

Understanding guidance counselling needs of adults with dyslexia through the lens of a critical-recognitive social justice perspective and a biopsychosocial model of disability

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This article draws on the findings from a qualitatively-led sequential mixed methods doctorate study which was located within the Irish Adult Educational Guidance Services (AEGS) and focused on the guidance counselling needs of adults with dyslexia. Honneth's (2003) conceptions of recognition, equality and social justice, and the interactionist and non-reductionist biopsychosocial (BPS) model of disability (WHO 2011) provided an opportunity to examine and interpret the findings as matters of social justice. The wider application of Honneth's theory and the BPS model to career counselling practice are also considered.



Introduction

Disability has been described as 'the poor relation' on the diversity spectrum (Berry, 2017) and it has also received limited attention in the field of career counselling, despite a substantial body of literature suggesting that individuals with disabilities face complex barriers in relation to career opportunities (Riddick, 2012). As dyslexia is a relatively prevalent, yet often poorly understood disability in adults, the aim to understand career counselling needs of adults with dyslexia through a social justice lens emerged.

This article will first present the context of the study, followed by the methodology and the key findings of the research. The findings are then discussed and finally, the wider application of both Honneth's critical-recognitive

theory and the BPS model of disability are discussed.

The Irish Adult Educational Guidance Service

This study was situated in Ireland, and more specifically in the nationwide Adult Educational Guidance Service (AEGS) which is positioned as an embedded service within the Further Education and Training (FET) sector. The function of the AEGS is to offer 'impartial adult education information, one-to-one guidance and group guidance, which will help people to make informed educational, career and life choices' (Ireland, Department of Education and Skills [DES], 2012, p.3). This is offered free of charge at pre-entry, entry, on-going, pre- and post-exit (DES, 2012).

The Irish holistic and integrated approach includes personal/social, educational and career guidance (Hearne & Neary, 2020) and the AEGS remit is to work with 15 target groups who 'experience particular and acute barriers to participation', including adults with disabilities (DES, 2012). Whilst a large number of adult learners with disabilities participate in FET, disability supports has been insufficient, sporadic and varied throughout the country (Elftorp, Hearne & Coughlan, 2018; Houses of the Oireachtas, 2019; McGuckin, Shevlin, Bell & Devecchi, 2013).

Dyslexia and Disability Debates

There are several contested debates surrounding dyslexia and whilst consensus is rare, most definitions and theorists concur in terms of the core

characteristics of dyslexia, namely: difficulties with fluent and accurate reading and/or spelling (Elbro, 2010; Elliott & Grigorenko, 2014; McPhillips, Hazzard, Beck, Casserly & Tiernan, 2015).

Underlying perspectives and political interests naturally influence how we define and assess dyslexia, not least due to the association with resources and legislated obligations to support individuals with disabilities (Kirby, 2019). There are three major disability perspectives and the traditional medical model identifies dyslexia as a deficit within the individual and a 'medical' response to a diagnosis therefore relates to remediation of the key characteristics (Barclay, 2011). The 'social' perspective takes the opposite position, as it attributes the dyslexic difficulties to the social context and environment (Howard, 2003; MacDonald, 2009). Whilst the medical model neglects context, the social model does not account for the challenges or potential physical pain an impairment may incur (Danermark & Gellerstedt, 2004). A third disability model, which incorporates both the medical and the social models, is promoted by the World Health Organisation (WHO) (2011) as the biopsychosocial, or BPS model, where a disability is understood as: 'a dynamic interaction between health conditions and contextual factors, both personal and environmental' (WHO, 2011, p.4). The BPS model of disability draws on the work of Engel (1977) which was originally positioned in medicine and has since also influenced health psychology for example. In this article, however, 'BPS model' refers to WHO's (2011) use of the concept in relation to understanding disability. It is acknowledged that although clear categorisation of factors is useful from a theoretical perspective, the factors may be more difficult to distinguish in practice. Nonetheless, the BPS-model offers a more holistic and non-reductionist approach to conceptualising dyslexia compared to other models (Shakespeare, 2006).

A Social Justice Perspective Fit for Purpose

A particular underpinning of the study was its critical-recognitive social justice perspective which emerged over time through extensive exploration of some major philosophers (e.g. Fraser & Honneth, 2003; Rawls, 1999; Sen, 2014; Young, 1990), as well

as literature within the career counselling field (e.g. Arthur, 2014; Blustein, 2011; Hooley, Sultana & Thomsen, 2018; Irving, 2013; Plant & Kjaergard 2016; Reid & West, 2018) and the disability field (e.g. Danermark & Gellerstedt, 2004; Shakespeare, 2006).

