are rare and can be difficult to establish and maintain. Nonetheless, the potential benefits of peer support and role models have also been identified in relation to children, youths and adults (Reiff et al. 1995; Higgins et al. 2002; Armstrong and Humphrey 2009; Gwernan-Jones 2010; McGuckin et al. 2013; Pino and Mortari 2014).

Whilst learning support and reasonable accommodations can be important interventions for adults with dyslexia, this study focuses specifically on guidance counselling as a
support measure and the next section will examine the literature on adult guidance counselling models and approaches to supporting such clients.

**2.5.2 Socially Just Guidance Counselling Approaches for Adults with Dyslexia**

Guidance counselling has its roots in a social justice driven practice since the era of Parsons (1909). However, some convergence between neoliberal policy developments and theories in the guidance counselling field has been noted in relation to an increased emphasis on self-management of careers and the development of ‘career resilience’ and Career Management Skills (CMS) (Irving 2005; Darmon and Perez 2011). From a critical standpoint, this ‘responsibilisation’ agenda carries a risk of blaming unemployment on personal failure and ignoring oppressive structures in society (Sultana 2012b). There has been an inadequate consideration of diversity, oppressive structures and issues of social justice for marginalised client groups in guidance counselling theory overall (Plant and Kjaergard 2016). Nonetheless, an ethical responsibility to include interventions at a ‘macro-level’ has been proposed by critical writers in the field as there are obvious limitations to individual interventions if the discriminatory social environments remain (Bimrose and McNair 2011; Hooley and Sultana 2016).

A number of key guidance counselling models are examined in this section in relation to their applicability to adults with dyslexia. The guidance counselling models reviewed here can be differentiated as person-centred theories, cognitive and social learning theories, and constructivist and narrative approaches (Fabian and Pebdani 2013).

In Ireland, guidance counsellors are typically trained in the humanistic person-centred approach espoused by Rogers (1951) (Hearne et al. 2016). This approach has, since the 1950s, been one of the most commonly used approaches in guidance counselling (Herr et al. 2004). Within this approach, the attitude and qualities of the guidance counsellor are deemed more important than interview techniques, and the client is encouraged to ask for information rather than simply receiving it from an ‘expert’ (Kidd 2006). One of the advantages of this approach is that the guidance counselling process may develop into non-career related topics, as it is the needs of the client that navigates the guidance counselling process.
Some of the core conditions of Rogers’ (1951) approach include empathy, acceptance (non-judgement of client) and congruence (Thorne and Sanders 2013). These core conditions underpin a number of guidance counselling models, such as Egan’s (2014) *Three Stage Model* which includes: (i) clarifying the client’s situation and recognising necessary changes, (ii) helping to identify preferred outcomes and setting goals, and (iii) helping the client develop strategies to reach those goals (Egan 2014). There are also a number of other stage models based on similar principles and ideas (Ali and Graham 1996; Lindh 1997; Kidd 2006). These models do not suggest a rigid division of guidance counselling interventions into separate stages as counselling sessions often seamlessly move between these ‘stages’ (Lindh 1997; Kidd 2006). However, person-centred approaches have been critiqued for not being applicable to individuals from different cultures as it is highly individualistic, and therefore may exclude contextual and relational factors (Crisp 2010). On the other hand, Crisp (2010) argues that Rogers’ person-centred approach has developed since the 1950s and is more contextualised today. Additionally, Rogers’ (1951) focus on the self-concept, which he suggests is influenced by childhood and relational experiences, may have particular relevance for adults with dyslexia who have been subjected to informal pejorative labelling pre-diagnosis (Riddick 2012).

In contrast to the therapeutic focus of the person-centred models, other guidance counselling intervention models are based on social learning theory (Bandura 1997) and career development theories, such as the SCCT (Lent 2013) (Fabian and Pebdani 2013). As the focus of such theories is on action and behaviour, ‘simulation’ and ‘role models’ are common counselling techniques (Sharf 2010). However, there has been some critique regarding the implied presumption that causes and effects of human behaviour are predictable (McIlveen 2009). Nonetheless, it has been argued that by combining SCCT (Lent 2013) with a social justice approach, guidance can be particularly useful when working with clients experiencing forms of injustice (Blustein *et al.* 2005; Butler 2012).

In recent times, constructivist and narrative approaches to help clients understand their experiences and construct their identities through their own career narratives have emerged (Cochran 1997; Peavy 2004; Savickas 2013). Here, the role of the guidance counsellor is to encourage clients to explore and make meaning of their narratives and consequently construct a reality and make appropriate changes (Couchran 1997; Peavy
Constructivist and narrative approaches have been described as particularly appropriate for working with clients from marginalised groups, for example adults with dyslexia, as it can allow them to re-write and shape their own story rather than accepting dominant negative discourses (Grant and Johnston 2006; Fabian and Pebdani 2013; McMahon and Watson 2013).

Furthermore, a focus on strengths may be particularly important in relation to working with individuals with dyslexia (Gerber et al. 1992; Raskind et al. 1999; Fink 2002; Heelan 2011; Nalavany et al. 2011; Davis 2013; Nag 2014) and some constructivist models have an emphasis on identifying strengths and hope in individual clients (e.g. Pichot and Dolan 2003; Niles et al. 2014). However, whilst the constructivist and narrative approaches have many advantages, the reality in which many guidance counsellors currently work may not always allow them to use these approaches as they have been found to be too time-consuming (Reid and West 2011). Furthermore, it is important not to individualise what may be social barriers, particularly in relation to clients with disabilities (Irving 2013).

One model which refers specifically to clients (youths) with SEN, has been proposed by Nag (2014). Her model is an adapted version of the contextual Career Preparation Process (CPP) model (Arulmani and Arulmani-Nag 2004) where an awareness of the socio-economic status of clients and its impact is a key aspect. Nag (2014) argues that the guidance counsellor should strive to counter dominant and normative career choices in clients with SEN and she also lists a number of appropriate interventions, such as helping the client to recognise the evolving nature of his/her SEN and learning, and to focus on study skills whilst also developing an acceptance that some difficulties will persist. According to her model, the guidance counsellor should facilitate access to support and accommodations, advocate, and assess skills and aptitudes of dyslexic/SEN clients. Although this model appears to be unique in its focus on clients with SEN, it is based on a small-scale study with youths from privileged backgrounds in India and may require further scrutiny to explore if it also holds value for youths and adults from other socio-economic backgrounds or other countries.

There are also a number of critical guidance counselling models with an explicit focus on social justice for marginalised client groups (not specifically adults with dyslexia or other disabilities), such as the *Emancipatory Communitarian* (EC) approach (Blustein et al. 2004).
2005), the ACTION strategy (Furbish 2015) and the Anti-oppressive Framework (Reid 2016). The EC approach was originally put forward by Prilleltensky (1997) and has since been developed by Blustein et al. (2005). It focuses on emancipation and communitarianism, where emancipation refers to the importance of challenging social factors and structures of power which create and uphold barriers to social justice. The communitarian aspect relates to compassion, balancing rights and responsibilities and striving towards the common good (Blustein et al. 2005). Blustein et al. (2005), who are also influenced by Freire (1970), argue that guidance practitioners should work towards instilling a critical consciousness, not just amongst themselves or marginalised clients, but also in educators and employers. In order to do so, practitioners need to be both reflective and critically reflexive (Prilleltensky and Stead 2012).

In relation to interventions with individual clients, Blustein et al. (2005) suggest that guidance practitioners should work with the client to increase self-efficacy for confronting discrimination/ableism and to assert their rights and entitlements. As they consider self-efficacy important, they suggest that the SCCT approach (Lent 2013) could be useful if coupled with the EC approach. Interventions on a ‘macro level’ may include efforts to dislodge discriminatory conditions for certain client groups through consultation, linking and engaging with relevant bodies and organisations, and social justice driven research (Blustein et al. 2005). However, the EC approach provides more of a ‘moral’ guide to practitioners as opposed to a framework for practical implementation.

Furbish (2015) proposes an ACTION ‘strategy’ which incorporates six key competencies, namely: Advocacy, Counselling, Tactics, Information, Opportunities, and Non-judgemental. This strategy can help guidance counsellors address issues of social justice for clients “who suffer marginalization, disadvantage, or exclusion in society” (p.285). As such, it is a broad and non-specific strategy in terms of what forms of disadvantage different client groups may experience. Similarly, Reid’s (2016) anti-oppressive framework is proposed in relation to client ‘diversity’ of any kind. However, the framework is based on multicultural skills and competencies for counsellors, as identified by Sue et al. (1995). The key aspects of her broad but critical approach include allowance for time, empathy and rapport building in the development of appropriate guidance
interventions with individual clients, as well as critical awareness of political and ideological influences through reflexive practice. Both Furbish (2015) and Reid (2016) could be critiqued for focusing too much on the ‘micro’ level and for being abstract and lacking in practical application. However, they both argue that individual interventions are important for the progress of individual clients, and Reid (2016) states that her framework offers “a way of being” which helps avoiding stereotyping clients (p.141).

Finally, pluralism and integration of theories is also advocated as guidance counsellors rarely use one theory exclusively (Kidd 2006). In practice, the choice of guidance counselling model(s) is often influenced by client population, personal preference and applicability of a theory (Sharf 2010). Patton and McMahon (2006b) propose a Systems Theory Framework which can serve as a “metatheoretical framework” where different theories can coexist and perhaps even create a synergy effect (p.153). However, combining theories into best practice is a considerable task for the guidance counsellor who requires extensive knowledge of existing theories and approaches (Savickas 2002).

This section has presented some of the key adult guidance counselling models and examined them in relation what can be considered socially just guidance counselling for adults with dyslexia. The following section explores literature which is more specifically concerned with adult guidance counselling provision within the FET sector in Ireland.

### 2.5.3 Guidance Counselling Provision in the FET Sector

This final section first reviews the limited existing research which has been undertaken within the AEGS, and then examines current guidelines for practice in terms of interventions and activities proposed as particularly appropriate for adults with dyslexia in the FET sector.

The international evidence-base for outcomes of guidance counselling interventions is considered weak as there is a shortage of experimental and quasi-experimental studies in the field (Thomsen 2012; Hughes et al. 2016). Furthermore, research into the provision of guidance counselling in the AEGS specifically is extremely limited to date. However, Hearne’s (2009) study on longitudinal tracking of client progression within the AEGS provides important insights into this topic from the perspectives of clients, guidance
practitioners and policy makers. She found that there was a dissonance between how progression is conceptualised by policy makers on the one hand, and guidance counsellors and clients on the other (Hearne 2009). Whilst progression is portrayed as a linear upwards process with employment outcomes in policy, the clients in her study revealed outcomes which involved complex processes and with a very strong emphasis on personal and social development (Hearne 2009).

More recently, in a small scale qualitative study, Hearne (2012) has also explored the impact of ‘high touch work’ on 12 guidance counsellors working in a number of adult guidance services, including the AEGS. The study revealed a combination of a high volume of clients, complex needs of marginalised clients and underfunded services, which appeared to cause uncertainty and demand resilient professionals. Working under such conditions may also limit the opportunity for interventions which can help address complex issues of social injustice (Arthur 2005). Furthermore, international studies have found that guidance practitioners often require specific training and competency in addressing issues of social injustice for marginalised groups, as good intentions and awareness of such issues are insufficient, particularly when working with limited resources (Arthur et al. 2009; Collins et al. 2015).

In 2006, Phillips and Eustace (2010) conducted a mixed methods evaluation into the practice of the AEGS on behalf of the NCGE. Whilst keeping in mind that the data in the study is now more than a decade old, they found that the quality of guidance in the AEGS was considered good overall, but they also identified a number of issues. For example, they identified a need to increase the visibility of the service to increase access. Specifically, access to the AEGS for students in Adult Literacy Services (ALS) was poorer compared to other client groups. The “need to market and promote the Service, so that people are clear about who we are and what we do” is also emphasised in the NCGE Adult Guidance Handbook (NCGE 2014b, para 3).

Savickas et al. (2009) argue that challenges in the field demand that initial guidance counsellor education programmes and supervision provide guidance counsellors with a high level of adaptability, self-efficacy and a robust professional identity. More recently, Neary (2014) suggests that Continual Professional Development (CPD) should also be prioritised for guidance counsellors as it can be pivotal in enhancing confidence and
professional identity. A willingness to engage in CPD in combination with a reflexive practice, is identified as an important competency for guidance counsellors in Ireland (NGF 2007a; Ireland, Department of Education and Skills 2016a; IGC 2017). Some of the areas where CPD is identified as particularly important include policy developments, professional requirements, and access to education for students with special needs (NGF 2007a). The issue of CPD for guidance counsellors and other FET practitioners is also addressed in the FET Strategy for Professional Development (SOLAS 2016b) where it is anticipated that strategic partnerships with the NCGE and AHEAD, for example, can provide opportunities for CPD. Whilst initial guidance counsellor education programmes, supervision and CPD are important factors for ensuring quality guidance provision, competency frameworks and guidelines for practice can also form an important role in supporting practitioners (NGF 2007a).

A number of guidelines for guidance counsellors in the AEGS which are related to interventions for clients with dyslexia or other disabilities are identified in Appendix D. As some of these guidelines for practice do not include references to research, it is unclear if, or to what extent, they are informed by research-based knowledge. A number of activities have been identified in the guidelines which largely correspond to the general guidance counselling activities outlined in the NGF (2007a): Informing; Advising; Counselling; Assessing; Teaching and learning; Enabling; Advocating; Networking; Providing Feedback; Managing; Mentoring and Innovating Systems Change. Whilst these activities are interlinked and overlap to some degree, the four activities which are emphasised in the professional guidelines (Appendix D) as particularly important when working with adults with dyslexia are: counselling, informing, assessing, and networking.

Firstly, in relation to counselling, the importance of psychological and emotional support for adults with dyslexia is emphasised (AHEAD 2008). Research has found that psychological support has the potential to prevent or remove some barriers to education and employment which are primarily of a dispositional nature, where anticipated and perceived challenges and stigma may hinder progression (Fabian et al. 2009). Practically, the DAI (2016b) proposes that it is important that staff in the FET sector build trusting relationships with dyslexic learners as “many adults entering further education may not
have felt safe or respected in school and may have been labelled as less able than others” (p.7).

Secondly, in relation to the guidance activity informing, several guidelines for practice recommend providing information in a disability and dyslexia-friendly manner (AHEAD 2008; Heelan 2011; DAI 2016b; McCormack 2016). This can involve printing information on coloured paper, using multisensory approaches and making digital information accessible through text-to-speech software (DAI 2016b). Savickas et al. (2009) argue that, thanks to the availability of information on the web, clients often need help to distil information and that “information-overload” is a more prominent issue than “lack of information” (p.242). Considering that information processing difficulties is a typical characteristic of individuals with dyslexia a need for help to distil information may be accentuated with this client group.

In relation to transitions, some guidelines for practice (Heelan 2011; Davis 2013) suggest that guidance counsellors should encourage prospective students with disabilities to visit educational institutions of interest to inform themselves of available support. Research has also found this activity to be particularly beneficial for post-primary students with SEN as it helped reduce anxiety related to starting a new course and it may also inform their subject or course choice (McGuckin et al. 2013). Research also suggests that information about rights to accessing specific support services and accommodations in new environments can be important for adults with dyslexia (Young Kong 2012).

Thirdly, in terms of assessing, the NCGE School Guidance Handbook proposes that standardised aptitude tests can be useful for identifying dyslexic students, based on aptitude discrepancies and that those should be followed up by dyslexia screening tests and potentially also referral to formal diagnostic services (McCormack 2016). However, guidance counsellors need to be aware of the severely limited access to formal diagnostic services when making such referrals (Harkin et al. 2015; McPhillips et al. 2015). Although the practice of career and aptitude assessments and testing in the guidance counselling field is extensively researched, is has remained under-researched in relation to specific client groups, such as those with disabilities (Rojewski 2002; Fabian and Pebdani 2013). A number of aspects need to be considered when using career assessments with clients with disabilities such as dyslexia:
validity and reliability of the instrument, severity of disability, properties for the instrument such as readability, cognitive demands, and cultural or environmental bias, availability of (or lack of) appropriate norms, and personal characteristics such as individual motivation

(Rojewski 2002, p.85)

Furthermore, after considering those aspects, individuals with mild disabilities should be encouraged to be actively involved in the assessment process as well as in the formation of a ‘career profile’ and career goals, in order to increase self-determination and self-awareness (Rojewski 2002). Career assessments may also need to be modified and include qualitative interviews in the assessment process (Fabian and Pebdani 2013). Likewise, Osborn et al. (2014) emphasise that career assessments should be embedded in the guidance process, rather than treating it as a stand-alone and ‘one-fits-all’ intervention.

Finally, networking with relevant organisations has been identified as important when working with dyslexic clients. Specifically, a good referral system, strong linkages amongst educational stakeholders and a more integrated guidance service have been identified as important in a number of guidelines for practice, research studies and government policies (AHEAD 2008; Phillips and Eustace 2010; Young-Kong 2012; Fabian and Pebdani 2013; McGuckin et al. 2013; SOLAS 2014; DAI 2016b; Diakogiorgi and Tsiligirian 2016). However, in relation to referral of dyslexic clients, Heelan (2011) emphasises the need to clarify the nature of confidentiality and to respect the right to privacy of the student. In practice, guidance counsellors have a duty of care regarding referrals and sharing of information about students is an ethical issue as client consent is required for revealing information to other services or professionals (IGC Code of Ethics 2012).

In order to identify appropriate learning supports and services to refer clients with dyslexia to, a strong awareness of their specific individual needs is essential. The types of learning supports identified as common and important for students with dyslexia in the guidelines for working with dyslexic clients correspond to those identified in research, and include: tutor support, note-taking, study methods, and technical aids (such as assistive technology) (AHEAD 2008; Davis 2013; McGuckin et al. 2013; Reid et al. 2013; Laishley et al. 2014; DAI 2016b). However, due to the identified difficulties to access such supports in the FET sector, guidance counsellors may also need to advocate
on behalf of their clients (McGuckin et al. 2013; Nag 2014). Advocacy and promotion of self-advocacy are recognised as core adult guidance counselling competencies and activities (Repetto et al. 2003; NGF 2007b; NICE 2014; IGC 2017). The importance of finding a balance between the two has also been emphasised in the literature (Soresi et al. 2008; Hughes et al. 2009; Heelan 2011; Izzo et al. 2011; Young Kong 2012; Duggan and Byrne 2013).

In this final section, the literature regarding appropriate supports and interventions for adults with dyslexia have been examined. This section has also concluded the literature review chapter and a summary of the chapter as a whole is presented next.

2.6 Summary
This chapter has critically examined literature pertinent to the topic and a number of critical issues have been identified. One of the key issues relates to the dyslexia diagnosis as there are barriers to accessing assessment services for adults, there is often a diagnosis criteria for access to support, and also an intricate link between a dyslexia diagnosis and self-perceptions (Riddick 2012; Harkin et al. 2015). However, debates concerning dyslexia diagnosis appear to have limited input from adults with dyslexia themselves, and more studies with methodologies which prioritise their ‘voices’ is needed.

Another key issue identified in the literature is that the FET sector appears to have lower status and be less developed in terms of formal support structures for students with disabilities compared to other education sectors (McGuinness et al. 2014). For example, the provision of dyslexia and disability support is a largely neglected area in FET policies (SOLAS 2014; 2016a) and research has revealed significant inconsistencies nationally (McGuckin et al. 2013). Furthermore, there are no formal means of capturing participation rates of adults with disabilities in the sector to date, making resources planning and targeted support interventions difficult (Mooney and O’Rourke 2017).

In relation to the educational and career development of dyslexic adults, a number of barriers, such as negative relational experiences and poor educational retention and attainment have been well established in the literature (Gwernan-Jones 2010; Nag 2014; Claassens and Lessing 2015). However, the transferability of existing research to an Irish
context is difficult to ascertain as there is a lack of studies which explore these issues for adults with dyslexia in the FET sector in Ireland. Furthermore, the provision of guidance counselling in the AEGS is under-researched to date and insights about key issues from guidance counsellors’ perspectives are needed. In particular, there is a need for evidence-based guidelines to support guidance counsellors working with adults with dyslexia.

In conclusion, the identified knowledge gap relates to adults with dyslexia in the FET sector in Ireland and: (1) how they experience and make sense of a dyslexia diagnosis or label, (2) the contextual challenges and opportunities they face in relation to their career development, and (3) appropriate guidance counselling interventions and supports. By identifying this knowledge gap, the literature review has informed the research questions and the methodology of this study, as outlined in the next chapter.
Chapter 3. Methodology

3.0 Introduction
This chapter first outlines the research questions for this study. The underpinning research paradigm, critical pragmatism, is then presented in relation to ontology, epistemology, methodology and axiology. In the final section of this chapter, quality measures in mixed methods research are discussed.

3.2 Research Questions
The literature review informed the research questions and direction of this study by identifying a knowledge gap and explicating the complex issues in relation to the topic. The specific gap is related to how adults in Ireland experience and make sense of a dyslexia diagnosis or label, challenges and opportunities in relation to career development, and appropriate guidance counselling interventions. The critical pragmatic research paradigm also guided the process of identifying the research questions and it was essential that this study would yield deepened and contextualised knowledge of the experiences of adults with dyslexia (Morgan 2014). The complexity of the topic demanded a triangulation approach whereby the ‘voices’ of both adults with dyslexia and guidance practitioners could be included and valued (Tashakkori and Creswell 2007; Creswell 2009b). As part of an iterative and flexible research design, the research questions have been revisited throughout the research process. This cyclical approach to research was important as it led to new ideas, revisions and improvements, not just to the research questions, but also in relation to the methods of data collection and analysis (Tashakkori and Creswell 2007; Morgan 2014).

The overarching research question was: What are the guidance counselling needs of adults with dyslexia within the AEGS? The three subordinate research questions were:

1. How do adults with dyslexia experience and make sense of ‘being dyslexic’?
2. What challenges and social injustices do adults with dyslexia experience in relation to their personal/social, education and career development?
3. What factors facilitate the education and career progression for adults with dyslexia?
It was deemed appropriate to use both quantitative and qualitative methods to address these identified research questions as doing so provided a more comprehensive picture of the issues at hand than a single method study could have (Small 2011). It was also important to listen to the ‘voices’ of users and to embrace mixed methods research in order to contribute to evidence-based practice and policy in the guidance counselling field (Haug and Plant 2016). However, there are also issues related to mixing quantitative and qualitative methods which are discussed in the following sections.

3.3 Critical Pragmatism as the Underpinning Research Paradigm

Pragmatism is a paradigm which has increased in popularity in social research in recent years (Patton 2002; Biesta and Burbules 2004; Grant and Osanloo 2014). However, it is often wrongly reduced to ‘practical solutions’ when it should be understood as a philosophical system (Morgan 2014). As there is no single school of pragmatism, it is necessary to explicate how it is interpreted and will be used in this study (Fraser and Benhabib 2004). The “founding fathers” of pragmatism are generally considered to be Charles Peirce (1998), William James (1902/1916) and John Dewey (1973), and they covered topics such as education, politics and logic during the 19th century (Biesta and Burbules 2004, p.4). More recently, key ‘neo-pragmatists’ include Richard Rorty (1998), Hilary Putnam (1995) and Donald Davidson (1984) (Bryant 2009). Whilst pragmatism can be said to exist in many different forms, some principles seem to be shared, such as the ideas that knowledge is provisional and that certainty can lead to intolerance and inhibits progress (Bryant 2009). This study primarily draws on the work of Dewey’s (1973) pragmatism whose goal was not to develop a sophisticated and abstract philosophy, but one which could act as a method to address social problems and which is concerned with human experience (Dewey 1917).

Although Dewey did not use the term ‘critical pragmatism’, I have chosen to do so with the purpose of emphasising the criticality in this study (Midtgarden 2012). A critical emphasis may seem surprising as Dewey and other pragmatists have received some critique for being overly optimistic in relation to solving conflicts and for not adequately addressing issues of power and domination (Morgan 2014). However, Dewey’s (1973) *Lectures in China, 1919–1920* is an often overlooked collection of writings, where the
critical aspects of his pragmatism are explicated most clearly (Ching-Sze Wang 2007; Midtgarden 2012). For example, Dewey (1973) considers both cultural and historical sources of power and domination and uses the Hegelian notion of recognition in relation to social conflicts and justice. Kadlec (2006) suggests that there is an overlap between Dewey’s pragmatism and critical theory. This is not to say, however, that critical pragmatism is synonymous with critical theory and Dewey does not accept the Marxist idea of power and domination always being rooted in socio-economic class (Midtgarden 2012). Furthermore, whilst critical pragmatism is sensitive to the presence of oppression, it does not assume the “hermeneutics of suspicion” as some critical theorists have been critiqued for doing (Ricoeur 1970). Instead, critical pragmatism is “open to whether there is a problem that needs to be addressed and it is also open regarding what might count as a reasonable resolution of that problem” (Feinberg 2012, p.236).

In this study, a paradigm is understood to entail specific ontological (What is reality?), epistemological (What is knowledge?), methodological (How will we go about finding the knowledge?), and axiological (The role of values) positions (Guba 1990; Patton 2002). The specific critical pragmatic stances guiding this study are outlined next.

3.3.1 Ontology and Epistemology

As mind and matters are not viewed as separate in the process of ‘knowing’ something within critical pragmatism, ontology and epistemology are discussed jointly in this section (Dewey 1929). Experience, or ‘shared experience’, and action are central to critical pragmatic ontology and epistemology, and according to the so called ‘transactional’ approach, there is an intricate connection between knowledge and action, and a constant interaction between humans and their environments (Biesta and Burbules 2004). As a result, it was important to produce thick descriptions and contextual data in relation to the self-perceptions and experiences of the adults with dyslexia in this study. It was also important to explore perceptions and experiences of guidance counsellors and adults with dyslexia in relation to accessibility and provision of guidance counselling and other support, rather than accepting what is stated in policy documents as ‘truth’.
The critical pragmatic ‘transactional’ approach is not idealistic (doubting existence of things outside of our knowledge) but closer to a form of realism, where real things are experienced in interaction, or transaction, with us (Biesta and Burbules 2004). In contrast to realism, however, knowledge is regarded as a tool for action rather than a reflection of a single reality (Rorty 1998). In other words, there is a reality, but our knowledge of it is constructed through interaction between the person and the environment and serves to guide action and decision making processes. Rather than searching for certainty, we should be open to doubt and consider what practical difference it may make if I am right or wrong, or if I do something one way or another (Rorty 1998). The following quote on education and inquiry by Dewey (1929) further illustrates this position:

Education is by its nature an endless circle or spiral. It is an activity which includes science within itself. In its very process it sets more problems to be further studied, which then react into the educative process to change it still further, and thus demand more thought, more science, and so on, in everlasting sequence.

(Dewey 1929, pp.76-77)

Given this ontological and epistemological stance of critical pragmatism, reflexivity and reflective decision making played a principal role in this research and I asked myself questions such as: “what difference it would make to do our research one way rather than another” (Morgan 2014, p.1048). As such, this critical pragmatic approach was a cyclical process where knowledge, actions and beliefs were re-negotiated on a continual basis. For example, social justice has been an emerging focus which has been influenced by a combination of personal beliefs, engaging with the literature and entering the field of practice and the multiple realities of adults with dyslexia.

Patton (2002) defines reflexivity as being conscious of our own, and others, political, ideological, social and linguistic stance, and taking ownership of our own perspective. Whilst reflexivity is described as essential in qualitative research, it is often regarded as intervening in quantitative research (Flick 2009). Quantitative and qualitative methodologies may appear incompatible in this regard, however, critical pragmatism disputes this and as a reflexive researcher, I try to understand not just what I know, but also how I know it (Patton 2002; Alvesson and Sköldberg 2009; Tsekeris 2010). Keeping a research diary helped in this process. Furthermore, reflexivity is also a term which is highly relevant in the field of guidance counselling. So much so, that “in adult guidance
research, the issue of ethical practice and reflexivity in research are synonymous” (Hearne 2010, p.139). In relation to both socially just guidance practice and research, Prilleltensky (1997) and Blustein et al. (2005) also advocate a reflexive stance where practitioners reflect on and articulate their ideas of social justice and personal wellbeing, as well as ideas of how to achieve or help achieve it. In short, to fully commit to social justice, guidance counsellors need to be reflexive and consider their personal values and positions (Arthur 2008; McNair 2015).

Whilst critical pragmatism rejects the dichotomisation in traditional paradigms, it has been suggested that pragmatism is a way of ‘sitting on the fence’, to avoid the ontological and epistemological differences between quantitative and qualitative research (Johnson and Onwuegbuzie 2004). In response to such critique, Morgan (2007) offers a ‘pragmatic dualism’ in relation to three aspects, see Table 3.1:

Table 3.1 Pragmatic dualism

<table>
<thead>
<tr>
<th></th>
<th>Positivism</th>
<th>Interpretivism /Constructivism</th>
<th>Pragmatism</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship to Research Process</td>
<td>Objectivity</td>
<td>Subjectivity</td>
<td>Intersubjectivity</td>
</tr>
<tr>
<td>Connection of Theory and Data</td>
<td>Deduction</td>
<td>Induction</td>
<td>Abduction</td>
</tr>
<tr>
<td>Inference from Data</td>
<td>Generality</td>
<td>Context</td>
<td>Transferability</td>
</tr>
</tbody>
</table>

(Adapted from Morgan 2007, p.71)

Firstly, in relation to the researcher’s relationship to the research process, Morgan (2007) proposes the notion of ‘intersubjective’ dualism. He argues that the notion of positivism and interpretivism/constructivism as polar opposites may be useful when teaching research methodology to beginners but that the ‘either-or’ choice is more complex in practice. For example, few researchers would align to the notion of ‘pure’ objectivity or ‘pure’ subjectivity, and the pragmatic ‘intersubjective’ stance recognises that meaning making is part of an intersubjective process (Morgan 2007). ‘Intersubjectivity’, in this context, means that I can accept that there is a single ‘reality’ but that both the research subjects and I have multiple interpretations of that reality which occur through interaction between the person and the environment (Biesta and Burbules 2004).

Secondly, Morgan (2007) proposes ‘abduction’ as the pragmatic dualism which relates to how theory and data connect. Essentially, ‘abductive reasoning’ allows the researcher to
move between deduction and induction as the connection of theory and data is rarely purely deductive or inductive (Patton 2002; Morgan 2007). Instead, we often move between the two. For example, in the analysis of the findings from this study, ‘social justice’ was used as a sensitising concept to help draw attention to specific issues whilst being open to new themes and patterns in the data (Patton 2002; Bowen 2006; Grant and Osanloo 2014).

The third dualism proposed by Morgan (2007) is ‘transferability’. Again, the idea that data has to be either generalizable (positivism) or context bound (interpretivism) is rejected. Instead, the question considered in this study related to how the findings from this study, with its specific context and methods may be transferred to other settings. Thick descriptions and contextual data are examples of how I aimed to increase the transferability of the findings in this study.

3.3.2 Methodology: Mixed Methods Research

Mixed methods research has been described as a bridge between qualitative and quantitative research, using the strengths of both approaches (Patton 2002; Houser 2009). The Journal of Mixed Methods Research, established in 2007, can be seen as evidence of the increased acceptance of, and interest in, mixed methods within social sciences with prominent contributors such as Johnson and Onwuegbuzie (2004), Morgan (2007), Creswell (2009a), Tashakkori and Teddlie (2010), Denzin (2012), and Mertens (2012). However, the terminology is somewhat heterogeneous and disjointed, with terms like ‘blended research’ (Thomas 2003) and ‘integrative research’ (Johnson & Onwuegbuzie 2004) being used synonymously. In this study, the following definition of mixed methods research is used:

Mixed methods research is the type of research in which a researcher or team of researchers combines elements of qualitative and quantitative research approaches (e.g., use of qualitative and quantitative viewpoints, data collection, analysis, inference techniques) for the broad purposes of breadth and depth of understanding and corroboration.

(Johnson et al. 2007, p.123)

‘Triangulation’ is another term which has been confused with mixed methods and vice versa (Denzin 2012). To clarify, there are many forms of triangulation, and mixed
methods research is one of them (Todd et al. 2004). Denzin (1989) identified four types of triangulation, namely; data triangulation (multiple sources), investigator triangulation (multiple investigators/researchers), theory triangulation (multiple theories to interpret the results), and methodological triangulation (multiple methods). In this study, a combination of data and methodological triangulation has been used.

Traditionally, the guidance counselling field has mainly been influenced by the psychology discipline which is positivist by tradition (Kidd 2006; McIlveen and Patton 2007). As such, quantitative research methods have dominated in the guidance counselling field but it has been suggested that new methodologies such as mixed-methods research should be embraced (Kidd 2006; McMahon 2014). Furthermore, it has been argued that mixed methods research is suitable for addressing issues of social justice (Mertens 2011; Denzin 2012; Morgan 2014). One of the strengths of mixed methods research designs is the methodological pluralism or eclecticism, which can result in more comprehensive findings compared to mono-method research as it facilitates a broader range of research questions and allows for more flexibility (Johnson and Onwuegbuzie 2004; Perry 2009). However, the weaknesses associated with mixed methods research is that it can be difficult for one single researcher to carry out as it demands a broad set of research skills (Todd et al. 2004; Migiro and Magangi 2011). To address this issue, I had to develop skills and take part in research training related to each method, which has been rather time-consuming. Whilst an identified risk of mixed methods research relates to poor integration of the quantitative and qualitative data, such a risk relates more to comparative studies, whereas the design of this study is complementary (Bryman 2007; Bazeley 2012). Thus, the limitations of a mixed method approach are potentially outweighed by the benefits of not being confined to just one method (Johnson and Onwuegbuzie 2004).

However, there are some challenges related to the appropriateness of mixing methods in a single study within a single research paradigm as the traditional research paradigms positivism and interpretivism/constructivism are strongly associated with quantitative and qualitative methods (Migiro and Magangi 2011). The positivist researcher typically uses quantitative methods and aims to discover the ‘truth’ or an objective reality, measured against certain criteria, such as validity, reliability and generalisability.
(Creswell 2009a). In contrast, interpretivism/constructivism originally developed from hermeneutics and phenomenological philosophy, where ‘fact’ and ‘value’ are intrinsically linked and qualitative methods are generally employed within this paradigm (McLeod 2001; Herr et al. 2004).

Given the dichotomy between positivism and its “binary pole” interpretivism/constructivism, a mixed methods research study may seem unlikely (Grix 2004, p.82). However, pragmatism has become, some claim, the third main research paradigm and it is often associated with mixed methods research (Johnson et al. 2007). The critical pragmatism underpinning this study rejects binary approaches to research as quantitative and qualitative research is understood as methodologies on a continuum (Bazeley 2009). For example, the quantitative online questionnaire in this study included a number of qualitative questions and the overall findings from the two methods utilised were analysed using a largely qualitative thematic analysis approach. Furthermore, as Patton (2002) argues: “… in real-world practice, methods can be separated from the epistemology out of which they have emerged” (p.136). Critical pragmatism is therefore deemed particularly appropriate when exploring a multi-layered and complex topic such as the guidance counselling needs of adults with dyslexia, as it allows for flexibility and has been described as the paradigm most capable of handling the complexities of today’s society with a focus on social justice (Dewey 1917; Reeves 1997; Cutchin and Dickie 2013; Morgan 2014).

Nonetheless, other paradigms were also considered in this study, such as Mertens’ Transformative Framework (Mertens 2009; 2011; 2012) and critical realism (Bhaskar and Danermark 2006). The transformative framework focuses on a democratic research process with social justice as a main objective and it entails certain criteria, such as involving and negotiating with research subjects throughout the research process (Mertens 2012). Whilst the transformative framework has gained some attention in social research, researchers who claim to use the transformative framework often do not adhere fully to all of the criteria (Sweetman et al. 2010). Furthermore, in relation to dyslexia and disability research, it would be difficult to adhere to this framework as it assumes some sense of shared identity, which may not exist for these groups (Irving and Malik 2005; Shakespeare 2006).
The critical realist perspective is another paradigm which was considered in this study. Critical realists have a positivist ontology (singular reality) with a constructivist epistemology (that our personal understanding of the world is constructed) and a value laden axiology (Bhaskar and Danermark 2006). Critical realist methodologies generally focus on explaining causes to a social phenomenon and critical discourse analysis is often employed (Creswell and Plano Clark 2011). Like pragmatism, critical realism has a multitude of strands which vary to some extent. Essentially, however, my ontological and epistemological beliefs are better reflected in critical pragmatism than critical realism, as outlined previously.

The methodological decisions in this study were reflexive as different options were evaluated in relation to likely consequences, whilst considering feasibility and the design most likely to best answer the research questions (Morgan 2014). Some of the key issues that had to be considered in this study included level of interaction, timing, priority and integration (Creswell and Plano Clark 2011). Firstly, in relation to level of interaction, this study involved two different samples; both adult guidance counsellors and adults with dyslexia. Given that the sample groups were independent of each other, it was deemed most appropriate to keep the two phases largely separate, or ‘non-nested’ (Small 2011). An alternative to this independent design is to alter the method of one phase based on the results from the other. To some extent, the findings from Phase 1 did in fact inform some of the interview themes in Phase 2 as specific issues were highlighted by the guidance counsellors. Importantly, however, the participants in Phase 2 were free to talk about any experiences, even if they contradicted findings from Phase 1.

Secondly, the limited level of interaction between the phases influenced the timing issue, and a sequential design was chosen for practical reasons (Creswell and Plano Clark 2011). The consequences it would have had if the order of the two phases was reversed was near impossible to predict, but it was deemed appropriate to first explore the experiences of the guidance counsellors as any unexpected issues noted by them could be explored further in qualitative interviews in Phase 2.

Thirdly, in terms of priority, the design of this study places more weight on the qualitative phase. A qualitatively-led design was considered appropriate as an exploration of experiences of the key stakeholders of this study (adults with dyslexia) required highly
contextual and rich data (Mason 2006). Furthermore, ‘user-led’ research which prioritises their voices has been somewhat limited in the guidance counselling field to date (Thomsen 2012). In other words, there is a need for research to be “experience-near” and anchored in “the personal voices and collective narratives of underrepresented people” through qualitative interviews, for example (Blustein et al. 2005, p.158). Such prioritisation is also essential in disability research and in research with a social justice focus (Shakespeare 2006). Nonetheless, the experiences and perceptions of the guidance practitioners in Phase 1 were also valued as they helped illuminate the issues they face in providing support to that particular client group and thus helped inform the development of a framework for guidance counselling provision.

Finally, this study has a complementary design as the integration, or synthesis of the two phases took place during the interpretation of the overall findings (Small 2011). This decision was influenced by the overall design as the sample groups where independent of each other. Furthermore, the purpose of Phase 2 was not to confirm or reject what was found in the Phase 1, but rather to provide context to complement and yield a better understanding of the topic (Creswell 2009a). Therefore, the findings from Phases 1 and 2 were first analysed separately and then integrated and discussed in relation to the literature (Bazeley 2012).

3.3.3 Axiology

Axiology can be defined as “the role values play in research” (Creswell and Plano Clark 2011, p.41). Within the critical pragmatic paradigm, values are not viewed as predetermined or fixed; instead, they are considered relative and understood within their specific socio-historical context (Denzin 2012). Whilst a positivist researcher aims to produce value-free findings, and an interpretivist/constructivist researcher embraces subjectivity in their research, the critical pragmatic researcher takes an ‘intersubjective’ stance where values play an important role as part of a reflexive approach (Morgan 2007). Reflexivity in mixed methods research have been found to have a positive impact on both the robustness of the research and on the researcher’s development (Walker et al. 2013). It is important to recognise that “the kind of questions asked by researchers reflects their own priorities and assumptions” and I acknowledge that my bias and interests are
connected to addressing issues of social justice for adults with dyslexia (Riddick 2000, p.663).

Axiology is also closely related to ethics, which relate to moral principles that govern the conduct of the research work and should be a part of every aspect and decision making in the research process (Flick 2009; Thomas 2009). McLeod (2010) has identified the following five principles:

1. Beneficence (contributing to wellbeing)
2. Nonmaleficence (minimizing harm)
3. Autonomy (freedom of choice)
4. Fidelity (fair treatment), and
5. Justice (social justice principles)

Beneficence and nonmaleficence are linked to the issue of cost/benefit and have been carefully considered for each phase of this study (McLeod 2010). If we view human beings as simply part of a collective, it may be easier to justify research with the argument that the findings will benefit certain groups. If we instead view each person as an individual it becomes somewhat more difficult to see the benefits of research or to ignore the harm it may cause to the individual (Holme and Solvang 1997). However, the critical pragmatic paradigm allows us to integrate both perspectives and accept that there are individuals in each collective (Martin 2014). As a whole, efforts to minimise harm were made during the design and data collection stages and a genuine desire to contribute to wellbeing has motivated me as a researcher and will continue to inform future dissemination of the findings of the study.

The principle of ‘autonomy’ relates to freedom of choice and informed consent, which has been essential in terms of accessing participants for this study and ensured through the provision of adequate information about the study and the voluntarily nature of participation (McLeod 2010). ‘Fidelity’ is another key ethical principle which was considered in this study and it relates to treating participants fairly (NCGE 2008; McLeod 2010). This was done by clarifying roles and positions and ensuring, as much as possible, confidentiality to participants.

Finally, the ‘justice’ principle relates to producing research in the interest of marginalised or struggling groups, such as dyslexic adult learners (McLeod 2010). It was important to
elucidate injustices in social systems and thereby reduce the risk of making inferences from an individual deficit perspective (Blustein et al. 2005). This was very much the case in this study as it focused on capturing contextual data of the heterogeneous experiences of adults with dyslexia.

Ethical considerations can also be discussed in terms of levels, where the legislative and professional levels of ethical considerations are important, but where ethical issues also demand a personal dimension (Cohen et al. 2011). On a legislative level in this study, full ethical approval for this mixed methods research study was granted by the University of Limerick EHS Research Ethics Committee on 2nd June, 2011. On a professional level, professional codes of ethics were also adhered to, including the Research Code of Ethics set by the National Centre for Guidance in Education (NCGE 2008) which outlines ethical guidelines regarding: “Respect for the rights and dignity of the person”, “Competence”, “Responsibility” and “Integrity” (p.1). The National Disability Authority’s (2009) Ethical Guidelines for Disability Research was also carefully considered, which emphasised the importance of varied and appropriate methods of communication and continued consent negotiation.

There are similarities between the ethical issues and duty of care one has to consider as a professional guidance counsellor and a researcher. For example, issues of confidentiality and autonomy are key issues in both guidance practice (intervention work) and research (McLeod 2010; IGC 2012). The UL Research Ethics Committee and the professional codes of ethics provided useful ethical frameworks for this study. However, on a personal level, my ethical responsibility also involved ethical reflexivity and discernment as specific dilemmas or issues cannot always be predicted (Flick 2009; Cohen et al. 2011; Hearne 2013). Furthermore, the critical pragmatic paradigm required reflection and the ability to revise my values based on experiences and consequences of my actions (Dewey 1994). My personal reflections were recorded in a research diary and decisions were always made with the participants’ best interests in mind. The specific ethical considerations for each phase of the study are discussed further in Chapter 4. Methods.
3.4 Quality Measures in Mixed Methods Research

Traditionally, reliability and validity have been the quality measures used in research which originate from quantitative research (Bryman 2006). Reliability is related to how reproducible the data is and validity means being able to show that the research study measured what it was supposed to measure (Cohen et al. 2011). However, these terms can be divided into a seemingly endless number of typologies and every text book on the matter appears to have their own typology (Dellinger and Leech 2007).

It has also been argued that the nature of quantitative and qualitative research differs too much to use the same criteria (Amankwaa 2016). In the classic work by Lincoln and Guba (1985), the quantitative ‘validity’ criteria were supplemented with four types of ‘trustworthiness’ criteria, which is now well established in qualitative social research (see Table 3.2):

<table>
<thead>
<tr>
<th>Validity (Quantitative research)</th>
<th>Trustworthiness (Qualitative research)</th>
</tr>
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<tr>
<td><strong>Internal Validity</strong></td>
<td><strong>Credibility</strong></td>
</tr>
<tr>
<td>Aims to reduce potential sources of variation by properly demonstrating the causal relation between two variables</td>
<td>Agreement between the respondents and researcher worldviews</td>
</tr>
<tr>
<td><strong>External Validity</strong></td>
<td><strong>Transferability</strong></td>
</tr>
<tr>
<td>Concerned with generalizability of data to other settings or sample groups</td>
<td>Demands a thick description of context to allow others to transfer study to other contexts</td>
</tr>
<tr>
<td><strong>Reliability</strong></td>
<td><strong>Dependability</strong></td>
</tr>
<tr>
<td>Stability, accuracy, replicability of findings</td>
<td>Availability of information for public scrutiny</td>
</tr>
<tr>
<td><strong>Objectivity</strong></td>
<td><strong>Confirmability</strong></td>
</tr>
<tr>
<td>Neutrality of researcher, freedom from bias</td>
<td>Making the process of developing constructions explicit, using audit trails</td>
</tr>
</tbody>
</table>

(Adapted from Lincoln and Guba 1985, pp.301-319)

Instead of internal validity, Lincoln and Guba (1985) propose credibility, and external validity is replaced by transferability. Dependability is suggested in qualitative research instead of the quantitative concept of reliability, and lastly, confirmability is taking the place of objectivity (Lincoln and Guba 1985).

In mixed methods studies, these concepts may be even more complex and Onwuegbuzie et al. (2011) propose that a mixed methods specific criteria, ‘legitimation’, should replace validity and/or trustworthiness. However, they argue that this is appropriate primarily in studies when quantitative and qualitative phases are prioritised equally and are
intrinsically integrated through a confirmatory approach. In a complementary design, such as this, the quality criteria was addressed separately for the quantitative and qualitative phases of the research (Bryman 2006). Accordingly, the quality measures have been addressed separately for each phase which means that the concepts of validity have been used in the quantitative phase and trustworthiness has been addressed in the qualitative phase. The specific quality measures of each phase of this study are outlined in Chapter 4.

3.5 Conclusion

This chapter has explicated the focus and methodology of this study by first identifying the research questions. Critical pragmatism has been presented as the underpinning research paradigm in terms of ontology, epistemology, methodology and axiology. The specific methodology can be described as qualitatively-driven, sequential, and non-nested. Finally, the approach to quality measures in this study was outlined. Whilst this chapter provided clarity to the broader methodological issues, the following chapter will outline the specific data collection and analysis methods used in the two phases of this study.
Chapter 4. Methods of Data Collection and Analysis

4.0 Introduction

This chapter outlines the specific methods used in this mixed methods study. First, the design is presented in a flowchart to provide an overview of the methods used. The methods of Phase 1 are then outlined, followed the methods of Phase 2.

4.1 Overview of Research Design

To give a clearer picture of the design of this study, Figure 4.1 provides a visual representation of the design, where ‘quantitative’ is abbreviated to ‘quan’ with lower case letters and ‘qualitative’ to ‘QUAL’ with upper case letters, to illustrate that the weight of the study has been on the qualitative elements.

Figure 4.1 Research design

- **Quan Data collection**
  - Phase 1 Autumn 2012
  - Procedure: Online Questionnaire to all AEGS guidance practitioners
  - Product: Numerical scores and some written qual answers

- **Quan Analysis**
  - Phase 1. Winter 2012
  - Procedure: Descriptive statistics and Content analysis
  - Product: Charts and tables with explanatory narrative

- **QUAL Data collection**
  - Phase 2. Spring-Summer 2014
  - Procedure: face-to-face semi structured interviews with dyslexic adults
  - Product: audio recordings, transcripts, and research diary

- **QUAL Analysis**
  - Phase 2. Autumn 2014
  - Procedure: Thematic Analysis
  - Product: Conceptual framework and six overarching themes with sub-themes

- **Integration of quan and QUAL**
  - Procedure: Thematic analysis of overall findings
  - Product: Three overarching themes with sub-themes, incl. a new framework for practice
4.2 Phase 1: Online Questionnaire

This section provides a rationale for choosing an online questionnaire as a data collection method. Sampling techniques are then explained, followed by an overview of the design and administration of the questionnaire. The reliability and validity issues are discussed and the analysis method is outlined. Finally, ethical issues specific to this online questionnaire are considered.

An online questionnaire was distributed to guidance counsellors in the AEGS during Autumn 2012. It was deemed appropriate to choose a quantitative method as it would allow the inclusion of all AEGS guidance counsellors in the service at that time. Whilst qualitative methods were considered, such methods generally imply a small sample and it was anticipated that a small number of guidance counsellors could yield a skewed picture of current issues due to possible bias and variations in contexts and client profiles in different geographical locations in Ireland. In contrast, a questionnaire distributed to all of the AEGS services was deemed likely to give a more comprehensive picture of the existing discrepancies in terms of internal and external supports available for example.

To clarify, the term ‘questionnaire’ in this study refers to an online survey and the Survey Monkey software was used in both the design and administration of the questionnaire (Dillman 2000). Hewson (2016) has identified several advantages with online research methods, such as cost and time efficiency, and access to a larger sample. Furthermore, Survey Monkey can ensure a high anonymity level which in turn can reduce bias from both the participants and the researcher. This, in turn, can lead to increased objectivity and reliability (Hewson 2016). I also found Survey Monkey to be user-friendly and flexible as it offered a wide range of question types (Massat et al. 2009). On the other hand, online questionnaires carry a risk of problems with software and hardware configurations or network traffic performance (Hewson 2016). Nonetheless, online questionnaires often have a similar response rate to mail surveys, but with the advantage of being more cost effective to administer (Babbie 2011).
4.3 Sampling Process

In this phase of the study, a non-probability purposive sampling method was used. Most sample strategies can be classified as either ‘probability’ or ‘non-probability’ and a probability sample is generally preferred as it provides the opportunity to use a representative and un-biased sampling frame which makes the findings more generalizable (Blaxter et al. 2006; Babbie 2013; De Vaus 2013). A study with a non-probability sample may mislead the reader into thinking that the findings are valid and representative for a larger population when, in fact, they are not. However, there are situations where probability samples are not possible, which was the case in this study. Specifically, non-probability purposive sampling was suitable here as all members of a sub-group of a population were included, namely all guidance counsellors working in the AEGS in Ireland (De Vaus 2013).

At the time of data collection in 2012, the total number of guidance counsellors in the AEGS was approximately 64, which meant that it was not necessary to find a representative sample within the group. Instead, all guidance counsellors within the service were invited to participate. Information Officers in the AEGS do not provide one-to-one guidance counselling to adult clients with dyslexia and were subsequently not included in the sample. As all AEGS guidance counsellors were included, other factors such as age, gender and ethnicity were not used as inclusion or exclusion criteria.

Whilst some details of the guidance counsellors working within the services were available from the NCGE website, the contact information proved to be out of date in 2012. As the number of guidance counsellors in each service varied, all 39 services in Ireland were contacted individually to enquire about email details for all guidance coordinators and guidance counsellors in each service. A complete list of a total of 64 email addresses was created, which resulted in a response rate of 41.5% (n=27). The steps taken during the design and administration of the online questionnaire are outlined next.
4.4 Design and Administration of the Online Questionnaire

The procedure for the design and administration of the online questionnaire involved considering appropriate levels of measurement, developing the online questionnaire, piloting, recruitment and follow-up e-mails.

In relation to levels of measurement, the following four levels tell us how precise the collected data is: nominal, ordinal, interval, and ratio (Ary et al. 2010; Salkind 2010), see Table 4.1.

Table 4.1 Levels of measurement

<table>
<thead>
<tr>
<th>Type of Data</th>
<th>Level of measurement</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discrete</td>
<td>Nominal</td>
<td>Categorical questions, with no average or non-answer. E.g. male or female?</td>
</tr>
<tr>
<td></td>
<td>Ordinal</td>
<td>Rank order with an aspect of ‘more or less’ but which lacks a specific distance between intervals. E.g. 'completely agree', 'mostly agree', 'mostly disagree', 'completely disagree' when measuring opinion</td>
</tr>
<tr>
<td>Continuous</td>
<td>Interval</td>
<td>Data with a specific distance between each interval, e.g. IQ measurements</td>
</tr>
<tr>
<td></td>
<td>Ratio</td>
<td>Like interval data, but not measured in a linear scale. Can be compared with others, e.g. height measurement in cm</td>
</tr>
</tbody>
</table>

Depending on how the data is intended to be analysed, one can treat different variables as different levels of measurement and some variables can be operationalized in more than one way (Balnavis and Caputi 2001). For example, age can be measured at ratio, nominal or ordinal levels. However, many variables can only be measured at one level and it is advisable to choose the level of measurement that makes sense and which will provide the data that is relevant to the researcher (Babbie 2013).

The items in the online questionnaire for this study included a mixture of levels of measurement, from nominal to ratio, and a number of items in the questionnaire were open-ended (Cohen et al. 2011). From a data handling perspective, it would have been easier to avoid open-ended questions; however, the complexity of certain issues that needed to be covered in the questionnaire demanded open-ended questions as predicted responses would have limited the richness of data that the open-ended questions provided (Cohen et al. 2011). Additionally, as the sample was relatively small, the open-ended questions did not lead to any major data handling difficulties. Each section of the
questionnaire, with the exception of the demographics section, included at least one open ended variable to allow the guidance counsellors to develop their answers further.

The Survey Monkey software was used to design the research instrument, which involved developing appropriate variables in order to help answering the research questions. As part of this process, concepts used in the research were transformed into manageable and real ‘indicators’ in the formulation of the questions in a questionnaire, which can be referred to as ‘operationalisation’ (Balnavis and Caputi 2001; Cohen et al. 2011). A thematic framework, informed by the literature review, provided a starting point for the creation of variables, or items, for the questionnaire. The questionnaire was divided into four sections: Demographic details, Experience of working with clients with dyslexia, Diagnosis and Referrals, and Professional Practice (see Appendix E).

Prior to piloting, the questionnaire was reviewed by a member of the Statistical Consulting Unit in University of Limerick, who provided consultation and feedback. The design, content, wording, sequencing, and format of the questionnaire was critiqued and yielded some changes. A total number of four variables were reformatted into Likert-type scales and the sequencing of the variables was adjusted in order to increase the user-friendliness of the instrument. The questionnaire was then piloted on the 10th of October 2012, with three appropriately qualified guidance counsellors working with adult clients with dyslexia: one guidance counsellor in an AEGS, one guidance practitioner in the disability support service of an Irish university, and one guidance counsellor working in the FET sector. The participants piloting the questionnaire were sent a link to the online questionnaire with the following questions:

How long did it take you to complete?
Were the instructions clear?
Were any of the questions unclear? If so, which?
Did you object to answering any of the questions?
In your opinion, has any major topic been omitted?
Was the layout of the questionnaire clear/attractive?
Any comments?

(Bell 2005, pp.147-148)

The pilot generated valuable feedback from these individuals in the field, which was pertinent to refining the questionnaire prior to administration to the final sample (Bell 2005; Babbie 2013).
The online questionnaire was administered subsequently and active on Survey Monkey from the 23rd of October to the 28th of November 2012. A recruitment e-mail (see Appendix F) was sent to all 64 AEGS guidance counsellors on October 23rd 2012, using both generic AEGS email addresses and individual email addresses where available. The recruitment e-mail included a link to the online questionnaire which opened a new web page.

Whilst measures to avoid a low response rate were taken prior to distributing the questionnaire by ensuring that the design was user-friendly, a follow-up e-mail was sent four working days after the initial email, prompting those who had not participated to do so. Whilst the time between the initial invitation and the first reminder is generally recommended to be one to two weeks, email questionnaires require a shorter time interval (Couper 2008). A second reminder was sent out four working days after the first reminder. The follow-up e-mails were sent to everyone due to the ethical issue of ensuring anonymity of the participants. As a final attempt to increase response rates, a third and final reminder was sent on the 20th of November with an extended completion date of the 28th of November, prompting those who had not yet completed the questionnaire to do so. On the 28th of November, a total of 27 guidance counsellors (41.5%) had completed the questionnaire.

Given the relatively low response rates, the risk of non-response bias had to be considered, which refers to the error that occurs if there are specific differences between those who responded and those who did not (Stoop 2012). Potential reasons for the low response rate may be that some guidance counsellors do not regard the topic important in relation to their work, that they feel that they do not have enough experience of working with dyslexic clients, or that their workload was too great to prioritise an online questionnaire. However, as the online questionnaire was fully anonymous, it was not possible to find out if such bias existed and despite the low response-rate, the questionnaire did generate important findings.

It is also important to assess the reliability and validity of an online questionnaire as these measures will inform the reader of the quality of the questionnaire (Fink 2009). This is addressed next.
4.5 Reliability and Validity

Testing the reliability of a questionnaire informs us about the data reproducibility and consistency. The literature suggests various ways of testing a questionnaire, such as ‘test-retest’ and the ‘split-half method’ (Litwin 1995; Babbie 2013). However, such tests would have limited usefulness in the specific context of this study. Large and representative samples are also recommended to increase the reliability and to minimize error (Litwin 1995). Whilst the sample may have been small in this study, the entire sample population was included and a representative sample would not have been possible. Nonetheless, other steps were taken to increase reliability, such as: standardised instructions to the questionnaire, removed ambiguous and unclear variables, and consideration of the timing of the administration of the questionnaire, to increase response rates (Salkind 2010). As previously stated, the questionnaire was also reviewed and piloted to increase clarity, accuracy and reliability.

Validity can be described as a measure of how well the research instrument is measuring what it is meant to measure and it can be divided into three types, namely, content, criterion, and construct validity (Cohen et al. 2011). Content validity reviews whether all meanings of a concept are covered in the questionnaire (Babbie 2013). This is not a statistical measure; instead, it is subjectively measured by reviewers, or experts in the field, who are commenting on the appropriateness of the content (Litwin 1995). In this study, content validity was addressed through the piloting of the questionnaire beforehand.

Criterion validity is a statistical measure which compares the questionnaire to other questionnaires and there are two types or criterion validity, namely concurrent and predictive (Babbie 2013). Concurrent validity measure against “gold standard” tests and predictive validity compares two tests that have been administered at different times, which provides the ability to predict the validity of the questionnaire (Litwin 1995, p.37). Construct validity is a measurement which usually requires years of testing as it aims to measure how well a questionnaire performs in relation to measuring different constructs in different settings and with different populations (Fink 2009). Both criterion and construct validity were difficult to address prior to the administration of the questionnaire, because of cost and time constraints. Using an established and well tested questionnaire
has many advantages. However, due to the contextual nature of this research, I created a new instrument specifically for the purpose of this study. To minimize reliability and validity errors, the items were carefully constructed and evaluated through piloting, before administering them to the sample.

4.6 Data Analysis Method

The data analysis of the online questionnaire followed traditional quantitative analysis techniques, using the statistical software *Statistical Package for the Social Sciences* (SPSS) version 20.0. However, as a random sample was not used, parametric techniques such as correlation and multiple regression, which are used to create inferential statistics, were not used. Instead, descriptive statistics was used for most variables, and some open ended variables required qualitative analysis techniques.

In questionnaire design, ‘coding’ is a way of quantifying the data where answers to questionnaire items are converted into numbers or categories (de Vaus 2013). An electronic ‘codebook’ was kept which contains the full definition of the variable and each answer was given a numerical code (Litwin 1995; Babbie 2013) (see Appendix G for an extract of the Phase 1 codebook).

Missing data is one of the most problematic aspects of questionnaires and it is important to establish if the missing values are random or if they follow a pattern (Pallant 2013). Attempts to minimise this issue were made by using a simple questionnaire design with clear instructions encouraging the guidance counsellors to answer all questions. A Missing Value Analysis in SPSS revealed that there was a pattern to the number of missing values as they increased by each section of the questionnaire. This may be a result of the questionnaire taking too long to complete and participants abandoning it before completing all questions. Variables with particularly high missing values are those where the guidance counsellors are asked to ‘Please explain’ or, the more qualitative variables, such as Q13 where no answering alternatives were provided (missing value n=6). As recommended by Pallant (2013) pairwise data deletion was used as a method for dealing with missing values. This means that cases with missing data are only excluded when
data is missing for the specific statistical analysis at hand, but included in analyses where data is available.

Prior to analysing the quantitative data, I transcribed the data from Survey Monkey into SPSS manually and screened it for accuracy by proofreading the transcribed data against the original data and checked for errors, such as out of range scores, in each variable. Errors were found and corrected and screened again to ensure accuracy. As the amount of qualitative data was manageable, software was not needed in the coding process. Instead, open-ended questions which generated qualitative data were subject to content analysis where the initial, ‘open coding’ included categorising and summarising segments of data by labels, using a thematic approach (Boeije 2010). The second step, 'focused coding', entailed identifying the most significant codes from the initial coding and finding connections between them (Saldaña 2013). This yielded specific themes which were checked against the original data to ensure accuracy.

4.7 Ethical Considerations in Online Questionnaires

Whilst online research may not pose greater ethical threats compared with “offline research”, the specific issues and challenges may be different (Enyon et al. 2008, p.27). Some of the potential ethical issues specific to internet research include unsolicited e-mails, privacy and security threats, and informed consent (mainly in relation to research with children) (Enyon et al. 2008). These ethical issues were considered in this study and the decision was taken to gather the e-mail addresses for the sample population by contacting each AEGS service to enquire about their willingness to participate and to provide me with their e-mail address for this purpose. For ethical reasons, the contact details will not be used for any other purpose or shared with anyone else. Furthermore, in the electronic invitation to participate in the study, the guidance counsellors’ anonymity was ensured by entering all e-mail addresses in the Blind carbon copy (Bcc) field. Informed consent was granted by the guidance counsellors on the initial webpage of the questionnaire.

Furthermore, there is a perceived online anonymity which may encourage respondents to reveal more information than they otherwise would do. Therefore, I had to ensure that the
level of anonymity could be met (Enyon et al. 2008). By using Survey Monkey, the guidance counsellors’ anonymity was secured as this software did not provide the researcher with any information about respondents’ e-mail addresses when the questionnaire was submitted.

This first half of the Methods Chapter has outlined details of the data collection and analysis methods for Phase 1 of the study, and the following section presents the methods used in Phase 2 of the study.

4.8 Phase 2: Semi-Structured Interviews

The methods used in Phase 2 of this study involved semi-structured interviews with adults with dyslexia during the spring and summer of 2014 and thematic analysis of the findings. In this half of the Methods chapter, the sampling, interview procedures, trustworthiness, method of analysis, and ethics are presented. First the rationale for choosing semi-structured interviews as a data collection method is presented.

A qualitative approach was deemed appropriate for the purpose of understanding the experiences of adults with dyslexia for a number of reasons. Firstly, previous research suggests that sensitive issues may come to the fore when exploring lived experiences of individuals with dyslexia (Riddick 2000; Ingesson 2007; Tanner 2009; Stampoltzisa and Polychronopoulou 2013). Therefore, face-to-face interviews were considered suitable from an ethical perspective as it was important to be able to observe the emotional responses to questions and to act to minimise any distress resulting from taking part in the study (Cohen et al. 2011; Bryman 2012).

Secondly, qualitative methods were deemed appropriate as the aim was to understand experiences and meaning making of adults with dyslexia within their specific contexts (King and Horrocks 2010). As the findings from Phase 1 highlighted a number of core issues from the perspective of guidance counsellors, these issues required rich data, with thick contextual descriptions from the perspective of adults with dyslexia (Creswell 2007; Cohen et al. 2011).
Finally, from a social justice perspective, it is important to ensure that adult guidance counselling ‘receivers’ are prioritised in research which aims to inform practice (Vilhjálmsdóttir et al. 2011; Thomsen 2012). The purpose of interviewing adults with dyslexia in this study was not simply to allow their voices to be heard, but also to acknowledge them as contributors to a wider debate on social justice concerns and their experiences of dyslexia in the context of FET in Ireland.

Poor generalizability of findings is often stated as a limitation of qualitative studies where sample sizes generally are smaller and the sampling strategy rarely provides a random probability sample (Lucas 2014). However, generalizability is not only a matter of applicability of the findings from a sample to the wider target population. The critical pragmatic paradigm allows us to reject the idea that data is either generalizable or context bound, and instead focus on how much of the data may be transferrable to other settings (Lincoln and Guba 1985; Morgan 2007). Thick and detailed descriptions were therefore important as they helped with the transferability of the findings (Cohen et al. 2011).

4.9 Sampling Process

The sampling strategy employed for this phase was purposive non-probability sampling and the sampling process is outlined here (Babbie 2013; Robinson 2014). Identifying the target population was a subjective process where personal judgement played a role in sampling decisions such as identifying exclusion and inclusion criteria (Lucas 2014). Exclusion criteria were used to define who is not in the target population, and inclusion criteria to define who is (Robinson 2014). The target population for this study was heterogeneous as opposed to homogeneous, as relatively few criteria were used (Robinson 2014). The decision not to include criteria related to socio-economic, educational, or professional background was based on the facts that dyslexia exists across different social contexts and in both men and women (Fowler and Scarborough 1995; Hawke et al. 2009). However, as the findings from Phase 1 suggested that access to appropriate support services varies throughout the country, participants from both urban and rural locations were recruited. The sample frame for this phase of the study (interviews) included the following inclusion criteria:
- Adults over the age of 18,
- Adults who are/have been/plan to be participating in FET,
- Adults who have been diagnosed with dyslexia, or
- Adults with suspected dyslexia who have not been formally assessed,

Initially, ‘Adults who have engaged in guidance counselling activities through the AEGS’ was a criteria. However, during the recruitment of participants, this criteria was removed due to the difficulty accessing participants through AEGS gatekeepers.

The following two exclusion criteria were also used:

- Adults with dyslexia who have not taken part, or plan to take part in education since primary or post-primary education,
- Adults with dyslexia who have not attended primary, post-primary, FET or HE in Ireland.

An equal gender ratio and spread of age and socio-economic background was initially aimed for during the recruitment process. However, the gender ratio of the individuals identified by the gatekeepers did not allow for this. In total, ten men and four women were interviewed and the literature suggests that it was relatively representative as dyslexia is often stated to be overrepresented in men (Miles et al. 1998).

The inclusion of adults with suspected, but not diagnosed dyslexia was carefully considered. Whilst it brings about sampling and validity issues, it was considered necessary in light of the identified barriers to accessing a formal dyslexia assessment service. Furthermore, in reviewing existing studies, very few have included adults with suspected, non-assessed, dyslexia (with some exceptions, e.g. Snowling et al. 2012). Therefore, their voices were important to include as they have rarely been heard before.

It has been established that specific learning disability comorbidity (co-occurrence of two or more disorders) is rather prevalent (Harkin et al. 2015). However, none of the adults self-reported any additional specific learning disability and it was deemed inappropriate to use screening tools as it could be interpreted as a ‘test’ of their authenticity, and as I am not trained to administer such tools.

The interview participants were sourced through engaging directly with relevant gatekeepers in identified organisations. The gatekeepers included Adult Education Officers (AEO) and AEGS Guidance Co-ordinators in specific ETB’s selected for the
research study, as well as the CEO in the Dyslexia Association of Ireland (DAI) and the course co-ordinator in the Career Paths for Dyslexia Programme in Kildare. This required communications with the gatekeepers on the research methodology to negotiate direct access to dyslexic adults. Information sheets and consent forms for gatekeepers and participants are included in *Appendices H-M*.

Whilst the AEGS guidance counsellors and co-ordinators were generally positive towards the research and eager to help identify participants, it was a major challenge to acquire a response from the AEO’s in various ETB’s. As the AEO’s had to formally consent to the research being carried out in their organisation, the recruitment process was difficult and slow. This needs to be considered in the context of the then ongoing major changes in the FET sector, where the former VEC’s were being amalgamated and merged into the current ETBs. Furthermore, one gatekeeper stated that previous negative experiences of researchers accessing adult learners in their organisation had made them take a more careful and restricted approach. After a discussion about the duty of care which underpinned this study and the intended use of the data, they were willing to identify suitable participants.

Whilst no financial or material incentives were offered to participants of this study, the benefits of sharing their experience to increase awareness and knowledge on the topic was emphasised and seemed to have motivated the majority of the participants (Robinson 2014). The issue of self-selection bias is difficult to assess, as some may be more likely to volunteer than others for varying reasons (Robinson 2014). For example, it is possible that those with particularly strong feelings on the matter, or those with well-developed coping strategies may be more inclined to volunteer to take part (Nalavany *et al.* 2011). In the context of this study, the experiences of those who are least likely to disclose dyslexia may be underrepresented in the findings. As removal of the voluntary nature of participation would be ethically unsound, the risk of self-selection bias is acknowledged and taken into account during the analysis and interpretation of the findings (Robinson 2014).

The gatekeepers in the AEGS, ETB’s and the Career Paths for Dyslexia Programme identified potential participants and with permission provided me with contact details. Through telephone and email communications with these individuals, eleven adults were
recruited. Additionally, posters (see Appendix N) were distributed in two different ETBs and on the DAI’s social media account online, with ethical approval from UL (Ethical approval ref. no: EHSREC 10-98) and permission from the gatekeepers. The posters did not generate a great volume of responses, possibly because “hard-to-reach or vulnerable populations can benefit from a face-to-face approach to build trust” (Robinson 2014, p.36). Only three participants were recruited through posters and an additional two adults made contact with me after seeing the poster, but they did not follow through with an interview.

Prior to entering the field, the aim was to have a sample size of approximately 12-20 individuals, as a flexible sample size range (Robinson 2014). A flexible approach and careful monitoring of the progress of the data collection was important as the sample size could be increased or decreased when data saturation was reached. However, data saturation is a problematic concept as it suggests that it is possible to reach a point where the whole picture has been captured, or that an issue has to appear frequently to be considered important (Braun and Clark 2013). Whilst no claims are made of having captured a ‘complete’ picture, at the time when I had interviewed 14 adults, I felt that themes were repeated and the spread in the sample was sufficient. As the sampling strategy in this study was purposive, having a statistically representative sample size of the target population was not of importance (Mason 2002). Instead, it was more important that all of the following categories were included:

- Adults with diagnosed dyslexia
- Adults with suspected dyslexia
- Men
- Women
- Individuals in a rural location
- Individuals in an urban location
- Individuals who have accessed an AEGS service
- Adults of different ages, but all over the age of 18

As part of the flexible sampling approach, the participant recruitment process was ongoing during the data collection period. The following section outlines the specific interview procedures for this phase of the study.
4.10 Interview Approach and Procedures

The interviews took place between the 21st March and the 10th of July 2014 in different locations in Ireland. The interviews ranged from 40 to 90 minutes, and were audio-recorded. The specific approach and procedures used are outlined here.

From a critical pragmatic perspective, interviews can be described as an interactional process where the ‘data’ is the result of interactions between the interviewer and the interviewee (Dewey and Bentley 1949). Interview research can also be said to exist on a continuum in relation to how structured they are: from structured, to semi-structured, to unstructured (Kvale 2007). In quantitative studies, interviews tend to be structured and standardised, containing specific questions in a particular sequence in order to produce data that can be measured and easily coded (Bryman 2012). In qualitative studies, although semi-structured interviews are planned, they are more flexible and allow the researcher to follow up on specific answers and the coding is done post-data collection (Kvale 2007). Unstructured interviews, on the other hand, are more like conversations with very few, if any, pre-determined questions (Bryman 2012). For this study, the semi-structured interview method was chosen as it allowed for flexibility, quality, depth and richness in the findings and as it was more suitable for handling difficult and open-ended questions (Cohen et al. 2011). Whilst unstructured interviews also have the potential to generate rich data, they were not suitable for this study as a specific set of research questions were being investigated (Patton 2002).

As part of a semi-structured approach, an interview guide was created which included topics and possible questions (see Appendix O). The interview guide was drawn from the research questions of the overall study and informed by the insights from the literature review and the Phase 1 findings (Mason 2002; Kvale 2007; Bryman 2012). The interview guide was scrutinised in relation to relevance and language appropriateness for adults with dyslexia. It was also reviewed by two adults with diagnosed dyslexia: a man and a woman of different ages who were accessed using the snowball sampling method (individuals known to me identified two individuals who volunteered to review the interview guide) (Atkinson and Flint 2001). This generated a number of minor changes to the guide and alerted me to the sensitive nature of certain words, such as ‘disability’. Whilst the questions in the guide were used as an aid to stay on track during the interview,
a flexible approach was taken so that I was able to pursue topics of particular interest that emerged in the interviews. More specific questions were avoided in the guide to avoid bringing preconceptions to the interview (Bryman 2012).

As the researcher is actively involved in the data collection, or construction, in interview studies, the skills of the interviewer are very important (Kvale 2007). Kvale’s (2007) guidelines for good interview practice were considered in this phase of the study, which primarily refer to the interviewer’s ability to follow-up on answers, clarify meaning and verify interpretation. The specific skills required are similar to guidance counselling skills, such as active listening, paraphrasing, probing, and summarising (Ali and Graham 1996; Kvale 2007). These skills were used to understand the meaning of what the interviewee said, and how it was said. For example, summarising helped clarify meanings during the interviews, which helped in the analysis stage and gave the interviewee a chance to confirm or reject the interpretation and thus increase trustworthiness (Gillham 2000; Kvale 2007).

In light of both the literature review and the findings from the online questionnaire, it was evident that sensitive experiences were likely to feature in the interviews with the adults. Rather than asking questions about emotions, the questions focused on actions and experiences which both revealed emotions and contextualised them (Trost 2010). In relation to this, another skill which is essential for both interviewers and guidance counsellors is the ability to feel empathy, which Patton (2002) describes as the ability to show “understanding without judgement” (p.231). When interviews touch on emotionally distressing experiences, I aimed to balance this with a focus on positive experiences and their successful coping strategies towards the end of the interview, which is reflected in the interview guide (Rubin and Rubin 2012).

The interviews took place in the cities of Cork, Limerick and Dublin, and also in Leixlip and in two locations in County Tipperary. The specific environment of the interviews was carefully considered, both in terms of accessibility to the interviewee and in relation to appropriateness. An informal setting was preferred but not always possible as the gatekeepers would generally organise a room, which was often either an office or a classroom. However, the need for a private and safe room with minimized risk of interruption was essential and achieved in all interviews.
The elongated data collection period caused some frustration at the time (there was approximately four months between the first and the final interview). In hindsight, however, it may have increased the quality of the interviews as it generally allowed me to process each interview before engaging in the next. After each interview I took time to reflect on the interview by writing down my immediate observations, impressions and thoughts in a research diary. These notes included data such as demographics, any particular aspect that stood out to me, ambiguities, contradictions, and emotionally distressing stories. I then transcribed all the recorded interviews verbatim, or word for word. The transcription process helped me familiarise myself with the data, which was an important aspect of the analysis.

A number of measures to ensure trustworthiness of this phase are outlined in the next section.

4.11 Trustworthiness

As discussed in Chapter 3, different quality measures are used in quantitative and qualitative research. In contrast to the quantitative reliability and validity, the quality of this phase of the study was addressed using Lincoln and Guba’s (1985) well established criteria of ‘trustworthiness’. Trustworthiness is essential in thematic analysis and in this study, a number of techniques were used to ensure credibility, transferability, dependability, and confirmability (King and Horrocks 2010).

The importance of credibility relates to the researcher’s ethical responsibility to provide a truthful representation of the participants’ experiences (Lincoln and Guba 1985; Creswell and Plano Clark 2011). The steps taken in this study involved building a trusting relationship with each participant and clearly explicating the purpose of the study and thus creating transparency without hidden agendas. Whilst transcripts were offered to the participants as a form of ‘member checking’, only two expressed that they wanted to review them, and none of the participants provided feedback on them. However, interview techniques, such as summarising and rephrasing, can also be described as forms of ‘member checking’ and were used throughout the interviews (Kornbluh 2015).
Thick description of context and phenomena was used in this study as it allows the reader to consider the transferability of the findings. A clearly explicated sample frame also contributed to increased transferability of the findings (Robinson 2014). Additionally, both the dependability and confirmability of the study were increased by keeping a research diary and using NVivo as it helped to build an audit trail and thereby made the process of data collection and analysis transparent and verifiable (Rinaldi 2013; King and Horrocks 2010). The specific method of data analysis for this phase is outlined in the following section.

4.12 Data Analysis Method

This section presents a detailed account of the process of analysing the interview data. First, the rationale for choosing thematic analysis is presented and the specific analytical procedure is then outlined, where the use of analytical software is discussed.

Whilst a number of methods of analysis were considered, thematic analysis was deemed most appropriate for this study. As the analytical approach has implications for the interviewing process the method of analysis was chosen prior to collecting the data (Kvale 2007; Silverman 2011). Some of the most established analytical approaches in qualitative interpretative research are grounded theory, discourse analysis, interpretative phenomenological analysis (IPA) and thematic analysis (Braun and Clarke 2013). These methods share certain method-related aspects as themes are searched for in texts or transcripts (Smith et al. 2009; Guest et al. 2012). However, in contrast to the other methods, thematic analysis is more flexible in relation to epistemology, methods of reasoning, and level of interpretation which can have unique benefits in mixed methods studies where quantitative and qualitative methods are used to complement each other. (Braun and Clark 2006; Trahan and Stewart 2013). Guest et al. (2011) argue that the main advantage of thematic analysis is the “breadth of scope” and relatively few limitations in comparison to many other analytical methods that may be bound to specific epistemologies (p.18).

Whilst thematic analysis is chosen for its flexibility, the advantages of its flexibility also mean that there is a risk of thematic analysis lacking in rigour and trustworthiness as it is
not always acknowledged as a specific method with a clear framework (Braun and Clark 2006; Creswell 2009a). It is sometimes described more as a method within an analytical approach, rather than an approach in itself (Guest et al. 2012). However, in this study, Braun and Clark’s (2006) framework for thematic analysis was used and although a flexible approach may seem less scientific, it avoids the risk of trying to fit complexities and nuances into an over-rigid structure. Furthermore, rigour and trustworthiness are achieved as the specific analytical steps taken and the epistemological stance of the researcher are clearly explicated. Braun and Clark (2006) suggest that it is important that the researcher reflects on a number of questions prior to data collection, such as: *What is a theme?*; *Will the analysis be inductive or deductive?*; *What is my epistemological approach?*; and *Will the data be analysed on a semantic or latent level?*.

Firstly, a theme can be described as a reoccurring issue with similar meanings identified by a subjective researcher (Alvesson and Sköldberg 2009; Creswell 2009a). Braun and Clark (2006) argue that a theme does not have to be measurable in thematic analysis, but should be strongly linked to the research question(s). Furthermore, themes do not ‘emerge’ or reside within the data, they are subjectively constructed by the researcher (Willig 2013). Reflecting on what a theme might be was also necessary pre-data collection, during the construction of the interview guide for the semi-structured interviews (Kvale 2007).

Secondly, in relation to the relationship between theory and data, this study did not set out to either prove or disprove a hypotheses, nor to generate a theory and it is argued that research is rarely purely deductive or inductive (Patton 2002; Morgan 2007). Instead, ‘abductive reasoning’ allows the researcher to move between deduction and induction (Morgan 2007). Whilst the analysis was grounded in the data, thematic analysis allowed me to identify and employ useful concepts and explanatory models whilst engaging with the data. For example, ‘sensitising concepts’, which are also used in grounded theory, were used to help make sense of the data as they provided “starting points for building analysis, not ending points for evading it” (Charmaz 2003, p.259).

Thirdly, in relation to epistemology, the critical pragmatic research paradigm has been presented in the methodology chapter, which involves an intersubjective and transactional
approach where knowledge is viewed as ‘real’ and constructed in the interaction between the individual and his/her environment (Biesta and Burbules 2004). Social context was therefore considered important as it impinged on the participants’ meaning making of dyslexia (Morgan 2007).

Finally, interpretation of the data can be made on a semantic or latent level. A semantic theme refers to information which is clearly stated by the interview subjects, whilst a latent theme refers to the underlying, interpreted, information (Boyatzis 1998, p.4). To explore latent themes and also staying true to the participants and not risking to impose meaning or use preconceived categories was a challenging balancing act (Braun and Clarke 2013). In this study, latent themes were explored, although the participants were generally extraordinarily expressive which brought much of the data to a semantic level. More specific details of the analytical procedure is outlined next.

The analysis software NVivo served to facilitate the specific analysis method of Phase 2 and it was a useful tool for managing the large volume of data and codes. In the software, codes were easily created, re-created, abandoned, re-named and finally organised into categories. As such, it increased efficiency and reduced the time spent on those tasks (Richards 2009). However, software such as NVivo is primarily architectural as the coding and interpretation of the data was still a subjective process undertaken by the researcher (King and Horrocks 2010). Furthermore, a potential disadvantage of using software is the risk of data loss. Precautions to avoid this were taken through regular backups and care was taken to keep ethically sensitive data, such as names and identifiable data, confidential by using pseudonyms for the participants in the transcripts. Another risk is ‘over-coding’ or creating too many codes as a result of the simplified coding process and not analysing the data sufficiently (Richards 2009). This risk was considered by continuously entering the data into NVivo and by carefully reviewing the data in each code.

In line with Braun and Clarke’s (2006) thematic analysis approach, the analytical procedure involved the following six steps:

1. Becoming familiar with the data
2. Generating initial codes
3. Searching for themes
4. Reviewing themes
5. Defining and naming themes
6. Producing the report

Table 4.2 illustrates how the six steps of thematic analysis correspond with steps in the NVivo software, and the strategic objectives.

<table>
<thead>
<tr>
<th>Braun and Clarke’s (2006) Six Steps of Thematic Analysis</th>
<th>Steps in NVivo</th>
<th>Strategic objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Becoming familiar with the data</td>
<td>Transcribing interviews (verbatim) and re-listening to the audio-recordings while reading the transcripts to check for accuracy. Inserting transcripts into NVivo as individual cases. Typing up annotations and memos in NVivo to record ideas and potential coding themes.</td>
<td>To organise the data into a manageable and structured form, to begin search for meaning and patterns.</td>
</tr>
<tr>
<td>2. Generating initial codes</td>
<td>Open coding: Manual interpretative coding of interview transcripts, including inclusion criteria to map thought behind each new code created.</td>
<td>To identify patterns of meaning, to organise the data into meaningful groups.</td>
</tr>
<tr>
<td>3. Searching for themes</td>
<td>Focused/Pattern coding: Sorting codes into potential themes and sub-themes (nodes).</td>
<td>To analyse the initial codes.</td>
</tr>
<tr>
<td>4. Reviewing themes</td>
<td>Reviewing and refining the themes, i.e. reading the extracts collated under each code and sub-code and then reviewing the themes in relation to the data set as a whole. Running queries and creating visual presentations, e.g. thematic map to show how themes are connected.</td>
<td>To review themes and codes to date to ascertain if the themes work in relation to the data set as a whole.</td>
</tr>
<tr>
<td>5. Defining and naming themes</td>
<td>Identifying the essence of each theme by re-reading the extracts and organising them (hierarchy using sub themes) for coherence with a limited number of paraphrases and an analytical narrative for each theme.</td>
<td>To increase structure of complex themes, considering how they fit the overall 'story'; to clearly define themes.</td>
</tr>
<tr>
<td>6. Producing the report</td>
<td>Writing the narrative for each theme and embedding extracts within the analytical narrative.</td>
<td>To produce a valid, concise and coherent narrative of the complex data collected.</td>
</tr>
</tbody>
</table>

In relation to the first step, *becoming familiar with the data*, transcribing and proof-reading all interview recordings were essential tasks. As the 14 interviews were spread out over nearly four months, the analysis process was initiated by transcribing and annotating the transcripts during the data collection period. The transcripts were then
printed, proof read, and the original recordings were listened back to where necessary and this process generated initial codes, questions, and ideas about the data for further analysis. It was challenging to transcribe the 14 interviews, with a total of over 15 hours audio-recordings, however, it was an important aspect of the analysis process as it facilitated close familiarity with the experiences of the participants (Braun and Clarke 2013).

During the second step, generating initial codes, all the transcribed data were coded and a total of 49 codes were created. In qualitative analysis, coding can be described as filing the data, or a process of “data retention” as opposed to quantitative data reduction (Richards 2009, p.94). In this initial open coding phase, two levels of coding were used, namely: descriptive (demographics, contextual nominal data, e.g. gender, age) and topic (open coding, the initial rough phase). As part of the third step (searching for themes), analytical coding was used, which incorporated interpretation and reflection on meaning of the data (Richards 2009). This step also involved refining the codes and ordering them into hierarchy.

The fourth step, reviewing themes, explored the collated data under each theme and code. Reading through all of the extracts in each theme helped to develop the structure and several changes were made which generated more in-depth analysis of the data. Each theme originally had a large number of subcategories which were removed or merged. However, the layers of themes served an analytical purpose as it highlighted aspects in the data on a detailed level.

The fifth step, defining and naming themes, involved writing a definition of each identified theme and to name the themes appropriately (Braun and Clarke 2006). Whilst NVivo assisted the analysis of the findings greatly, it was difficult to get an overview of the themes and how they possibly related to each other. Therefore, a list with all the codes was printed, and each code name was cut out so that they could be arranged and re-arranged until they were positioned and linked in ways that made sense. Additionally, a conceptual framework was created which helped identify the key issues in the data and also to move from topical code names to a deeper analytical phase. This visual representation of the data also helped to clarify the relationship between the themes and sub-themes and it was revised a number of times. See Figure 6.1 Conceptual framework
of findings in Chapter 6 for the conceptual framework which was used in the analysis of the findings of Phase 2.

After the rather lengthy process of coding the data and defining themes, it was somewhat daunting to start the sixth step, producing the report. Whilst the analytical process started during the data collection phase, writing the report is also an integral part of the analysis (Miles ad Huberman 1994; Braun and Clarke 2013). Initially, an analytical narrative for each theme was produced, without extracts from the interviews. Aspects which had stood out during the coding process were noted first by using annotations, memos and my research diary. All extracts in that theme were then re-read to ensure a truthful representation of the data. When a narrative had been created, illustrative quotes to each theme and sub-theme were imported to anchor the narrative in the participants’ voices.