Distributive and recognitive perspectives can be seen as two major and opposing social justice standpoints. In brief, distributive perspectives aim to erase differences and inequalities through redistribution of resources (Rawls, 1999). It is associated with meritocracy and critical thinkers have critiqued its lack of regard to context, power and oppression (Young, 1990). In contrast, recognitive perspectives focus on embracing and respecting group differences, and have thus been associated with 'identity politics' and critiqued for accentuating differences (Riddell, 2009).

Fraser and Honneth (2003) both offer plural conceptions of social justice, where Fraser focuses on status and representation, while Honneth's theory is foremost relational and intersubjective. Honneth (2003) defines 'recognition' as the process of being cared for, respected and held in esteem by others and in legislation. These are seen as necessary conditions for the development of self-determinism, identity formation, and social justice. Honneth's theory has been critiqued for inadequately recognising the importance of multiple group affiliations, particularly for people with disabilities (Sen, 2014; Thomas, 2007). Nonetheless, when pairing Honneth's theory of recognition with a non-reductionist model of disability, it allows us to consider not just intersubjective experiences and social structures, but also 'biology', in the analysis of disability research (Danermark & Gellerstedt, 2004; Shakespeare, 2006). It becomes clear then that social justice must incorporate both relational and institutional recognition, as well as distribution of arrangements to accommodate and compensate for biological impairments.

Methodology

The aim of this study was to investigate the guidance counselling needs of adults with dyslexia using a mixed methodology underpinned by a critical pragmatic research paradigm (Midtgarden, 2012). Pragmatism allowed for flexibility and inquiries into practical and social problems and this study drew primarily on

some of the more critical works by Dewey (1973), where human experience is the focal point. This critical pragmatic approach was a cyclical process where knowledge, actions and beliefs were re-negotiated on a continual basis by the researcher (Morgan, 2014).

The complexity of the topic demanded a triangulation approach whereby the 'voices' of both adults with dyslexia and guidance practitioners who support them could be included and valued (Creswell, 2009). Thus, the study involved two phases of data collection. In the initial and exploratory stage of the research, an online questionnaire was distributed to all guidance counsellors working in the Adult Education Guidance Services in 2012 (see Elftorp & Hearne, 2014). From a social justice perspective, it was important to ensure that the career counselling 'receivers' were prioritised (Thomsen, 2012). Subsequently, the weight of the study was on the qualitative phase, where the experiences of 14 adult learners with dyslexia were explored through semi-structured face-to-face interviews which varied in length, from 40 to 90 minutes. In total, ten men and four women, aged 18 to 67, who had experience of further education in adulthood were interviewed. They were recruited through gatekeepers in AEGSs and through the Dyslexia Association of Ireland. 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.

Braun and Clarke's (2006) framework for thematic analysis was used to analyse the data and it provided the necessary flexibility to avoid the risk of trying to fit complexities and nuances into an over-rigid structure. 'Social justice' and 'recognition' were sensitising concepts which provided a reference point and a way of drawing attention to the issues which this study set out to examine (Bowen, 2006).

Overall, the benefits of the methodology used, involve the context-rich and experience-near findings anchored in 'the personal voices and collective narratives of underrepresented people' (Blustein, McWhirter & Perry, 2005, p.158). The prioritisation of the qualitative findings was essential (Shakespeare, 2006) and the methodological pluralism resulted in complementary and more comprehensive findings than a mono-method study would have (Perry, 2009).

Findings

The overall findings identified both barriers and enablers to social justice for adults with dyslexia, as well as appropriate career counselling interventions. This article primarily presents selected themes from the overall findings from the study which have particular social justice implications (for a comprehensive account of all findings, see Elftorp, 2017). The findings reported here relate to experiences of misrecognition; transformative experiences of recognition; and appropriate interventions. All extracted quotes are using pseudonyms.

Experiences of misrecognition

Several of the adults with dyslexia in this study used the term 'struggle' repeatedly in relation to experiences on biological, psychological and social levels: On a 'biological' level, the struggle involved day to day frustration and coping with the difficulties of reading fluency and spelling accuracy. These symptoms primarily translated into difficulties with note-taking and completing written tasks, assignments and examinations within a specified timeframe. For those with significant difficulties, everyday life was impacted, from sending text messages to friends, paying bills and travelling independently.