One of the main benefits of using NVivo during the analytical process was that it helped create an audit trail, which in turn increased the trustworthiness of the study. A sample of codes identified at different stages in the coding process can be seen in three screenshots from NVivo in Appendix P.

A number of ethical issues were also considered before and during data collection, as discussed next.

4.13 Ethical Considerations in Interview Research

In light of the specific learning disability under investigation, varied and appropriate methods of communication and consent strategies were used for the interview participants (National Disability Authority 2009). Recommendations on how to create ‘dyslexia friendly’ text (DAI 2017b) were followed in the creation of the Recruitment Poster, Volunteer Information Sheet and the Consent Form (see Appendices L, M and N), which were printed on cream-coloured paper to increase readability. The information in the forms was also read and explained to the participants at the start of the interviews. The information sheet assured the participants that they would be anonymous and that the data would be kept confidential and the consent forms were signed by both the participant and the researcher.
The interviews offered the participants an opportunity to reflect on their experiences within a safe space. Whilst this may be beneficial for them on a personal level, it also carries the risk of bringing up discomfort or distress. Therefore, a specific duty of care underpinned Phase 2 of the study and in the event of any emotional upset, the participants were informed of support services such as their local adult guidance service (Rubin and Rubin 2012). Furthermore, the potential risk that participants with specific learning disabilities may feel over-researched was weighed against the potential positive contribution to knowledge about the guidance counselling needs of adults with dyslexia (National Disability Authority 2009; McLeod 2010).

In qualitative studies, it is important to be aware of the “power asymmetry” that exists between the interviewer and the interviewee (Kvale 2007, p.14). This carries the risk of participants feeling obliged to take part when approach by the researcher or gatekeeper. However, the emphasised voluntary nature of the research and the positioning of the researcher as an ‘outsider’ in this study helped reduce the risk that individuals participated out of a perceived obligation. Nonetheless, during a research interview, the interviewer generally holds certain control over the topic and sets the parameters for the interview (time, location etc.). On the other hand, the participant holds a level of ‘counter-control’ where he or she can decide to withhold information, or to withdraw at any time (Kvale 2007). The environment of the interview may also play a role in minimizing the power asymmetry. For example, one room used for a number of the interviews in this study was narrow with two armchairs positioned beside each other rather than facing each other, which seemed to facilitate an open and non-confrontational atmosphere. Additionally, specific interview techniques, such as paraphrasing and summarising, were used throughout the interviews to increase the level of ‘control’ for the participant and to ensure that what they said was interpreted in a fair way (Kvale 2007).

4.14 Conclusion

This chapter has outlined the methods of data collection and data analysis of both phases of the study. The methods of data collection in the first phase involved an online questionnaire which was sent to all 64 guidance counsellors in the AEGS. The quantitative data was analysed using mainly descriptive statistics, whereas the qualitative
data was coded manually and subject to content analysis. The second phase involved semi-structured interviews with 14 adults with dyslexia and thematic analysis was the chosen method of analysis for Phase 2. Quality measures and ethical considerations for both phases have also been addressed in this chapter. The findings from Phase 1 are presented in the following chapter and the findings from Phase 2 are presented in Chapter 6.
5.0 Introduction
In this chapter, the findings of Phase 1 are presented. A total of 27 guidance counsellors completed the questionnaire. Whilst this figure is low, it makes up 42.2% of the total sample frame of 64 guidance counsellors in the AEGS in 2012. The findings are presented in the same order as the online questionnaire, which was also divided into the following four sections: demographic details, experience of working with clients with dyslexia, diagnosis and referral, and professional practice. The online questionnaire is presented in Appendix E. Although the online questionnaire primarily generated quantitative data, some open-ended questions also yielded qualitative data which is integrated within each section in this chapter.

5.1 Demographic Details
Questions 1-5 sought demographic details related to gender, years working in the adult sector, level of qualification, membership of professional bodies, and their professional role within the AEGS.

5.1.1 Gender
Of the 27 guidance counsellors who responded to the questionnaire, Figure 5.1 displays the responses to Q1, which shows that 74% (n=20) were female and 26% (n=7) male.

Figure 5.1 Gender

![Figure 5.1 Gender](image)
Whilst the gender ratio appears to be skewed, the contact list with names and e-mail addresses for all the guidance counsellors in the service in 2012 suggests that the gender ratio in this questionnaire did not differ much from the gender ratio of the entire AEGS sample population.

5.1.2 Years Working as an Adult Guidance Counsellor

Q2 addressed the number of years the guidance counsellors had been working in the adult sector. This question had a response rate of n=27. At the time of the questionnaire, the AEGS had been established for 12 years. Prior to this, there was an identified lack of guidance services for adults in Ireland, which may explain why the majority (n=17, 63%) of the guidance counsellors had been working as qualified Guidance Counsellors in the Adult sector between 6 and 10 years (Figure 5.2). Some (n=4, 14.8%) had less experience (0-5 years), and some had more (11-15 years: n=4, 14.8%; 16-20 years: n=1, 3.7%; and over 26 years: n=1, 3.7%).

![Figure 5.2 Years working as an adult guidance counsellor](image)

5.1.3 Guidance Counselling Qualifications

The professional qualifications of the guidance counsellors were explored in Q3 and the data is displayed in Table 5.1. All of the n=27 guidance counsellors had a professional
qualification, with the most common qualification being the ‘Graduate Diploma/Higher Diploma in Guidance and Counselling’ (n=9, 33.3%).

Table 5.1 Guidance counselling qualifications

<table>
<thead>
<tr>
<th>Level of Guidance Counselling Qualification</th>
<th>Frequency</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grad.Dip./H.Dip. in Guidance and Counselling</td>
<td>9</td>
<td>33.3</td>
</tr>
<tr>
<td>Grad.Dip./H.Dip. in Guidance Counselling</td>
<td>2</td>
<td>7.4</td>
</tr>
<tr>
<td>Grad.Dip./H.Dip. in School Guidance and Counselling</td>
<td>1</td>
<td>3.7</td>
</tr>
<tr>
<td>Grad.Dip./H.Dip. in Adult Guidance and Counselling</td>
<td>2</td>
<td>7.4</td>
</tr>
<tr>
<td>M.A. in Guidance Counselling</td>
<td>1</td>
<td>3.7</td>
</tr>
<tr>
<td>M.A. in Guidance and Counselling</td>
<td>3</td>
<td>11.1</td>
</tr>
<tr>
<td>M.Sc. in Guidance and Counselling</td>
<td>1</td>
<td>3.7</td>
</tr>
<tr>
<td>M.Ed. in Adult Guidance and Counselling</td>
<td>3</td>
<td>11.1</td>
</tr>
<tr>
<td>M.Ed. in School Guidance and Counselling</td>
<td>1</td>
<td>3.7</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>4</td>
<td>14.8</td>
</tr>
<tr>
<td>Total</td>
<td>27</td>
<td>100.0</td>
</tr>
</tbody>
</table>

The four guidance counsellors who answered “other” specified the following qualifications: IACP Counselling and Psychotherapy; Postgraduate Diploma in Career Guidance, UK; M.Sc. in Guidance and Counselling (Queens University, Belfast); and M.Sc. in Educational Guidance and Counselling. The IACP is the Irish Association for Counselling and Psychotherapy and the qualification level of this person is unclear as the recognised IACP qualifications range from Diploma to a Bachelor degree. Nonetheless, all guidance counsellors who responded to this questionnaire had relevant qualifications for their roles as guidance counsellors and/or guidance coordinators in the AEGS.

5.1.4 Membership of Professional Bodies

The fourth question in the questionnaire explored the guidance counsellors’ membership of relevant professional bodies and this had a response rate of n=27. Only one individual responded that he/she was not a member of any professional body. Overall, 25 (92.6%) were members of the Irish Institute of Guidance Counsellors (IGC), of which all except one were also members of the Adult Educational Guidance Association of Ireland (AEGAI). There was also single membership (3.7%) indicated for the following bodies: National Association for Educational Guidance for Adults (NAEGA, UK), the Irish Association for Counselling and Psychotherapy (IACP), and the Institute of Careers Guidance (ICG, UK). See Table 5.2.
### Table 5.2 Membership of professional bodies

<table>
<thead>
<tr>
<th>Professional Body</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Institute of Guidance Counsellors (IGC, IRE)</td>
<td>25</td>
</tr>
<tr>
<td>Adult Educational Guidance Association of Ireland (AEGAI)</td>
<td>24</td>
</tr>
<tr>
<td>National Association for Educational Guidance for Adults (NAEGA, UK)</td>
<td>1</td>
</tr>
<tr>
<td>Irish Association for Counselling and Psychotherapy (IACP)</td>
<td>1</td>
</tr>
<tr>
<td>Institute of Careers Guidance (ICG, UK)</td>
<td>1</td>
</tr>
<tr>
<td>None</td>
<td>1</td>
</tr>
</tbody>
</table>

#### 5.1.5 Professional Role

In Q5, the guidance counsellors were asked about their role in the AEGS. The response rate was n=26. As Figure 5.3 demonstrates, more than half (n=16, 61.5%) of the guidance counsellors had the dual role of Guidance Co-ordinator and Guidance Counsellor. The remaining n=10 (38.5%) worked as Guidance Counsellors, and none of them had the role of Guidance Co-ordinator only.

![Figure 5.3 Professional role in the AEGS](image)

#### 5.2 Experience of Working with Clients with Dyslexia

The guidance counsellors’ experience of working with clients with dyslexia was explored in Q6-Q13 in section 2 of the questionnaire.

#### 5.2.1 Proportion of Clients with Formally Diagnosed Dyslexia

In Q6, the guidance counsellors were asked to estimate the percentage of their clients who had formally diagnosed dyslexia. Overall, n=25 responded to this question and as
presented in Figure 5.4, 80% (n=20) estimated that between 0% and 10% of their total number of clients had diagnosed dyslexia. Further, 16% (n=4) estimated that between 11-20% of their clients had diagnosed dyslexia, and only 4% (n=1) estimated that between 21-30% of their clients had diagnosed dyslexia.

Figure 5.4 Proportion of clients with formally diagnosed dyslexia

5.2.2 Proportion of Clients with Suspected Dyslexia

Q7 asked the guidance counsellors to estimate how many of their clients had suspected dyslexia. Again, the response rate was n=25. In contrast to the rather narrow distribution of responses of the estimated percentage of clients with diagnosed dyslexia, the estimated percentage of clients who had suspected dyslexia ranged from less than 10% (n=9) to 41-50% (n=2) as demonstrated in Figure 5.5.

Figure 5.5 Proportion of clients with suspected dyslexia
Two guidance counsellors qualified their answers with additional comments. One stated that as a result of the recession at the time, more and more clients with dyslexia were presenting, especially men. However, another guidance counsellor stated that dyslexia is rare and literacy problems can have other causes.

5.2.3 Type of Support Sought by Clients with Dyslexia

In Q8, the guidance counsellors were asked to rank the type of support they considered most frequently sought by clients with dyslexia in their guidance service. The response rate for this question was n=24. The rankings were added up and resulted in a total sum for each category (most frequently sought=5 and least frequently sought=1). As can be seen in Figure 5.6 ‘educational guidance only’ (sum=92), and a ‘combination of personal/social, educational, and career guidance’ (sum=89) are the two types of guidance most frequently sought by clients with dyslexia, followed by ‘personal/social guidance only’ (sum=70), and ‘career guidance only’ (sum=61). The type of support least sought is thought to be ‘information only’ (sum=48).

Figure 5.6 Type of support sought by clients with dyslexia

5.2.4 Specialised Guidance Interventions for Clients with Dyslexia

In relation to Q9, on whether or not the guidance counsellors believed clients with dyslexia required specialised guidance interventions compared to non-dyslexic clients, the response rate was n=23. Of those who responded, 56.5% (n=13) answered ‘Yes’, and 43.5% (n=10) answered ‘No’. The guidance counsellors were also requested to explain
their answers further which generated qualitative data from a total of n=16 guidance counsellors. Four themes were identified in the data:

(i) Referral: The types of services identified for clients with dyslexia included assessment services, literacy services, learning support or other support services. However, while the need for referral is apparent, some guidance counsellors stressed that very few services are available for clients in the FET sector which is a significant problem. One suggested that the training provided by the Career Paths for Dyslexia Programme in Leixlip should be available nationwide.

(ii) Reframing: Some responded that guidance counsellors may need to help the client to reframe his/her self-perceptions and understanding of dyslexia and personal abilities.

(iii) Awareness and skills: There was a view that both guidance counsellors and other professionals in the field need to have awareness and skills in relation to dyslexia. However, one guidance counsellor stated that:

> the major problem is the corresponding lack of correct provision - of psychological assessment services, of classes geared to tackle learning difficulties etc

(iv) Not different support, but more support: Some guidance counsellors answered that clients with dyslexia do not require different but may need more support compared to non-dyslexic clients. For example, one of them stated:

> I think people often have the same issues - lack of confidence, self-belief, knowledge etc. and the same aspirations - to do something meaningful (this desire can be more acute in those with learning difficulties as often they have been suppressed for so long). So you can use the same techniques and approaches…

Another guidance counsellor stressed that other intersecting structures of inequality, such as social and economic, may be bigger barriers than dyslexia. Other guidance counsellors emphasised that clients with dyslexia may require more practical interventions, for example; using less texts, more visuals and colour, in a slower pace, and also involve external support.
### 5.2.5 Issues Facing Clients with Dyslexia

In Q10, the guidance counsellors were asked whether they agreed or disagreed with nine statements about issues facing clients with dyslexia, on a 5 scale Likert-type scale (strongly agree=5, agree=4, neutral=3, disagree=2, strongly disagree=1). The response rate was n=24.

*Figure 5.7* demonstrates to what extent they agreed with each of the nine statements, where a high mean indicates strong support for the statement and a low mean indicates weak support. The statement “*They face barriers to accessing external dyslexia diagnostic services*” had the highest mean (4.74) as all either agreed or strongly agreed with this statement. Statements number 1, 2, 5, and 7 were also well supported. However, statements 8 and 9 relating to clients with dyslexia having unrealistic career (mean=2.35) and educational (mean=2.48) aspirations had the lowest means, where more disagreed than agreed. In relation to dyslexic adults facing a lack of understanding and support from educational staff, and a lack of support from family members, the means indicated a neutral position.
5.2.6 Issues in Guidance Provision to Clients with Dyslexia

The guidance counsellors were asked to rate four statements relating to issues they face when providing guidance counselling to clients with dyslexia in Q11 (see results in Figure 5.8). Consistent with the previous question, the response rate was n=24. The first statement about the insufficiency of relevant CPD for guidance counsellors was largely supported as 54.2% (n=13) agreed and 12.5% (n=3) strongly agreed. The statement with the highest level of agreement was that the support for guidance counsellors working with this client group was inadequate, where 62.5% (n=15) agreed and 12.5% (n=3) strongly agreed. While just over half (54.2%, n=13) agreed or strongly agreed that they had ‘Insufficient knowledge and skills to deal with the presenting issues’, the fourth statement relating to a lack of time to address issues properly, received the least support, where nearly half of the guidance counsellors (45.8%, n=11) disagreed or strongly disagreed.
One guidance counsellor provided the additional comment that more CPD would be welcomed. However, another argued that having an awareness of dyslexia issues is good, but insufficient, as specialist services were needed. Furthermore, the availability of specialised services seemed to vary, as one stated that they are “lacking or none existent”, and another explained that they have a specific tutor in their service with specialised training in supporting students with specific learning difficulties.

5.2.7 Contributory Personal Factors to Success for Clients with Dyslexia

In Q12, there were eight statements about personal factors which may contribute to success for clients with dyslexia and the guidance counsellors were asked to indicate if they strongly agreed (=5), agreed (=4), neutral (=3), disagreed (=2), or strongly disagreed (=1) with the statements on a Likert-type scale. The response rate was n=24.

As evident in Figure 5.9, most of the eight statements were strongly and evenly supported with the exception of the second statement that a client with dyslexia is more likely to succeed when he or she: Explores artistic and creative fields of study or work. One guidance counsellor added a comment, emphasising that exploring artistic and creative fields was not necessary in order to be successful. The response rate for the specific statement: Has well developed compensatory strategies, was lower (n=22) than the
overall response rate for this question (n=24). In hindsight, perhaps this statement should have been worded differently as all guidance counsellors may not have understood the concept of ‘compensatory strategies’ or may not consider it possible to determine if a strategy is compensatory or not.

Figure 5.9 Contributory factors to success

In terms of qualitative responses to this question, one guidance counsellor demonstrated an awareness of the need to move away from a deficit and medical approach, and stressed that strengths should also be highlighted. According to the same guidance counsellor, trust between the practitioner and the client would be important to increase the potential for progress as dyslexia affects more than just the client’s learning style.

5.2.8 Implications of lack of disclosure by clients
The guidance counsellors were asked to list the top three implications of a client not disclosing his/her dyslexia to the guidance counsellor in Q13. Fewer guidance counsellors
responded to this question (n=21) compared to the overall response rate (n=27), which may be due to the style of question as no pre-determined answers are provided (Pallant 2013). From those who responded, the main themes that emerged were ‘inappropriate guidance interventions’, ‘lack of access to support services and special accommodations’, and ‘increased risk of dropping out of courses’.

According to some of the guidance counsellors, previous negative experiences and responses to dyslexia may act as a barrier and result in non-disclosure to the guidance counsellor. For example, one stated:

Client will often have had so many poor/negative experiences where their difficulty has been poorly received/patronisingly handled is a regular frustration for Adults; that means Guidance cannot be real/genuine & so often will not have real significance.

This statement suggests that disclosure of dyslexia would allow the guidance practitioner to explore potential issues of previous negative experiences and adjust guidance interventions accordingly. The following comment put forward suggests that the educational options he/she might present to a dyslexic client would be different to options presented to non-dyslexic clients:

Missing this key ingredient of their story could result in us presenting them with educational options which they may be unable to successfully handle and complete

However, some guidance counsellors stated that the client may make poor or ill-informed choices and not have access to, or awareness of, the support and/or accommodations available to them which may lead to an exacerbated risk of the client dropping out, failing to progress, or not engaging in education at all.

It was also suggested that if tests are used, the results may be inaccurate or misleading. Others mentioned that non-disclosure would make it more difficult to establish a trusting client-practitioner relationship.

5.3 Diagnosis and Referral
Section 3, with Q14-Q19 of the questionnaire investigated issues relating to diagnosis and referrals for clients with dyslexia. The terms ‘inward’ and ‘outward’ referral services were
used, the former relating to services which refer clients to the guidance counsellor, and
the latter the services guidance counsellors refer clients to.

Due to the recent changes in the FET sector, some services have been disbanded and
names have changed since the questionnaire was distributed in 2012. For example, the
findings refer to VEC and VEC Literacy Services, which have since changed to ETB and
Adult Literacy Services (ALS).

5.3.1 Encouragement of Formal Assessment of Suspected Dyslexia

In Q14, the guidance counsellors were asked if they would encourage clients with
suspected dyslexia to access a formal assessment service. Of the 21 who responded, 81%
(n=17) responded that they would, whereas 19% (n=4) would not. The missing value in
this variable is relatively high (n=6) and may indicate the complexity of the issue and that
it was difficult to answer yes or no. In hindsight, a ‘not sure’ answer may have been
appropriate to include as an option.

This question also generated 19 qualitative responses. A number of reasons behind the
decision to encourage clients to access a formal assessment services were identified,
including increased access to support and a form of validation of their experiences. For
example, it was argued that if a client was able to “put a name on” the difficulties, that
may help him/her to come to terms with having dyslexia. However, one guidance
counsellor suggested that the benefits of a diagnosis are contextual as it depends on where
the client wants to progress to. Additionally, it was suggested by another guidance
counsellor that family members of the diagnosed client could benefit as it could help
explain difficulties they may be experiencing, given that dyslexia is often
intergenerational. Furthermore, one guidance counsellor suggested that a formal
diagnosis provided more opportunity for the guidance counsellor to advocate for learning
support in the FET sector for individual clients. In addition, it was suggested that a formal
assessment could help eliminate other potential underlying causes to literacy difficulties,
such as poor eye sight or lack of opportunity to learn.

In terms of reasons behind the decision not to encourage clients to access a formal
assessment service, the financial barrier was referred to by four guidance counsellors.
One of them also stated that “…as I have previously stated, I have yet to meet anyone who can afford private assessments”. This point is echoed in the next question in the questionnaire regarding barriers to formal diagnosis.

5.3.2 Barriers to Formal Assessment of Dyslexia

Q15 included seven statements about barriers to formal dyslexia assessments which the guidance counsellors were asked to indicate if they strongly agreed, agreed, neutral, disagreed, or strongly disagreed with on a Likert-type scale. The response rate for this question was n=23. One guidance counsellor stated that he selected ‘neutral’ as a response where his answer would be “I don’t know”.

As displayed in Figure 5.10, the financial implication for the client was regarded as a key barrier by all who responded to this question. A lack of awareness of how to access the assessment services was also seen as a barrier by most of the guidance counsellors as n=12 (52.2%) strongly agreed and n=10 (43.5%) agreed and n=1 (4.3%) were neutral. The statements least agreed with relate to clients being reluctant to identify as dyslexic (n=9, 39.1% disagreed), and guidance counsellors lacking awareness of how to access assessment services (n=6, 26% disagreed and n=3, 13% strongly disagreed).

Figure 5.10 Barriers to formal assessment of dyslexia
5.3.3 Factors that Facilitate the Process of Assessment and Formal Diagnosis

In Q16, the guidance counsellors were asked to list the three main factors that facilitate the process of assessment and formal diagnosis. Again, this question did not include pre-determined labels or answers and the response rate for this question was n=19. The following three themes emerged:

(i) Financial support: All the guidance counsellors stated that financial support or low cost services could facilitate access to assessment services.

(ii) Guidance Counselling: Guidance counselling where the client is given correct information, where the assessment process is explained and where the client is supported and encouraged to take ownership and feel empowered pre-, during and post-diagnosis. However, the client has to be willing to be formally assessed as it should not be forced on every client whom the guidance counsellor suspects may have dyslexia.

(iii) Accessibility: Support and assessment services needed to be accessible to everyone in the country, either by more local services, alternatively access to funding for travel expenses.

In addition to these three themes, some other factors were identified, such as guidance counsellors’ awareness of dyslexia and knowledge of suitable local referral services. As such, some guidance counsellors pointed out that training is needed to increase their ability to identify symptoms of dyslexia, through CPD, for example. Furthermore, some stated that it is important to build a trusting relationship with the client and that clients with dyslexia may also need reassurance with regard to confidentiality.

5.3.4 Inward Referral Services

In Q17 the guidance counsellors were asked to indicate all services from which they had received referrals of clients with dyslexia. The response rate was (n=23). All (n=23, 100%) guidance counsellors indicated that clients with dyslexia had accessed their service through self-referral. The second most common source of referrals was VEC Literacy Services/ALS (n=18, 78.3%). Approximately half of the guidance counsellors had received referrals from other VEC/ETB staff (n=12, 52.2%) and from Public Employment
Services (n=11, 47.8%). Some had received referrals from External Disability Support Services (n=6, 26.1%) and from Internal Learning Resource Services (n=4, 17.4%). External assessment/diagnostic services and external counselling services are the least common services the guidance counsellors have been receiving referrals from (n=3, 13% respectively). See Figure 5.11.

Figure 5.11 Inward referral services

Two answered ‘Other’, with one specifying it as the Department of Social Protection, and the other stated that:

Our clients as Adults will usually not be referred as 'Dyslexic' from our partner services, that will often be a possible outcome of the Guidance interaction.

5.3.5 Outward Referral Services

The range of services that guidance counsellors made outward referrals to was explored in Q18 and the results are displayed in Figure 5.12. There were 22 responses to this question and the two most frequent services which they referred clients with dyslexia to were the VEC Literacy Services/ALS (n=17, 77.3%), and external assessment/diagnostic services (n=15, 68.2%). While only one (n=1, 4.5%) had referred clients with dyslexia to external counselling services, and to external disability support services (n=1, 4.5),
n=10 guidance counsellors (45.5%) had made outward referrals to third level Disability Officers and n=4 (18.2%) to internal learning resource services.

Figure 5.12 Outward referral services

The responses to the ‘Other’ category included: Dyslexia Association of Ireland (n=3, 13.5%), Psychologist (n=1, 4.5%), FET Disability Services (n=1, 4.5%), a college course of client’s choice (n=1, 4.5%), and the ‘Career Paths for Dyslexia Programme’ (n=1, 4.5%).

5.3.6 Adequacy of Referral Services

Finally, 22 responses were collected for Q19 and of these, 77.3% (n=17) considered the referral services available to clients with dyslexia as inadequate, whereas 23.7% (n=5) did not. They were also asked to explain further and a total of n=18 (81.8%) chose to do so.

Six of the guidance counsellors emphasised that ALS was not a suitable referral service as literacy tutors are generally not trained to deal with adults with dyslexia, and one of them stated:
I have experienced Clients who have been genuinely damaged by the experience of 'return to learning/basic ed/literacy programs' because they have built up their courage and are still left 'wanting'.

In contrast, two guidance counsellors stated that the staff in their local ALS were trained and reasonably well equipped to support dyslexic adults. One guidance counsellor also stated that she had successfully referred dyslexic clients to the Career Paths for Dyslexia programme in the past and that it had been “life changing” for those clients. In relation to that programme, she suggested:

That needs to be recognised & really should be replicated throughout adult learning services & systems

Six guidance counsellors highlighted a key issue regarding the link between support and a formal dyslexia assessment, and the financial barrier to formal assessment services. One of them also emphasised that it is “regrettable” that there is no internal assessment services in the FET sector.

Finally, two guidance counsellors stated that support for adults with dyslexia was particularly poor in the FET sector compared to other education sectors. Another two guidance counsellors stated that there is a lack of appropriate referral services locally. In the context of limited dyslexia knowledge amongst FET staff, one guidance counsellor stated that guidance counsellors may need to communicate with other staff or advocate on the client’s behalf to ensure that the client is well supported.

5.4 Professional Practice

Section 4 included Q20-Q24 and focused on the guidance counsellors’ professional practice, including the use of screening and psychometric tests, information material, and models of intervention used to support clients with dyslexia.
5.4.1 Dyslexia Screening for Clients with Suspected Dyslexia

Q20 concerned pre-screening psychometric measures and the response rate was n=21. Only n=4 (19%) of the guidance counsellors indicated that they used such tests for clients with suspected dyslexia. Some of the reasons behind this figure were clarified qualitatively where n=2 (9.5%) guidance counsellors stated the type of measures used, namely the Wide Range Achievement Test, 4th Edition (WRAT 4). However, some (n=4, 19%) guidance counsellors did not regard themselves as qualified to use pre-screening psychometric measures. Additionally, one guidance counsellor argued that pre-screening measures were limiting and another stated that such tests add unnecessary pressure on the client. Another three (14.3%) guidance counsellors stated that they use a more informal approach, or that they considered guidance interviews as sufficient as they revealed enough about the client’s difficulties.

5.4.2 Standardised Psychometric Assessments with Clients with Dyslexia

The issue of using standardised psychometric assessments, such as aptitude tests, career tests and interest inventories, with dyslexic clients was explored in Q21, which has a response rate of just n=18. Figure 5.13 displays that while none of the guidance counsellors considered such assessments as ‘Very suitable’ for clients with dyslexia, 16.7% (n=3) of them considered them ‘Quite suitable’. However, 50% (n=9) considered them ‘Not so suitable’, and a further 33.3% (n=6) ‘Not suitable at all’.

*Figure 5.13 Suitability of standardised psychometric assessments*
This question had the highest missing value (n=9) in the questionnaire, which is inconsistent with other variables in this section. This may be an indication of a level of uncertainty amongst guidance counsellors in relation to these types of assessments.

5.4.3 Dyslexia Friendly Format of Guidance Material/Information

In Q22, the guidance counsellors were asked if and how often they provide guidance material/information in a dyslexia friendly format to clients. The response rate was n=21. Figure 5.14 illustrates that 61.9% (n=13) provided this type of guidance material ‘Sometimes’, n=3 (14.3%) provided it ‘Only when specifically requested’ and n=3 (14.3%) ‘Never’ provided it to their clients. Only n=2 (9.5%) guidance counsellors answered that they ‘Always’ provided their guidance material in a dyslexia friendly format.

Figure 5.14 Provision of guidance material in a dyslexia-friendly format

5.4.4 Specific Guidance Counselling Models

Q23 asked whether the guidance counsellors used any specific guidance counselling models or approaches with dyslexic clients. Of the 20 guidance counsellors who responded to this question, 35% (n=7) indicated that they used specific models or approaches, and 65% (n=13) did not. The guidance counselling models and approaches stated in the ‘Explain further’ field included: Narrative Guidance Counselling; Cognitive Behavioural Therapy (CBT); Person-centred Guidance Counselling; and Whole-Person approach. However, some stated that these models were used with many of their clients,
not dyslexic clients exclusively. This may help explain the missing value of n=7, as some may not have felt comfortable answering either yes or no. Another guidance counsellor expressed interest in learning more about suitable models and approaches for this client group.

5.4.5 Continuing Professional Development

In total, n=21 guidance counsellors responded to Q24, in which they were asked whether they had availed of specific CPD relevant to working with clients with dyslexia, or not. Just over half of them (n=12, 57.1%) responded that they had done so, whilst n=9 (42.9%) had not. Further qualitative explanations were provided by n=15 (71.4%) of the guidance counsellors and n=4 (19%) of them specified that they had attended internal training through their local VEC/ETB. According to another n=3 (14.3%) guidance counsellors, the NCGE had provided CPD on disabilities in general a number of years ago. However, they emphasised that this training only touched on dyslexia issues and did not go deep enough. In addition, n=3 (14.3%) stated that a Disability Officer in one of the regional National Learning Network had previously provided training. A further n=2 (9.5%) guidance counsellors stated that they had been unable to attend training as it had only been available in Dublin. The AEGAI was also mentioned as an organisation which had provided training on this topic some years ago. Meanwhile, n=3 (14.3%) guidance counsellors stated that CPD in this area had not been available, nor were they aware of any such training.

5.5 Additional Comments

Finally, Q25 invited the guidance counsellors to write an additional comment, of which six did. One of them simply offered to clarify answers over the phone if needed. Another guidance counsellor stated a number of issues, namely: that comorbidity with another learning difficulty was common in adults with dyslexia; that more CPD was important in combination with raising awareness in society in general; that more resources and dyslexia friendly assessment tools were needed; and that those with mild dyslexia may not be eligible for support through their schools. Another guidance counsellor reiterated
the financial barrier to assessments and the importance of assessments in accessing supports.

One guidance counsellor stated that she had been diagnosed with dyslexia herself during her postgraduate studies, and that she could empathise with struggling clients. She also stated that she had “wall material” featuring famous and successful people with dyslexia in her office as a form of role modelling for clients with dyslexia. In contrast, another guidance counsellor was rather sceptical towards the use of the dyslexia “label” and states:

People have reading difficulties for many reasons. Dyslexia is a rare enough phenomenon and the label dyslexic should not be taken on unless there is a serious diagnosis done.

Another guidance counsellor stated that her responses to the survey may be of limited use as she did not have much experience of continuous work with clients with suspected or diagnosed dyslexia. She states that she could “count on one hand the number of people who I have met in my 9 years here that had been diagnosed with or mentioned the possibility of having dyslexia”.

5.6 Critical Reflection on Phase 1 Instrument

The online questionnaire was developed and administered at an early, exploratory stage of the research when the theorisation of social justice had not been explored to great depth and when I had less in-depth knowledge of the specific issues and social barriers often experienced by adults with dyslexia in Ireland. Hence, some of the variables lack consideration of biological and social factors and had an over-emphasis on individual and psychological factors. For example, one variable have identified factors contributing to success, where all factors focus on the individual, which could suggest that a lack of such individual traits and abilities is the reason why some are ‘unsuccessful’. However, the intent was to move away from a deficit focus and recognise that some dyslexic individuals are ‘successful’ and to explore the guidance counsellors’ perceptions in relation to the layers of traits and abilities that help dyslexic clients with their progression.
In relation to the response rate to this online questionnaire, one of the additional comments by a guidance counsellor may give some indication as to why the response rate was low. The specific comment relates to a perception that she had rarely worked with a dyslexic client. Given that the estimated prevalence of dyslexia is 9% of the general population, this seems unlikely (Miles et al. 2003). Nonetheless, if this perception is held by more guidance counsellors in the AEGS, some of them may have chosen not to respond to the survey as a result. This is purely speculative, however, and it is naturally very difficult to ascertain the reasons behind non-responses (Porter 2004).

5.7 Summary
The findings from Phase 1 of the study have been presented in this chapter. In total, n=27 (42.2%) of the guidance counsellors in the AEGS completed the questionnaire in 2012. Although the online questionnaire was largely quantitative, a number of qualitative open-ended questions were included and allowed the guidance counsellors to emphasise the issues which they perceived as the most pressing. A key issue identified in the findings relates to the financial cost of a formal dyslexia assessment and the lack of funding available to adults. Another key issue relates to referrals. The most common outward referral destination for clients with dyslexia was the VEC Literacy Services/ALS, despite such referral services being considered inadequate for this client cohort by a number of the guidance counsellors.

There was also some differences of perceptions amongst the guidance counsellors. For example, whilst more than half of the guidance counsellors believed that dyslexic clients required specialised interventions and that non-disclosure could result in inappropriate interventions, others suggested that dyslexic clients simply needed more guidance, as opposed to different guidance, compared to non-dyslexic peers. Nonetheless, the guidance counsellors generally wanted more professional development in order to provide appropriate guidance counselling to adults with dyslexia. Specifically, some felt unqualified to use dyslexia pre-screening measures and there was some uncertainty in relation to using assessment tools and dyslexia friendly guidance material.

The next chapter outlines the findings from Phase 2 of this study.
Chapter 6. Phase 2 Findings: Semi-Structured Interviews

6.0 Introduction
In this chapter, the findings from Phase 2, the semi-structured interviews with adults with suspected \( n=2 \) and diagnosed \( n=12 \) dyslexia, are presented. Henceforth, the term ‘adults’ refers to all 14 participants in this phase of the study and they are first introduced in individual vignettes to provide some contextual background to the findings. Subsequently, a conceptual framework yielded by the thematic analysis approach provides a visual presentation of the findings (Figure 6.1) (Braun and Clarke 2006). The different elements in the conceptual framework correspond with the identified overarching themes and sub-themes in this chapter. Finally, the findings are presented under the six overarching themes where quotes from the interviews are used to support the analytical narrative.

6.1 Participant Profiles
This section briefly introduces the 14 adults who were interviewed between March 21st and July 10th 2014. Table 6.1 presents a breakdown of demographical data and the subsequent vignettes provide more contextual information.

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<th>Table 6.1 Demographics</th>
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<td><strong>Gender</strong></td>
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<td><strong>Age</strong></td>
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<td><strong>Location</strong></td>
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<td><strong>Recruited through</strong></td>
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<td><strong>Dyslexia Diagnosis</strong></td>
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<td><strong>Time of (first) Dyslexia Diagnosis:</strong></td>
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The following vignettes include information about educational background, experiences of being identified, screened and formally assessed for dyslexia (if any), as well as their education and/or work situation at the time of the research interviews. Pseudonyms have been applied to all of them and they are presented in the order they were interviewed.
Ciaran
Ciaran was in his late 40s and lived in a rural setting. He was largely absent from primary school and was sent to a special needs school for five years which had a focus on ‘life skills’ rather than reading and writing or other academic skills. With severely limited literacy he failed several Technical school entry exams. However, he was admitted to a Technical school which used an aptitude test where he performed well in artistic and practical subjects. Ciaran was formally assessed and diagnosed as dyslexic at the age of 40. He had, however, identified himself as dyslexic from the age of 20. At the time of the research interview, he was attending a part-time QQI Level 5 course, and worked full-time as a supervisor in a manufacturing company, with responsibility for a number of staff. Due to his positive learning experiences in the FET sector, he considered HE in the future, whilst continuing to work.

Dolores
Dolores was in her 50s and lived in an urban setting. She had difficulties with literacy all through school but was neither identified as dyslexic nor provided with remedial support and failed her Leaving Certificate. She has worked in several sectors and has always struggled with literacy aspects in her different employments. Dolores has never been formally assessed but was screened for dyslexia as an adult and identifies herself as dyslexic. She has, however, hidden her dyslexia to everyone in her life, and only disclosed it to her adult guidance counsellor. Dolores had limited knowledge about dyslexia and felt there had been something “amiss” within her all her life. When her husband died a number of years ago, she decided to return to education as she wanted to “do something for [her]self”. Her suspected dyslexia affected her personal relationships, self-confidence and career trajectory.

Peter
Peter was in his late 20s and lived in an urban setting. During primary and post-primary school, Peter was often placed “at the back of the class”. He became the “class clown” and a “messer” because of his dyslexic difficulties. Whilst he was offered remedial
support in school, he did not avail of it and left school after his Junior Certificate with poor literacy skills. Peter was diagnosed with dyslexia recently when funding was sourced from the Department of Social Protection by his AEGS guidance counsellor. The diagnosis provided an explanation for the difficulties he had experienced in school and he is more ‘at peace’ with being dyslexic now. At the time of the research interview he was training in boat building and woodwork but was interested in exploring HE and a career where he could work with youths in a social capacity. However, he lacked self-belief and had a “massive fear” of classroom situations.

Colin
Colin was in his mid-20s and lived in an urban setting. He has been formally assessed for dyslexia multiple times in primary and post-primary school. In post-primary school he was put in the “trouble makers’ class”, although he was not a trouble maker himself, but struggled to keep up with his classmates in the “normal” class. At the time of the research interview, Colin had recently left a job and was looking to emigrate to work on a building site with his father. Colin appeared to have severe dyslexia as he struggled with everyday tasks and was heavily dependent on his family. He had rejected several training and educational opportunities as he viewed the barriers as impossible to overcome. In particular, the requirement to provide an up to date assessment report to access disability support in HE institutions was challenging as well as his dependency on his family. Colin felt alone with his dyslexia and wanted to meet role models, older adults with dyslexia who have managed well in life. Dyslexia has had a severe effect on his social/personal life, education and work.

Colm
Colm was 18 years old and lived in a rural setting. At the time of the research interview, Colm was attending a PLC course and had applied to go to Art College. He was diagnosed several times during primary and post-primary school, both through his school and private assessments and he considered getting re-assessed before entering college, which his parents supported. His mother and two younger brothers are also dyslexic, and so he appeared to be very knowledgeable about dyslexia and also about his personal strengths.
Colm attributed his Leaving Certificate results and good literacy levels to private tuition and informative diagnostic reports, and not to the formal education system. He was comfortable about disclosing his dyslexia and does not see his dyslexia as a barrier or as something that has or will hold him back in any aspects of his life.

Tom
Tom was in his late 60s and lived in a rural setting. He felt that his primary school teachers did not care about “someone like him” as he had difficulties learning to read and write. Since leaving school at the age of 12, he worked in Ireland and England and is now retired. Tom was ashamed of his poor literacy skills and referred to himself as “stupid”. In contrast, he was very proud of his practical skills which he has developed throughout his working life. Tom has never been formally assessed and is not sure what dyslexia is but has been identified as dyslexic by an adult literacy tutor. He was not able to write his own name until he started accessing adult literacy classes, seven years previous to the interview. He used to be ashamed and hide the fact that he was going to literacy classes, however, since he started to improve his literacy skills and became part of an adult literacy group, he appeared to have come to terms with it and is more open about it. Tom stated that he has been over-reliant on his wife for years and that he wanted to make sure that he can take care of bills and the household, in case anything should happen to his wife.

Sean
Sean was in his late 20s and lived in an urban setting. He was formally assessed for dyslexia in primary school, and again as an adult to access disability support in HE. At the time of the research interview, Sean was on Job Seekers Allowance since dropping out of college five months previous for personal reasons and depression (not related to dyslexia according to him). Sean openly disclosed his dyslexia and self-advocated for support in educational and social environments but more cautiously in employment settings. He had varied experiences of primary, post-primary, FET, and HE. Throughout his life, he has had a love for literature and studied English and philosophy in HE, but struggled with writing and spelling. From his experience, more study skills training and assistive technology training should be made available to adults with dyslexia in education.
Mary
Mary was in her late 50s and lived in an urban setting. She was diagnosed as mildly dyslexic two years previous to the interview. Whilst she stated that she does not mind disclosing that she is dyslexic, she was still embarrassed that her reading was poor. A lack of confidence and fear of literacy aspects in her work and social environments have stymied Mary’s progression. Mary has many years’ experience of working in various offices but was prompted to return to education when she was made redundant during the latest recession. She completed a QQI Level 5 course initially and following her dyslexia diagnosis she also completed the Career Paths for Dyslexia Programme (QQI Level 3). At the time of the research interview she was seeking employment.

Catherine
Catherine was in her early 50s and lived in an urban setting. She was recently diagnosed as severely dyslexic. Her education experiences were traumatic as she spent time in an industrial school where she was physically and emotionally abused. She also experienced humiliation and isolation in her primary school as she was labelled as “lazy” and on occasions separated from her peers. At the age of 13 she left school and started to work in a factory and has worked in a number of jobs since. When her family business closed down, and after being formally assessed, Catherine returned to education and attended the Career Paths for Dyslexia Programme (QQI Level 3). She then completed a culinary arts course (QQI Level 4) and at the time of the research interview she was planning to progress to QQI Level 5. She attributed her new found self-belief and love for learning to her positive learning experiences in the Career Paths for Dyslexia programme.

Angela
Angela was in her 50s and lived in an urban setting. She left school after her Junior Certificate and started working as a hairdresser. After her husband passed away a number of years ago she decided to do something about her poor literacy levels and subsequently took part in a NALA TV programme. After spending years suspecting that she had dyslexia, she was formally assessed and diagnosed as dyslexic. Following her diagnosis,
she returned to education and she completed the Career Paths for Dyslexia Programme and then progressed to a diploma (QQI Level 6) in Media Production. Angela used to hide her dyslexic difficulties from everyone and at the time of the research interview, she still did not “shout it from the roof top” as she sometimes feels embarrassed about being dyslexic.

**Phillip**
Phillip was in his early 30s and lived in a rural setting. He struggled with reading and writing throughout primary and post-primary school and felt that he was “punished” for it by both his parents and teachers. However, no one ever identified his underlying dyslexic problems. Since passing his Leaving Certificate he has worked in a number of jobs but also failed exams and dropped out of FET courses. After making a mistake at work, as well as hearing about a relative being diagnosed as dyslexic, Phillip accessed some tests and checklists online which suggested he had dyslexia. This was confirmed as he was formally assessed a few months prior to the interview, and felt his difficulties were finally explained. At the time of the research interview, Phillip was attending a computer course funded by the Department of Social Protection whilst waiting to start a HE course. Phillip was excited about furthering his education, but also anxious about falling behind due to difficulties with note-taking and written assignments.

**Dan**
Dan was in his early 30s and lived in an urban setting. He struggled in school and could not understand why he did not improve despite working hard. However, he never failed any subjects and was never identified as dyslexic by any teachers. As an adult, he read an article about a famous person’s account of having dyslexia and felt as though the article was about him. He then approached a National Learning Network where he was formally assessed and diagnosed as dyslexic at the age of 30. At the time of the research interview, Dan worked as a Project Manager but had not disclosed his dyslexia in the workplace and did not intend to do so as he had witnessed colleagues being treated differently after disclosing a disability. He had developed strategies and skills to overcome his difficulties and felt that his dyslexia was no longer a barrier in his career progression.
Ben
Ben was in his early 40s and lived in an urban setting. Primary education was a struggle for Ben and he left school after his Junior Certificate. During school he was labelled as ‘a bad apple’ and felt that teachers’ expectations for him were low, which gave him poor self-esteem. Since he left school, he has had a drug addiction problem and served several jail sentences, which he believes is linked to his negative experiences in primary education. Three years prior to the interview, Ben was identified as dyslexic by a tutor in a drug addiction rehabilitation and training programme. This programme funded a formal assessment and he was diagnosed with dyslexia. Ben then attended the Career Paths for Dyslexia programme, which helped him gain a better understanding of dyslexia and increased his self-esteem as he does not believe that he is “stupid” anymore. Following the Career Paths for Dyslexia course, Ben attended a FET course but dropped out as he could not get the support he needed. Whilst his self-esteem got another knock due to this “failure”, he was determined to follow through on a more suitable course where he planned to self-advocate for the support he felt he was entitled to.

John
John was in his mid-30s and lived in an urban setting but grew up in a rural location. He was diagnosed as dyslexic in primary school and received some remedial support in both primary and post-primary school. After school he had various employments until he was made redundant. At that point, he was encouraged by a guidance counsellor to apply to do the Career Paths for Dyslexia Programme. In order to access the programme, John had to get re-assessed. He completed the Career Paths for Dyslexia Programme and at the time of the research interview he was starting a HE degree (QQI Level 7). Prior to the Career Paths for Dyslexia Programme he also attended a part-time QQI Level 5 course. As he did not access any formal support during this course he struggled with some aspects of it. However, he was hopeful that he would receive the support that he required in HE as he had been in contact with the Disability Support Service.

As the 14 vignettes suggest, the adults in this study are not a homogenous group and they have varying educational backgrounds and career paths. Although their experiences vary to a great extent, some commonalities were identified and the six overarching themes of the findings are outlined next.
6.2 Conceptual Framework of the Interview Findings

As part of the thematic analysis method used in the analysis of the interview data (Braun and Clarke 2013), a conceptual framework of the overarching themes was created. The conceptual framework is presented in Figure 6.1 and an overview of all overarching themes and sub-themes is included in Appendix Q.

Figure 6.1 Conceptual framework of findings from Phase 2

The top arrow in the conceptual framework may give the impression that it was a linear and chronological process where the adults progressed from one phase to the next. However, it should be interpreted as a rather messy process where all phases were linked and framed by factors that both hindered and facilitated personal/social, educational, and career progression. The first overarching theme, ‘struggle’, includes experiences such as being mislabelled and humiliated during primary and post-primary school. It also includes issues experienced when returning to education as adults and their somewhat tangled career paths. Their ‘struggle’ appeared to have been the most intense during primary and post-primary education but for some it continued throughout life.

The second overarching theme, ‘being dyslexic’, explores how dyslexia has manifested itself in terms of dyslexic symptoms. This theme also includes their experiences of the process of recognising that they had dyslexia, how they made sense of dyslexia and if they identified as dyslexic. This is closely connected to the third theme, ‘assessment’, where the reasons for wanting to be formally assessed, the responses to the diagnosis, and the issue of follow-up support are explored.

Theme four, ‘to tell or not to tell, that is the question’, deals with the issue of disclosure of this hidden disability, which was a daunting task for many. However, this was a
complex issue as it sometimes also was a prerequisite to gain access to support services and accommodations.

The adults in this study had certain ideas of how they would like to be supported, in an ideal world and these ideas are explored in parallel to the supports of which they had experienced, in the fifth overarching theme, ‘support – the ideal vs. the reality’.

As the lower bidirectional arrow suggests, both barriers and enablers to their educational and career progression have been identified. Those factors are explored in the final theme, ‘barriers and enablers’ where specific barriers are linked to factors which facilitated progression for some of the adults in this study. The breadth of experiences and personal coping strategies provided a rich picture of potential challenges and enabling factors.

6.3 Struggle
The first overarching theme is called ‘struggle’ as this term was used frequently by the adults in relation to their life experiences. The term ‘struggle’ relates to dyslexia directly and indirectly as they referred to both learning and interpersonal experiences. This theme is presented under two sub-themes: School Days and A Continuous Struggle: Reluctant Learners and Tangled Career Paths.

6.3.1 School Days
The first sub-theme, ‘school days’, refers to the adults’ experiences of primary and post-primary school, where the terms ‘struggle’, ‘frustration’ and ‘fear’ were frequently used by many of the adults. Although their ages varied from 18 to 67, there was some convergence as their early educational experiences were largely negative, and for some even traumatic, with several of them experiencing segregation in classrooms. However, not all of them had exclusively negative experiences, as Angela emphasised that she loved being in school despite her literacy difficulties and Colm did not have any particularly negative experiences related to education.

The adults over the age of 35 stated that there was limited knowledge of dyslexia during their school days and that remedial help was not always offered. Consequently, other
pejorative labels were used by people to describe them, such as ‘stupid’, ‘slow’ and ‘lazy’. Tom, who went to school in the 1950s, stated that the teachers did not care about ‘someone like him’ who struggled to learn the basics. Catherine who went to school in the 1970s was labelled as ‘lazy’ as she was able to learn some more practical subjects in school but did not progress in theoretical subjects. Catherine stated:

…there was one [teacher] that used to throw me a sewing basket and say ‘here, do that! That’s all you’ll ever be able to do in your life!’

Catherine was also punished for her perceived laziness by being segregated from the other students, which made her feel isolated and “different”, particularly when she was not allowed to receive her communion with the rest of the class as she struggled to learn the prayers. Furthermore, Catherine was humiliated when she was brought to an infant class at the age of 13, where she could barely fit her legs under the desk.

Whilst Dolores was not labelled by the teachers, she self-labelled as “stupid”:

I just thought I was stupid you know. Going to school I thought ‘what a stupid girl, can’t do a thing, I just can’t do anything’.

Ben and Ciaran, who attended school during the 1980s, were also labelled by the teachers. Ciaran was called ‘slow’, and Ben was referred to by the teachers as “a bad apple” that the other children needed to stay away from:

I got lost in myself in school because I got put down over it, you know that I was no good, I was a messer and just a bad lad, this kind of attitude towards me, you know. And I couldn’t understand why I kept getting into trouble or acting the eejit myself. Or I found myself looking out the window in the class, I just couldn’t take part in the classes and eh…/…/ They would be saying things, not even to you, but they’d be saying to the lad sitting beside me ‘stay away from this lad, he’s going to pull you down’ you know. This sort of thing.

Ben’s confidence was affected by such comments and he developed a hostile attitude towards teachers and education, and left school at the age of 15.

Whilst most of the adults believed that the general awareness and knowledge of dyslexia had improved in recent years, some of the younger adults who attended primary school more recently, in the 1990s, also had some negative experiences. For example, Sean remembered being humiliated in class:
They’d [teachers] get everyone to stand up and only allowed to sit down after you had the correct answer. So inevitably I was the last one standing for about two years running. And ah, you can imagine that it would shake your confidence just a little bit! [sarcasm]

Both Colin and Sean were placed in the ‘trouble makers’ class even though they did not show such behaviour and also despite the fact that they had been identified as dyslexic. Other adults remembered how they were segregated, or “thrown out of class” as in the case of Peter. His response to this treatment was to become the “class clown” and act out. Similarly, Phillip struggled all through school and sometimes acted out due to his frustration. The cause of his difficulties were not identified and he felt that he was unfairly punished, rather than helped, by both his teachers and his parents. John, on the other hand, partly blamed himself for not accessing the remedial support offered to him. He struggled to come to terms with being dyslexic and sometimes used his dyslexia as an excuse not to try as hard as he could have. In contrast, Dolores, Mary and Angela tried to make themselves invisible to avoid attention, for fear of being asked to read something to the class. Although he struggled with literacy, Dan’s problems also went under the radar as he never failed an exam.

Ciaran, Catherine and Ben all have experiences from other types of institutions during their school-going age, namely a Special Needs School, an Industrial School, and a prison. Ciaran had “terrible problems” with reading and was largely absent from primary-school. He was not identified as dyslexic but was sent to an institution for children with special needs, where the emphasis was on teaching them basic life skills, rather than a ‘normal’ education. He eventually left the institution on his own initiative. He then managed to gain entry into a ‘Technical school’ based on his results in an aptitude test after failing a number of general entry exams. However, his literacy levels were poor as he had not been taught literacy during his five years in a special needs school.

Catherine had some very traumatic experiences as she was temporarily placed in an industrial school where she experienced institutional abuse:

I was six, and then I was put in again later because my mother had a nervous breakdown when she lost three children. And then she had a bit of a nervous breakdown and we were in for a while then. So I didn’t like it. We got some beatings in there now. Really bad beatings in there. /.../ And then I had to start school then /.../ but I used to keep running out of school to go home. And I think I was a little bit afraid of the nuns because I had been beaten.
Catherine suspected that her experiences from the industrial school led to a fear of nuns and that this gave her a particularly bad starting point as the teachers in her primary school were also nuns. Whilst her siblings also struggled with literacy as children, “they got over it as they got older”. However, Catherine continued to struggle with literacy her whole life.

Ben was 15 when he first entered the prison system and believed that his drug addiction and criminal past was closely related to his dyslexia and being segregated during school:

…the nobody understood, no one even took time out to say what’s going on with this fella? I was just pushed down to the back of the class, or to the side, you know. And just got that attitude ‘well fuck you too’ kind of. Excuse the French. You know. That’s the attitude I kind of took and I started using drugs then, you know. And it was more to kind of get away from how I was feeling about myself. You know. Yea.

Ben saw a link between his dyslexia, being labelled as “a bad lad”, lack of support and understanding, and him getting into trouble, developing poor self-esteem, using drugs and ending up in the prison system.

The impact of the varied but largely negative experiences from their school days on their progression in education and work will be explored next.

6.3.2 A Continuous Struggle: Reluctant Learners and Tangled Career Paths

This second sub-theme relates to the adults’ experiences of and engagement with education and employment as adults. Whilst some of them had a predominantly linear educational and career trajectory, varying degrees of struggle have featured along their paths. Some of them felt that their progression was slow or static, and dropping out of courses and early school leaving featured in the educational background of a number of the adults. Ciaran, Peter, Tom, Catherine, Angela and Ben were all early school leavers, having dropped out of school between the ages of 12 and 15. Although Dolores, Sean, Colm, Colin, Phillip, John, Mary, and Dan stayed in school to do their Leaving Certificate Examinations, only Colm, Dan, John and Phillip passed all of their subjects.

For some, their career development appeared to be hindered by stigma, negative self-perceptions and a lack of belief in their academic and professional abilities. For example,
Peter would have liked to work more with people but due to his fear of classroom situations he had opted for more practical, ‘hands on’ courses and work. He was interested in going to college but was held back by feelings of shame and failure. Similarly, Catherine had been a reluctant adult learner as she feared that the humiliation she experienced during her ‘school days’ would be repeated. She realised that she needed to shed her negative experiences in order to progress and during her first positive learning experience, in the Career Paths for Dyslexia programme, she reframed her perception of education. She then progressed to a QQI Level 4 course and enjoyed feeling like she was in charge of her own career progression.

The Career Paths for Dyslexia programme was also the turning point for Ben, who returned to education as part of his drug addiction rehabilitation. Ben found the programme hugely beneficial as his confidence grew in relation to his ability to further his education. Since Ben completed the Career Paths for Dyslexia programme, he both started and dropped out of a FET course. He felt unprepared to deal with all of the information, assignments and looming exams. He also acknowledged that his fear of failing effected his decision to leave:

…and I think a bit of fear was there as well with it. Because I still do have a fear of exams because it kind of highlights to me that if I did fail that I am stupid, you know. I still do have that belief about myself from my early school.

Nevertheless, Ben was determined to return to education and at the time of the research interview, he was both excited and nervous about starting a new course. Likewise, Philip dropped out of a FET course a number of years ago as it “didn’t work out” due to difficulties with note taking and failing exams. Nonetheless, he hoped that his new found understanding of why he has struggled in school would be of benefit to him and that he would receive the support he needed. He was, nevertheless, anxious about his ability to cope in education.

For others, it was a sudden life event that triggered a return to education in adulthood. After Dolores’ husband passed away and her children had moved from home, she decided to return to education as she said “I needed to do something for myself”. However, when required to take an exam as part of this training, she panicked:
...then I had to sit an exam. And like that then, I completely panicked. So I rang up and said that I wasn’t available to sit the exam and could I put it off.

Avoidance was a strategy Dolores had used all through her primary and post-primary education. However, she was determined to complete her training and passed the exams six weeks later. Similar to Dolores, Angela was motivated to return to education as she felt that it was time to do something for herself after the death of her husband. She was a self-employed hairdresser for over 20 years and her first contact with the education system as an adult was a secretarial course. However, she struggled to keep up with her peers and dropped out of the course. Since then, she was diagnosed as dyslexic and completed the Career Paths for Dyslexia Programme and also a FET course in Media Production.

Exam anxiety and non-completion has also featured in Sean’s educational progression. He enrolled on a HE degree and enjoyed his first year. However, his second year proved more challenging as he was anxious about exams and essay writing due to the limited support and accommodations he could avail of:

And like I aced first year. I loved first year. But second year was a lot more difficult than I had anticipated. /.../ I became very apprehensive about writing essays and that they wouldn’t be assessed properly or that I wasn’t getting myself across clearly.

Sean dropped out of HE during his second year. However, according to him, this was due to other psychological and personal issues, rather than his dyslexia.

Colin’s progression had reversed somewhat as he qualified as a gym instructor after his Leaving Certificate but never looked for work in that area due to fear of not coping with the literacy based tasks in that field. This fear continuously held him back as he stated that “if you give me a task, I would think of the reading and writing in it”. At the time of the research interview he was unemployed and expressed a sense of hopelessness. He stated that his dyslexia was holding him back in all aspects of his life and compared to his friends, “I feel like I’m stuck in first [gear]”.

In relation to employment, some of the adults struggled with anxiety in the workplace, and some had rejected promotional opportunities due to a fear of literacy based tasks. For example, when Mary was working in an office she rejected the promotional offer to be a
supervisor as she knew that such a role would entail more administrative work. Likewise, anxiety featured strongly in Dolores’ employment experiences. For example, when she worked as a receptionist in a hospital:

there were days I was like in a bog of sweat because we would get a list of the admissions that were coming and there were some days I couldn’t read their names. And then they would ring down and ask ‘who’s coming in to such a ward today?’ and there were days I could just… the tension!

At the time of the research interview, Dolores was working in a pharmacy where she also experienced anxiety, although not to the same degree as when she was younger as she developed certain coping strategies, such as copying words from prescription notes.

In contrast, some had less tangled career paths. For example, Colm had passed his Leaving Certificate examinations and at the time of the research interview, he was completing a PLC course in preparation for a HE course in art. He believed that dyslexia may have influenced his choice of career in the sense that many individuals with dyslexia are creative and artistic. He also acknowledged that he has had ample support from his parents and private tutor throughout his education.

Both John and Dan had passed all of their Leaving Certificate examinations and seemed satisfied with their educational and career progression. They had, however, a laboured progression as their level of effort was not reflected in their progression, as Dan stated:

you know like that principle if you work hard you should get better but you weren’t in certain elements and frustration more than anything else kicked in

Ciaran was also happy in his workplace where he has progressed to a supervisor position. He decided to return to education as a part-time learner recently as he wanted to attend a course on the same premise as “normal” students to see how he would measure up:

Just comparing myself to others who are supposedly normal, and to what, you know, what are people doing? Because it’s kind of difficult to find out what, what the difference is.

His need to compare himself to “normal” learners appeared to be based on his experience of being placed in a ‘special needs’ school as a child. He was relieved that he coped well in the course as it gave him the confidence to further his education, possibly in HE.
Finally, Tom, who was retired, had worked in the construction industry all his life where he did not depend on literacy skills. However, he regretted not addressing his illiteracy when he was younger as his limited reading and writing skills affect him on a personal level in his daily life. Nonetheless, he seemed content with his career and confident and proud of his practical work skills.

Although having dyslexia has been a struggle for most of the adults, they have different understandings of what it means to be dyslexic and the following theme will examine this further.

6.4 Being Dyslexic

The second overarching theme relates to the experiences related to identifying dyslexia and their meaning making about being dyslexic. This particular theme has three sub-themes: Symptoms, Identifying Dyslexia, and Identifying as Dyslexic - What does it Mean?

6.4.1 Symptoms

Reading and spelling difficulties were the two common symptoms that all of the 14 adults described as particularly challenging with their dyslexic difficulties ranging from mild to severe. Even though the dyslexic difficulties caused anxiety, frustration and panic for some, others were less affected. For example, Colin struggled with everyday tasks such as answering emails or text messages, whereas for Colm dyslexia did not hinder him from taking part in any aspects of life and he did not see it as a problem. Furthermore, for Ciaran, being dyslexic affected him differently from day to day and Angela’s dyslexia manifested itself particularly when she was stressed.

When asked to read or write something, some of the adults experienced feelings of fear, anxiety and frustration. Catherine described what it was like for her to read when she was younger:
…it would be like spiders were running all over it. All the writing would be running all over it. Panic. If someone would hand me something I would lose it!

Catherine stated that she may still get frustrated when reading or writing but that she no longer panics since completing the Career Paths for Dyslexia programme.

Some of them worried about others perceiving them as stupid or slow. For example, Ciaran explained:

I am intellectual and I have an awful lot of knowledge and I’m like a sponge, I can gather information, but I have come up with ways of doing that. And then I have a disability that could have made it look like I’m not a smart as I am.

Similarly, Dolores stated that her vocabulary was poor due to her limited reading which caused her embarrassment. She also described her reading as slow and feared that she may “freeze” or panic if someone asked her to write something. Whilst the panic was linked to specific situations or tasks, Dolores said about her dyslexia that “it lingers with me all the time”.

Dan, Ben and Colm also felt frustrated in situations when they knew what they wanted to say but were unable to put it down on paper, or struggled to pronounce words. Dan likened this with Motor Neurone disease:

It’s like touching a hot stove, you know that it’s burning your hand off because it goes to your brain but nothing goes from your brain. And that’s what it’s like, so you read something and say ‘oh yea I know what it means’ but if someone asks you ‘just read it out’ and you’re there ‘ohh…..’ and it could be this perception that ‘he’s slow isn’t he?!’ but it’s not really, I just can’t pronounce certain words you know

Dan struggled primarily with the phonetic aspect of reading, or sounding out words. Colin, on the other hand, struggled with all aspects of literacy, but he prioritised reading before writing, as he considered reading as more important than writing in everyday life:

And then spelling, I… I’ve probably given up on that if you get my drift. Like, reading is more useful to me. In the real world, than writing is.

Although difficulties with numbers is sometimes described as a separate condition called dysgraphia, it is also included in common symptoms of dyslexia definitions. Dan
explained that he often mixed up the order of numbers and Sean, who was an avid reader and loved literature, mainly struggled with spelling and numbers.

Concentration and comprehension was another aspect of reading that Ciaran, Phillip and Dan struggled with. They explained that their concentration was focused on sounding out the word which meant that the meaning often got lost in the process. Ciaran stated that “I don’t think my brain is fast enough to experience the message and read it at the same time”. For Dan, the time of day played a big part in his ability to concentrate:

Like I lose concentration very easily. Like brain just goes to mash potato like, passed four or five o clock and I cannot compute, literally like. Like Homer Simpson just sitting there!

Some of them also had difficulties with time-keeping and organisational skills, which they regarded as secondary symptoms of their dyslexia. However, they varied significantly in this regard as some prided themselves on their organisational skills and attention to detail. Furthermore, other additional symptoms that the adults suspected may have been linked to dyslexia emerged, and those were possibly developed due to overcompensation. For example, Ciaran explained that he always talks a lot and considered this related to his memory and to his dyslexia:

When I’m talking, I tend to have to say the whole thing, because I forget what I’m going to say if I don’t finish it off/…/ Because one part pushes me on to the next thing. But I have a pretty good long term memory.

Positive aspects are easily overlooked in relation to disabilities. However, some of the adults emphasised that their dyslexia had some advantages. For instance, John viewed his dyslexia as his main negative and his main positive attribute as it had shaped his personality and Dan stated that having dyslexia had made him determined and focused. Ciaran described himself as a “sponge” that can gather a lot of information and he always worked very hard to gather as much information about a topic as possible. In other words, he compensated for his dyslexia by increasing his efforts and preparing for tasks. Similarly, as Mary was unable to skim through a written text or numbers, she was meticulous in her work and her former colleagues used to rely on her for help when they needed to find a missing piece or mistakes.

For some of them, an understanding of their own learning styles and preferences had been important. When learning through visual means and by interaction, Sean felt as if he had
no learning difficulty at all. Dan explained that he was also a visual learner with excellent memory:

some things are challenges and some things you excel on. Like, I’d be a great visual learner, eh… I have a great memory.

Peter regarded himself as a “great listener” as he relied on his listening skills to compensate for his dyslexic difficulties. In contrast, Angela discovered at a young age that she was “learning by doing”, which meant that a practical career, such as hairdressing, suited her ability.

Although the symptoms of dyslexia which have been discussed in this section appear to be ‘typical’ for dyslexia, the process of having their specific set of symptoms identified as dyslexia have varied and the next section will explore the identification process further.

6.4.2 Identifying Dyslexia

For the adults in this study, the process of identifying dyslexia appeared to have been dependent on someone, such as the dyslexic individual, a teacher, or a family member, having knowledge of what dyslexia is and how it can be manifested. The adults appeared to have been identified on the basis of three different approaches. Firstly, an identified discrepancy between literacy skills and other abilities. Secondly, causes other than dyslexia had been excluded, or thirdly, a number of positive indicators had been identified, suggesting that dyslexia was likely.

Several of the adults were identified as dyslexic due to a considerable discrepancy between their reading and writing skills, and other abilities. Sean was tested for dyslexia during his last year in primary school due to a discrepancy being noted by teachers. He remembered scoring very high in relation to IQ but struggled with spelling and mathematics. However, for those who did not have a teacher who could recognise that dyslexia was the cause, such a discrepancy could be misinterpreted. For example, Catherine was a quick learner in many aspects and when she failed to progress in her reading and writing in school, the teachers assumed that the discrepancy was related to effort and they subsequently called her ‘lazy’.
For some, the discrepancy was highlighted as a result of aptitude tests. Ciaran was identified as dyslexic after completing an aptitude test as part of an entry exam to a technical school. A remedial teacher recognised that dyslexia could be the cause of the discrepancy and Ciaran started to self-identify as dyslexic from that time (although he was not formally assessed until approximately twenty years later). In relation to psychometric tests, Colm did an aptitude test whilst in post-primary school and was then approached by the guidance counsellor who suggested that the aptitude test indicated that he may have dyslexia. In this instance, Colm already knew that he was dyslexic, but admits that the use of aptitude tests may be helpful for identifying dyslexia in students.

For both Catherine and Ben, dyslexia did not appear to have been considered until other potential causes had been excluded, such as inadequate education. For Catherine, it was an adult literacy tutor who suggested that she may have dyslexia after ten years of adult literacy training to little avail. For Ben, it was a dyslexic tutor in the educational drug rehabilitation programme who suspected he may have dyslexia after repeated educational ‘failure’:

I was returning to learning with them. And with assignments and I just fell back again and I couldn’t keep up. And she copped it herself, the tutor, because she’s dyslexic. So she copped it. Copped it that it might be dyslexia. And it’s the first time that I ever heard it, and this is only three years ago. It was the first time I ever heard that I might have it.

For some of the adults, at least to some degree, positive indicators have suggested that they have dyslexia. At different stages in their lives, they have heard about someone who had dyslexia and shared a similar set of symptoms. For example, Phillip first suspected that he may have dyslexia on hearing that his niece was diagnosed with it. He recognised himself in his niece’s experiences, and was further triggered to find out more as he made a labelling mistake at work the following day. After this series of events, he researched dyslexia online and did tests where a number of positive indicators suggested that he has dyslexia. Similarly, Angela first heard about dyslexia when a client in her hair salon was talking about her daughter being dyslexic. Whilst she self-identified as dyslexic from that point, she did not get this confirmed with an assessment until years later as she was “too busy” with work and family life. Additionally, Dolores had self-identified as dyslexic for a number of years as she saw similarities between herself and her daughter who is diagnosed as dyslexic. Finally, Dan started suspecting that he may be dyslexic three years
prior to the research interview, when he came across an article about a famous actor’s experiences of having dyslexia which he related strongly to: “because I’m him basically”. Reading more about dyslexia online then brought him to the National Learning Network where he was formally diagnosed as dyslexic. A further exploration of how the adults in this study have made sense of being dyslexic is presented next.

6.4.3 Identifying as Dyslexic – What does it Mean?

When the cause of the struggle had been identified as dyslexia, the adults had to interpret what it meant to them to be dyslexic. Some regarded themselves as different to "normal’ people, some talked about dyslexia as a disability, whilst others disagreed and took offense when dyslexia was labelled as a disability.

For Ciaran, being dyslexic meant being different. He used the word “normal” to describe non-dyslexic people and he had a need to compare himself to the “norm”. For example, when he started a course and was asked if he wanted to avail of special accommodations he stated:

> I just said ‘no, I’ll just go in and see how I get on as if I’m one of the rest of the class’

Perhaps it was his experience of being placed in a special needs school as a child that influenced his need to compare himself to “the norm”, and to have his intelligence confirmed. Angela also used the term “normal” and stated that the fact that dyslexia is hidden has certain implications:

> You’re normal to look at, you know. You’ve got two legs, two arms and everything else. But you’re not normal in your head, because every day is a challenge.

Angela then compared dyslexia to depression, as it is also hidden and has stigma attached.

A range of terms were used by the adults to describe dyslexia, but both Ciaran and Angela insisted that dyslexia should not be regarded as a disability. Angela stated:

> I don’t reckon I have a disability. /…/ disability to me would be if you couldn’t walk or mentally handicapped or blind. I don’t feel I have a disability
Angela did, however, call it a “learning disability” at a different point in the interview. Dan also referred to it as a learning disability but would rather his employer thinks that he is slow or stupid than them knowing that he has a learning disability. John was more specific in his choice of words and referred to his dyslexia as a “reading disability”, even though he also struggled with spelling.

On disclosing his dyslexia to a social welfare officer to find out about job opportunities, Colin was asked if he would like to apply for disability allowance:

Disability allowance! And I goes, ‘no no I don’t want that’. But I was highly insulted! That she would say that. There are worser people out there than me, I’ve got all my limbs, I can… all I can’t do is reading and writing and there’s worse people off that need that money more than me in that kind of sense. I wouldn’t go for that at all and I was highly insulted when she kind of mentioned it.

Dyslexia was a “touchy subject” for Colin and when people, especially people in certain power positions, assumed things about him, he felt offended. However, there was a slight contradiction as Colin also stated that dyslexia affected him in “every way” and was a barrier to his personal, social, educational and career development. Furthermore, he concluded that it probably should be described as a disability:

Like, if I had cancer or something like that, and it sounds like I do, the way I’m describing it like ‘how did you deal with it?’ and God forbid I’d ever get that and I don’t want anyone to have that, but that’s what people do with diseases, they talk about it. Like, I don’t see it as a disease but a disability I suppose.

Sean felt that a member of staff in a DSS had been dismissive towards him and he interpreted this as sign that the DSS staff had a conception of dyslexia as a disability which was low in a ‘hierarchy’ of disabilities:

I said, ‘If I had come in in a wheelchair, would you have been ok with me then? Or is it because I am able-bodied with a learning problem that you can be like that? No man, that’s not cool.’

With a limited understanding of dyslexia it may be difficult to identify as dyslexic. John remembered thinking that his dyslexia was somehow comparable with Down Syndrome. As a child, he was told by an educational psychologist that his dyslexia could not be ‘cured’, a comment that he resented for a long time. He had since developed an
understanding of the absurdity in comparing dyslexia to Down Syndrome, but with limited knowledge and at a young age, he was upset with the diagnosis he received and it took him a number of years to accept his dyslexia. He also stated that “dyslexia means that you have to work harder”, which illustrated his reframed and more nuanced understanding of dyslexia.

Some of the adults appeared to regard dyslexia from a medical perspective. For example, Dolores had been looking for a “cure” and not long before the research interview, she had started to question if there was one. Sean did not have a medical understanding of dyslexia but felt that teachers often viewed dyslexia as an impairment that needed to be fixed, as he stated that: “they seem to be trying to fix you instead of helping you to learn your own way”. Whilst Peter may not have been looking for a cure, he was unsure of the possibilities of dyslexic people improving their literacy skills and seemed to regard the prospects of his career development as contingent on him developing his literacy skills.

All of the adults, except Tom, described themselves interchangeably as ‘dyslexic’ and as ‘a person with dyslexia’, which may indicate that they generally regarded their dyslexia to be part of them rather than something external. Peter argued that if you can identify as dyslexic and come to terms with what it means, the feelings of “shame” seemed to fade. However, Colm stated that being dyslexic meant “near nothing” to him as he did not feel restricted by his dyslexia.

One factor which may have had an impact on their meaning making of being dyslexic is the formal assessment process. The following section explores in more detail why some of the adults chose to be assessed, how they responded to the diagnosis and the issue of follow-up support post-diagnosis.

### 6.5 Assessment

The third overarching theme, *Assessment*, has the following three sub-themes: *Reasons for Formal Assessment, Response to the Dyslexia Diagnosis*, and *Post-Diagnosis Support*. The adults’ experiences of being assessed for dyslexia varied. Colm, Sean, John, and Colin were formally assessed during primary and/or post-primary school. Of those, Sean and John were also re-assessed as adults for varying reasons. Meanwhile, Peter,
Ciaran, Mary, Catherine, Angela, Phillip, Dan and Ben had only been assessed as adults. Whilst Dolores and Tom had never been formally assessed, Dolores had been screened for dyslexia and at the time of the research interview, she was considering getting diagnosed as she hoped it may give her some direction in relation to improving her literacy skills. She had previously not considered an assessment relevant for herself as she saw it as a label used in educational institutions for the purpose of allocating resources. Tom, on the other hand, had been identified as dyslexic by his adult literacy tutor but was unsure as to what it was and showed no interest in being formally assessed.

6.5.1 Reasons for Formal Assessment

With regards to the first sub-theme, some of the adults had been diagnosed with dyslexia as children through their primary and post-primary schools, and others had been diagnosed as adults, or both as children and adults, but their reasons for seeking a diagnosis varied. They appeared to have had three main reasons to get formally assessed, namely: putting a name on the learning difficulty; learning more about one’s own type of dyslexia; or to gain access to a course, a support service or special accommodations.

For those who had struggled in life without knowing the cause of the struggle, a formal assessment was their way of formally labelling their experiences. The diagnosis appeared to provide validation of their personal struggles whilst confirming their intelligence. For example, Catherine who was labelled lazy as a child wanted to find out if there was another reason for her difficulties. She felt that at the age of 50, she just “had to know”. Mary also wanted to have her difficulties explained and labelled.

Angela had suspected that she had dyslexia for a number of years, but at a specific point in her life, she felt she wanted to, formally, put a name on it as it was:

…time for me to figure things out once and for all. And to actually label it. To put a name on it. Instead of me saying it in my head, but to actually go and get diagnosed.

Similarly, both Dan and Phillip, wanted a similar confirmation in order to know how to move forward and get some guidelines related to dealing with dyslexia.
For Ciaran the motivation behind getting formally assessed was to learn more about his type of dyslexia and to avail of the recommendations in the diagnostic report. However, he also wanted a formal verification or recognition of his strengths:

For me, when I did that, it was to find out, you know, what can I do for the future? What can I do to help myself to minimize the effects of dyslexia? And where are my strengths as well? So I can focus on my strengths. You know. Well, I knew where my strengths were, but sometimes, to verify things can help.

Colm had been assessed three times for different reasons. Initially, his parents and teachers wanted to confirm that he was dyslexic to avail of additional support. Later, his parents wanted a more thorough assessment and access to exam accommodations. More recently, he was assessed in order to qualify for the DARE scheme. Furthermore, at the time of the research interview he was considering getting assessed again to ensure that he received the right kind of support in HE, and it seemed as though they considered it as a form of a needs assessment as there was no formal requirement to get assessed again.

However, for a number of the adults, the diagnosis was simply a means to an end. When Colin enquired about applying to a HE course, he was told by the college that he needed an up-to-date assessment to avail of support from the disability support service. He did not, however, proceed with this as he deemed the financial cost of the assessment too great. He also felt insulted that he needed to “prove” that he had dyslexia even though he provided his diagnostic report from his primary school:

…it might have been out of date, but I haven’t been in the educational system, or even around stuff like that, that would make me get a new one. And that’s what pissed me off. I suppose that they questioned me, in what I suppose is such a touchy subject to me.

John, who had been diagnosed as a child, had to get formally assessed again as an adult in order to access the Career Paths for Dyslexia Programme:

It was just a means to an end, but a very costly one like /…/ having to turn around in my early thirties and pay again for something I already have, and have it for life and there’s a paper trail somewhere but like, how are you doing, here’s two hundred and fifty euro! That would have been very frustrating.

John remembered being upset and frustrated when, as a child, he was told by his educational psychologist he would have dyslexia for the rest of his life. To have to pay
for a new assessment as an adult then brought back frustration. In contrast, Ben did not make a conscious effort to get assessed, but was referred to an educational psychologist by the addiction rehabilitation service he attended.

6.5.2 Response to the Dyslexia Diagnosis

Just as the adults had varying reasons to get assessed, their responses to the diagnosis varied as some were relieved and felt empowered, whilst others initially resented their diagnosis.

Mary felt relief in that there was a reason she had struggled all her life. Similarly, Peter’s response to his dyslexia diagnosis was one of relief as it helped explain some of his early experiences and it enabled him to accept that “it was always going to be a bit harder for me”. After the diagnosis, Peter started to reframe his self-perceptions as he was told that he was intelligent and had specific strengths:

It’s a kind of a funny name like, dyslexia. You just associate that with people who can’t do nothing like, whereas it’s not like! It’s just, you’re not as strong as others in those departments, like, you know what I mean.

Peter’s statement also indicates that his knowledge about dyslexia was limited prior to the diagnosis.

The initial response to the diagnosis changed over time for some of the adults. For example, when Colm was diagnosed in third class in primary school it was “a huge deal” for him, whereas when he was re-assessed as an adult, was simply an informative process. Similarly, John initially resented his diagnosis as a child but gradually learnt to accept it as he developed a better understanding of his dyslexia.

Catherine was nervous about being assessed and she used the metaphor of a physical attack to describe her reaction to the dyslexia diagnosis:

I remember when she told me I had it, it was like somebody hit me a kick in the stomach. And I actually couldn’t believe the shock when she was telling me. I felt like getting sick. I remember feeling like getting sick. And then I just started crying and all of a sudden I felt this relief
For her, the shock was quickly followed by relief and a sense of understanding that her difficulties could be explained and that she was not to blame. She also felt that the diagnosis gave her something that she could “deal with”. Similarly, Phillip and Angela both felt that the diagnosis helped them move forward in life as it was difficult to deal with a difficulty that has not been identified.

The diagnostic report was considered valuable to some of the adults, as it provided clarity on some long standing issues. Although Colm knew that sounds and noise hindered his concentration, it was not until it was highlighted to him in the diagnostic report that he realised that he needed to consider his environment when studying. The most important outcome of the assessment for Ciaran was an increased understanding of his strengths and limitations and for Dan, the diagnosis explained why he had struggled and also why he is particularly good at some things:

it just brings clarity to the issue, literally like. You know. It’s not like I go around with this piece of paper and say ‘listen I can’t do that’ you know, it just makes certain things more of a challenge. So now I know why, like, why if you put up a chart or something and ask what’s wrong with it, like that, boom! Straight away and I can tell you about it

As Dan suggested in the extract above, he was not looking to use his diagnosis as an excuse, but he could see some benefits of having the diagnosis if he returned to education sometime in the future.

6.5.3 Post-Diagnosis Support

With regards to the third sub-theme, for the adults who had been formally assessed, their experiences of post-diagnosis support varied. Whilst none of those who were diagnosed as adults stated that they received specific post-diagnosis support, some had ongoing support from their guidance counsellors or had been referred to other services for support.

The findings suggests that being identified and diagnosed as dyslexic early in life can have benefits. A diagnostic report generally contains information about the individuals learning profile, strengths and weaknesses. However, a diagnosis without support to help them processing such information or coming to terms with being dyslexic and rejecting old pejorative labels seemed to have reduced the potential benefits of early diagnosis for
some of the adults. For example, John and Colin both received varying degrees of remedial support in school post-diagnosis, but had limited knowledge about their diagnosis and their own learning needs. Colm on the other hand, was well informed about his dyslexia from an early age as his mother was also dyslexic and he had access to a private tutor for the duration of his primary and post-primary education.

Some of those who were self-referred to formal assessment services had been encouraged by their educational psychologists to apply for the Career Paths for Dyslexia Programme or to purchase assistive technology. For example, Angela attended the Career Paths for Dyslexia programme following diagnosis, and she also started to read a book about dyslexia which increased her understanding. The diagnosis and the increased understanding seemed to have empowered her:

when I got diagnosed then I got sort of ‘yes! we have a label, we have a name, now let’s go and get help!’

Ciaran sought out an educational psychologist on his own and did not receive follow-up support. Even though he had accessed and financed the assessment himself, the diagnostic report was impersonally addressed ‘to whom it may concern’, which was something he took badly and as a result he did not open the report for a couple of weeks. He felt that it was assumed that he would not be able to understand the report himself and was offended by such an assumption.

Ben’s experience was not clear cut. Although he was referred to the educational psychologist by the drug rehabilitation programme, his diagnosis was not followed up with information about dyslexia and he saw it as another barrier to his educational progression:

I was only after coming off drugs and walking straight into this, you know /…/ It wasn’t followed up on and I just kind of left it then

Ben initially perceived his dyslexia as an impossible hurdle to overcome and it made him more reluctant to continue in his education. However, with the support of his guidance counsellor he enrolled on the Career Paths for Dyslexia Programme and by meeting other dyslexic adults his knowledge of dyslexia increased and he started to reframe his self-perceptions.
The adults’ experiences suggested that some of the potential benefits of a diagnosis were dependent on an educative process post-diagnosis. It appeared that the time needed to come to terms with being dyslexic also varied for the different adults. As such, time, knowledge of dyslexia and follow-up support were important factors in ensuring positive outcomes of their assessment process.

Although dyslexia can be formally assessed and diagnosed, it is still hidden, or difficult for others to identify, and the adults had varying ways to deal with the issue of disclosure, as discussed in the next section.

6.6 To Tell or Not to Tell, That is the Question

The fourth overarching theme deals with the issue of disclosure. On a continual basis, and in many different contexts in their lives, the adults in this study were faced with the decision of whether or not to disclose their dyslexia. In the first sub-theme, Disclosure: a Daunting Task, their experiences of disclosing are outlined, and in the second sub-theme, Reveal it or hide it?, the rationale for their decisions is explored.

6.6.1 Disclosure: A Daunting Task

For many of the adults in this study, disclosing their dyslexia even to significant others had been a daunting task. For example, Catherine was nervous when she disclosed her dyslexia to her best friend after she was diagnosed at the age of 50. Some of them were more relaxed about disclosing to family and friends, but struggled with anxiety when disclosing to teachers and employers. Angela stated that it “took an awful lot out of” her to disclose her dyslexia to the educational staff in her college, but that she felt she had to do it. Similarly, Phillip stated:

\[ \text{Yea, I do feel a bit awkward and a bit uncomfortable. But I mean, even when I was telling them in the college... I said I have it, it didn’t feel good, but like... it is something I have to do} \]

When Ciaran disclosed his dyslexia over the telephone to a FET institution to enquire about suitable courses for him, he was upset with the response:
Ah, I was like, this is diabolical! I’m ringing the people who are supposed to be… You know, I had built myself up to say it, and I’m not too bothered who knows if I have this thing or not, but some people are really bad /.../ Sometimes for people to pick up a phone to say, hey look, I’ve got a problem and I would like to improve my literacy… If they are told, ‘well listen, have you got your leaving cert?’ they usually would be like, this is going to be the norm!

When Ciaran was asked if he had his Leaving Certificate, he hung up the phone and it took him a while to restore his confidence and ring back. Ciaran felt that educational staff, especially those who may be the first point of contact for adults considering to return to education, should have a better awareness of what dyslexia is and the psychological impact of disclosure to unknown recipients.

However, disclosure was not as daunting for everyone, or in every situation. Colm acknowledged that there is stigma around dyslexia but as he was completely comfortable with being dyslexic he did not mind disclosing his dyslexia to others. Similarly, John said that he had “dealt with being dyslexic” around the age of 20 and that since he became comfortable identifying as dyslexic, he did not have problems disclosing it. However, he always made a conscious decision whether or not to disclose, depending on the situation or the environment.

For Peter, the diagnosis and increased understanding of his dyslexia made him more comfortable disclosing it:

I don’t see it as any shame attached to it anymore. I used to. I never would talk about it. But I have no problem telling people about it now. I suppose the diagnosis actually helped it! It actually freed it up a bit for me, you know.

Like Peter, Mary and Angela also became more comfortable with disclosing their dyslexia post-diagnosis and Angela felt less ashamed about her dyslexic difficulties.

Dolores, who generally did not disclose her suspected dyslexia to others, disclosed it to her guidance counsellor as she felt comfortable with her. She did not, however, disclose it to the course provider of her pharmaceutical course even though she may have been able to access some support or reasonable accommodations. This suggests that the nature of the relationship, and perhaps the confidential and impartial role of the guidance...
counsellor was central to Dolores’ decision to disclose her suspected dyslexia. Other reasons behind their decisions to either reveal or hide their dyslexia are explored next.

6.6.2 Reveal it or Hide it?

Several reasons to disclose dyslexia have been identified, including feeling obliged, increasing chances of accessing support, and to alleviate tension. However, in some situations, the adults also hid their dyslexia, or chose not to disclose it, mainly due to a fear of being judged and the risk that it could damage their chances of getting a job or a promotion.

Catherine felt that she had to tell the tutors on her FET course to increase the chances of her accessing support and completing the course. In relation to applying for a course in a HE institution, Philip felt obliged to disclose his dyslexia. After being diagnosed, he rang the college as he feared his application may not be valid unless he had disclosed it. At the time of the research interview, he had only disclosed his dyslexia to his family and some educational staff. He did, however, think that he should tell his friends and fellow students too:

But I suppose I have to open up and start telling friends as well, I suppose that would be the next step. And I have told the college about it as well. Eventually I would have to tell my new classmates when I do meet them. Because I’m sure I will need help from them.