However, the narratives of most of the interviewees focused on the psychological and social struggles to a much greater extent. Several accounts reveal experiences of misrecognition that had a historical basis in their formative education, including being subjected to pejorative labels such as 'slow' or 'stupid', segregated from peers and humiliated in school:

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]

(Sean, 20s)

Several of the interviewees also had a sense that others had low expectations of them in relation to their education and career. For example:

...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, 50's)

The same interviewee ('Catherine') had also been physically abused for being 'lazy' in school. The misrecognition they experienced clearly affected their self-esteem and led to feelings of frustration, anxiety, fear and shame. As a result of these experiences, some were reluctant to engage in education as adults and some also felt that their career progression was slow or static as a result.

Transformative Experiences of Recognition

Two types of experiences appeared to have a transformative effect on the dyslexic adults' self-perceptions. Firstly, being diagnosed with dyslexia provided validation of their personal struggles, confirmation of their intelligence and a sense of personal vindication, particularly for those who had not been diagnosed during childhood:

I just got that acceptance in myself then that 'I'm actually alright, I'm not stupid.'

(Ben, 40s)

For Catherine (50s) who was physically and mentally abused as a child due to what was mislabelled as 'laziness' by teachers, the diagnosis provided a sense of relief that she was not to 'blame':

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. And then I just started crying and all of a sudden I felt this relief.

(Catherine, 50s)

However, positive outcomes post-diagnosis appeared to be contingent on developing a nuanced conception of dyslexia, time to process a new 'identity label', and access to some form of follow-up support. Furthermore, the financial cost and lack of funding for a formal dyslexia assessment for adults in Ireland were identified as a significant barrier. Moreover, access to support requires self-disclosure of dyslexia, which was

emotionally taxing and deeply uncomfortable for most of the adults, due to a fear of ableism:

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

(Dan, 30s)

The other key transformative experience involves an environment where dyslexia was normalised. Five of the 14 adults in this study had participated in Dyslexia Association of Ireland's full-time and year-long 'Career Paths for Dyslexia' course where having dyslexia was an entry criteria. For the course participants, it was the first time in their lives they felt part of a dyslexic community which 'turned everything on its head' (Ben, 30s). It meant that the shame and anxiety they felt in other settings evaporated and it enabled a greater sense of self-acceptance.

Some of those who did not have the opportunity to be part of a dyslexia community expressed a desire to meet others who could 'really understand' them and their experiences:

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.

(Colin, 20s)

Outside of a dyslexia community, disclosing one's dyslexia also appeared more challenging for most of the dyslexic adults and both Ciaran (50s) and Dolores (50s) felt as if they had to 'pretend to be normal' in many situations.

Appropriate Interventions

Some of the dyslexic adults benefitted from a guidance counsellor advocating on their behalf, whilst others had found their 'voice' over time and developed the ability to self-advocate.

The guidance counsellors identified the complexity and challenge in advocating for clients who did not have a formal diagnosis, as it is often a prerequisite for access to disability support and accommodations. As such, advocacy appears to often be related to accessing an

assessment service as the financial cost is a barrier for many adults, including several of the adults in this study.

Those who self-advocated appeared to have developed a level of critical consciousness which both helped them re-frame their self-perceptions and develop the confidence to ask for support:

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.

(Sean, 20s)

Overall, it was evident that the level of support the adults with dyslexia had received varied greatly in relation to both adult career counselling and learning support in the FET sector. Some adults were keen to find ways of reducing the literacy related impact of dyslexia, through assistive technology for example. However, others stressed that guidance counsellors should place more emphasis on helping them develop coping strategies and self-acceptance, rather than trying to 'fix' their literacy difficulties. Although the findings suggested that the most common outward referral destination for clients with dyslexia was the Adult Literacy Services, some guidance counsellors recognised that general adult literacy provision was inappropriate when dyslexia is present.

Discussion of findings

The prevalence of experiences of the relational misrecognition identified in this study have been noted in dyslexia research for some time (Claassens & Lessing, 2015; Young Kong, 2012). The findings also concur with previous social and behavioural research in terms of the negative effects such social pathology can have on the identity-formation and self-esteem of individuals (Evans, 2014; Tanner, 2009; Thomas, Graham, Powell & Fitzgerald, 2016).

Whilst some individuals in this study internalised negative discourses about themselves and about dyslexia, others 'spoke out' against ableism and struggled for recognition of people with dyslexia. Honneth (1995) holds that although a struggle for recognition usually begins with feelings of anger and shame, the individual must also be able to cognitively identify that such feelings are caused by an injustice

done to them. In other words, a precondition for struggles for recognition is what Freire (1970) would call critical consciousness.