Phillip believed that there could be benefits to disclosing it to his peers in the college, as it may generate support and help. This is also the reason why John recommended that other dyslexic people should disclose as he believed that where an employer, tutors, or educational support services may fall short, peers may be the support you need:

it’s amazing like, even your work colleague possibly want to help you a little bit and they’re going through difficulties as well, there is no question and if you share a little bit with them they’ll share with you. So just to be honest.

Angela had also come to a similar conclusion as she felt may have lost out on support due to not being open about her dyslexia. However, when she had her own hair salon, she was worried about being perceived differently and she said that it was embarrassment and feeling like “a failure” that stopped her from disclosing her dyslexic difficulties.
Disclosing dyslexia in the workplace is a choice that may not have obvious positive consequences if there is no formal support structure in place to support employees with dyslexia. Dan would not disclose his dyslexia in an interview but would consider disclosing it if he felt that there was a genuinely supportive work environment. However, in his workplace, at the time of the research interview, he made sure no one knew about his dyslexia:

I don’t work in an environment where educational weaknesses are accepted /…/ you’d be treated differently, let’s just say.

Dan stated that the company he worked for had plenty of policies and procedures for equal treatment of employees on all grounds, but describes them as “optics” as he had witnessed colleagues being treated unfairly after disclosing a disability. He was also concerned that it would be assumed that he was looking for “special treatment” if he was to disclose his dyslexia in the workplace.

Dolores would not disclose her dyslexia in her workplace either as she felt that disclosing it would be as if she took the job under false pretences. In contrast, to avoid that scenario and to “clear the air”, Peter had disclosed his dyslexia in job interviews:

I think that’s just to clear the air, for myself down the line, you know. I think I actually have said that a few times at interviews.

Colin has also disclosed his dyslexia in job interviews, “to get it out of the way”. He would make such a disclosure decision based on whether the job would entail literacy or not. Contrary to Colin, Ben would choose not to disclose his dyslexia if he thought that it would become an issue as he would fear that it would lower his chances of getting a job. Mary took a more nuanced approach, as she would be honest if she was asked about it by an employer, but she would not volunteer the information without a specific reason.

The competitiveness and culture amongst colleagues in the workplace may also influence the disclosure decision. For example, Ciaran felt that it could be a disadvantage if the management and colleagues knew he had dyslexia if he applied for promotions:

…it’s not really about me telling people about having dyslexia or not, or feeling that I don’t want people to know because it’s private, it’s more about what other people will do with the information that’s the problem, right?
Nonetheless, some hid their dyslexia because they felt that it is a private matter. However, to hide a difficulty such as dyslexia can be demanding. Whilst Dolores made the decision not to tell her family, friends or employer about her suspected dyslexia, she became emotionally distressed when telling me about how she does not want to let her “guard down”, but wants to keep it a secret. She recently ended a relationship with a man for fear of being ‘found out’ and she felt as if she has been “pretending” all her life. At the same time, she also showed some ambivalence:

I’ve been hiding it for so long, I don’t want it to come out. Not that I don’t want it to come out, but it’s just that… I don’t know! I just think that there’s such a stigma attached to it. But there’s not really I suppose, is there? /…/
Like, I just feel like it’s none of their business and I’ve hid it for so long, I’ll just keep hiding it! Who’s business is it, as such? You know what I mean.

On the disclosure issue, Ben also showed some ambivalence. On the one hand, he stated that he did not mind other people knowing, and on the other, he admitted to having a fear of being judged:

But like, in saying that, when I was in college… I didn’t really want the younger ones to know, you know. Maybe it was the fear of being judged or people would start seeing me as stupid and that was just my own fears, you know that way.

Dan also generally chose not to tell people about his dyslexia. He had only told his wife and his best friend. However, when I suggested that he is ‘hiding’ his dyslexia, he disagreed:

Ah I wouldn’t say hiding now, it’s a work around. So what happens is, like everything is, well nearly everything, is achievable, but it might take a bit of time.

Perhaps it is the choice of words, as he explained that he does not think it is anyone’s business.

Although disclosure may increase an individual’s chances of accessing appropriate support, there is no guarantee that their expectations of support are met. The following section examines both perceived ‘ideal’ forms of support and the types of support which some of the adults had accessed.
6.7 Support – The Ideal vs. The Reality

All 14 adults had accessed some form of support related to their dyslexic difficulties at different stages of their lives. The different support services are included in the sub-themes: Adult Guidance Counselling, Disability Support in FET and HE, Adult Literacy Services, Dyslexia Specific Training, Assistive Technology (AT) and Other Types of Support.

The adults were asked to consider both the types of support they would like to have available to them as adult learners with dyslexia, and the types of support they have experienced. Some of the adults also made some more general statements in relation to provision of appropriate support for adults with dyslexia. For example, Ciaran and Sean both made the point that the dyslexic community should be consulted more. Ciaran stated:

I think the best source of information is not from the tutors, it’s not from the teachers, it’s not from the education system... It’s from the people with dyslexia themselves, to give the information back.

Similarly, Sean suggested that learners with dyslexia and educators, such as lecturers, teachers and tutors, should be “put in the same room together, and talk it out”. Dan also explained that his motivation to take part in this study was based on him wanting to contribute to enhancing knowledge of dyslexia and improve support in the future. Furthermore, Ciaran wanted the support which one is entitled to, to be more readily accessible as it can be challenging to self-advocate for it.

6.7.1 Adult Guidance Counselling

Some of the adults appeared to consider adult guidance counselling as a significant form of support for adults with dyslexia, specifically in relation to providing accessible information, counselling post-diagnosis to help come to terms with being dyslexic, help with setting realistic goals, motivation and encouragement, referrals, and advocacy.

Seven of the adults were recruited through an AEGS and spoke of their experiences of doing so. However, the other seven were recruited through other gatekeepers and not all of them had accessed the AEGS. Some had limited knowledge about what guidance
counselling entailed or which services may be available to them. Others had, however, extensive support from an adult guidance counsellor over a long period of time.

In relation to information about educational opportunities for adults with dyslexia, some argued that, ideally, this should be available in different formats, such as audio, video, phone lines, and face-to-face. Ben also stated that using coloured paper and a dyslexia friendly font and size of texts increased the accessibility of information. Ciaran, who met a guidance counsellor during his FET course, was not satisfied with the information he received, via email, and considered it insufficient, stating: “I don’t think they explain themselves well enough”.

Furthermore, it may not be good practice to ask a dyslexic person to look up something online as an online search generates such a vast amount of information which can be difficult to distil. Colin stated:

And then they were saying ‘ah sure look at the computer’ but in my circumstances, looking at the computer is half the battle, do you know what I’m trying to say? Everyone now says that, ‘look at the computer, why don’t you look it up?’ But Jesus, in my, and other people… probably people worse than me… you go to google and you put in the key word, you have a hundred options then! So it doesn’t narrow it down you know, you don’t get the information.

In relation to support post-diagnosis, Ben had benefitted from continuous guidance counselling which focused on helping him come to terms with being dyslexic. For some, it may be a matter of moving from a medical understanding of dyslexia to a more interactionist approach. For example, Dolores felt she spent too long looking to be “cured” and had unrealistic goals. Therefore, she suggested that guidance counsellors should help dyslexic clients set realistic goals by developing a good understanding of dyslexia and suitable educational and career options.

Some of the adults had also benefitted from a holistic guidance counselling approach. Ben accessed his guidance counsellor through the addiction rehabilitation service and stated that he “would have been lost without her” and:

She does the whole lot. Because she knows well where I’m coming from and she would talk to me about how I’m actually feeling you know. When I’m not myself, what’s my confidence like in college and she would direct me into the college and we were looking at where I could end up if I finish the college you know. So my career future.
Ben’s guidance counsellor motivated and encouraged him, and tried to help him build up his self-esteem. Similarly, John described his guidance counsellor as a “release”, where he could talk about how he felt about life and work. Colin also appreciated that he could talk to his guidance counsellor about “everything”, but he felt that he expected too much from his guidance counsellor:

So I came here and I suppose I talked about everything, and I suppose I got it off my chest is the best way to describe it. But with that, it was great at the time when I felt, oh this is ehm… a weight is being off the shoulders or chest or whatever. But then, slowly it builds up again. And I don’t know did I expect the moon and the stars to be put into a course maybe or was I thinking too much?

Sean also talked about all aspects of his life with his guidance counsellor and received support in relation to applying to a course as a mature student and to access the Disability Support Service. He considered his guidance counsellor as a pivotal source of support:

But the people like [name of Guidance Counsellor] are the people who are doing the real work, one on one, they are the people that are helping people meet their goals, where they want to be.

Furthermore, Sean described his guidance counsellor as knowledgeable and as someone who advocated for him, stating: “she was like a lion for me!”.

However, Phillip had a different experience, as his guidance counsellor did not inform him of any support services or accommodations he may be entitled to as a HE student with diagnosed dyslexia. In fact, he accessed a guidance counsellor after he received his dyslexia diagnosis as he was worried about his college application being invalid if he did not disclose his dyslexia: “And he just said ‘fair enough’ and there was no problems about it”. Phillip is still anxious and nervous about returning to education after dropping out and failing exams in the past, which the guidance counsellor did not address.

Finally, the issue of some of the adults’ limited knowledge of the function of the guidance counselling service emerged. For example, Catherine was unaware of the difference between ‘guidance counselling’ and ‘counselling’ and Angela was unfamiliar with the concept of guidance counselling. Although Ben had accessed a guidance counsellor through the addiction rehabilitation programme, he was surprised to learn that other adult learners with disabilities also had the option to access an adult guidance counsellor. John
had received support from an adult guidance counsellor for a number of years, but was unaware that her professional title was ‘guidance counsellor’. John thought that she was “running the adult learning” but as he mentioned this person by name, I happened to know that this person is an adult guidance counsellor in the AEGS.

6.7.2 Disability Support in FET and HE

The ideal types of support in the FET and HE sectors which the adults referred to included access to a tutor, lecture notes, assistive technology and sufficient training in the use of assistive technology tools. In particular, note-taking was mentioned as the most important issue for most of the adults and Ciaran explained that note-taking was related to time, and time was his “enemy”. However, their experiences of support in these sectors suggest that the levels of support offered varied significantly, not just in the different sectors, but also in different institutions.

In relation to the FET sector, the differences appeared significant. For example, Angela was happy with the level of support she received in her FET course. Although she found it challenging to study, she had access to a tutor through the support office in her FET institution for one hour a week who helped her type her assessments on a computer. (It was unclear if this was provided to her for her dyslexia, or for her rheumatism, or both). She felt that she needed to be organised and prepared to ask for the help she wanted in order to make use of the support. She also had access to AT software, but did not receive training in it and so did not use it.

Whilst Angela’s FET institution had a formal support service, Mary, Catherine, Sean, Ben and John found that their FET course providers did not have any formal support in place. Instead, exam and assignment accommodations were made at the discretion of individual tutors and they did not always consider those as sufficient. For example, Ben was very disappointed in the support offered to him as notes were not always available:

I said to her [tutor], ‘would you not bring in the notes into the class?’ and she said ‘ah but I couldn’t do that for just one student’. So that kind of set it off for me, you know. So… I fell behind from the word go because of it, you know, because I was only getting half the notes down and I wouldn’t be listening in the class so what I’m doing is just writing and I don’t even know what I’m writing
When Ben told his tutors that he struggled with the course material, he was advised to access support privately, outside the college and this aggravated him as he felt it was the responsibility of the college to meet his learning needs.

Sean had experiences from both the FET and the HE sectors. His experiences of support in the FET sector was that there was no formal support in place and that tutors lacked knowledge in how to support students with dyslexia. Despite the more structured support through a DSS, his experiences of support in HE were negative for a number of reasons. Firstly, it took some time for him to register and access the DSS and he believed that they were understaffed and thereby ill-equipped to support all students with disabilities in the HE institution. Secondly, he questioned if they had understood the nature of his dyslexic difficulties as although he was granted certain exam accommodations such as typing on a computer and a spelling waiver, the spell-check on the laptop was disabled and this added stress to an already stressful exam situation. Furthermore, he struggled to access sufficient training to avail of the AT through the DSS and found that the member of staff in the DSS office who was going to provide the training was very dismissive towards him:

And I said ‘that’s appalling! From the way that you spoke to me today and like, trust is a pretty integral part of learning a lot of the time, and I don’t trust someone who is going to be that dismissive inside in an assistive technology lab.

Through assertiveness, persistence and self-advocacy, Sean managed to access AT training in the end. Another type of support Sean accessed occasionally from the DSS in his HE institutions was note-taking. However, in both the FET and HE sectors, access to lecture notes depended on the discretion of individual tutors. Furthermore, some lecturers in Sean’s HE institution refused to provide lecture notes as they dismissed Sean’s difficulties as an issue for the DSS to deal with:

If you have an issue they’ll be like ‘ah, talk to your remedial person or talk to the DSS you know. Ah, some guys won’t allow you, they won’t put up their notes afterwards

At the time of the research interview, Colm, Phillip and John were preparing to start a HE degree and had certain expectations regarding supports. Colm expected that a higher level of independence and autonomy would be required compared to the post-primary and FET
sectors, and he intended to register with the DSS when enrolled in the HE institution. The type of support he expected included special accommodations in essays and exam situations, but primarily, he considered registering with the DSS to have “a safety net”:

I suppose just to know that it’s there. I might not ever use it but to know there was support available if I was having trouble reading my time tables, figure out study plans. That I knew it was there for me to use.

Phillip had been accepted on a HE course but prior to this research interview, he was unaware that HE institutions offered any formal support for adults with dyslexia. His expectation, or hope, was that there may be “someone there to help me out a little”.

John was also preparing to start a HE course and had been proactive and discussed his support needs with staff in the specific DSS. He was told that the aim for him was to become increasingly independent in his learning so that he would not need to access the DSS after two years. Whilst the thought of not having disability support was daunting for John, he agreed that it was a good goal to strive towards.

6.7.3 Adult Literacy Services

Eight of the adults had accessed an ETB Adult Literacy Service (ALS) and their experiences were mixed. One of the main issues appeared to be that despite years of limited or no progression, they were not identified as dyslexic or referred to a specialised tutor, guidance counsellor, or assessment service. This was a major cause of frustration for several of the adults who attended the ALS’s. For example, despite limited progress, Catherine attended an ALS for ten years before her tutor suggested she may have dyslexia. Looking back, Catherine wished that someone in the ALS had mentioned dyslexia sooner as the diagnosis was so beneficial to her on a psychological level and for her career development.

Similarly to Catherine, Dolores attended an ALS for several years with little progress and with hindsight, she believed she may have expected too much from the tuition. Dolores was also referred by her guidance counsellor to a different training centre for adults with specific learning difficulties called ConnectEd, which no longer operates. In this centre, she was screened for dyslexia, but not formally assessed, and received some training.
before she was referred back to her local ALS. However, Dolores felt that her progress was limited in both services.

The progress and outcomes of attending an ALS for four years were also limited for Peter:

So I went back and just learned all the basics right from the start you know and it brought me to where I am now like, you know. But eh, I kind of felt like I wasn’t kind of pushed on more you know. You know they brought me as far as they could

However, Peter was unsure if his lack of progress was due to insufficient literacy tuition or if his literacy skills perhaps could not be further improved:

Is this it now, like? You know. But eh, with revising you should get better, like. So if I put in the effort, like?

Likewise, John and Colin both felt that the ALS tutors could assist them to a certain point, but not to their satisfaction as the tutors did not have dyslexia specific knowledge. Nevertheless, in spite of the limitations of the general adult literacy tuition, Colin regarded the ALS as a good service as it is free and the encouragement he received from the tutor was beneficial to him.

The adults varied in their preference for group or individual tuition in the ALS’s. For example, Peter preferred individual tuition as he had a “massive fear of classrooms“. Both Catherine and Tom started with individual tuition as they were embarrassed about their poor literacy skills but progressed into group tuition after a period of time. Tom now enjoys the interaction with other learners in his literacy class. In contrast, Ciaran initially joined a group but found that the group was not progressing to his satisfaction. The ALS then assigned a literacy tutor with extensive experience to him and he felt his literacy skills improved somewhat and his tutor appeared to have provided some validation of Ciaran’s intelligence.

6.7.4 Dyslexia Specific Training

Five of the 14 adults had completed the Career Paths for Dyslexia Programme, namely; Mary, Angela, Catherine, Ben, and John. Whilst Colin and Phillip had been informed about the course by their guidance counsellor and educational psychologist, they had been
unable to access it due to its geographical location. Ideally, Colin and Philip argued that such training should be available nationwide.

The five adults who had completed the Career Paths for Dyslexia Programme were all very positive about their experiences for a number of reasons. Firstly, the course was full-time which provided structure and an intense learning environment. Angela initially attended the part-time evening course offered by Career Paths, but explained that the full-time course made a big difference:

…the full time made such a difference to you. Because you’re doing it every day. You know, it’s Monday to Friday and it’s brilliant, like. You’re constantly learning and you can’t escape from it, and that’s what we need! [laughter]

Angela stated that for adults like her, who have been hiding their dyslexia for a long time, the structured nature of the course was essential as they have often developed strategies of avoiding literacy situations so well.

Secondly, the relational aspect of being part of a group where all the learners are dyslexic appeared to have been beneficial as it normalised dyslexia and provided a feeling of belonging to a dyslexic community. For Ben, who had resented the news that he had dyslexia, being part of such a group “turned everything on its head”. As he developed an understanding of his dyslexia, he started accepting himself and his self-esteem grew. John also felt that his understanding of dyslexia was increased and that being part of a group gave him some perspective on his personal struggle with dyslexia.

Thirdly, the course was a stepping stone for John, Catherine, Angela and Ben who progressed on to courses at higher levels. The programme was their first positive learning experience which boosted their self-esteem and belief in their learning ability. Angela explained that “it opened all the doors” and they received help in the programme to apply to and organise themselves for future courses.

Finally, the programme had a holistic approach, as Angela explained:

But, as I said, I found the time I spent here was sad, hard and… you know, a very emotional place! Because it was bringing up an awful lot of… they didn’t just deal with the teaching, they dealt with a lot of your emotions as well. You know, did mood boards and what else, they did talks and things like that.
This holistic approach is also something that some adults who had not accessed the Career Paths for Dyslexia Programme argued was important. Ciaran believed that, in general, too much emphasis was put on improving the reading and writing skills of dyslexic individuals, whereas he would prefer the focus to be on helping dyslexic individuals develop coping and learning strategies in social, educational and work situations:

...because they’re always going to have dyslexia. So even if they do learn to read and write, it’s going to be a struggle for them to do it /…/ So I think that what most people want is, they want to find ways to help them to live their lives

The only negative aspect mentioned in relation to the Career Paths for Dyslexia Programme was that the duration of the course may need to be longer than nine months.

6.7.5 Assistive Technology (AT)

The adults’ familiarity and experience with assistive technology (AT) varied. One of the main issues appeared to be access, as it is often costly, and as some AT requires training and experience before it becomes a useful tool.

Colin tried ‘Read and Write Gold’ and Sean, Ben and Angela had access to ‘Dragon’ but they all felt it was difficult to learn how to use such software and Ben described it as “a course in itself”. However, John bought and taught himself to use it by watching instruction videos online and he considered it useful for producing written assignments and essays and believed it has improved the quality of his assignments. In relation to work places, Dan considered using ‘Dragon’ but as he worked in an open plan office, the voice recognition software would not work with all the background noise.

Catherine argued that, ideally, FET institutions should offer some AT tools, such as ‘Natural Reader’ which is free, by installing it on the computers. She believed that all learners could benefit from that, not just dyslexic learners. However, whilst in a FET college, she felt that some people had negative attitudes towards AT, and perceive of it is “cheating”.

Phillip received a list of AT tools from the DAI after he was diagnosed. However, as he was unemployed and preparing to start a HE course, he was not sure if could avail of any
of them due to the financial cost. At the time of the research interview, he was, despite disclosing his dyslexia to both the college and his adult guidance counsellor, unaware that there is a fund for students with disabilities which can be used for AT.

### 6.7.6 Other Types of Support

Other types of supports that some adults had accessed include FÁS (now Intreo), private tuition, and free tuition through an addiction rehabilitation service.

Colin described his experience of accessing FÁS as “useless”. He enquired about courses and was given a long list. From his perspective, the staff did not understand his dyslexic difficulties, or his level of dependency on his family, as he was advised to attend courses on locations far from his family. Peer-support was the ideal type of support to Colin, as he wanted to meet dyslexic adults with success stories who had a personal understanding of the struggle he was experiencing to instil hope:

> But I’ve never met someone with dyslexia except for myself. And I would love to meet someone with dyslexia who is successful and who has been through the… been through what I’ve been through

Some of the adults had positive experiences of peer-support from the Career Paths for Dyslexia Programme, but it is a form of support which seems difficult to locate generally.

Colm and John had both accessed private tuition. Colm met with a private tutor once a week during his school years, for a total of eleven years which his parents financed but he did not think he could continue to do so due to the financial cost. He was unaware of his tutor’s qualifications or if the tutor had specific knowledge of dyslexia, but regards the tuition as the key factor in relation to him having reached a satisfactory literacy level. At the time of the research interview, John was accessing private tuition every second week from a tutor with extensive knowledge and experience of working with adults with dyslexia, who also had an encouraging and positive attitude. However, he was unsure of his financial ability to continue with the tuition on a long term basis.

Finally, Ben had accessed support services through the addiction rehabilitation service. Whilst he was attending a FET course, a tutor was provided from the rehabilitation service.
that helped him type his assignments. However, he was unsure how long he would continue to have access to a tutor through this service.

This section has presented a range of supports that the adults have accessed at some stage. However, the specific barriers and enablers which they talked about during the research interviews are also important to elucidate and they are presented in the next and final overarching theme.

6.8 Barriers and Enablers
All of the adults had experienced biological, psychological and social barriers in different areas of their lives and some of them had managed to overcome them. The barriers and enablers are discussed in parallel, in the following sub-themes: From Literacy Difficulties and Dependency to Coping Strategies and Seeking Help, From Lack of Self-Esteem to Self-Acceptance, From Limited Access to Support to Advocacy and Self-Advocacy, From Lack of Awareness to Strengthening Awareness, and Technology - A Barrier And a Useful Tool!

6.8.1 From Literacy Difficulties and Dependency to Coping Strategies and Seeking Help
The adults differed significantly in relation to their literacy difficulties and level of dependency on family members and educational staff. They also differed in how they responded to these barriers and over time, they developed different strategies to overcome them. Unexpected events appeared to have prompted some of the adults to seek help or re-engage in learning.

As stated previously, literacy difficulties is the main dyslexic symptom which all adults in this study experienced. These difficulties were perceived by some of them as a barrier. For instance, Colin regarded his literacy difficulties as the main reason for his lack of career progression:

And then I see my friends taking off in their fields of expertise, going places and stuff like that. And I feel like I’m stuck back here. And I suppose the only reason I’m stuck back here is because of the reading and writing.
However, it is possible that this was partly a psychological barrier related to self-perceptions and expectations of certain professional roles. For example, the fear of increased exposure to literacy based tasks has acted as a barrier for Colin and Angela in relation to employment opportunities.

The avoidance of certain situations or opportunities was a strategy that some of the adults used to cope in the workplace as well as in educational and social situations, especially for those reluctant to disclose their dyslexia. Mary avoided both work and social situations for fear of being asked to read out loud, a behaviour of which she was embarrassed about and described as “pathetic”. Catherine used excuses such as “Oh I haven’t got my glasses with me today” to avoid making mistakes publicly, and whilst John was mostly open about his dyslexia he explained that “old habits die hard” and that he sometimes used similar excuses.

As reading and spelling were difficult for Dolores, she compensated in other areas. She had often done other things as a child such as cleaning her mother’s house during school hours, to avoid learning situations. To some extent, she had continued to use an avoidance strategy and focused on the things she was good at doing and which made her feel good, like swimming. However, she felt guilty for not having practiced her spellings more and avoidance behaviour is perhaps not always possible or accepted. Furthermore, there appeared to be a level of anxiety connected to this strategy as Dolores feared being ‘found out’. Hence, the behaviour of avoidance appears to act as another barrier to progression.

Some of the adults had developed a range of strategies to overcome, or perhaps work around their literacy difficulties. Dan and Ciaran mentioned a number of strategies acquired through trial and error over the years. For example, when typing up reports in work, Dan used templates that he had created to make his report writing more efficient. For Ciaran, time was an important aspect and he used his smartphone to take photographs of notes or whiteboards rather than write it down:

I get the information, and I will make sure I get the information. But the rest of them have it within the timeframe. I don’t. It’s taking me an hour to get the information between the phone and the laptop. But I don’t care! I still get the information.
For Angela, it was important to be organised and to keep all her folders and timetables neat as that helped her reduce stress levels in learning situations. For Ben, one of the main learning outcomes from his experiences as an adult learner was to allow himself more time, and to leave something difficult to one side and come back to it at a later stage.

Colin kept a note in his smartphone with personal details, such as his address, to cope with a stressful situation such as filling in a form. However, he struggled with basic everyday tasks as his technical skills were limited and as his dyslexia appeared to be severe. It is also possible that he lacked experience as Ciaran emphasised that it has taken him years to develop the skills and strategies that has made his work and learning tasks easier. Furthermore, Colin also realised that he may have received too much support from his family and had become over-dependent on others. When asked about family support he said:

Oh it can be a disadvantage! Well my mother is great to me and maybe she’s too good to me to tell the truth about that. Ahm… that’s why I’m trying to step away from her. Like [adult guidance counsellor] realised that I’m relying too much on her.

Colin suspected that the key in gaining more independence is to improve his literacy skills but he struggled to see how he could do so.

Furthermore, some of the adults compensated for their literacy difficulties through the development of acute listening and memorising skills. For example, Catherine used to learn off menus by heart whilst working in a restaurant. However, for some, it has been a major life event, such as bereavement, that has forced them to seek help or work towards increasing their independence. For example, after the death of Dolores’ husband, she did not think she would be able to cope with all the tasks that her husband used to take care of, such as bills and other literacy demanding household tasks:

You see, my husband died 15 years ago, and he used to do everything and he was very intelligent. He was a chartered accountant and... I wouldn’t even have, kind of, said anything to him. I used to kind of hide that. He always did everything, and I never had to worry about that, I was just rearing the kids and whatever. But, oh when he died then [paus] Jee… I nearly went into a… I remember thinking I’ll never be able to survive! Because I can’t do anything! I’ve never done anything, I’ve never had to do anything.
This event propelled Dolores into seeking help from a guidance counsellor. Similarly, Angela’s husband also died a number of years ago, which led to her making an effort to improve her literacy skills to reduce her dependency on other family members. Likewise, Tom’s wife had always managed the household tasks and she had developed ill health and he worried about how he would manage if her health deteriorated further:

Well, say if herself got sick now... I know I’m alright I have a daughter in town, but you know... Like, getting money in the hole in the wall and the bills and all that... it’s all difficult now. Say if herself got sick now and I took over, that I would be able to do it. You know that way.

As Tom realised that he needed to reduce his dependency on family members, he started to engage in adult literacy tuition.

Catherine stated that her level of dependency changed over time. When she left school at the age of 13 and started working, she was proud of her level of independence. She then became more and more dependent on her husband as he “wrapped [her] in cotton wool”. However, while they were running their family business, her husband had to take on a second job and Catherine was forced to manage on her own, which led to her regaining some of her independence.

Whilst Ben did not depend on family members, he contacted the Career Paths for Dyslexia staff for support from time to time, even after he had completed the programme. He also relied on continued support from his guidance counsellor.

To sum up, support from family members and professionals appeared to be a double edged sword as it was encouraging and comforting, but at times also created an over-reliance on others.

6.8.2 From Lack of Self-Esteem to Self-Acceptance

Due to the struggle of many of the adults and negative early educational experiences, most of the adults seemed to have poor levels of self-esteem and a “fear” of classrooms and learning situations. However, a number of them had developed and increased their self-esteem and self-acceptance over time, where a dyslexia diagnosis, peer-support and positive learning experiences appeared to have been key factors.
The process of reframing their self-perceptions was not simple or instant as some had a deeply rooted negative understanding of the self. For example, Catherine felt vulnerable and anxious when she initially returned to education as an adult and although she felt that she was miss-labelled as ‘lazy’ in primary school, she initially found it difficult reframe her perception of self:

you grow up all your life thinking you’re slow or there is something wrong with you. And you know in your heart and soul there isn’t. But you’d think, I’m able to do this and that, but how come I’m not able to do this [reading and writing]?

However, being formally diagnosed and having positive learning experiences helped her reframe her self-perceptions. Indeed, all five adults recruited through the Career Paths for Dyslexia Programme stated that the programme helped them reframe their self-perceptions and build up their self-efficacy in terms of their belief in their ability to learn. Ben believed that meeting other dyslexic adults was an important aspect:

I just got that acceptance in myself then that ‘I’m actually alright, I’m not stupid’. There are some very clever people here, you know /…/ I had that embedded belief that I was stupid or wasn’t going to get it. And then when I came here and got into the mix and everyone just accepted me for where I was at.

Being part of a group also helped Mary gain some self-esteem in her personal life. She described the culture in the Career Paths for Dyslexia Programme as accepting and a safe place free from stigma, where mistakes were tolerated.

However, Colin, who had not attended the Career Paths for Dyslexia Programme, described his sense of self-worth as “shattered” because of a combination of failing to gain employment, not accessing HE, and not having a girlfriend, all of which he linked to his dyslexia. He felt that he was in a vicious circle, where his lack of self-esteem was holding him back, and his lack of progression had a negative effect on his self-perceptions. He wanted to talk about his dyslexia, preferably with other dyslexic individuals but he had not found any opportunities to do so and did not know how to find other dyslexic adults.

For Colm, it was the improvement of his literacy skills through private tuition that helped him became more self-assured in his school work as a child:
…as I got better at reading and writing, so did the fact that I have dyslexia mean near nothing to me. Because it suddenly means that I can achieve if I work on it, you know.

In other words, his self-efficacy increased as he mastered new tasks and academic tasks. Whilst Tom’s self-efficacy in relation to his professional and practical skills was good, he continued to regard himself as “stupid” because of his literacy difficulties:

You might think that you’re talking to a brainy fella now but I’m not! But ask me to do anything with these! [holding up his hands]

Tom used to be ashamed of his literacy difficulties but being part of a group of adults who all shared his difficulty with literacy (albeit not necessarily dyslexia) appeared to have helped him increase his self-acceptance somewhat.

6.8.3 From Limited Access to Support to Advocacy and Self-Advocacy

Some of the adults found it difficult to access formal assessment and supports services and some had to rely on an informal disability support structure. Advocacy and self-advocacy have helped some of them overcome this accessibility barrier.

A recent diagnosis (up to three to five years old) was often required to be eligible to access a DSS, and also a requirement when applying for the Career Paths for Dyslexia Programme. Financing of the assessment was one of the key barriers for some of the adults, such as Colin, who was unable to pay and did not apply to the course he was hoping to do as he would not have access to support from the DSS.

A level of advocacy and/or self-advocacy was important for some of them in relation to accessing support and special accommodations whilst in education. Some of the adults’ parents had advocated on their behalf whilst in primary or post-primary school. For example, during primary school, Sean’s mother insisted that he should be formally assessed for dyslexia and both Sean and John were placed in secondary schools that their parents perceived as best equipped to support them. John’s mother also advocated for access to spelling waivers in school, and paid privately to access school literature on audio tapes.
Others have found their ‘voice’ and developed the ability to self-advocate over time. Ben’s level of self-advocacy has increased in the past years, due to increased self-esteem and encouragement from his guidance counsellor. Furthermore, experiencing insufficient supports in a previous course made him more determined to self-advocate in the future:

Well I brought that [dyslexia report] in to the last college and they went on about funding and… I was nearly going to say, can I have my money back! You know. But I wanted to do the course and I wanted to see what I’d be like in it, you know. Just for myself. I should have fucking stood up for myself. I just felt stupid and I felt I was a hindrance to people or... you know.

Ciaran made a conscious effort not to ask for support and help too often and he had developed strategies that allowed him to work and learn independently. Although he returned to education as an adult to compare himself to “the norm”, he was still adamant that he would ask for help if he really needed it:

But I won’t say ‘look, I’ll pretend to be normal like everybody else and pretend to read the notes’, because I do that every day anyway at work. So I wasn’t going to do it at this course.

As an adult, Sean had developed an ability to self-advocate and request the support he felt he needed and was entitled to. However, he also described his adult guidance counsellor as “a lion”, who advocated on his behalf and informed him of his options and rights as a mature student. In both his FET and HE courses, he was dissatisfied with the teaching styles and support and stated in front of his class that he was struggling and asked for different approaches to be used, that would help his, and perhaps others’ learning:

I want to be having it explained in a different way. I’m not thick, I’m quite intelligent. And I’m not arrogant, I just know that it could be explained in a different way. And I ask for it.

Although Sean had registered with the DSS in his HE institution, he felt that he needed to be very assertive in order to access support from them.

6.8.4 From Lack of Awareness to Strengthening Awareness

Some of the adults in this study have had to cope with other people’s lack of awareness and poor knowledge of dyslexia. Whilst some of them believed that general knowledge
around dyslexia had improved over time, more recent relational incidents and comments suggested that a medical understanding of dyslexia and the notion that literacy skills are linked to intelligence has somewhat prevailed.

Ciaran found it difficult to locate a person or office in the FET institution he approached whom he could talk to about returning to education as an adult with dyslexia. He felt that the staff he encountered had poor awareness of dyslexia and he had to be very assertive to access the information he required. Ciaran suggested that all educational staff in a college should have at least a basic understanding of the sensitive nature of dyslexia for many adults.

Furthermore, Ben sensed that his FET tutors thought he was asking for too much and he also felt like a burden to both his tutors and his fellow students when he asked for support or accommodations. Likewise, Ciaran believed that the public perception of adult learners was that they are a burden to some degree:

Like the leaving cert, everybody comes out and says congratulations. But if a thousand adults at the age of forty who have reared their kids and have very little skills, went back to school, you won’t see them… all these people… it’s always looked as if ‘we do have a big problem here with these people’.

Ciaran made the point that adults with dyslexia who return to education generally have contributed to the economy for years as employees, but that they are often regarded as a “problem” to be fixed with more education.

In relation to work environments, John felt that there was a lack of understanding from his employer. He disclosed his dyslexia to his employer who at first seemed to understand the situation but then made no attempt to support him in his workplace afterwards. However, Dan had no confidence at all that his employer or work colleagues would understand what dyslexia is, or what types of supports a dyslexic employee may require and he did not disclose his dyslexia in the workplace as a result.

Colm had also met people who did not understand what dyslexia is, but he emphasised that those people were not in the wrong for not knowing and he did not mind explaining it to them. Similarly, John also felt that it was his responsibility to inform others of what dyslexia is:
If people don’t understand the word dyslexia or use the word ‘normal’ I make it a point to say like ‘it’s a reading disability, like you know, it’s not a tragedy and like there is definitely someone you know that has dyslexia and is dyslexic’

Likewise, Catherine suggested that it would be good if more people with dyslexia were open about it, as it might help create an awareness and understanding and less stigma. Ciaran was also of the opinion that the individual has some responsibility to educate others about what it is, and what it is not (slow learner, stupid, backward readers etc.).

6.8.5 Technology - a Barrier And a Useful Tool

Finally, the last sub-theme relates to the role of technology in the lives of dyslexic adults. The frequent use of technology and social media has introduced more literacy in our lives and whilst some of the adults viewed this as a barrier, it enabled independent learning and living for others. For example, Colin struggled with emails, text messages, smartphone applications and internet usage. He felt socially isolated by not using these platforms where most of his peers communicate:

I just found it easier to ring people. Or, not getting in contact with them I suppose. And it’s held me back in that way I suppose. Because if I’m without someone who can clarify a message I’m afraid I’d make a mistake. Or, I’m afraid I would make no sense. And stuff like that so like I rarely send a text message if I’m on my own. And it’s affecting me in work related stuff and personal stuff, i.e. like a girlfriend and stuff like that.

Similarly, John did not use social media or send text messages and he felt that it held him back in being an active citizen as it limited his social and political engagement. Several of the other adults did not send text messages on their phones either, partly due to it being too time consuming, and partly for a fear of sending a message with spelling mistakes. In contrast, Colm used social media and text messages frequently and did not mind if people could see that he made mistakes.

For those who were able to utilise technology to their advantage, a number of tasks had become easier. Both Dan and Ciaran relied on technology in their work as it allowed them to work independently and to more easily process written texts and to correct spelling mistakes. For example, Dan typed words he did not understand into a web browser as he
could figure out the meaning of a word by seeing it in a sentence. Spell check was another tool used by most of the adults to reduce spelling mistakes in written work.

6.9 Critical Reflection on Phase 2 Data Collection Method

Whilst most of the adults were very open and disclosed personal details about their experiences, a couple of them held back more and had to be probed about specific issues. For example, Tom preferred to talk about the things he was good at and he also seemed apprehensive about the audio recorder. Overall, however, I believe that semi-structured interviews was an appropriate method given the sensitive nature of many of their experiences. This method also allowed me to summarise their responses which gave them the opportunity to clarify certain issues and understandings immediately.

In relation to my interpretation of the findings, it was challenging to keep a neutral position and to balance the negative and positive aspects of their experiences, particularly as they were such a heterogeneous group. On the one hand, some of the adults emphasised that they did not want pity or a ‘victim status’. On the other hand, it would not be appropriate to downplay the negative relational experiences and barriers many of them had experienced throughout their lives. Perhaps Colm, who was the youngest of the adults and who had primarily positive experiences, will not feel that the thematic analysis is representative of his experiences. However, his experiences are included in the findings and are important as they clearly illustrate that ‘adults with dyslexia’ is an incredibly diverse group.

6.10 Summary

This chapter has presented a thematic analysis of the findings from Phase 2 of this study, which involved semi-structured interviews with 14 adults with suspected and diagnosed dyslexia. Whilst their experiences varied in many respects, a number key issues have been identified.

Firstly, some of the adults’ experiences of early education involved being subjected to pejorative labels and segregated from peers, and these experiences had a negative impact
on both their self-perceptions and their attitudes towards education to some degree. Whilst all the adults experienced difficulties with reading fluency and spelling accuracy to varying degrees, some of them also talked about positive aspects of having dyslexia, such as being artistic or having good listening skills. However, in relation to how they self-identified, there was a great deal of contradiction, particularly in terms of their perceptions and use of labels such as ‘disabled’ and ‘normal’.

Another key issue relates to the difficulty in accessing a formal dyslexia assessment service, and the potential benefits of receiving a diagnosis, such as the opportunity to re-assess long held negative self-perceptions and access to a course or support service. However, the positive outcomes of the assessment appeared to be linked to them having sufficient knowledge of dyslexia, time to process a new ‘identity label’, and access to some form of follow-up support. Furthermore, access to support also demanded self-disclosure of dyslexia and several of the adults spoke extensively of disclosure as an emotionally taxing and uncomfortable experience. Their disclosure decision was often informed by anticipated responses from others and as a result, some of the adults rarely disclosed their dyslexia as they worried about ableism and being discriminated against, particularly in the workplace.

It was evident that the level of support they had received varied greatly in relation to both adult guidance counselling and learning support in the FET sector. On the one hand, some of the adults stressed that they wished that there would be more emphasis on helping them develop coping strategies and a level of self-acceptance, rather than trying to ‘fix’ them by referring them to general adult literacy training. On the other hand, some of the adults had positive learning experiences and had availed of a high level of support, for example those who had participated in the ‘Career Paths for Dyslexia’ programme. Overall, however, the adults’ experiences suggest that there is an insufficient level of knowledge and understanding of dyslexia amongst education staff, employers and in the society.

In the next chapter, the findings from phases 1 and 2 will be integrated and discussed in relation to the literature.
Chapter 7. Discussion

7.0 Introduction
This chapter presents a second level of interpretation of the overall findings from the two phases of the study in the context of the research questions and the literature presented in Chapter 2. Whilst the primary findings from the two phases were first analysed and presented separately in the findings chapters, they are combined here as the purpose of using two methods was complementary rather than confirmatory (Bazeley 2012). Thus they provide a more comprehensive picture of the issues at hand (Small 2011).

7.1 The Process of Interpreting the Overall Findings
The data from the two phases of the study was initially interpreted and analysed separately where a number of themes and sub-themes were identified. In this chapter, the findings from Phases 1 and 2 have been merged and subject to a higher order of interpretation. This second level of interpretation involved distilling findings through the research questions and sensitising concepts (see Appendix R for an illustration of this process). The overarching research question is: *What are the guidance counselling needs of adults with dyslexia?*, and the three subordinate research questions are:

1. *How do adults with dyslexia experience and make sense of ‘being dyslexic’?*
2. *What challenges and social injustices do adults with dyslexia experience in relation to their personal/social, education and career development?*
3. *What factors facilitate the education and career progression for adults with dyslexia?*

‘Social justice’ and ‘recognition’ can be described as a ‘sensitising concepts’ which helped to draw attention to the issues which this study set out to examine through these research questions (Bowen 2006). Blumer (1954) is considered to have coined the term ‘sensitising concept’ and explains that it “gives the user a general sense of reference and guidance in approaching empirical instances” (p.7). Whilst the use of sensitising concepts traditionally is associated with Grounded Theory, it is now commonly used in various strands of qualitative research as a point of departure for interpretation and analysis (Patton 2002; Bowen 2006). As a critical pragmatic research paradigm underpinned this study, the analysis of the primary findings was not purely inductive or deductive, but
rather it moved between the two, using ‘abductive reasoning’ (Morgan 2007). As such, the data analysis has allowed for an evolving thematic framework without predetermined themes whilst drawing on existing theoretical concepts which helped make sense of the data (Grant and Osanloo 2014).

The concept of social justice for adults with dyslexia in this study has been elucidated in the literature review and draws primarily on Honneth’s (1995; 2003) theory of recognition. Honneth (1995; 2003) provides an opportunity to consider the experiences of the adults in this study not just as personal problems and challenges, but as indications of a flawed system and social injustice. Therefore, particular attention is given to evidence of shared negative relational experiences, on both semantic and latent levels in the data, as they can reveal structural inequalities and are seen as potential occurrences of social injustice.

A thematic analysis approach has been applied to critically discuss the overall findings through three overarching themes:

(i) Identity and Recognition  
(ii) Education and Career Development - Challenges and Facilitating Factors  
(iii) Socially Just Guidance Counselling Provision to Adults with Dyslexia.

The third theme also includes a new framework for practice, based on the findings of this study.

As the adults in this study referred to themselves as both ‘dyslexic’ and ‘having dyslexia’, both terms are used interchangeably and the term ‘adults’ is also used as ‘dyslexic’ is only one of many of their identity markers.

7.2 Identity and Recognition

The first overarching theme centres on identity and recognition as it was one of the core issues emphasised by both the dyslexic adults and the guidance counsellors in this study. Identity and self-perceptions are important, not only because it affects their sense of psychological wellbeing, but also because of its relationship with self-realisation and action (Dewey 1917; Honneth 1995; 2003). The findings related to identity and recognition are discussed under the three sub-themes: Identity Construction through
7.2.1 Identity Construction through Social Interaction

A poor sense of self-worth, or self-esteem, rooted in early educational experiences in adults with dyslexia featured strongly in the primary findings of this study, both from the perspectives of guidance counsellors and some of the dyslexic adults. This is also well established in the literature (Ingesson 2007; Griffin and Pollak 2009; Tanner 2009; NALA 2010; Riddick 2012; Mooney and O’Rourke 2017). Whilst three of the adults in this study had largely positive experiences in primary and/or post-primary school, the other 11 had negative to traumatic experiences. Although the academic struggle was notable in their narratives, the negative aspects of their educational experiences were primarily of a relational nature and included being subjected to pejorative labels and segregating treatment by teachers. Although the most violent forms of misrecognition experienced by the adults in this study took place prior to the 1980s, some of the younger adults who came through the education system in more recent times had also experienced significant forms of misrecognition by being humiliated and segregated from their peers. In other words, whilst things may have improved in recent times, this is not a matter which can be reduced to an issue of the past.

A key issue which was identified in the findings of this study and in previous research was that literacy difficulties are often dominant in how educators identify and label learners and literacy fluency appears to be regarded as superior to other skills (Birr Moje et al. 2009; Gwernan-Jones 2010; Riddick 2012). Eight of the dyslexic adults in this study were not identified or formally diagnosed as dyslexic during their earlier school years but were subject to informal labelling with negative epithets linked to their literacy learning, which in turn was perceived to be linked to low intelligence or lack of effort. Examples of such labels, or ‘learner identities’ ascribed by primary school teachers are ‘slow’, ‘lazy’ and ‘stupid’. These labels disregarded the students’ capabilities to learn in other areas, as many of them had demonstrated an ability to learn in subjects where literacy skills were less important, such as sewing, woodwork and even history. This issue appeared to be linked to dominant and culturally embedded notions of a relationship between
intelligence and literacy skills. However, such a relationship is not supported by evidence (Stanovich 2005; Elbro 2010).

One of the adults, Ciaran, also felt that the media and Irish society in general held FET students in lower esteem compared to both Leaving Certificate and HE students. This cultural misrecognition of the FET sector and its learners in Ireland has been identified in other studies and may be related to the sector’s history of providing vocational education to the working class (McGuckin et al. 2013; McGuinness et al. 2014). Additionally, some of the guidance counsellors in this study suggested that adult learners with dyslexia in the FET sector were particularly poorly supported compared to students in post-primary and HE institutions, which, again, has been highlighted in the literature (Mooney and O’Rourke 2017).

The dominant culture which values literacy skills above other skills was internalised by some of the adults in this study and meant that they did not value their own abilities and strengths and some also internalised labels such as ‘stupid’. Misrecognition from someone who is held in esteem may be particularly harmful and teachers generally have a level of power and authority (Honneth 1995). Therefore, the teachers may have been perceived by the adults in this study to have been in a position to grant and withhold recognition related to their learning ability and thereby damaging their self-perceptions (Thomas et al. 2016). Whilst some of the adults in this study had internalised the negative labels, others could not reconcile with the idea of being able to learn certain things well, if they actually were as ‘slow’ or ‘stupid’ as their teachers had indicated. Nonetheless, it was difficult to reject such labels completely and this contributed to an internal conflict for some of them during their school years.

Whilst two of the adults in this study referred to themselves as ‘stupid’ and ‘helpless’ during the research interviews, most of the adults had reconstructed their identity to some degree and were outraged about the cultural denigrating evaluations which had been applied to them. Some of them also wanted to bring about change and had decided to participate in this study as they wanted to help inform others about dyslexia in order for things to improve for future generations. Whilst some had felt ashamed for some time, they were also motivated by their experiences of disrespect to return to education to prove their teachers wrong or to ‘test’ their abilities to learn in a more supportive environment.
Previous research has also linked negative labels used by teachers with a determination to prove teachers wrong once their own understanding of dyslexia became more nuanced (Griffin and Pollack 2009). In other words, experiences of disrespect and an increased understanding of dyslexia led to a ‘struggle for recognition’ for some of the adults in this study (Honneth 1995). Honneth (1995) holds that a struggle for recognition usually begins with feelings of anger and shame and the individual must then also be able to cognitively identify that such feelings are caused by an injustice done to them.

Some of the guidance counsellors and adults with dyslexia in this study referred to the process of reconstructing or rejecting negative self-perceptions as ‘reframing’. Previous research also suggests that such processes are important for adults with dyslexia (Tanner 2009; Young Kong 2012; Evans 2014; Claassens and Lessing 2015). This has also been recognised in relation to learning disabilities in children (Reiff et al. 1995; Higgins et al. 2002; Raskind et al. 2002). Similarly, in relation to guidance counselling theories and practice, the idea of instilling critical consciousness in clients who experience social injustice to help them reframe other self-perceptions has been proposed (Blustein et al. 2005; Howard and Solberg 2006; Prilleltensky and Stead 2012). In addition to critical consciousness, the findings of this study suggest that a number of other factors helped to facilitate a more positive perception of dyslexia and the ‘self’, including: support from dyslexic peers in dyslexia friendly environments, recognising personal strengths and some form of validation of capabilities and intelligence.

The importance of dyslexic peers and dyslexia friendly environments has been recognised in this and in previous research (Armstrong and Humphrey 2009; Young Kong 2012). The five adults in this study who had participated in the Career Paths for Dyslexia programme described a culture and environment which was permeated by, what Honneth (1995) refers to as ‘solidarity’; a form of mutual recognition and appreciation for the unique contribution of each individual, which is a cultural climate where self-esteem can flourish. In particular, to be part of a group where being dyslexic was the norm seems to have reduced the stigma previously experienced in other environments. The findings suggest that peer support from other dyslexic individuals can be important, but it is also difficult to locate. Some of the adults who had not taken part in the programme, had benefitted in a similar way either from having dyslexic family members or being able to
identify with ‘successful’ public figures. Similar positive effects of having dyslexic role models, being able to relate to, and identify with other dyslexic learners have been noted in the literature (Reiff et al. 1995; Higgins et al. 2002; Bell 2009; McGuckin et al. 2013;).

However, even for some of those adults who had taken part in the Career Paths for Dyslexia programme, there was some resistance to allowing dyslexia ‘define’ their identity. The importance of being able to base one’s identity on strengths and different abilities and not just on one’s impairment or literacy difficulties emerged in the findings and has been identified in the literature previously (Gerber et al. 1992; Raskind et al. 1999; Fink 2002; Gwernan-Jones 2010; Irving 2010; Heelan 2011; Nalavany et al. 2011). Some of the adults in this study had been recognised for some of their personal and professional abilities, skills and achievements, which allowed them to identify as ‘artistic’ or ‘practical’, for example. This highlights the importance of not taking a reductionist approach but allowing for complex and layered identifications (Irving 2010; Martin 2012). It also suggests that self-efficacy is an important aspect of identity as it refers to a person’s belief in his/her abilities, as opposed to self-esteem which refers more to a sense of self-worth (Honneth 1995; Bandura 1997). In fact, an attempt to expand Honneth’s theory with a fourth dimension of self-relation which includes self-efficacy has been made recently (Houston 2015). However, according to Bandura (1997), a person’s self-efficacy is primarily influenced by practical experiences of mastering and achieving something, and less so by social interactions, although encouragement and seeing someone who is similar to oneself achieve something also affects our self-efficacy (Bandura 1997). Self-efficacy is discussed further in relation to the second overarching theme, Education and Career Development.

To summarise, self-perceptions are not fixed or static, but a continuous internal negotiation influenced by social interactions. Whilst social interaction undoubtedly is central to identity construction, the findings of this study also suggest that a dyslexia diagnosis can contribute greatly to the process of re-constructing one’s identity, which will be discussed in the next section.
7.2.2 Identity Re-Construction through Diagnosis

The findings of this study concur with previous research which indicates that a diagnosis of dyslexia can be transformative and have a positive effect on the individual’s emotional wellbeing (Higgins et al. 2002; Griffin and Pollak 2009; Tanner 2009; Claassens and Lessing 2015). In this study, some of the adults attributed a formal diagnosis of dyslexia with increased levels of self-esteem, validation of their capabilities and legitimisation of their struggles. The formal diagnosis addressed some of the misrecognition from early educational experiences which allowed them to reconstruct their identity. In addition to these psychological benefits, indirect benefits to the families of some of the adults in this study emerged. As dyslexia is often intergenerational, a diagnosis of one person can provide possible reasons for difficulties experienced by other family members (Gilger 2010). However, dyslexia assessments are sometimes only considered relevant within an educational context. For example, one of the guidance counsellors and one adult with suspected dyslexia (Dolores) in this study appeared to regard a dyslexia assessment simply as a means of accessing educational accommodations and resources, and not as something which may hold value at a psychological level.

Formal dyslexia assessments in Ireland are generally discrepancy based and include an IQ test (McPhillips et al. 2015). For some of the adults in this study, this was pertinent as it ‘proved’ that they were not ‘stupid’ and thus allowed them to reframe their learner identity and construct a more positive identity as a whole. From a social justice perspective, however, there is an issue with the IQ discrepancy approach as individuals with a low IQ may not be identified as dyslexic and the discourse of being ‘stupid’ may persist for those who struggle with literacy, but fall outside the cut-off points for a dyslexia diagnosis. Furthermore, as the perceived link between intelligence and literacy skills has been proven incorrect (Stanovich 2005; Elbro 2010), professionals (including teachers and special needs assistants) in Ireland have called for the current IQ discrepancy approach to be abandoned (McPhillips et al. 2015). Even so, IQ discrepancy appears to be a prevailing conceptualisation of dyslexia (Meteyard and Gilmore 2015). This is a highly complex issue, however, as there were psychological benefits for the adults in this study to have their intelligence recognised and measured by a professional as part of being formally assessed.
There were, however, also some negative short-term consequences of the dyslexia diagnosis for some of the adults. In particular, Catherine experienced short-lived but highly intense, emotional stress during and immediately after her diagnosis, which gradually transcended into relief. Whilst no lasting negative effects of a dyslexia diagnosis was experienced by any of the adults in this study, the psychological benefits of a diagnosis seemed to be contingent on gaining an increased understanding of personal strengths and weaknesses and of their dyslexia, which has been recognised in previous studies (Higgins et al. 2002; McNulty 2003; Osterholm et al. 2007; Hughes et al. 2009; Long and McPolin 2009; Gwernan-Jones 2010; Pino and Mortari 2014). This has implications for guidance counsellors supporting adult clients with suspected dyslexia as it suggests that support post-diagnosis is extremely important, particularly in relation to self-understanding and identity re-construction.

Some of the guidance counsellors in this study suggested that positive outcomes of the assessment can be ensured through guidance counselling which focuses on the assessment process. This is similar to an approach which was found effective in a study by Sandell et al. (2013), in relation to assessing ADHD and ASD in adults, where client engagement in the assessment process, pre-, during and post-diagnosis facilitated positive outcomes. The importance of communicating the results of a dyslexia assessment clearly and in a positive manner, including information about learning needs, weaknesses or strengths, has been identified (McNulty 2003; Griffin and Pollak 2009; Fletcher et al. 2015). However, the findings of this current study suggest that follow-up support post-diagnosis falls short of what is needed as some of the adults did not receive any information or support when they received their diagnostic report.

7.2.3 Disclosing a Dyslexic Identity

Dyslexia can be described as ‘hidden’, or ‘invisible’, which has certain implications for both dyslexic individuals and for guidance counsellors, particularly in relation to disclosure and non-disclosure (McGuckin et al. 2013). Disclosing is the act of providing personal information, such as ‘being dyslexic’, to another person or body (Loftus 2009). The guidance counsellors in this study provided insights into practice issues, and the
adults with dyslexia provided context and motive behind both disclosure and non-disclosure.

One of the key issues which emerged in the data relates to the emotional aspect of disclosure, which has previously been noted in the literature (Gerber 2012; McPheat 2014; Pino and Mortari 2014). For the adults in this study, the act of disclosing dyslexia was experienced on a continuum, from indifference to distress. However, for most of them, it was emotionally taxing to disclose their dyslexia to others, and one chose not to disclose at all (except to a guidance counsellor and the researcher).

The narratives of the adults exposed a complex rationale behind their dyslexia disclosure and most of them employed ‘selective’ disclosure, based on expected outcomes and the relationship with whom they considered disclosing to. Some anticipated adverse social and career consequences, such as rejection or discrimination and did not disclose as a result. As found previously, the notion of equality and wanting to be the same as everyone else was also a deterrent to disclosure for some of the adults in this study as disclosure emphasises what is ‘different’, which in turn may be linked to moral degradation and a sense of inferiority (Ho 2004; Cameron and Billington 2015). However, others regarded it as a necessary risk in order to access meaningful formal and informal support. Similar complex reasons for disclosing and not disclosing dyslexia have been found in other studies (Price and Gerber 2008; McGuckin et al. 2013; McPheat 2014; Evans 2015). For example, Evans (2015) argues that dyslexia disclosure should be understood as more than simply behaviour, as it involves positioning of the self, an act with more or less unpredictable consequences.

Some of the adults in this study appeared to be comfortable positioning themselves as ‘dyslexic’. However, there were inconsistencies in their narratives as some of them referred to non-dyslexic people as ‘normal’ but were deeply offended if others suggested that dyslexic individuals were ‘not normal’. As such, there was an incongruence between their self-perception (‘different’) and how they wanted others to perceive of them and treat them (‘normal’) (Rogers 1951; Thorne and Sanders 2013). Furthermore, Armstrong and Humphrey (2009) refer to this as ‘conflicted status’ and suggest that individuals’ willingness to identify as dyslexic is a dynamic process as opposed to static.
Additionally, ‘disabled’ was a contested identity label for most of the adults in this study as they associated it with a physical impairment. This correlates with the literature and may be a rejection of being categorised and pigeonholed with what many consider a negative identity label (Thomas 2007; Evans 2014). This implies that there may be a discrepancy between the language used by individuals with dyslexia and the language used in law, policy and support provision where dyslexia is categorised as a disability (e.g. Disability Act 2005; Ireland, Department of Justice and Equality 2013; Higher Education Authority 2015; SOLAS 2016a). This could have implications for adults with dyslexia as they may not wish to assume or disclose a ‘disabled’ identity, or they may be unaware of their entitlements. The findings of previous research has also found that some students with hidden disabilities may not access supports in an unintegrated support structure where ‘disability support’ is isolated from the mainstream curriculum (Martin 2012; Evans 2014).

The relational aspect of disclosure was also a key issue which emerged in this study, as the client-practitioner relationship, trust and reassurance of confidentiality were identified as important. Likewise, this has previously been recognised in the literature (Fabian and Pebdani 2013) and may imply that guidance counsellors have a somewhat unique position, which can make them particularly disclosure-friendly. However, the need for educational personnel and employers to also consider potential power asymmetry and how it may affect dyslexia disclosure also emerged in the findings. Similarly, the issue of power and privilege and its connection to disclosure has been highlighted in the literature (Rocco 2004; Kerschbaum and Price 2014; Kuppers 2014). For example, Rocco (2004) found that adults with disabilities with lower level positions in work were less likely to disclose, compared to employees with middle to higher level positions. In contrast, there were instances where some adults in this study disclosed their dyslexia due to a perceived obligation, or fear that non-disclosure would make a college application void, for example. Again, power positions appeared to play an important role in the process of disclosure.

However, disclosure of dyslexia is not required by law and the dyslexic individual therefore also holds a level of power and some of the adults in this study chose not to disclose their dyslexia. On the other hand, a number of negative implications of non-
disclosure were identified by the guidance counsellors in this study, including continuation of negative self-perceptions, inappropriate guidance interventions and a lack of access to support services and accommodations. These issues have also been identified in the literature where the link between disclosure and access to appropriate support has been established (Loewen and Pollard 2010; Pino and Mortari 2014; Evans 2015). The findings of this study and a previous study (McGuckin et al. 2013) suggest that it may be beneficial to discuss the potential implications of both disclosure and non-disclosure with a guidance counsellor.

Another important aspect of disclosure concerns the environment, where some environments were perceived by the adults in this study as more disclosure-friendly, accepting and inclusive than others. Many of the adults had experienced ableism whilst in school, yet, paradoxically, educational institutions were regarded as the most accepting environments. This was possibly because several of the adults believed that attitudes toward dyslexia had improved in recent years and another Irish study (Evans 2014) also found that adults with dyslexia believed that a nuanced outlook on dyslexia is more prevalent now compared to more traditional deficit medical perspectives. In contrast, other studies have found that Irish teachers may still need to have a clearer and more evidence-based understanding of dyslexia (Bell et al. 2011; McPhillips et al. 2015). Additionally, whilst the youngest adult in this study (Colm, aged 18) had positive school experiences, some of the adults who were only marginally older had been confronted with medical understandings of dyslexia whilst in school.

The workplace, however, was generally not perceived as an inclusive environment and some of the adults in this study viewed disclosure as too great a risk due to their workplace culture’s lack of acceptance with regards to ‘differences’ or ‘weaknesses’, an issue previously noted in the literature (McPheat 2014). Whilst it is possible that some of the adults in this study had an unfounded fear of discrimination and ableism in the workplace, some had witnessed discriminatory practices when colleagues disclosed a disability, in spite of anti-discriminatory policies and legislation in place.

Nag (2014) also highlights that there is often a stark contrast between the reasonably high levels of formal support available in education compared to the lack of formal support on the labour market. Whilst dyslexic employees have a legislated right to reasonable
accommodations (Employment Equality Act 1998; Disability Act 2005; Irish Human Rights and Equality Commission Act 2014), none of the adults in this study had accessed accommodations in their workplace. Some of them believed that accommodations, such as specific software, could benefit them in their work but they had not requested it as they did not want to disclose their dyslexia due to stigma and fear of discrimination. Those who had disclosed their dyslexia in the workplace had not experienced discrimination but felt that the employer lacked awareness of dyslexia and had not been actively supportive or offered accommodations. Although this study only touches on this topic, the findings imply that legislation and policy is insufficient in itself in workplaces which have a culture with a poor sense of ‘solidarity’ (Honneth 1995). Whilst training in appropriate provision and policy implementation may go some way to address this issue (Duggan and Byrne 2013), there may also be a need to challenge cultural values, the prevailing conception of disabilities, and to promote inclusive values and practices in workplaces.

7.3 Education and Career Development - Challenges and Facilitating Factors

The second overarching theme relates to the education and career development of individuals with dyslexia. As reiterated throughout this chapter, the 14 dyslexic adults in this study are individuals with heterogeneous backgrounds, experiences and characteristics. Nonetheless, patterns in their experiences and career trajectories were identified and the guidance counsellors also highlighted some issues from their perspectives. Although all of the adults in this study had struggled in their career development to some degree, they had also overcome a number of challenges. The multifaceted and complex challenges and facilitating factors in their career development demanded a multi-layered and interactionist approach as a reductionist approach would only provide a fragmented understanding on the topic and therefore not reflect their experiences (Danermark and Lennerstedt 2004). Therefore, this theme teases out and identifies barriers and enablers on three interactive levels in three sub-themes: biological factors, psychological factors and social factors (WHO 2011). Whilst it is important to recognise that the various influences of a disability are intricate and difficult to distinguish, it is needed for the sake of clarity. These three analytical levels have yielded
7.3.1 Biological Factors

The experiences of the adults in this study indicated that dyslexic difficulties can vary considerably and are highly individual and subjective, both in terms of how cognitive difficulties present themselves, and the degree of difficulty (Miles 2004; Vellutino et al. 2004; Snowling 2006). Whilst dyslexia is sometimes reduced to a problem with reading (e.g. EU High Level of Experts of Literacy 2012), the symptoms described by the adults in this study included difficulties with both fluent and accurate reading and spelling, where some of them struggled with sounding out words, or reading out loud, or producing written texts which reflected what they wanted to express. Some of them also struggled with comprehension and concentration. These symptoms correlate with research and symptoms stated in reviewed dyslexia definitions (Ireland, Department of Education and Science 2001; Lyon et al. 2003; Tafti et al. 2009; EDA 2014; BDA 2017).

The individual set of dyslexic symptoms and degree of difficulties varied significantly amongst the adults in this study, as Colin struggled to read a short text message and Sean described himself as a “ferocious reader”. Nonetheless, all of the 14 adults struggled with reading fluency and spelling correctly to some degree. In education and work environments, the dyslexic difficulties of the adults in this study primarily translated into problems with note-taking, producing written texts and poor organisational skills, all of which seemed to be related to time as many of these tasks took longer for them compared to non-dyslexic peers. These difficulties correspond with findings from previous studies (McGuckin et al. 2013; Reid et al. 2013; Laishley et al. 2014).

However, some of the adults in this study had consciously developed excellent organisational, technical and social skills to compensate for their dyslexic difficulties. This correlates with previous research that adults with dyslexia often use well-developed coping mechanisms, compensatory behaviour, and strategies to hide their difficulties to others (Morris and Turnbull 2007; Jamieson and Morgan 2008). The ability to compensate for and hide their dyslexia may make identifying dyslexia in adult clients
even more difficult but also more important if they return to education as adults where they could benefit from support (Griffin and Pollak 2009). The indiscernibility of dyslexia, therefore, requires a strong level of awareness of symptoms of dyslexia from educational personnel, including guidance counsellors.

As literacy difficulties are the key biological symptoms of dyslexia, literacy training is often presented as a key intervention (Elliott and Nicolson 2016). However, some of the adults in this study were frustrated and insulted by attitudes which suggested to them that a lack of literacy training was the cause of their dyslexia and they would not consider general literacy training relevant to their career progression. Specifically, some were keen to emphasise that they were not unable to read and write, but they needed more time compared to non-dyslexic peers and some benefitted from using tools in order to understand and decode written text, or to spell correctly. Nonetheless, seven of the adults had experiences of attending an ALS and whilst some had benefitted from it to some degree, they all felt that their learning progress in such a service was severely limited. The findings of this study, and others (Higgins et al. 2002; Hughes et al. 2009; Burden 2010) indicate that reasonable accommodations and well-developed coping mechanisms were more appropriate interventions and facilitating factors compared to general literacy training.

In relation to tools which can help address the biological difficulties associated with dyslexia, technology had been used to varying degrees by the adults in this study. Essentially the proficient use of ICT and AT facilitated independent learning and living for some of the adults, as they found it useful in their education, privately, socially, and in their careers. Previous studies have also found that a key advantage of ICT and AT is the opportunity for individuals with dyslexia to increase control of the learning process and independence in all aspects of their lives (Nguyen et al. 2013; Pino and Mortari 2014). However, some of the adults in this study confronted obstacles to accessing specific AT tools as it can be expensive and difficult to use without adequate training. The main barrier appears to be the inequitable distribution of the ‘Fund for Students with Disabilities’ which can be used by educational institutions to provide access to such tools. The eligibility criteria currently exclude any student with disability who are studying part-time or on QQI Level 1-4 courses (Duggan and Byrne 2013; AHEAD 2017). This is a
serious equity issue which some of the guidance counsellors in this study also highlighted and which should be addressed at policy level (Ireland, Department of Justice and Equality 2013; Higher Education Authority 2015). The DES (Ireland, Department of Education and Science 2016b) have committed to review this fund and implement changes in 2017, but no details are published to date.

Furthermore, AT can be challenging to use and requires training, which can also be difficult to access. Thus the implications for some of the adults in this study was that their potential was not reached in relation to producing written texts. These findings augment previous studies which have also found that access to effective ICT and AT must also involve access to funding and training for both students and educational personnel (Nguyen et al. 2013; Reid et al. 2013). Nonetheless, the adults in this study who most frequently used technology to assist them in their lives insisted that they primarily used readily available technology in their smartphones and computers. Again, this corresponds with a previous study, where students may use computers and smartphones more so than specialised AT (Nguyen et al. 2013). Moreover, this somewhat reduces the issue of existing financial barriers to accessing AT and may also reduce the stigma and negative attitudes which some adults in this study experienced in relation to AT in educational institutions. There is also a possibility that effective use of freely available technology could benefit individuals who struggle with literacy but who score outside the cut-off points for a dyslexia diagnosis or who do not meet the eligibility criteria to access funding.

7.3.2 Psychological Factors

The psychological barriers experienced by the adults with dyslexia emerged very strongly in the findings with regard to various aspects of their lives and include: negative self-perceptions, anxiety and shame, avoidance behaviour and circumscribed career choices, and poor self-efficacy. The facilitating factors, on the other hand, included: coping strategies and awareness of strengths, validation of intelligence and learning potential, a reframed sense of self, and dyslexic peers. There is a great deal of overlap as many of the psychological barriers and facilitating factors have been discussed in the first theme on identity and recognition and those will consequently not be discussed in great detail again.
Overall, anxiety and shame were experienced by many of the adults in this study. Specifically, anxiety featured strongly in fragmented career trajectories with poor work and educational retention and attainment. Whilst classrooms and formal examinations were contexts where anxiety and shame often came to the fore, such feelings were not limited to educational situations as literacy comes into play in many, if not most, aspects of life (Carroll and Iles 2006; Young Kong 2012). However, their experiences varied considerably in this regard and it is possible that the severity of dyslexic difficulties and development of coping skills were influencing factors (McCarthy et al. 2015).

Another barrier to progression, which is closely associated with anxiety, was identified in the findings of this and previous studies and relates to avoidance behaviour (Tanner 2009; Bell 2010; Young Kong 2012). As children, Dolores, Mary and Angela had avoided potentially embarrassing and difficult situations by making themselves ‘invisible’ in classrooms and as a result, their difficulties remained unidentified until adulthood. The findings of this study also suggest that those adults who used ‘avoidance strategies’ in adulthood circumscribed their career aspirations due to their fear of failure and humiliation. For example, Peter was held back educationally by his ‘fear of classrooms’ and others circumscribed their career choices or declined promotions to avoid being ‘found out’ as ‘stupid’. Another study identified a tendency amongst adults with dyslexia to move from job to job as a strategy to avoid difficulties in the workplace caused by their dyslexia (Bell 2010). The findings in this study contrast Bell’s (2010) findings somewhat however, as some of the adults in this study had more stagnant careers as they chose to stay in the same workplace or position to avoid the unknown or anticipated difficulties of a new job.

Self-efficacy is a prominent concept in some career development theories, such as SCCT (Lent 2013) and the findings of this study suggests that it may also be an important concept in relation to the career development of adults with dyslexia. According to Bandura (1997) factors which influence self-efficacy levels include experiences of mastering something, modelling/role models, social persuasion/encouragement, and physiological factors. Some of the adults in this study who had been encouraged and well supported, or who had achieved and mastered tasks in their careers appeared to have high expectations of themselves and a strong sense of self-efficacy in terms of their potential
to develop and learn, and power to affect situations. However, some of them had also internalised others’ (e.g. teachers’) low expectations on them and developed low levels of self-efficacy, a phenomenon which has also been identified in previous studies (Fink 1998; Tanner 2009; Evans 2014).

Low levels of self-efficacy have been linked to avoidance behaviour, poor performance and a ‘giving up mentality’, and such tendencies were evident in the narrative of some of the adults in this study (Bandura 1997; Betz 2004). For example, Colin seemed to have ‘given up’ in relation to developing his writing skills or progressing to HE due to the barriers he experienced when trying to access support. However, it is a highly complex issue as some of those who had experienced severe discrimination and low expectations demonstrated high levels of self-efficacy. Rather than developing habits of avoiding or giving up, they had been motivated by such experiences and there was a sense of wanting to ‘prove’ previous teachers wrong, as discussed in relation to identity and self-perceptions, and explained by Honneth’s (1995) theory of recognition. Whilst the self-efficacy of the adults in this study was not measured, it may be a concept worth investigating further in relation to educational and career progression of adults with dyslexia or other similar disabilities.

As discussed previously, a dyslexia diagnosis can also be instrumental in providing validation of capabilities and intelligence and can consequently encourage adults to return to education (Claasens and Lessings 2015). The adults in this study who had positive learning experiences as adult learners appeared to gain an increased self-efficacy which acted as a ‘stepping stone’ to furthering their education or employment. The guidance counsellors in this study also emphasised the importance of positive learning experiences for adults with dyslexia and it has been highlighted previously in relation to progression of non-traditional students in HE in Ireland (Fleming and Finnegan 2011). Similarly, the positive effects have been noted previously in relation to dyslexic adults’ self-efficacy and self-esteem when they progress in their careers (Raskind et al. 1999; Gerber et al. 1992; Fink 2002; McNulty 2003; Nalavany et al. 2011). However, to re-engage in education should not be understood as a simple solution to long standing psychological barriers as some adults’ re-engagement in education can lead to relived failure (Tanner 2009). This implies that adult dyslexic clients should be encouraged to return to education
in conjunction with identifying appropriate emotional and learning supports, when needed.

Whilst it is important to identify and recognise psychological barriers and facilitating factors, it is essential that this is done within an interactionist approach as psychological barriers often are rooted in relational experiences and social stigma (WHO 2011). The third sub-theme, social factors, are discussed next.

**7.3.3 Social Factors**

The third interactive level concerns social factors, which can include relational, institutional and cultural values and practices, access to resources, reasonable accommodations, support services and informal support. As experiences related to relational and cultural values came through particularly strongly in the findings, those were discussed separately and in detail in the first theme (**7.2 Identity and Recognition**). This section will first address institutional practices in relation to distribution of reasonable accommodations, support structures and accessibility of services. This section will then also address the issue of informal support.

Recently, the varied levels of support for students with disabilities and SEN in different FET and HE institutions nationwide has been critiqued in Ireland, notwithstanding that some examples of good practice have been identified in both sectors (McGuckin et al. 2013; Harkin et al. 2015). Whilst the most recent policy developments in the FET sector have ignored the issue of disability support, the White Paper on Adult Education (Ireland, Department of Education and Science 2000) set out an approach which includes both embedded and segregated support provision. However, only one of the adults in this study, Angela, had attended an institution where disability support was offered through a special support office. For the other 13 adults in this study who had attended FET institutions, disability support appeared to be left to the discretion of individual tutors where many felt that tutors were reluctant to provide such support. This has also been noted in Ireland previously (McGuckin et al. 2013; NCSE 2014a).

In contrast to the FET sector, disability support in the HE sector is generally organised centrally by a DSS. One adult in this study, Sean, who was registered with the DSS in his
HE institution, felt that it took a long time to access register with the service and he also had to self-advocate to access certain AT training, due to limited resources in the DSS. The limited resources in DSS have been noted as a national issue by AHEAD (2017) recently where resources have not increased in line with the number of students registering with the services. Furthermore, lecturer responsibility may be underemphasised in HE as Sean also struggled to access lecture notes from some lecturers who instead referred him to the DSS. Previous research has also indicated that HE teaching staff need significant training in supporting dyslexic learners (Pino and Mortari 2014; AHEAD 2016a).

An additional barrier in the FET sector relates to access to Assistive Technology (AT) as the Fund for Students with Disabilities is only available to full-time students on QQI level 5 and up (Duggan and Byrne 2013). However, the findings of this study suggest that access to training in how to use the AT can be challenging in both sectors.

In the findings of this study, it was evident that the limited support in both the FET and HE sectors had negative implications for some of the adults as they struggled in their educational progression, feeling discouraged and anxious, or dropping out of courses altogether. Similarly, poor retention rates amongst students with disabilities and SEN in both FET and HE has been identified and linked to limited support provision previously (Smith 2006; Griffin and Pollak 2009; University College Cork and Cork Institute of Technology 2010; McGuckin et al. 2013; Pino and Mortari 2014).

Nonetheless, examples of positive and supportive practices were also found in this study. For example, one of the adults, John, had been in contact with the DSS office in his prospective HE institution and felt encouraged by their approach to supporting him. The plan for his support was individualised as it was based on his needs, and with a gradual move from intensive support to more independent learning. Additionally, the five adults who had taken part in the specialised FET course, Career Paths for Dyslexia Programme, all regarded it as a positive learning experience which they accredited to the highly structured and intense (full-time) nature and the holistic approach of the programme. The importance of highly structured tuition for students with dyslexia aligns with current knowledge on suitable approaches to literacy training for adults with dyslexia (Singleton 2009) and the holistic approach, addressing emotional aspects alongside literacy and
organisation skills, has been identified as important by some guidance counsellors in this study and in previous studies (NALA 2004; Hughes et al. 2009; Tanner 2009; Burden 2010). Some of the other adults in this study expressed an interest in accessing the Career Paths for Dyslexia programme but the course is only available in one location in Ireland, making it inaccessible to a large proportion of the population. The course is provided jointly by the DAI and the Kildare and Wicklow ETB, and funded by SOLAS and similar courses in other parts of the country could fill a gap in provision of specialised training for adults with dyslexia in Ireland.

Whilst the psychological benefits of having a dyslexia diagnosis have already been discussed, a diagnosis can also facilitate increased access to support and accommodations, as well as enabling advocacy and self-advocacy. The existing barriers to accessing assessment services, as well as the diagnosis criteria for access to support, are significant social justice issues identified in this study, which need to be addressed in relation to the public policy goal of social equity (OECD 2004; NGF 2007a; ELGPN 2012). The guidance counsellors in this study suggested that the financial cost and the lack of public funding are the main barriers to adults with dyslexia accessing assessment services.

As evidence of a ‘recent’ diagnosis is sometimes required to access support, the financial resources, more so than the needs of the individual, often influence the level of support a dyslexic learner can access (Harkin et al. 2015). Similarly, in this study, the socio-economic status and financial resources of the dyslexic adults were found to be important in relation to accessing support. For example, Colm’s family had the resources to access both assessment services and private tuition and his parents advocated on his behalf to secure appropriate support. Previous research also indicates that privilege produces opportunity and disadvantage limits opportunity in relation to the career development of individuals with SEN such as dyslexia (Nag 2014).

In relation to willingness to access support, Evans (2014) found that those who embrace a dyslexic identity are more prone to seek and access support compared to those who resist a dyslexic identity. However, such a link was not observed in the findings of this study as the adults’ decisions to disclose dyslexia appeared to be more informed by their perceptions of the environment as accepting and inclusive or not. Nonetheless, in relation
to informal support, some of the adults in this study disclosed their dyslexia as a strategy to access support from family, friends and colleagues. However, their experiences suggested that support is a complex issue as informal support contributed, for some of them, to an over-reliance on family members for everyday tasks, such as paying bills, reading and answering emails. This corroborates findings from other studies which suggest that poor literacy skills, dyslexia related and otherwise, often limits the individual’s ability to live independently (Ryan and the International Dyslexia Association 2004; Bell 2010; Watson and Nolan 2011; Mark 2014). Whilst this was not addressed by the guidance counsellors in this study, the literature suggests that one of the key issues for guidance counsellors working with students with disabilities such as dyslexia is to balance support and encourage autonomy (Heelan 2011; McGuckin et al. 2013; Nag 2014).

This second overarching theme has discussed challenges and facilitating factors to career development for adults with dyslexia through an interactionist model and the following theme links these factors to the provision of guidance counselling in the AEGS.

7.4 Socially Just Guidance Counselling Provision to Adults with Dyslexia

In this third overarching theme, the issue of socially just guidance counselling provision to adults with dyslexia in the AEGS is discussed within three sub-themes. In the first sub-theme, the social justice concerns identified in the previous two themes are linked to a number of guidance counselling models and activities. In the second sub-theme, guidance counsellors’ training and support needs are discussed. Arising from the findings of this study is also a new framework for the provision of guidance counselling to adults with dyslexia in the AEGS, as put forward in the third sub-theme.

7.4.1 Guidance Counselling Models and Interventions for Dyslexic Adults

To date, guidance counselling models which are aimed at or developed especially for adults with dyslexia have not been identified in the literature. However, the field of guidance counselling has become increasingly concerned with issues of social justice and approaches to guidance counselling which are critical and sensitive to inequality and
oppression have emerged in recent years (Blustein et al. 2005; Reid 2016). Similarly, the guidance counsellors in this study did not identify any dyslexia-specific guidance counselling approaches, but some of them appeared to have a level of critical awareness of contextual and social barriers, stigma and inequalities faced by adults with dyslexia in Ireland. They also provided some insights into the approaches AEGS guidance counsellors tend to use, as well as an understanding of the complexity of working with this client group.

A number of the guidance counsellors in this study also stated that dyslexic clients often require more rather than different guidance counselling compared to non-dyslexic clients, which AHEAD (2008) also has proposed. The experiences of the adults in this study seemed to support this view as those who accessed adult guidance counselling with repeated sessions spanning over a period of time appeared to have had particularly positive experiences of guidance counselling. Likewise, Savickas et al. (2009) suggest that meaningful interventions, for any client, generally are iterative and complex and therefore require ‘time’. However, time is a resource which is often limited in adult guidance provision, making such provision difficult to put into practice (Arthur et al. 2009; Bimrose and Hearne 2012; Hearne 2012). A lack of time to properly address complex client issues was also found to be a concern for some guidance counsellors in this study.

Narrative approaches have been proposed as useful for working with clients with disabilities in general (Fabian and Pebdani 2013) and some of the guidance counsellors in this study also suggested that they may be useful in relation to clients with dyslexia specifically. In contrast to traditional-positivist guidance models of Parsons (1909) and Holland (1997), constructivist narrative approaches acknowledge that identities are subjective constructions which can be reconstructed by individuals (Savickas et al. 2009; O’Grady 2014). In particular, the narrative approach focuses on identity construction throughout the life-span, as well as helping clients understand their experiences through their own narratives (Cochran 1997; McMahon and Watson 2013; Savickas 2013). Hence, this approach would appear to hold potential in working with clients with experiences of misrecognition, particularly those who are trying to come to terms with

However, the narrative approach has been described as overly time-consuming which may reduce its usefulness in the context of stretched adult guidance counselling services (Reid and West 2011; Bimrose and Hearne 2012). Furthermore, this approach is somewhat individualistic and it does not challenge the social conditions and contexts of the client, and is therefore limited in terms of promoting social justice (Bimrose and McNair 2011). In fact, one of the adults in this study, Colin, explicitly stated that although it felt good to talk about his experiences with a guidance counsellor, the benefits were short-lived as his situation and context had remained the same. Nonetheless, socially just guidance counselling should arguably incorporate both individual interventions and interventions which challenge social barriers (Sultana 2014). As such, narrative and constructivist models may be useful as part of a wider range of interventions. Additionally, Blustein et al. (2005) have proposed that career choice and development theories which help to increase self-efficacy in clients, such as SCCT (Lent 2013), may help them confront and challenge inequalities or violation of their rights, which seems appropriate in light of the findings of this study.

The findings of this study also confirm the relevance of the integrated approach to adult guidance counselling which includes personal/social, educational and career guidance counselling; quite a unique feature in Irish guidance counselling practice (NGF 2007a). Within the personal and social dimension of this approach, the adults in this study identified encouragement, self-esteem building and help to set realistic goals as important facilitating factors in their career development. Given the prevalent experiences of misrecognition, and the psychological and social impact of having dyslexia, some of the core guidance counselling competencies could come in to play, such as listening to the client’s story, empathy and understanding, and building coping skills (Ali and Graham 1996; Egan 2014; NICE 2014; NCGE 2014a). Within the educational and career dimensions, the adults in this study who had received guidance counselling benefitted from it as it helped them to access learning support and identify career options. Nonetheless, the benefits appeared to have been most significant in relation to their personal development and emotional well-being. This stands in contrast to the economic
and employment outcomes emphasised in neoliberal lifelong learning and guidance counselling policies (OECD 2004; Biesta et al. 2011). However, the educational and career dimensions are intrinsically linked with the personal and social dimension and benefits in one seem to have a positive effect on the other. For example, an increased level of self-esteem and self-acceptance seem to have encouraged some of the adults in this study to further their education or to seek employment.

Some guidance counsellors in this study also stated that they used an eclectic approach in their work with dyslexic adults, mixing guidance models and theories based on what works best in relation to their professional experiences and their client’s needs, more so than whether or not the client has dyslexia. Similarly, the literature suggests that guidance counsellors rarely rely on one model, but rather a mix of models that suit the guidance counsellor, client population, and the issues at hand (Savickas 2002; Kidd 2006; Sharf 2010). The eclectic approach seems appropriate as dyslexic individuals are a heterogeneous group, which means that specific interventions must be tailored to the individual rather than based on group affiliations (Shakespear 2006; Jerlinder et al. 2009). However, it requires significant knowledge and experience from the guidance counsellor, as well as a good understanding of the needs of each individual client.

Although none of the guidance counsellors in this study identified Nag’s (2014) approach, which is reviewed in Chapter 2, as suitable for clients with dyslexia, the overall findings of the current study suggest that some of the proposed interventions in her approach may be important. Specifically: helping the client to recognise the evolving nature of his/her dyslexia and learning ability, reach a level of acceptance, facilitate access to reasonable accommodations, advocate on behalf of the client, and assess the skills and aptitudes of dyslexic/SEN clients. In particular, the following interventions and activities were identified in this study as both important and complex in relation to dyslexic clients: information provision, identifying strengths, advocating and encouraging self-advocacy, assessing, and exploring group guidance and peer support.

The provision of educational and careers information to clients is a key element of guidance counselling interventionist work (NCGE 2014a). Some of the dyslexic adults in this study suggested that information should be available in a range of formats and previous research has also found that varied approaches, allowing for a range of learning
styles, is beneficial for students with dyslexia as information processing is a key issue for many of these learners (Pino and Mortari 2014). However, it emerged in the current study that the provision of information in dyslexia friendly formats varied amongst the guidance counsellors. Furthermore, the findings also suggested that information overload can be particularly problematic for clients with dyslexia due to the information processing difficulties and the daunting task of distilling vast amounts of information generated through an online search, for example. Similarly, Savickas et al. (2009) have identified an overload of information as a bigger problem generally, compared to a lack of information. This suggests that guidance counsellors should be mindful of not providing too much information, or to assist clients with dyslexia with education and career information searches and interpretation of same when needed.

The psychological benefits of the recognition of the personal strengths of adults with dyslexia were discussed in the first theme, something which was echoed by the guidance counsellors in this study. However, this may not be unique to clients with dyslexia as the Council of the European Union’s (2008) definition of guidance emphasises that guidance interventions should help identify “capacities, competences and interests” to facilitate well-informed life decisions (p.2). Likewise, some career development and counselling theories have focused on building hope and strengths in individual clients (Pichot and Dolan 2003; Niles et al. 2014). Both the findings from this study and previous research support the proposition of moving from a deficit focus to a strengths focus as particularly important for adults with dyslexia (Raskind et al. 1999; Fink 2002; Nalavany et al. 2011).

Given that both this study and previous studies have found that disability support in FET and HE is often within the discretion of individual educational organisers and tutors, it is pivotal that dyslexic students have knowledge of their rights and entitlements and are able to self-advocate for the support they need (Soresi et al. 2008; Heelan 2011; Izzo et al. 2011; Duggan and Byrne 2013). This may apply to employees with dyslexia to an even larger degree as the labour market is primarily driven by productivity and less so by a commitment to inclusive practices (Bell 2009). However, as there is an obvious power imbalance between student - tutor/lecturer, and worker - employer; guidance counsellors and other support staff may sometimes need to advocate or negotiate on behalf of dyslexic clients. Indeed, both advocacy and encouragement of self-advocacy are described as key
guidance counselling activities in adult guidance counselling competency frameworks (Repetto et al. 2003; NGF 2007b; NICE 2014; IGC 2017) and also in some current discourses on socially just guidance counselling (Blustein et al. 2005; Irving 2013; Arthur 2014; Sultana 2014; Furbish 2015).

Assessment is another important guidance counselling activity (NGF 2007b; NCGE 2014a). In relation to dyslexia, there are various screening tests which can give an indication of dyslexia (not a diagnosis). None of the adults in this study had been screened for dyslexia by a guidance counsellor and most of the guidance counsellors indicated that they either do not consider themselves qualified to administer such instruments, or do not find them particularly helpful. Self-administered dyslexia checklists are also widely available online from dyslexia advocacy organisations such as the DAI and the BDA. These informal checklists may be a useful alternative to screening or diagnostic tests as they generally are free of charge and do not require expert knowledge. However, checklists are not intended to classify individuals and guidance counsellors would also need to consider how to follow up a completed checklist in relation to guidance interventions or referrals (Snowling et al. 2012). This is particularly important in light of the existing barriers to accessing formal dyslexia assessment services, as discussed in the previous theme 7.3 Education and Career Development - Challenges and Facilitating Factors.

Additionally, most of the guidance counsellors in this study did not find generic psychometric tests, such as interest inventories and aptitude tests useful as a method of intervention with dyslexic clients. However, two of the adults in this study had experiences of their dyslexia being identified through such instruments. Furthermore, some of the adults found value in identifying and validating their strengths and intelligence through tests. The literature indicates that career assessments generally have a positive impact on client progression and describe it as an important part of career counselling (Osborn et al. 2014). However, suitability of such tests for clients with dyslexia and other specific learning disabilities may depend on issues such as validity, readability, and the severity of the disability (Rojewski 2002). As empirical evidence is limited and inconclusive, more research into the usefulness and appropriateness of using psychometric tests with dyslexic clients is needed (Fink 2002; Herr et al. 2004).
Another guidance counselling activity which has been described as particularly important but somewhat neglected in the context of adult guidance counselling, is group guidance (OECD 2004; McNair 2015). As peer support from other dyslexic adults emerged as important for some of the adults in this study, it could be beneficial to explore group guidance for dyslexic clients. Classroom based educational and career guidance may already occur to some extent in the AEGS. However, in relation to group guidance for adult learners with hidden disabilities such as dyslexia, there may be practical difficulties in relation to identifying participants. Therefore, guidance counsellors could explore role-modelling guidance counselling interventions and referral services where peer support may be available for the dyslexic client. Whilst the guidance counsellors in this study have identified a lack of dyslexia specific training locally, voluntary and advocacy groups may be appropriate options to consider (Bell 2009).

7.4.2 Professional Training Needs of Guidance Counsellors

The second sub-theme relates to the professional training needs of adult guidance counsellors in relation to working with dyslexic clients. This primarily concerns a need to strengthen awareness of dyslexia through both initial guidance counselling education and CPD. However, dyslexia awareness extends beyond the ability to identify symptoms of dyslexia, as it also involves having a good understanding of appropriate support needs and referral services for dyslexic clients.

To engage in CPD is a key competency and a ‘life-long task’ for AEGS guidance counsellors (NGF 2007a; Ireland, Department of Education and Skills 2016a; IGC 2017). In relation to the provision of appropriate guidance counselling to clients with dyslexia, many of the guidance counsellors in this study felt that they had received insufficient training and professional support. More training could arguably serve to enhance guidance counsellors’ confidence (Neary 2014). However, whilst training with a focus on dyslexia awareness would be welcomed by most guidance counsellors in this study, some of them emphasised that inadequate referral services is more problematic. They also proposed that strengthened dyslexia awareness is needed across the education sector to increase access to appropriate support for adults with dyslexia. Likewise, the experiences of the dyslexic adults in this study suggest that there is a lack of understanding of dyslexia
and non-inclusive practices in both educational institutions and in workplaces (Bell 2009).

In terms of inward referrals to the AEGS, the guidance counsellors in this study suggested that VEC Literacy Services/ALS was one of the most common sources of inward referrals of dyslexic clients. However, some of the adults in this study had engaged with an ALS for up to ten years without any knowledge of the AEGS or the role of an adult guidance counsellor. A lack of awareness of adult guidance counselling and knowledge about the AEGS has previously been identified by Phillips and Eustace (2010). As such, there appears to be a need for more collaboration between services in the FET sector and the AEGS also needs to be promoted as a support available to FET learners with dyslexia.

A key issue which emerged from both the guidance counsellors and the adults in this study is a prevailing medical understanding of dyslexia where the focus is on ‘curing’ the symptoms (Riddell 2009). This appears to have given rise at times to inappropriate types of learning support and interventions, such as referrals of adults with dyslexia to the ALS. Whilst many of the guidance counsellors in this study referred clients with dyslexia to their local ALS, some of the guidance counsellors acknowledged the limitations of doing so. Specifically, some guidance counsellors suggested that ALS are often equipped to deal with general literacy issues, more so than providing specific dyslexia interventions. The literature also suggests that a ‘more of the same’ approach does little to improve literacy skills for dyslexic adults (Fowler and Scarborough 1995; Elliott and Grigorenko 2014). Furthermore, literacy services may be unable to deal with the psychological and social aspects of dyslexia which were aspects the adults who had attended the Career Paths for Dyslexia Programme valued highly (Burden 2010).

However, the extensive referrals of dyslexic adults to ALS’s identified in this study should be understood in the context of a lack of local dyslexia specific services where an ALS may be regarded as the ‘next best thing’ by the guidance counsellor and the client. Even so, interventions addressing access to reasonable accommodations or development of coping strategies for clients with dyslexia may be more suitable than referrals to a general ALS (Higgins et al. 2002; Hughes et al. 2009; Burden 2010). On the other hand, some adults in this study were keen to emphasise that they do not want ‘special treatment’. This may be due to them not wishing to be categorised as ‘different’, or due to an
internalisation of a discourse which suggests that ‘reasonable accommodations’ would provide an unfair advantage rather than simply levelling the field (Rocco 2002). It is also possible that dyslexic clients sometimes posit a medical conceptualisation of dyslexia and approach the AEGS with the purpose of improving their literacy skills, rather than developing coping strategies or addressing psychological and social influencing factors.

Finally, a need for an improved referral structure with linkages to local assessment, learning and support services for adults with dyslexia was emphasised by the guidance counsellors in this study and corroborates previous findings (AHEAD 2008; Tanner 2009; Bell 2010; Fabian and Pecdani 2013; NCGE 2014b). In Ireland, NESC (2013), Phillips and Eustace (2010) and SOLAS (2014) have all stated that an improved and better integrated adult guidance service is warranted to ensure appropriate supports and progression for all adult learners. However, in relation to referral of clients with dyslexia, there is an identified lack of specialist services, particularly outside the Leinster region. Nevertheless, some exceptions were noted in this study with one guidance counsellor stating that one particular ETB had a designated SLD tutor with specialist training in dyslexia. This is echoed in previous Irish research, where the standard and structure of disability support in the FET sector varies considerably (McGuckin et al. 2013). This varied level of support and geographical imbalance makes for inequitable and socially unjust provision. It also makes it more important for adult guidance counsellors to inform themselves of and network with local support services and relevant educational staff and vice versa, and to consider taking an advocacy role or encourage self-advocacy amongst adult learners with dyslexia.

Based on the overall findings of this study, a new framework for professional practice with dyslexic adults in the AEGS is presented next.

7.4.3 Towards a Framework for Professional Practice in the AEGS

The purpose of this new framework is to facilitate the provision of evidence-based guidance counselling underpinned by an interactionist perspective. The aspiration is to move beyond the abstract theorisation of socially just guidance counselling with dyslexic adults, towards a framework which can be used in practice. Whilst a consideration of
suitable interventions should be based on the experiences and needs of each individual client (Shakespeare 2006), a framework such as this can guide the planning of interventions and act as a lens for reflection on one’s professional practice.

Debates about effective interventions for dyslexic adults are often based on an adult literacy and medical perspective, with inconclusive evidence and a lack of clear guidelines (Brooks et al. 2007; EU High Level Group of Experts on Literacy 2012; Elliot and Grigorenko 2014). This new framework is an attempt to broaden these discourses as it draws on and extends the interactionist bio-psycho-social (BPS) model of disability (WHO 2011) where the three interactive levels are connected to guidance counselling needs and appropriate interventions (see Figure 7.1). The BPS model sits well within critical pragmatism as an interactional relationship between the person and his/her environment is at the core of critical pragmatism (Dewey and Bentley 1949).

Figure 7.1 Three-level framework for guidance counsellors working with dyslexic clients

<table>
<thead>
<tr>
<th>Level</th>
<th>Potential Barriers</th>
<th>Potential Enablers</th>
<th>Guidance Counselling Needs &amp; Appropriate Interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bio.</td>
<td>Dyslexia (a range of symptoms, on a continuum from mild to severe)</td>
<td>Reasonable accommodations, ICT and Assistive technology, Dyslexia-specific literacy training</td>
<td>1. Provision of ‘dyslexia-friendly’ information/help interpreting info. 2. Identify and refer to appropriate and local support services/reasonable accommodations/training providers</td>
</tr>
<tr>
<td>Psycho</td>
<td>Negative self-perceptions, Anxiety and shame, Poor self-efficacy, Avoidance behaviour/circumscribed career choices</td>
<td>Development of coping strategies and awareness of strengths, Diagnosis &amp; positive learning experiences (validation of intelligence and learning potential), Dyslexic peers normalising dyslexia</td>
<td>3. Personal guidance counselling (e.g. Narrative approaches or SCCT) to address self-efficacy and self-esteem issues 4. Locate and refer to appropriate support and assessment services 5. Group guidance counselling / identify peer support</td>
</tr>
<tr>
<td>Social</td>
<td>Relational, institutional and cultural misrecognition, Prejudiced distribution of reasonable accommodations, Financial cost of assessments</td>
<td>Accessible dyslexia assessment services and support provision, Interactionist understanding of dyslexia in educational institutions and the labour market, Informal/family support (e.g. parents, work colleagues)</td>
<td>6. Help with access to funding (when available) 7. Develop self-advocacy, self-determination and self-disclosure in clients 8. Challenge social barriers, e.g. lobby for change, a fairer distribution of support, strengthened awareness and equity of access</td>
</tr>
</tbody>
</table>
In relation to the biological level, the barriers primarily concern literacy difficulties associated with dyslexia, such as poor reading fluency and information processing difficulties. Some enablers and interventions are directly linked to the impairment (e.g. literacy training), whilst others address activity and participation restrictions (e.g. technology and reasonable accommodations) (WHO 2011). Furthermore, guidance counsellors may need to offer educational and career information in dyslexia-friendly formats to increase accessibility of information to clients with dyslexia (Pino and Mortari 2014). Care should also be taken to avoid information-overload and to support dyslexic clients in distilling information generated from online searches (Savickas et al. 2009).

In relation to the psychological level, the findings of this study and previous research suggest that negative self-perceptions is a common feature amongst dyslexic individuals (Carroll and Iles 2006; Young Kong 2012; Evans 2015). In light of this, constructivist guidance models which address identity construction and re-construction (e.g. narrative approaches) may be appropriate as such approaches help the client to re-negotiate self-perceptions and to acquire self-esteem and self-determinism. Guidance models which address self-efficacy may also be useful, such as SCCT (Bandura 1997; Betz 2004; Lent 2013). However, given that dyslexic adults are not a homogenous group, an eclectic and flexible approach is needed to ensure that interventions are client-centred (Jerlinder et al. 2009). Other suitable interventions may include referral to a formal assessment service, follow-up support post-diagnosis, and locating and accessing appropriate accommodations, support services and peer support/group guidance.

It is certainly important to identify, recognise and address psychological barriers and facilitating factors. However, it is essential that this is done within an interactionist approach as such barriers often are rooted in the third level in the framework, social, which may include relational experiences and institutional barriers (Griffin and Pollak 2009; Tanner 2009; Riddick 2012). Therefore, it is important not to blame the individual, but to recognise that these are issues which may influence the individual career development of dyslexic adults (WHO 2011). From this perspective then, individual interventions should be complemented with interventions at a macro level, through the process of advocacy and lobbying for change (Bimrose and McNair 2011). It may also be
beneficial to actively involve the client in the discussion and process of identifying suitable interventions.

Although the framework identifies a number of barriers, enablers and interventions, it does not (and could not) provide a definitive set of factors to consider. Nonetheless, it helps to highlight potential barriers and enablers, based on the findings of this study. As the specific contexts, personal attributes and intersections between dyslexia and other identity markers of privilege and/or disadvantage (gender, ethnicity, class etc.) varies for each client with dyslexia, interventions should also vary. Specifically, it is important to avoid a deficit focus and lowered expectations as some adults in this study had developed their own strategies which made them highly autonomous and independent learners. Furthermore, it is not suggested that the types of interventions identified as appropriate in this framework are unique or new to guidance counsellors in Ireland. Some interventions may be frequently used in current practice, whilst some may be used to a limited degree due to restricted time and resources in some services.

7.5 Conclusion
This chapter has presented a synthesis of the overall findings, where three overarching themes were identified and discussed by focusing on identifying issues of social justice, misrecognition and access to reasonable accommodations. The first theme related to identity construction and recognition, where social interactions and diagnosis were identified as key elements, and Honneth’s (1995; 2003) theory of recognition helped make sense of the findings. The issue of disclosing a dyslexic identity was also discussed within this theme. The second theme focused on personal/social, educational and career progression and influencing factors on three levels, namely: biological, psychological and social (WHO 2011). The third theme connected the experiences of dyslexic adults with guidance counselling provision in the AEGS, where guidance models, approaches and activities were discussed, as well as the training needs of guidance counsellors. Finally, a new interactionist framework for professional practice, based on the findings of this study, was presented. The next chapter presents the overall conclusions of this study where the key findings and their implications for practice, policy and research are outlined, and a number of recommendations arising out of the study are presented.
Chapter 8. Conclusion

8.0 Introduction
This chapter provides a conclusion to the study by returning to the overall aim and objectives of this research. The key findings are summarised and implications for practice, policy and research are outlined, followed by associated recommendations. The strengths and limitations of this study are then acknowledged, and finally, a short personal reflection on the research as a whole concludes this thesis.

8.1 Achievement of Aim and Objectives of Study
The overall aim of this study was to investigate the guidance counselling needs of adults with dyslexia within the Irish AEGS in order to inform future professional practice. Four key objectives helped achieve the overall aim. Firstly, a critical review of the literature was undertaken to provide context, to identify a knowledge gap and to position this study. Secondly, the perceptions and experiences of providing guidance counselling to adults with dyslexia were investigated through an online questionnaire administered to guidance counsellors working in the AEGS in 2012. Thirdly, a sample of adults with dyslexia was interviewed in relation to their experiences of dyslexia which illuminated the complexities of their personal/social, educational and career support needs. The fourth objective refers to the proposal of a new framework for professional practice and making recommendations in relation to guidance counselling for clients with dyslexia within the AEGS.

8.2 Key Findings and Associated Implications for Policy, Practice and Research
Initially, the literature review revealed a knowledge gap in relation to the guidance counselling needs of adults with dyslexia in Ireland. Furthermore, evidence-based guidelines to support guidance counsellors working with this client group specifically are limited as existing frameworks mostly refer to children with dyslexia or more generally ‘students with disabilities’ (AHEAD 2008; Soresi et al. 2008; Heelan 2011). The review
of dyslexia research literature illuminated a reductionist tendency, focusing either on literacy development (Brooks et al. 2007; Singleton 2009) or the ‘psycho-social’ impact of dyslexia (Nalavany et al. 2011; McCarthy et al. 2015). In contrast, this study has presented a multi-layered examination of the support needs of adults with dyslexia through a mixed methods research design which is underpinned by critical pragmatism.

In this study, guidance counselling for adults with dyslexia has been described as a part of a wider social justice agenda and the rationale for this is based on my conceptualisation of social justice. As my understandings of recognition and social justice draw on Honneth’s (1995; 2003) critical theory of recognition, the intersubjective experiences and identity formation of the dyslexic adults are considered important as their struggle for recognition are not just personal matters, but form the normative basis for social critique.

The specific social justice issues for adults with dyslexia identified in this study relate primarily to relational misrecognition in early education which can be described as symptoms of a social pathology and system failure on behalf of the Irish education system. It also relates to the continued misrecognition within the FET sector in the shape of limited access to assessment services and reasonable accommodations for adults with dyslexia who return to education in adulthood. The key findings from this study, and associated policy, practice and research implications are outlined next.

As in the case of the current study, it is important to acknowledge that adults with dyslexia are unique in their experiences of dyslexia and should not be regarded as a homogenous group (Shakespeare 2006). Furthermore, dyslexia exists on a continuum from mild to severe and there may be other personal and contextual factors influencing the experiences and opportunities of dyslexic adults (Danermak and Gallerstedt 2004; WHO 2011). Nonetheless, whilst recognising possible intersecting structures of inequality and privilege, the findings of this study suggest that there are some shared experiences of social injustice amongst dyslexic adults which have implications for practice, policy and research.

The four key findings identified and presented here are: variable knowledge about dyslexia; experiences of misrecognition; diagnosis as recognition and key to accessing support; and insufficient support structures and inequitable distribution of reasonable accommodations.
8.2.1 Variable Knowledge and Understanding of Dyslexia

The variable levels of knowledge about dyslexia which have been identified in this study and in the literature is an issue which underpins the other key findings as the way we understand dyslexia informs our thinking about supporting dyslexic individuals (Howard 2003). A primarily medical model where the focus is on the individual’s impairment and literacy interventions appears to persist in policy and practice (McPhillips et al. 2015). However, the findings of this study suggest that support needs of adults with dyslexia are more complex and that an interactionist approach to dyslexia is needed within the guidance counselling, education and employment sectors. The findings of this study imply that institutional recognition (such as rights to accommodations) is not enough if there is a lack of relational recognition and nuanced understandings of dyslexia (Danermark and Gellerstedt 2004).

Many of the guidance practitioners’ in this study showed a level of awareness of prevalent issues for dyslexic clients as they identified barriers to accessing assessment services and support in education and employment (NCSE 2014b; Harkin et al. 2015). Nonetheless, the findings of this study also imply that there is a need for professional support and tailored training for practitioners in the AEGS to facilitate appropriate and evidence-based guidance counselling interventions to clients with dyslexia. However, whilst there are training implications for the adult guidance profession, guidance counsellors also need to recognise their professional boundaries and make appropriate referrals (NCGE 2014b). Appropriate referrals may not be easily located, however, as there is a lack of specialist dyslexia services and as supports in FET and HE institutions may be lacking (McGuckin et al. 2013). As such, the policy implications relate to the need for more appropriate specialist services for adults with dyslexia nationwide, such as the Career Paths for Dyslexia Programme, and also more accessible support in the FET and HE sectors.

A limited knowledge about dyslexia may also lead to inappropriate referrals. Although a lack of dyslexia specific services in the FET sector partly explains the frequent referrals to local ALSs by the AEGS guidance counsellors, there may also be a need for a strengthened awareness of the difference between literacy difficulties caused by dyslexia, and poor literacy skills due to lack of opportunity to learn (Fowler and Scarborough 1995). In terms of practice implications, such a distinction should be emphasised to
guidance practitioners as well as other education staff and employers as adults with dyslexia may benefit from interventions focused on accessing reasonable accommodations or developing coping strategies rather than general literacy training (Elliott and Grigorenko 2014). However, it should be recognised that some ALS may have tutors with specific training in dyslexia and the ability to provide appropriate support to dyslexic adults (McGuckin et al. 2013). The implications for research relate to a need to further explore how educators and employers in Ireland conceptualise dyslexia and how it may impact on practice.

8.2.2 Experiences of Misrecognition

The findings of this study suggest that experiences of relational misrecognition, particularly in educational institutions, are prevalent amongst adults with dyslexia, and this has also been found in many previous studies (Ingesson 2007; Griffin and Pollak 2009; Tanner 2009; NALA 2010; Riddick 2012; Mooney and O’Rourke 2017). The prevalence of low self-esteem, shame and anxiety associated with dyslexia also seems undisputed (Carroll and Iles 2006; Young Kong 2012; Evans 2015).

The practice implications of this relate to the importance of having an awareness of the potentially long-term effects of misrecognition and of finding ways of addressing negative self-perceptions of adults with dyslexia. As this study suggests that identity reconstruction can be a significant endeavour for the adult with dyslexia, narrative approaches (e.g. Career Construction Theory, Savickas 2013), as well as approaches that address self-efficacy in clients (e.g. SCCT, Lent 2013) were identified as potentially useful for understanding the experiences of dyslexic clients in adult guidance practice. As meaningful guidance interventions using these approaches may be time-consuming, there are also policy implications in relation to ensuring that adult guidance counselling services are sufficiently resourced (Savickas et al. 2009; Reid and West 2011).

A number of factors which have provided recognition for the dyslexic adults in this study have also been identified and include: validation of intelligence and capability to learn through diagnosis; solidarity from dyslexic peers; and positive learning experiences. Therefore, the practice implications also relate to developing appropriate interventions...
which may yield such recognition. With regard to this issue, policy implications concern the responsibility of educational institutions and employers to create spaces with a cultural climate where respect and solidarity exist for adult learners (Honneth 1995; Duggan and Byrne 2013; Thomas et al. 2016). Implications for policy makers also relate to ensuring full implementation of existing anti-discrimination legislation in both education and employment sectors (e.g. Disability Act 2005; Irish Human Rights and Equality Commission Act 2014).

In relation to research implications, more knowledge is needed into the experiences of adults with dyslexia in the workplace, with regard to both relational and institutional recognition and misrecognition.

8.2.3 Diagnosis as Recognition and Key to Accessing Support

Previous research and debates on the issue of dyslexia diagnosis is contentious, with compelling arguments both for and against the diagnosis of individuals as dyslexic (Elliott and Grigorenko 2014; McPhillips et al. 2015; Riddick 2012). However, the findings of this study strongly suggest that the potential benefits of a dyslexia diagnosis outweigh the risks, as it can provide a sense of recognition of intelligence and capability, and also increase access to support and special accommodations in educational institutions.

Firstly, the diagnosis was a form of validation of intelligence for the adults in this study who had experienced misrecognition. However, a diagnosis does not necessarily ‘protect’ against misrecognition as some forms of disrespect had been experienced by those who were diagnosed whilst in primary education. Whilst the risks of a dyslexia diagnosis leading to cases of ‘self-fulfilling prophecies’ or lowered expectations have been highlighted (Elliot and Grigorenko 2014; EU High Level Group of Experts on Literacy 2012), the findings of this study suggest that those risks are linked to any negatively perceived ‘learner labels’, and not dyslexia per se. Furthermore, the psychological benefits of being diagnosed are also contingent on the individual’s knowledge of dyslexia and personal strengths. The implications for practice relate to the importance of guidance counsellors, or other support services, understanding the potential benefits of a diagnosis.
and that they offer support post-diagnosis to ensure positive outcomes (Young Kong 2012; Sandell et al. 2013).

Secondly, from a policy perspective, one of the key equity implications relates to the limited access to various supports which are dependent on the individual having a recent dyslexia diagnosis, such as the Fund for Students with Disabilities and the ‘Career Paths for Dyslexia’ programme (Harkin et al. 2015; NCSE 2014b). In contrast to the primary and post-primary sector, there is generally no state provision for adult learners to access assessment services (McGuckin et al. 2013). The current provision is thereby placing socio-economically disadvantaged adults with suspected dyslexia at particular risk of not accessing appropriate support (Harkin et al. 2015). This has major implications for the public policy goals of social equity and promotion of equal opportunities (Ireland, Department of Education and Science 2000; Ireland, Department of Education and Science 2001; Equality Act 2004; OECD 2004; Disability Act 2005; European Commission 2010) as it makes for a rather inequitable situation for adult learners with dyslexia in the Irish education system. There have been a number of recent policy changes with regards to the necessity of a formal diagnosis to be eligible for additional resources in post-primary education (NCSE 2017). However, there is a level of uncertainty in relation to how this may impact on access to support in the FET and HE sectors and practice implications therefore concern the need for guidance counsellors to keep themselves well-informed of future policy developments in this area.

Research implications relates to informal dyslexia assessments and screening tests as the use of such tools is a key competency area of guidance counselling. However, the guidance practitioners in this study were uneasy about this type of intervention as they considered such tools inappropriate for clients with dyslexia and other learning differences. Whilst this has training implications for guidance counsellors, more research is also needed on this issue (Fink 2002; Rojewski 2002; Herr et al. 2004). For example, future research should help inform the development of dyslexia-friendly assessment tools in the guidance counselling and career development fields.

As a diagnosis has been found to facilitate access to support, the implications outlined here are also closely linked to the following section on support structures and reasonable accommodations.
8.2.4 Insufficient Support Structures and Inequitable Distribution of Reasonable Accommodations

The findings of this study suggest that support for adults with dyslexia in the FET sector is often disjointed and varies throughout the country, with most of the support being within the discretion of individual tutors as there may not be a central support office (McGuckin et al. 2013). In contrast, disability support in the HE sector appears to be largely separated from mainstream provision with a lack of inclusive teaching practices (AHEAD 2016a). The findings of this study and other studies (e.g. Bell et al. 2011; Couzens et al. 2015) suggest that complex needs require multifaceted support provision, where both embedded and individualised additional support are essential.

Access to support has also been found to be linked to resources, the individual’s financial ability to provide up-to-date diagnosis of dyslexia and sometimes also the ability to clearly communicate and self-advocate for preferred support (Martin and McLoughlin 2012). Furthermore, the funding of reasonable accommodations is not distributed fairly (Duggan and Byrne 2012). In other words, support provision for adults with dyslexia is a social justice issue as it is often insufficient and inequitable.

The insufficient support structures and inequitable distribution of reasonable accommodations for adults with dyslexia in FET, HE and in the labour market have practice implications which relate to guidance counselling interventions at both a micro and a macro level. At a micro, or individual level, guidance practitioners may need to advocate on behalf of their clients to help them confront discrimination and to assert their rights and entitlements, possibly by helping them with their self-efficacy and assertiveness (Blustein et al. 2005). At a macro level, guidance practitioners could consider engaging with relevant bodies and organisations and to contribute to social justice driven research in the field (Blustein et al. 2005; Hooley and Sultana 2016).

Whilst ‘inclusion’ is a key word in lifelong learning, further education and guidance counselling policy (Ireland, Department of Education and Science 2000; OECD 2004; European Commission 2010; SOLAS 2014; 2016a), evidence from this current study and previous studies suggest that this does not always translate into practice as inclusive
teaching approaches and methods may be deficient (AHEAD 2016a; McGuckin et al. 2013). This has policy implications as the issue of power and negative positioning of disability may make it difficult for individuals to self-advocate for support which they are entitled to, or to challenge discrimination and potential violation of their rights (Irving 2005; 2013). Provision of support in an institutional ‘disability service’ is further complicated by language due to the fact that ‘disabled’ is an often contested identity for dyslexic adults, identified in the findings of this and previous studies (Thomas 2007; Martin 2012; Evans 2014).

Furthermore, the distribution of the Fund for Students with Disabilities, which can be used towards accessing reasonable accommodations, is currently inequitable as the criteria to access such funds excludes a large number of students (AHEAD 2017; Duggan and Byrne 2013). The implication of the current policies is that dyslexic students studying full-time in HE institutions are privileged over dyslexic students in the FET sector or those from socio-economically disadvantaged backgrounds.

Access to ‘reasonable accommodations’ appears limited in workplaces and adults with hidden disabilities are at a particular disadvantage as they may avoid disclosure due to stigma and anticipated discrimination (Martin and McLoughlin 2012; Price and Gerber 2008; Riddick 2000). The findings of this study suggest that confidentiality and trust between two parties may help to create a disclosure-friendly environment and more research may be needed to explore this further in the context of adult guidance counselling (Kerschbaum and Price 2014). The findings also suggest that clarifications and training in relation to interpreting current legislation is needed for both employees with dyslexia and their employers to reduce workplace discrimination and to increase access to reasonable accommodations (Duggan and Byrne 2013). AHEAD (2016b) has produced publications to support employers to include graduates with a disability, and it is essential that such supportive resources are accessed by employers. Additionally, more research is needed into the experiences of dyslexic employees, the provision of ‘reasonable accommodations’ in workplaces for adults with dyslexia and the potential role of guidance counsellors in supporting such provision.

As a lack of resources and complex client issues is an identified challenge for guidance counsellors in the AEGS, policy implications concern the need for stronger prioritisation
in the form of increased resources to this underfunded service (Bimrose and Hearne 2012). Furthermore, the guidance counsellors in this study reported the need for more CPD and supportive frameworks to help them in their work with clients with dyslexia. However, the development of supportive and evidence-based frameworks for practitioners also requires further research into effective and socially just guidance counselling provision (Hughes et al. 2016).

With regards to adult guidance counselling provision in Ireland, it has previously been suggested that the personal development outcomes are crucial in practice, but that measurable outcomes of client progression remain overemphasised in policy (Hearne 2010; Bimrose and Hearne 2012; FET 2014). Similarly, the benefits of engaging in education and guidance counselling for the adults in this study were particularly pronounced in relation to their personal development. Nonetheless, such outcomes seemed to have indirectly benefitted their education and career advancement. Therefore, policy implications relate to the need for a nuanced and holistic understanding of personal, educational and career progression.

8.3 Recommendations for Policy, Practice and Research

This study has identified a number of social justice issues which have relevance for the provision of guidance counselling to adults with dyslexia in Ireland. A number of recommendations to address these issues are put forward here.

1. Recommendations for Policy

Given the identified varied and often insufficient level of support available to learners with dyslexia in the FET sector, particularly in light of the serious forms of misrecognition which was prevalent in their early education, this policy recommendation involves the development of clear guidelines for FET providers. The guidelines should clearly outline the actions needed to comply with the legal obligations that can create equality of opportunity for all learners. When access to rights and support services is not ensured, ‘social inclusion policies’ may be experienced as empty rhetoric and it is recommended that current equality legislation (e.g. Employment Equality Act 1998; Equality Act 2004;
Irish Human Rights and Equality Commission Act 2014) are more rigorously implemented. These issues need to be taken seriously by policy makers, not just from a social justice or legal perspective, but failure to provide more equitable and accessible support could lead to economic and societal costs due to the increased risks of exclusion and poor educational retention (Schuller et al. 2004; Smith 2006; Mark 2014; SOLAS 2014).

The informal and inconsistent level of support offered to adult learners with dyslexia in the FET sector is a critical issue which requires urgent attention. Therefore, it is recommended that policy makers establish effective, equitable, accessible and evidence-based policies in relation to supporting adults with dyslexia. In order to do so, existing good practices with collaborative support structures which have been identified in specific ETB’s should be adapted and streamlined (McGuckin et al. 2013). Essentially, a combination of embedded and individualised additional support for adult learners with dyslexia, and other disabilities, is recommended. Additionally, the SOLAS-funded Career Paths for Dyslexia Programme was identified as a specialised course which provided effective support and training for adults with dyslexia. It is recommended that similar courses should be available nationwide as an additional support for adults with dyslexia.

Given the positive impact of ICT and AT on student progression (McPhillips et al. 2015; Nguyen et al. 2013; Pino and Mortari 2014), access to such tools should be made available to students with dyslexia in both the FET and HE sectors and it should not discriminate part-time students and students on lower QQI Levels. Therefore, it is recommended that the eligibility criteria for the Fund for Students with Disabilities should be broadened.

Considering the potential personal and psychological benefits of a formal dyslexia assessment, it is recommended that such assessments be made more accessible and considered a ‘right’ by making funding available for adults with suspected dyslexia. However, standardised and thorough internal needs assessments within educational institutions could replace a full psycho-educational re-assessment and give access to support and accommodations in cases where adults have a previous diagnosis (Harkin et al. 2015). Such an approach would be more equitable compared to the current provision and should be considered at a policy level in relation to both the FET and HE sectors.
2. Recommendations for Practice

A key recommendation for practice is to adopt an interactionist approach to dyslexia in order to identify guidance counselling needs and suitable interventions and referrals. Essentially, a paradigm shift is needed from medical conceptualisations of dyslexia to interactionist understandings which focus on levelling the playing field (Riddick 2000; Rocco 2002; UK, Department for Education and Skills 2004). The new framework put forward in Chapter 7 offers an interactionist framework for practice which helps to draw attention to barriers, enablers and appropriate interventions on biological, psychological and social levels.

As the issue of frequent and inappropriate referral to ALS emerged in the findings, it is recommended that clearer referral procedures are established. It is also recommended that practitioners consider interventions which address potential emotional support needs and help dyslexic clients to access tools and accommodations which can compensate for their difficulties and help them become independent learners. Furthermore, given the current challenges in accessing support which adults with dyslexia are entitled to, guidance counsellors should also design interventions which can empower and enable clients with dyslexia to self-advocate and to confront discrimination.

In relation to dyslexia diagnosis, it is recommended here that guidance counsellors are well-informed of the potential benefits of a diagnosis. The guidance counsellors should encourage and help clients with suspected dyslexia to access formal assessment services, whilst being cognisant of the potential barriers. It is further suggested that guidance counsellors involve the client in the process and follow-up post-diagnosis to ensure positive outcomes (Young Kong 2012; Sandell et al. 2013).

It is recommended that guidance counsellors work to promote the AEGS and develop dyslexia-friendly information about the FET sector to adults with dyslexia through different formats, such as audio, video, phone lines, and face-to-face (Mooney and O’Rourke 2017). It is also recommended that promotion of the AEGS is aimed at learners in ALS for a couple of reasons. Firstly, a previous study has found that access to guidance counselling was poorer for those learners compared to other FET learners (Phillips and Eustance 2010). Secondly, this study found that some adults with unidentified dyslexia
may participate in ALS for long periods of time with little progression and with a negative impact on their self-esteem.

Given that dyslexia is a high-incidence disability which is ‘hidden’ (Miles et al. 2003; Nalavany et al. 2011), it is recommended that training on dyslexia is offered as part of the curriculum of the initial guidance counsellor education programmes. Such initial training as well as CPD could serve to enhance professional confidence and improve the provision of guidance counselling for adults (Neary 2014). However, sufficient dyslexia training should also be part of the teacher training curriculum (McPhillips et al. 2015). This may help towards eradicating interpersonal misrecognition in educational institutions and as support currently often is at the discretion of individual tutors/lecturers/employers, it is essential that they have sufficient knowledge of dyslexia and how to support dyslexic individuals (McGuckin et al. 2013). Additionally, training and supportive frameworks should also be accessible to employers in order to create more dyslexia-friendly work environments as dyslexia is a lifelong condition with effects which are not limited to education.

3. Recommendations for Research

In relation to the existing empirical studies on the needs and experiences of adults with dyslexia, the majority are small scale and located within HE (Gwernan-Jones 2010; Pino and Mortari 2014). To develop achievable policy strategies, genuinely inclusive support structures and increased participation targets for adults with dyslexia and other learning difficulties in the FET sector and in the labour market, longitudinal studies should be prioritised as they may provide insights into the development of career paths for this client group.

Whilst not encompassed within the scope of this study, the BPS-model reminds us of intersectionality as a number of other factors, such as gender, ethnicity, and socio-economic class, also influence how disability and life in general is experienced by the individual (WHO 2011). It is recommended that further investigations should explore how such factors may influence and interact with the experiences of being dyslexic in
order to develop a deeper understanding of experiences and social justice issues for dyslexic adults.

Finally, there is limited empirical research with regard to the AEGS since its establishment in 2000. Two key studies have been conducted: Phillips and Eustace’s (2010) evaluation study of which the findings were based on data collected in 2006, and the second is Hearne’s (2009) study of the measurement of client progression in the AEGS. However, more research specific to adult guidance counselling in Ireland is overdue and should be prioritised.

8.4 Strengths and Limitations of Study

This study provides important insights into the guidance counselling needs of adults with dyslexia in Ireland. Essentially, this research has produced findings which have addressed an identified knowledge gap nationally and internationally, and contributed towards the development of a social justice focused and evidence-based framework for the delivery of guidance counselling to adults with dyslexia. Although this study was situated in the Irish AEGS, the framework for practice may be useful in other guidance counselling services and potentially also for clients with other disabilities. However, the integrated approach to guidance counselling in Ireland is particularly valuable and important given how the influencing factors interact and are interlinked.

The research is context-rich and “experience-near” and can, therefore expose a number of injustices and inadequacies in support systems and interpersonal interactions for adults with dyslexia (Blustein et al. 2005, p.158). The findings from this mixed methods study have significance for a number of stakeholders and whilst dyslexic adults and guidance counsellors have a central position in this study, other stakeholders include the AEGS, IGC, NCGE, SOLAS, initial guidance counsellor education programme providers, as well as policy makers, the wider education community and the labour market. Realistically, this study may have somewhat limited impact on policy development but there is a need for evidence-based policies and the implications derived from the findings of this study could potentially inform a more equitable education and support delivery (Duggan and Byrne 2013).
The underpinning research paradigm, critical pragmatism, has allowed for a flexible and reflexive methodology with an interactionist and multi-layered perspective on the support needs of adults with dyslexia (Dewey 1973; Morgan 2014). Furthermore, the mixed methods design of this study yielded complementary quantitative and qualitative data which helped elucidate different perspectives on the topic (Creswell 2007; Cohen et al. 2011). Nonetheless, a mixed methods research design inevitably presents specific challenges as it can be both difficult and time-consuming for a single researcher to carry out, with a risk of weak integration of findings (Bryman 2007; Todd et al. 2004). However, from a social justice perspective, it was essential that the ‘voices’ of both key stakeholders were included and several of the guidance practitioners demonstrated a strong awareness of significant issues which were complemented by the experiences of the dyslexic adults (Irving 2013; Mertens 2011).

The low response rate of the online questionnaire in Phase 1 is a limitation that needs acknowledgement. Despite attempts to increase the response rate, through design and reminders to the participants, the response rate remained low. However, although a quantitative method suggests an aim to generalise the findings, the key objective was to gain insight into difficulties within the AEGS services nationally. The low response rate may also indicate that the AEGS is a service which is challenged in terms of time and resources (Hearne 2010). Whilst an expansion of the sample to include guidance professional in other FET services may have increased the number of responses to the online questionnaire, the variables in the online questionnaire were specific to the AEGS and it was chosen as it is an under-researched service which is positioned in the FET sector.

In relation to the sampling decision in Phase 2 to include adults with suspected but undiagnosed dyslexia, the risk that their difficulties may have other causes than dyslexia is recognised. Nonetheless, in light of the issue of the financial barrier to access assessment services, which was highlighted by the guidance practitioners in Phase 1, it was deemed important to access adults who had not been diagnosed. However, only two gatekeepers identified participants with suspected non-assessed dyslexia and those two had not experienced a financial barrier to accessing assessment services. Nevertheless,
they elucidated other barriers or reasons for not accessing assessments, and therefore enriched the findings in an unanticipated way.

Through careful consideration and design, threats of validity and trustworthiness have been reduced through a number of measures (Lincoln and Guba 1985). For example, through data triangulation (multiple sources) and methodological triangulation (multiple methods), as well as detailed descriptions on the data collection and analysis methods used, the trustworthiness of the study increased (Denzin 1989). Furthermore, when the findings from the two phases were integrated, the raw data was revisited to ensure that the discussion was data driven. Nonetheless, due to the largely qualitative and highly contextual nature of this study the generalisability of the findings to other settings or populations is limited (Robinson 2014). However, no such claims have been made and this study did not attempt to represent the experiences of all guidance practitioners and dyslexic adults in Ireland. The likelihood that some adults with dyslexia will have experiences which do not resonate with those in this study are acknowledged as no adults with dyslexia from ethnic minorities, for example, were included. However, the sample included both males and females from different geographical locations and age groups which reduced the risk of gathering data with specific individual or local influencing factors. Thus, the breadth of the sample highlighted the diversity of experiences and presented a wide range of both challenges and strengths of dyslexic adults in Ireland (Shenton 2004; Robinson 2014). Furthermore, in this study, the ‘transferability’ of the findings is considered more important than generalisability and the contextual findings allow the reader to consider the transferability to other settings (Morgan 2007).

Finally, whilst the ambition was to allow for multi-layered and contextual understandings, some degree of reductionism is unavoidable in relation to interpreting and analysing the findings. For example, intersectionality and variables such as gender, ethnicity, socio-economic class and comorbidity of specific learning disabilities have not been analysed in great depth as the scope of a Ph.D. thesis is limited and as the sample size is too small to draw inferences from. Nonetheless, this study has addressed an identified knowledge gap and also highlighted and made recommendations in relation to a number of issues of inequality.
8.5 Personal Reflections and Concluding Remarks

As we tell stories about the lives of others, we learn how to imagine what another creature might feel in response to various events. At the same time, we identify with the other creature and learn something about ourselves.

Martha Nussbaum, 2002, p.177

The above quote by Nussbaum captures some of what this study has meant for me, as engaging with the literature and telling the stories of the participants in this study has expanded my world, my understanding of the research topic, and also taught me something about myself and the bias I may hold (Etherington 2004). Furthermore, this study has offered me the opportunity to reflect more broadly on issues of social justice, experiences of disability, and the role of adult guidance counsellors in contributing to social change. Due to assumptions I held at the outset of this study, some findings have surprised me. For example, I had not expected to uncover as grave instances of social injustice, such as physical abuse and experiences of humiliating treatments in Irish educational institutions in the not so distant past. The complexity and intricate nature of some of the issues also became increasingly evident throughout the research process, in relation to identity construction, support provision, and access to dyslexia assessments, for example.

As I began the journey of writing this thesis I was motivated by curiosity and a sense of social injustice for adult learners with dyslexia. I have approached the topic from an adult guidance counselling and interactionist perspective and with an advocacy approach, as opposed to an adult literacy perspective or with the economic interest of policy makers. By meeting individuals who have generously shared their experiences and thoughts, the importance of identifying and addressing matters of social injustice has been accentuated and will certainly continue to inform and influence my future practice, be it as a researcher or as a guidance counsellor.

Whilst the process of researching this topic has proved challenging at times, the need for this study has also been justified and confirmed during the fieldwork and by disseminating the primary findings of this study to relevant stakeholders in the last couple of years. Furthermore, anytime I tell someone in my private life, a friend or a stranger, about the
topic of my research, I find that they too have stories to tell. Sometimes they tell me that they have dyslexia or suspect they do, and other times it may be a family member or a close friend. However, a few people have demonstrated a lack of understanding about dyslexia and suggested that it can be “a handy excuse” which, in their opinion, is used by too many “these days”. Regardless of their position, however, I find that people generally have a keen interest in the topic and I rarely meet anyone who is indifferent to dyslexia. In light of this, it has become increasingly evident to me that literacy is a greatly value laden topic and this inevitably has implications for individuals with dyslexia who try to navigate through a literacy-demanding world.

As the thesis is completed I am increasingly focusing on identifying potential avenues and audiences to disseminate the findings to. My hope is that I can contribute to an increased and non-reductionist understanding of adult dyslexia in the field of adult guidance counselling and that the framework for practice can be utilised and perhaps be built upon by practitioners themselves in the future. As a new adult guidance and information service in the FET sector is currently being considered, I also hope that the findings of this research may help inform such developments.

In conclusion, this research journey has been both challenging and rewarding in terms of my own learning and development. More importantly, however, the participants’ keen interest in sharing their stories with the purpose to contribute to strengthened knowledge on the topic has made it an entirely worthwhile and humbling experience.

8.6 Conclusion

This chapter has outlined the conclusions drawn from this mixed methods research study, which had the overall aim to investigate the guidance counselling needs of adults with dyslexia within the AEGS in order to inform practice. The key findings have been presented with associated implications for practice, policy and research, and a number of important recommendations have been made. Following this, strengths and limitations of the study were acknowledged and this chapter concludes with this reflexive account of the research study as a whole.
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238


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252


254


National Council for Special Education (NCSE) (2013) ‘Supporting students with special educational needs in schools. Policy advice paper No.4’, available:


269


Tafti, M. A., Hameedy, M. A. and Baghal, N. M. (2009) ‘Dyslexia, a deficit or a difference: Comparing the creativity and memory skills of dyslexic and


Appendices
Appendix A. The Irish Education System

(Condon et al. 2013, p.15)
Appendix B. AEGS Target Groups

1. Adults and young people aged over 16\(^2\) who left school with low or no formal qualifications or low literacy levels
2. The unemployed, particularly the priority groups identified as part of the Government’s activation agenda.
3. The long-term unemployed and those at risk of becoming long-term unemployed, especially those in the older age groups
4. Those not in work but not eligible to be on the Live Register
5. Those in the workplace with basic skills needs
6. Disadvantaged women who have particular experience of barriers to participation
7. Disadvantaged men, including those experiencing rural isolation
8. Lone Parents and others with caring responsibilities that may prohibit their participation in full time courses
9. Travellers
10. Homeless People
11. Substance Misusers
12. Ex-offenders
13. People with Disabilities
14. People for whom English is not the mother tongue, who require language and literacy supports
15. Former residents of designated education institutions and eligible family members

(Source: NCGE 2012, pp.6-7)

\(^2\) Young people aged over 16 years of age are eligible to participate in BTEI and Adult Literacy programmes. Community Education programmes are open to those over 18 years of age and VTOS for unemployed people over 21 years of age. Where a young person aged between 16-18 years of age presents, AEGS staff should deal with them appropriately and in line with VEC child protection guidelines.
### Appendix C. Sample of Critical Appraisal of Research Studies

<table>
<thead>
<tr>
<th>Author(s), Year, Title</th>
<th>Methodology</th>
<th>Key findings</th>
<th>Limitations and Strengths</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Bell 2010, <em>Inclusion for Adults with Dyslexia: Examining the Transition Periods of a Group of Adults in England, UK</em></td>
<td>Qualitative, constructivist: Interviews with 6 dyslexic adults</td>
<td>Motivated to find out “how dyslexia might affect the lives of people who no longer had access to formal support” (p.218). Dysfunctional career progression in adults with dyslexia, partly due to a tendency to move from job to job as a strategy to avoid difficulties in the workplace.</td>
<td>- Small study, ‘opportunistic’ sampling (known to the researcher) + transparent methodology and thick descriptions, contributing to new knowledge on under researched topic</td>
<td></td>
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<tr>
<td>Bell 2009, <em>Exploring support for dyslexic adults in the English workforce: lessons learnt from the story of an adult dyslexia group, UK</em></td>
<td>Case study: observations and focus groups</td>
<td>Exploring benefits of difficulties in setting up a voluntary dyslexia group for employees. Benefits include peer support (psychological) and practical (keeping informed). Difficulties included organising groups without state funding and attracting new members due to the hidden nature of dyslexia and stigma.</td>
<td>- Potential bias as the author was involved in the process and had a vested interest (However, this is acknowledged by the author in the article) + Participant-led with rich data.</td>
<td></td>
</tr>
<tr>
<td>Harkin et al. 2015, <em>'Screening and assessment of Specific Learning Disabilities in higher education institutes in the Republic of Ireland'</em></td>
<td>Quantitative: 14 of 22 HE institutions (64%) responded to an online questionnaire</td>
<td>This study revealed that practices and screening tools vary significantly in the surveyed institutions, discrepancy tests are still used for screening purposes, lack of use of screening tools which allow identification of SLD comorbidity. A ‘Trinity model’ is recommended.</td>
<td>- Possible bias as the three authors work in the HE institution which has developed the model they present as the recommended model for practice in Ireland. +Provides a comprehensive picture of practices in HE institutions in Ireland and makes some interesting recommendations</td>
<td></td>
</tr>
<tr>
<td>Irving 2013, <em>Access, opportunity, and career: supporting the aspirations of dis/abled students with high-end needs in New Zealand, New Zealand</em></td>
<td>Case study</td>
<td>This study explores effects of a post-secondary transition scheme for youths (27) with ‘high-end’ disabilities. Considering not just impact on participants ‘employability’ but also personal and social development. Also saw effects on employers’ broadened conceptualisation of employees with disabilities.</td>
<td>- Little information about methodology (referring to other publication which I have not been available to access) + Critical and multi-layered social justice focus, recognising limitations of the transition scheme as a social justice intervention for others than scheme participants. Important contribution to a field with little research.</td>
<td></td>
</tr>
<tr>
<td>Author(s), Year, Title</td>
<td>Methodology</td>
<td>Key findings</td>
<td>Limitations and Strengths</td>
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<tr>
<td>McGuckin et al. 2013, <em>Moving to Further and Higher Education: An Exploration of the Experiences of Students with Special Educational Needs.</em> Ireland</td>
<td>Qualitative: Focus groups: 12 students &amp; 42 professionals Interviews: 42 students &amp; 28 professionals</td>
<td>Key findings relate to access and progression, resources and supports, and student experience. Support from guidance counsellors in post-primary was highly valued. Guidance professionals found it difficult to balance support and promotion of independence. The incoherent support in the FET sector is recognised.</td>
<td>- Reported low response rate to focus groups and extremely low to a survey which has not been included in findings, although good geographical and contextual spread. + An Irish context, institutions in both HE and FET sector included. Voices of both students and professionals are included. (too low response rate from parents to be included in findings)</td>
<td></td>
</tr>
<tr>
<td>McNulty (2003) <em>Dyslexia and the life course,</em> USA</td>
<td>Qualitative: Multiple interviews and Narrative Analysis with 12 participants</td>
<td>Explored emotional aspects of the life stories of adults diagnosed with dyslexia as children and found that self-esteem problems were common and related to struggles or failures in school more so than the diagnosis. Feeling ‘different’ from an early age. On condition that assessments were followed by accommodations and support, diagnosis helped improve self-esteem.</td>
<td>- Relatively small study, all participants from middle or upper socio-economic class which may have impacted positively on access to support and resources. Study relies on childhood memories of adults and may not be reliable. + One of few studies on the topic. An interactionist approach (not explicit), also recognising that causes to emotional stress and wellbeing can be complex and multifaceted.</td>
<td></td>
</tr>
<tr>
<td>Meteyard and Gilmore 2015, <em>Psycho-educational assessment of specific learning disabilities,</em> Australia</td>
<td>Quantitative, questionnaire to 203 participants</td>
<td>The beliefs and SLD psychoeducational assessment practices of Psychologists and guidance counsellors: some view SLD assessment as intervention and information gathering (as opposed to simply generate a diagnosis). A number of approaches and conceptualisations are used, particularly an IQ discrepancy approach.</td>
<td>- Lack of contextual data, leading authors to guess the reasons/causes for certain findings. NB. the study refers to SLD, not dyslexia exclusively + Captures the beliefs and practices of guidance counsellors and highlights the issue of continued use of IQ discrepancy assessments and approaches.</td>
<td></td>
</tr>
<tr>
<td>Nalavany et al. 2011, <em>Psychosocial Experiences Associated With Confirmed and Self-Identified Dyslexia,</em> USA</td>
<td>Mixed Methods: Concept mapping, focus groups (15+39 participants)</td>
<td>Prevalence of negative social perceptions about dyslexia, a need for services across the lifespan, and a need for helping professionals to identify strengths, resiliency and risks. Feelings of isolation amongst dyslexic adults as prevalent.</td>
<td>- Limited reliability and generalisability due to ‘positive sampling’ + creative, participant-driven and dyslexia-friendly methods, interactionist perspective on dyslexia (although not explicitly stated).</td>
<td></td>
</tr>
<tr>
<td>Author(s), Year, Title</td>
<td>Methodology</td>
<td>Key findings</td>
<td>Limitations and Strengths</td>
<td></td>
</tr>
<tr>
<td>------------------------</td>
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</tr>
</tbody>
</table>
| Nguyen et al. 2013, *Junior/Community College Students with Learning Disabilities and Their Use of Information and Communication Technologies (ICTs)*, Canada | Mixed methods: interview (58) to inform questionnaire (74 with LD + 96 w.out LD) descriptive & comparative | Experts opined that *more* training and use of ICT and AT for students with LD is needed. However, some ‘new’ ICTs (smartphones etc.) were used by students but not identified by experts. Students with LD have more difficulties using technology compared to non-LD students. They also lacked awareness of ICTs and AT which authors recommend should be taught in schools. | - Referring to LD, not dyslexia specifically.  
+ Rigid and reliable study. In contrast to many other studies, not situated in HE, but in a sector more comparable to FET in Ireland. |
| Stampoltzisa and Polychronopoulou 2013, *Greek university students with dyslexia: an interview study*, Greece | Qualitative: Interviews with 16 HE students, Thematic Analysis | Negative school experiences, labelling, self-esteem, and future plans. They found that factors which have a positive effect on the wellbeing of the students include: early diagnosis with related information communicated, parental support and support during school and HE. | - A tendency to quantify the findings despite the relatively small study with a qualitative methodology. Does not offer much new knowledge but rather confirms findings in previous studies.  
+ Findings are well supported by quotes from participants. Clearly explicated methods. |
| Tanner 2009, *Adult dyslexia and the ‘conundrum of failure’*, Australia | Qualitative: focus groups and interviews with 10 adults | A key argument is that the lenses through which dyslexia is viewed directly influence the way people with dyslexia are perceived in a wider societal context. The language used and the emphasis in a societal context placed on literacy skills, not only limits, but also marginalises and excludes those with literacy difficulties. | - Findings discussed from a PhD thesis, relatively small study with participants recruited from the researcher’s workplace.  
+ An under researched topic with a focus on lived experiences of dyslexic adults. The voices of the dyslexic adults come through strongly. |
| Young Kong 2012, *The emotional impact of being recently diagnosed with dyslexia from the perspective of chiropractic students*, UK | Qualitative: semi-structured interviews with 6 MA students | Highlights the complexity nature and at times contradictory reactions (such as anxiety, anger, motivation and confidence) of adults who are recently diagnosed with dyslexia. Provides understanding of the impact of a late diagnosis and suggests need for individualised support to address specific needs. | - Small scale study. Not possible to establish if their emotions were reactions to the diagnosis or present pre-diagnosis  
+ Addressing an under researched topic. Focuses on emotional/psychological impact but recognises social and biological aspects also (the interactionist approach is not explicit however) |
<table>
<thead>
<tr>
<th>Author</th>
<th>Title</th>
<th>Evidence-Base?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Soresi et al.</td>
<td><em>Career Guidance for Persons with Disabilities</em> (Chapter in the International Handbook of Career Guidance)</td>
<td>This chapter refers to research studies. However, they mainly make references to research on clients with “pervasive developmental disorders” which <em>may</em> have limited applicability for work with adults with dyslexia.</td>
</tr>
<tr>
<td>Nag, 2014</td>
<td><em>Special educational needs, social cognitive environment, and preparing for the world of work</em> (Chapter in the Handbook of career development: International perspectives)</td>
<td>Includes recommendations for practice based on her qualitative research findings. However, these may have limited transferability as participants are from privileged backgrounds in India.</td>
</tr>
<tr>
<td>AHEAD, 2008</td>
<td><em>Charting your course: A handbook for guidance counsellors and information officers when working with disability issues in adult education</em></td>
<td>Produced specifically for guidance counsellors in the AEGS, but with a broad focus on disability (includes short sub-section on dyslexia). The handbook does not include references to research so evidence-base is unclear.</td>
</tr>
<tr>
<td>Heelan, 2011</td>
<td><em>What do you want to do with your life?</em> (AHEAD and NCGE)</td>
<td>Guidelines for guidance counsellors assisting post-primary students with disabilities in their transition to HE (includes very small sub-section on dyslexia). This publication contains no references to empirical evidence.</td>
</tr>
<tr>
<td>McCormack, 2016</td>
<td><em>Dyslexia: How the guidance counsellor can support the student with dyslexia</em> (Chapter in NCGE School Guidance Handbook)</td>
<td>Aimed at guidance counsellors working in post-primary schools. Focuses on practical interventions, e.g. assessments, access routes to HE and input on ‘whole-school policies’. Includes some references to secondary research reports and educational policies.</td>
</tr>
<tr>
<td>DAI, 2016b</td>
<td><em>What’s good for dyslexia is good for all: A guide for those working in the further education sector in Ireland</em></td>
<td>Information and recommendations for FET tutors are based on their own findings from evaluations of their FET programme: Career Paths for Dyslexia.</td>
</tr>
<tr>
<td>Davis, 2013</td>
<td><em>Dyslexia and transition, making the move</em> (NIACE, UK)</td>
<td>Aimed primarily at individuals with dyslexia, but also people who provide formal and informal support. This publication contains no references to research.</td>
</tr>
</tbody>
</table>

288
Appendix E. Online Questionnaire Consent Form and Online Questionnaire

Research Title: An examination of the guidance counselling needs of clients with dyslexia within the AEGI

Basic Information

By completing the questionnaire, you agree to take part in the study and signify that you understand the particulars of the research project. The conditions involved in the research are:

Participation is entirely voluntary

Participants are free to withdraw at any time in the process and any contribution made will be subsequently destroyed

The questionnaire will be kept strictly confidential and will be available only to the researcher and the research supervisors.

This survey is in 4 sections. Please complete each section before moving onto the next.

Please click “Next” to complete the questionnaire.
Section 1. Demographic Details

1. What is your gender?
   - Female
   - Male

2. How long have you been working as a qualified Guidance Counsellor in the adult sector?
   - 0-5 years
   - 6-10 years
   - 11-15 years
   - 16-20 years
   - 21-25 years
   - 26+ years
3. What is your level of qualification?

4. Are you a member of any of the following professional bodies? (Please tick all that apply)
   - [ ] Institute of Guidance Counsellors (IGC)
   - [ ] Adult Education Guidance Association of Ireland (AEGAI)
   - [ ] National Association for Educational Guidance for Adults (NAEGA, UK)
   - [ ] Irish Association for Counselling and Psychotherapy (IACP)
   - [ ] Careers Profession Alliance (CPA, UK)
   - [ ] None
   Other (please specify)

5. What is your role in the AEGAI?
   - [ ] Guidance Co-ordinator only
   - [ ] Guidance Co-ordinator/Guidance Counsellor
   - [ ] Guidance Counsellor only

Prev  Next
Section 2. Experience of Working with Clients with Dyslexia

6. In your estimation, out of your total number of clients, what is the approximate percentage of adult clients with formally diagnosed dyslexia accessing your service on a yearly basis?

- Less than 10%
- 11-20%
- 21-30%
- 31-40%
- 41-50%
- Over 50%

7. In your estimation, out of your total number of clients, what is the approximate percentage of adult clients with 'suspected' dyslexia (no formal diagnosis) accessing your service on a yearly basis?

- Less than 10%
- 11-20%
- 21-30%
- 31-40%
- 41-50%
- Over 50%
8. Please rank the nature of support that is most frequently sought by clients with dyslexia (where 1 = the most frequently sought and 5 = least frequently sought). Please note that as you rank these, the order will automatically change to align with your ranking.

- [ ] ▼ Personal/Social Guidance only
- [ ] ▼ Educational Guidance only
- [ ] ▼ Career Guidance only
- [ ] ▼ Combination of Personal/Social, Educational, and Career Guidance
- [ ] ▼ Information only

9. In your opinion, do clients with dyslexia require specialised guidance interventions compared to those without this learning disability?

- [ ] Yes
- [ ] No

Please explain

293
10. Please indicate if you agree or disagree with the following statements in relation to clients with dyslexia

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>They often have unrealistic educational aspirations</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>They often have unrealistic career aspirations</td>
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<tr>
<td>They often become overwhelmed with the workload when returning to education</td>
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<tr>
<td>They face barriers to accessing external dyslexia diagnostic services</td>
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<tr>
<td>They often have strong feelings of failure from previous learning experiences</td>
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<tr>
<td>They often lack support from family members and friends</td>
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<tr>
<td>They are often faced with a lack of understanding and support from educational staff</td>
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<tr>
<td>They often feel stigmatised by their learning disability</td>
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<tr>
<td>Lack of trained professionals within the Adult Education sector</td>
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</tbody>
</table>

Other (please specify)

---
11. Please indicate if you agree or disagree with the following statements in relation to your provision of guidance to a client with dyslexia

<table>
<thead>
<tr>
<th>Lack of time to address issues properly</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insufficient knowledge and skills to deal with the presenting issues</td>
<td></td>
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<tr>
<td>Inadequate support for guidance counselors working with this client group</td>
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<tr>
<td>Insufficient Continual Professional Development (CPD) available for guidance counselors in relation to working with this client group</td>
<td></td>
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</tbody>
</table>

Other (please specify)

12. While dyslexia is regarded as a disability, some individuals with dyslexia experience successful educational and/or career progression. Please indicate if you agree or disagree that the following statements.

A client with dyslexia is more likely to succeed when he or she...

<table>
<thead>
<tr>
<th>Has a strong interest or passion for a specific area</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has a high level of self-awareness in relation to his/her abilities</td>
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<tr>
<td>Has well developed decision making skills</td>
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<tr>
<td>Has a high level of perseverance and resilience</td>
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<tr>
<td>Has well developed compensatory strategies</td>
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<tr>
<td>Can recognise his/her personal strengths</td>
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<tr>
<td>Explores artistic and creative fields of study or work</td>
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<tr>
<td>Makes use of effective and positive support systems</td>
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<tr>
<td>Other (please specify)</td>
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</tr>
</tbody>
</table>

13. In your professional opinion, what are the top three implications of a client not disclosing his/her dyslexia to you?

1. 
2. 
3. 
Section 3. Diagnosis and Referral

14. Where dyslexia is suspected, would you encourage your client to receive a formal diagnosis?
   - Yes
   - No

If Yes, what do you see as the benefits of the diagnosis? If No, please explain.

15. Please indicate if you agree or disagree with the following statements about the likely barriers to formal diagnosis of dyslexia

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial implications for client</td>
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<tr>
<td>Lack of availability of diagnostic services locally</td>
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<tr>
<td>Clients often lack awareness of how to access assessment services</td>
<td></td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>Guidance practitioners often lack awareness of how to access assessment services</td>
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</tbody>
</table>
Many clients are reluctant to identify as dyslexic (e.g., stigma, fear of confidentiality).

Wait time for assessment appointment

Lack of follow-up support post formal assessment

Other (please specify)

16. In your opinion, what are the top three factors that facilitate the process of assessment and formal diagnosis?
   1. 
   2. 
   3. 

17. Please indicate from which of the following sources/services you have received referrals of clients with dyslexia (Please tick all that apply)
   - Self-referral
   - VEC Staff
   - Public Employment Services (e.g., FÁS, LES, Jobs Club)
   - VEC Literacy Services
   - External Assessment/Diagnostic Services
   - External Counselling Services
   - Internal Learning Resource Services
   - External Disability Support Services
   - Other
18. To which services do you refer clients with dyslexia (Please tick all that apply)

- VEC Literacy Service
- External Assessment/Diagnostic Services
- External Counselling Services
- Third Level Disability Officer
- Internal Learning Resource Services
- External Disability Support Services
- Other

19. Based on your experiences, are these referral services for clients with dyslexia adequate?

- Yes
- No

Please explain

299
Section 4. Professional Practice

20. Within your practice, do you use any pre-screening psychometric measures for clients with suspected dyslexia?
   - Yes
   - No
   If Yes, please list the measures. If No, please explain.

21. In your opinion, how suitable are standardised psychometric assessments (e.g. aptitude tests, career tests, interest inventories) with clients with dyslexia?
   - Very suitable
   - Quite suitable
   - Not so suitable
   - Not suitable at all

22. Do you provide guidance material/information in a dyslexia friendly format? (e.g. short texts with a clear and large font)
   - Always
   - Sometimes
   - Never
   - Only when specifically requested
23. Are there any specific guidance counselling models or approaches you use when working with clients with dyslexia?

- Yes
- No

Please explain

24. Have you availed of specific CPD (Continuing Professional Development) relevant to working with clients with dyslexia?

- Yes
- No

If Yes, please state the training; If No, why not?

25. If you have any other comments in relation to the research topic, please feel free to state them here:
Appendix F. Recruitment E-mail

Research Title: An examination of the guidance counselling needs of clients with dyslexia within the Adult Educational Guidance Service

Dear Guidance Counsellor,

I am an MA Research student within the Department of Education and Professional Studies in University of Limerick, under the supervision of Dr. Lucy Hearne and Dr. Barry Coughlan.

The title of my research is: An examination of the guidance counselling needs of clients with dyslexia within the Adult Educational Guidance Service. The study has been approved by the Ethics Committee of University of Limerick (Ref. no: EHSREC 10-98). In order to gather this information I would appreciate if you would agree to participate in my study.

I am conscious of the pressures of your work and appreciate your contribution to the study. Your participation has the potential to contribute to the development of a framework for provision to this client group within the adult guidance profession. The questionnaire will take approximately 30 minutes to complete. The latest return date is the 7th of November.

To volunteer please follow the link below, which will bring you to Survey Monkey: https://www.surveymonkey.com/s/7KWWYNB

If you have any queries or require further information on the research study, please contact me or either of my Supervisors:

Petra Elftorp, Researcher  
Tel. 0857034972, Email: petra.elftorp@ul.ie

Dr. Lucy Hearne, Research Supervisor  
Tel. 061/20 29 31, Email: lucy.hearne@ul.ie

Dr. Barry Coughlan, Research Supervisor  
Tel. 061/234345, Email: barry.coughlan@ul.ie

If you have any concerns about this study and wish to discuss it with an independent source, please contact: Chairman Education and Health Sciences Research Ethics Committee, EHS Faculty Office, University of Limerick. Tel: (061) 234101, Email: ehsresearchethics@ul.ie

Kind regards,  
Petra Elftorp  
Researcher
## Appendix G. Phase 1. Extract from Codebook

<table>
<thead>
<tr>
<th>Variable</th>
<th>SPSS Variable name</th>
<th>Coding instructions (label = value)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identification number</td>
<td>ID</td>
<td>1-27</td>
</tr>
</tbody>
</table>
| Gender                        | Q1                 | 1 = Female  
2 = Male                                                                 |
| Years working in Adult Sector | Q2                 | 1 = 0-5 years  
2 = 6-10 years  
3 = 11-15 years  
4 = 16-20 years  
5 = 21-25 years  
6 = 26+ years                                                                 |
| Level of Qualification        | Q3                 | 1 = Grad.Dip./H.Dip. in Guidance and Counselling  
2 = Grad.Dip./H.Dip. in Guidance Counselling  
3 = Grad.Dip./H.Dip. in School Guidance and Counselling  
4 = Grad.Dip./H.Dip. in Adult Guidance and Counselling  
5 = M.A. in Guidance Counselling  
6 = M.A. in Guidance and Counselling  
7 = M.A. Applied Psychology (Guidance Counselling)  
8 = M.Sc. in Guidance and Counselling  
9 = M.Ed. in Adult Guidance and Counselling  
10 = M.Ed. in School Guidance and Counselling  
11 = M.Ed. Guidance and Counselling  
12 = No guidance counselling qualification  
13 = Other (please specify)                                                                 |
| Member of: IGC                | Q4a                | 0 = No  
1 = Yes                                                                 |
| Member of: AEGAI              | Q4b                | 0 = No  
1 = Yes                                                                 |
| Member of: NAEGA, UK          | Q4c                | 0 = No  
1 = Yes                                                                 |
| Member of: IACP               | Q4d                | 0 = No  
1 = Yes                                                                 |
| Member of: CPA                | Q4e                | 0 = No  
1 = Yes                                                                 |
| Member of: None               | Q4f                | 0 = No  
1 = Yes                                                                 |
| Member of: Other, please specify | Q4g                  | 0 = No  
1 = Yes                                                                 |
| Role in the AEGS              | Q5                 | 1 = Guidance Co-ordinator only  
2 = Guidance Co-ordinator/ Guidance Counsellor  
3 = Guidance Counsellor only                                                                 |
| Clients with diagnosed dyslexia | Q6                  | 1 = Less than 10%  
2 = 11-20%  
3 = 21-30%  
4 = 31-40%  
5 = 41-50%  
6 = Over 50%                                                                 |
<table>
<thead>
<tr>
<th>Variable</th>
<th>SPSS Variable name</th>
<th>Coding instructions (label = value)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clients with suspected dyslexia</td>
<td>Q7</td>
<td>1 = Less than 10%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2 = 11-20%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3 = 21-30%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4 = 31-40%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5 = 41-50%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>6 = Over 50%</td>
</tr>
<tr>
<td>Personal/Social Q8a</td>
<td>Q8a</td>
<td>1 = the most frequently sought</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2 = second most frequently sought</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3 = third most frequently sought</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4 = fourth most frequently sought</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5 = least frequently sought</td>
</tr>
<tr>
<td>Education only Q8b</td>
<td>Q8b</td>
<td>1 = the most frequently sought</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2 = second most frequently sought</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3 = third most frequently sought</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4 = fourth most frequently sought</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5 = least frequently sought</td>
</tr>
<tr>
<td>Career Guidance only Q8c</td>
<td>Q8c</td>
<td>1 = the most frequently sought</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2 = second most frequently sought</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3 = third most frequently sought</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4 = fourth most frequently sought</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5 = least frequently sought</td>
</tr>
<tr>
<td>Combination of social, educational, and career Q8d</td>
<td>Q8d</td>
<td>1 = the most frequently sought</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2 = second most frequently sought</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3 = third most frequently sought</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4 = fourth most frequently sought</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5 = least frequently sought</td>
</tr>
<tr>
<td>Information only Q8e</td>
<td>Q8e</td>
<td>1 = the most frequently sought</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2 = second most frequently sought</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3 = third most frequently sought</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4 = fourth most frequently sought</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5 = least frequently sought</td>
</tr>
<tr>
<td>Do clients with dyslexia require specialised interventions? Q9a</td>
<td>Q9a</td>
<td>1 = Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2 = No</td>
</tr>
<tr>
<td>Please explain Q9b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>They often have unrealistic educational aspirations Q10a</td>
<td>Q10a</td>
<td>1 = Strongly agree</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2 = Agree</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3 = Neutral</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4 = Disagree</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5 = Strongly disagree</td>
</tr>
</tbody>
</table>
Appendix H. Information Letter: AEO

UNIVERSITY OF LIMERICK
O L L S C O I L L U I M N I G H

Research Title: An Examination of the Guidance Counselling Needs of Adults with Dyslexia within the Irish Adult Educational Guidance Service
Ethical approval ref. no: EHSREC 10-98

I am currently a Ph.D. student in the Department of Education and Professional Studies, University of Limerick, under the supervision of Dr. Lucy Hearne and Dr. Barry Coughlan.

In my research I aim to explore the guidance counselling needs of adults with dyslexia. In order to gather this information I would appreciate if you would agree to me carrying out a number of interviews with adult learners in your organisation.

All information gathered will be held in the strictest of confidence and pseudonyms will be used to ensure anonymity. Interviews will be audio recorded and the data will be stored securely in UL. Participation in the study is voluntary and participants can withdraw from the research at any time. The results from this research study will be reported in my thesis and may be disseminated through other professional publications and conferences.

It is important to note that the organisation’s name and the names of individual participants will not be used in the research and the organisation will not be identifiable to anyone other than those directly involved.

If you have any queries or require further information on the research study, please contact me or my Supervisors:

Petra Elftorp, Researcher
Email: petra.elftorp@ul.ie
Dr. Lucy Hearne, Supervisor
Tel: 061/20 29 31
Email: lucy.hearne@ul.ie
Dr. Barry Coughlan, Supervisor
Tel: 061/23 43 45
Email: barry.coughlan@ul.ie

This study has been approved by the Ethics Committee of University of Limerick (Ref. no: EHSREC 10-98). If you have any concerns about this study and wish to contact someone independent, you may contact:

Chairman Education and Health Sciences Research Ethics Committee,
EHS Faculty Office
University of Limerick.
Tel: (061) 234101
Email: ehsresearchethics@ul.ie

305
Appendix I. Consent Form: AEO

UNIVERSITY of LIMERICK
O L L S C O I L L U I M N I G H

Research Title: An Examination of the Guidance Counselling Needs of Adults with Dyslexia within the Irish Adult Educational Guidance Service
Ethical approval ref. no: EHSREC 10-98

I have read the Information Sheet and understand in detail the particulars of the research project. I understand that the identity of the adult learners and the organisation will not be revealed at any stage in the reporting of this research study. The conditions involved in the research which are designed to protect the privacy of participants and respect their contribution are:

(i) participation is entirely voluntary
(ii) participants are free to withdraw at any time in the process and any contribution made will be subsequently destroyed
(iii) the interview will be kept strictly confidential and will be available only to the researcher and the supervisor. Excerpts from the interview may be made part of the final research dissertation, but under no circumstances will names or any identifying characteristics be included in this report.

I hereby give my consent for Petra Elftorp to carry out her research in this organisation.

Signature: _______________________________________
Printed Name: ____________________________________
Date: ___________________________________________
Research Title: An Examination of the Guidance Counselling Needs of Adults with Dyslexia within the Irish Adult Educational Guidance Service

Ethical approval ref. no: EHSREC 10-98

I am currently a Ph.D. student in the Department of Education and Professional Studies, University of Limerick, under the supervision of Dr. Lucy Hearne and Dr. Barry Coughlan.

In my research I aim to explore the guidance counselling needs of adults with dyslexia. In order to gather this information I would appreciate if you would agree to me carrying out a number of interviews with adult learners, sourced through your organisation.

All information gathered will be held in the strictest of confidence and pseudonyms will be used to ensure anonymity. Interviews will be audio recorded and the data will be stored securely in UL. Participation in the study is voluntary and participants can withdraw from the research at any time. The results from this research study will be reported in my thesis and may be disseminated through other professional publications and conferences.

It is important to note that the organisation’s name and the names of individual participants will not be used in the research and the organisation will not be identifiable to anyone other than those directly involved.

If you have any queries or require further information on the research study, please contact me or my Supervisors:

Petra Elftorp, Researcher
Email: petra.elftorp@ul.ie

Dr. Lucy Hearne, Supervisor
Email: lucy.hearne@ul.ie

Dr. Barry Coughlan, Supervisor
Email: barry.coughlan@ul.ie

This study has been approved by the Ethics Committee of University of Limerick (Ref. no: EHSREC 10-98). If you have any concerns about this study and wish to contact someone independent, you may contact:

Chairman Education and Health Sciences Research Ethics Committee,
EHS Faculty Office
University of Limerick.
Tel: (061) 234101
Email: ehsresearchethics@ul.ie
Appendix K. Consent Form: Dyslexia Association of Ireland

UNIVERSITY of LIMERICK
OLLSCOIL LUIMNIGH

Research Title: An Examination of the Guidance Counselling Needs of Adults with Dyslexia within the Irish Adult Educational Guidance Service
Ethical approval ref. no: EHSREC 10-98

I have read the Information Sheet and understand in detail the particulars of the research project. I understand that the identity of the individuals and the organisation will not be revealed at any stage in the reporting of this research study. The conditions involved in the research which are designed to protect the privacy of participants and respect their contribution are:

(i) participation is entirely voluntary
(ii) participants are free to withdraw at any time in the process and any contribution made will be subsequently destroyed
(iii) the interview will be kept strictly confidential and will be available only to the researcher and the supervisor. Excerpts from the interview may be made part of the final research dissertation, but under no circumstances will names or any identifying characteristics be included in this report.

I hereby give my consent for Petra Elftorp to carry out her research in this organisation.

Signature: _______________________________________

Printed Name: ____________________________________

Date: ___________________________________________
Appendix L. Volunteer Information Sheet: Adults with Dyslexia

UNIVERSITY OF LIMERICK
OLLSCOIL LUIMNIGH

Invitation to take part in research study on Dyslexia

You are being invited to take part in a research study. Please take time to read the following information carefully.

The title of the study is:

An Examination of the Guidance Counselling Needs of Adults with Dyslexia within the Irish Adult Educational Guidance Service

What is the purpose of the study?

To find out how Irish guidance counsellors can support adult learners who have, or may have, dyslexia in their personal, educational and employment needs.

Do I have to take part?

You are free to choose to take part in the study. If you decide to take part you are still free to withdraw at any time, without giving a reason, and all relevant data will be destroyed.

What will I have to do?

You will be interviewed by the researcher. The interview will take approximately one hour and it will be audio recorded. It will take place on a date, time and place that suits you.
What are the benefits and risks of taking part?

The benefit of you taking part in this study is that our understanding of the guidance counselling needs for adults with dyslexia will be increased, and will inform adult guidance provision into the future. However, taking part in the study may be inconvenient for you due to the time involved.

Can I be anonymous?

All information gathered about you will be kept confidential and data will be securely stored in the University of Limerick. Only the researcher and Supervisors will have access to the data collected. To protect your anonymity your name will be replaced with a code during data transcription and in the written report.

What should I do if I want to take part?

If you would like to take part please send your name contact number to the researcher’s email: petra.elftorp@ul.ie. The researcher will contact you to arrange a place, date and time for the interview.

You will be asked to sign a Consent Form before the interview begins.

Who can I ask if I have more questions?

You can contact me or my supervisors:

Petra Elftorp, Researcher
Email: petra.elftorp@ul.ie

Dr. Lucy Hearne, Supervisor
Tel: 061/20 29 31
Email: lucy.hearne@ul.ie

Dr. Barry Coughlan, Supervisor
Tel: 061/23 43 45
Email: barry.coughlan@ul.ie

This research has been approved by the University of Limerick Ethics Committee (Ref: EHSREC 10-98). If you have any concerns about this study and wish to contact someone independent, you may contact:

Chairman Education and Health Sciences Research Ethics Committee, EHS Faculty Office
University of Limerick.
Tel: (061) 234101
Email: ehsresearchethics@ul.ie
Title of study: An Examination of the Guidance Counselling Needs of Adults with Dyslexia within the Irish Adult Educational Guidance Service

- I have read and understood the Subject Information sheet explaining this research study.
- I understand what the project is about, and what the results will be used for.
- I am fully aware of the procedures and of any risks and benefits of the study.
- I am aware that the recording of the interview will be kept confidential.
- I know that my participation is voluntary and that I can withdraw at any stage without giving any reason.

Volunteer’s name ___________________________

Volunteer’s signature ___________________________

Researcher’s signature ___________________________

Date ___________________________

311
Appendix N. Recruitment Poster (Adults with Dyslexia, printed on coloured paper)

Research on dyslexia in adulthood

Do you have dyslexia?

Or do you suspect that you may have dyslexia?

Have you taken part, or are you planning to take part in adult education?

Are you over 18 years of age and interested in taking part in a research interview?

If so, please contact Petra Elftorp at: 
petra.elftorp@ul.ie by the 30th of June 2014

Petra Elftorp is interested in finding out about adult learners’ experiences of dyslexia, education and of support services (e.g. guidance counselling) in Ireland. She is a PhD student in the Department of Education and Professional Studies, University of Limerick.

The study has Ethical approval from the EHS faculty in University of Limerick (Ref. no: EHSREC 10-98)
Appendix O. Interview Guide

<table>
<thead>
<tr>
<th>Topics/Concepts</th>
<th>Possible Interview Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>Are you studying at the moment? (level) What is it like for you to have dyslexia?</td>
</tr>
<tr>
<td>Diagnosis</td>
<td>Have you been diagnosed with dyslexia?</td>
</tr>
<tr>
<td></td>
<td>If so, please describe that process. Follow-up support? If no, would you like to be assessed?</td>
</tr>
<tr>
<td></td>
<td>When did you start suspecting that you have dyslexia? What would help/what is needed for you to be able to be assessed?</td>
</tr>
<tr>
<td>Hidden/disclosure</td>
<td>Dyslexia can be described as hidden... Do you think this is true? How has that affected you? Are you open about your dyslexia?</td>
</tr>
<tr>
<td>Adult Guidance</td>
<td>Have you accessed the adult guidance counselling service in the centre? Did you disclose/tell him/her that you have/suspect that you have dyslexia? Ideally, what type of support should be offered to adult learners with dyslexia?</td>
</tr>
<tr>
<td>Other support</td>
<td>Have you accessed any other support? (e.g. learning/study/ literacy training, counselling, peers, family etc.) Ideally, what type of service would you like to have access to?</td>
</tr>
<tr>
<td>Education</td>
<td>Can you describe your experiences of education (primary, post-primary, further and higher education)? Has dyslexia influenced your experience? What has helped you get to where you are today? Is there anything you wish had been different?</td>
</tr>
<tr>
<td>Work</td>
<td>Tell me about your experience of work and employment. Can you describe your experiences of job seeking and employment in relation to having dyslexia?</td>
</tr>
<tr>
<td>Future Aspirations</td>
<td>What hopes do you have for the future?</td>
</tr>
</tbody>
</table>

**Conclusion**

Those were all the questions I had, is there anything you would like to add, or do you have any questions? Thank you for taking part etc.

*(Adapted from Mason 2002, p.69)*
Appendix P. Coding Process, Screenshots from NVivo

<table>
<thead>
<tr>
<th>Initial Codes</th>
<th>Emerging Themes</th>
<th>Reviewed and Refined Themes</th>
</tr>
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<tbody>
<tr>
<td><strong>Name</strong></td>
<td><strong>Sources</strong></td>
<td><strong>References</strong></td>
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<td>6</td>
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<td>Adult Education</td>
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<td>38</td>
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<tr>
<td>Adult Literacy</td>
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<td>29</td>
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<tr>
<td>Advice and Guidance</td>
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<td>2</td>
</tr>
<tr>
<td>Advocacy and self-advocacy</td>
<td>4</td>
<td>15</td>
</tr>
<tr>
<td>Aptitude and psychometric testing</td>
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<td>2</td>
</tr>
<tr>
<td>Assessment and Diagnosis</td>
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<td>63</td>
</tr>
<tr>
<td>Assistive technology</td>
<td>9</td>
<td>18</td>
</tr>
<tr>
<td>Attitudes towards dyslexia</td>
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<td>17</td>
</tr>
<tr>
<td>Avoidance</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Awareness and understanding</td>
<td>8</td>
<td>14</td>
</tr>
<tr>
<td>Career</td>
<td>6</td>
<td>27</td>
</tr>
<tr>
<td>Confidence</td>
<td>7</td>
<td>17</td>
</tr>
<tr>
<td>Coping skills and strategies</td>
<td>10</td>
<td>27</td>
</tr>
<tr>
<td>Dependancy</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>Disability service support in hi and ed ed</td>
<td>8</td>
<td>19</td>
</tr>
<tr>
<td>Disability support in work settings</td>
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<td>1</td>
</tr>
<tr>
<td>Disclosure</td>
<td>14</td>
<td>69</td>
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<tr>
<td>Early intervention</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>Educational experiences (primary and pos)</td>
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<td>45</td>
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<tr>
<td>Educational progression</td>
<td>7</td>
<td>15</td>
</tr>
<tr>
<td>Emotional aspects and self-belief</td>
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<tr>
<td>Experience of Adult Guidance Counselling</td>
<td>11</td>
<td>29</td>
</tr>
</tbody>
</table>

314
Appendix Q. Overview of Overarching themes and Subthemes for Phase 2.

**Struggle**
- School Days
  - A Continuous Struggle: Reluctant Learners and Tangled Career Paths

**Being Dyslexic**
- Symptoms
- Identifying Dyslexia
- Identifying as Dyslexic - What Does it Mean?

**Assessment**
- Reasons for Formal Assessment
- Response to the Dyslexia Diagnosis
- Post-Diagnosis Support

**To Tell or Not to Tell, That is the Question**
- Disclosure - A Daunting Task
- Reveal it or Hide it?

**Support - The Ideal vs. The Reality**
- Adult Guidance Counselling
- Disability Support in FET and HE
- Adult Literacy Services
- Dyslexia Specific Training
- Assistive Technology (AT)
- Other Types of Support

**Barriers and Enablers**
- From Literacy Difficulties and Dependency To Coping Strategies and Seeking help
- From Lack of Self-Esteem to Self-Acceptance
- From Limited Access to Support To Advocacy and Self-Advocacy
- From Lack of Awareness To Strengthening Awareness
- Technology - A Barrier *And* a Useful Tool!
Appendix R. Interpretation Flow Chart.

First level of interpretation

Themes in the Findings Chapters

Phase 1. Online questionnaire, descriptive statistics, SPSS.
- Demographic details
- Experience of working with clients with dyslexia
- Diagnosis and referral
- Professional practice

Phase 2. Interviews, Thematic Analysis, NVivo.
- Struggle
  - School days; A continuous struggle: Reluctant learners and tangled career paths
- Being dyslexic
  - Symptoms; Identifying dyslexia; Identifying as dyslexic – what does it mean
- Assessment
  - Reasons for formal assessment; Response to the dyslexia diagnosis; Post-diagnosis support
- To tell or not to tell, that is the question
  - Disclosure – a daunting task; Reveal it or hide it?
- Support – The ideal vs. the reality
  - Adult guidance counselling; Disability support in FET and HE; ALS; Dyslexia specific training; AT; Other
- Barriers and facilitating factors
  - From literacy difficulties and dependency to coping strategies and seeking help; From lack of self-esteem to self-acceptance; From limited access to support to advocacy and self-advocacy; From lack of awareness to strengthening awareness; Technology - a barrier and a useful tool

Second level of interpretation

Research Questions

What are the guidance counselling needs of adults with dyslexia?

How do adults with dyslexia experience and make sense of 'being dyslexic'?

What challenges and social injustices do adults with dyslexia experience in relation to their personal/social, education and career development?

What factors facilitate the education and career progression for adults with dyslexia?

Themes in the Discussion Chapter

Identity and recognition

Education and Career Development - Challenges and Facilitating Factors

Socially Just Guidance Counselling Provision to Adults with Dyslexia

316