One of the most important factors identified in this study as facilitating a process of reframing self-perceptions and developing critical consciousness included a dyslexia diagnosis. In contrast, previous research and debates on the practice of dyslexia diagnosis are contentious and includes compelling arguments against the practice of diagnosing dyslexia, such as the risk of self-fulfilling prophecies and lowered expectations (Elliott & Grigorenko, 2014; McPhillips et al., 2015; Riddick, 2012). However, the findings of this study suggest that such risks are linked to *any* negatively perceived 'learner labels' (e.g. slow or stupid), and not dyslexia per se (Elliot & Grigorenko, 2014; EU High Level Group of Experts on Literacy, 2012).

Intersectionality comes into play too, as any financial barriers to accessing diagnostic services, and in extension educational supports, is placing socio-economically disadvantaged adults with suspected dyslexia at particular risk of not accessing appropriate support (Harkin, Doyle & McGuckin, 2015). This has major implications for the public policy goals of social equity and promotion of equal opportunities as it makes for a rather inequitable situation for adult learners with dyslexia in the Irish education system (European Commission, 2010; OECD, 2004).

The second transformative experience which contributed to critical consciousness was being part of a dyslexia community. The specific group environment was permeated by what Honneth (1995) refers to as 'solidarity'; a form of mutual recognition and appreciation for the unique contribution of each individual, and a cultural climate where self-esteem can flourish. This type of environment, where dyslexia is normalised, has been found to be hugely beneficial in previous studies, albeit difficult to locate in practice (Bell, 2009; Young Kong, 2012). Furthermore, career counselling in the community has been emphasised by Thomsen (2012; 2017) who proposes collective and context-sensitive career counselling practices. Similarly, the importance of outreach practices for widening access to career counselling has been emphasised at policy level for some time (European Lifelong Guidance Policy Network, 2012).

Whilst dyslexia communities may be scarce, group solidarity may be found in voluntary and advocacy groups which aim to increase esteem for the dyslexic community by working to 'raise the value of the abilities associated with' dyslexia (Honneth, 1995, p.127). On a 'macro' level, implications of these findings also concern the responsibility of educational institutions and employers to create a cultural climate of respect and solidarity, as well as providing 'reasonable accommodations' to 'level the playing field' (Duggan & Byrne, 2013; Honneth, 1995; Thomas et al., 2016).

It is also worth noting that dialogue and storytelling can facilitate the vocalisation of pertinent issues and in a group setting in particular, it supports sharing of experiences of misrecognition which in turn can help develop a normative language (Pilapil, 2020). Where peer groups are not available, one-to-one career counselling and qualitative research also have a role in facilitating storytelling through narrative approaches (e.g. McMahon & Watson, 2013).

The relevance of Honneth's critical-recognitive theory and the BPS model to career counselling practice

Honneth's critical-recognitive theory has been applied and adapted in a number of fields, such as social work (Houston, 2015), disability (Maia & Vimieiro, 2015), wellbeing (Thomas et al., 2016), poverty (Pilapil, 2020) and 'non-traditional learners' in higher education (Fleming & Finnegan, 2011). However, it does not appear to have been discussed in great depth in relation to career counselling (although recently touched on by Bakke, Barham and Plant (2020) and Reid and West (2018) for example).

Nonetheless, the relevance of Honneth's theory to career counselling is apparent if we accept his contention that the aim of social justice is to create the social conditions necessary for individuals to have an equal chance to achieve self-realisation. Furthermore, identity and self-perceptions are central in this theory and are key concerns in the career counselling process, not only because it affects psychological wellbeing, but also because of its relationship with self-realisation and action (Honneth, 1995; 2003). Honneth's focus on dialogue, narratives, and allowing the voice of the individual to be heard

also imply applicability in career counselling practice (McMahon & Watson, 2013; Pilapil, 2020). The idea of critical consciousness in socially just career counselling has been emphasised previously (Hooley et al., 2018), and it has the potential to open up for a dialogue with clients about whether the barriers they face in their careers should or could be challenged, either on an individual/micro or on a macro level (Prilleltensky & Stead, 2012).

Honneth's theory also helps explain the positive and transformative effects of being part of a 'dyslexia community'. In terms of career counselling practices, this suggests that there is a need to further explore collective and context-sensitive career counselling practices (Thomsen, 2017). It is, nonetheless, important to note that Honneth has been critiqued for not adequately recognising the importance of multiple and complex group affiliations (Danermark & Gellerstedt, 2004; Sen, 2014; Thomas, 2007). This critique is particularly relevant in relation to dyslexia and other disabilities, as there is typically no unifying culture or language within the 'group' (Shakespeare, 2006). In light of this critique, it is proposed here that the BPS model of disability (WHO, 2011) can complement and enhance the critical-recognitive theory.

The key advantage of adopting the BPS model of disability is that it allows for a complex and multi-layered understanding of a person's experiences. Further, neutrality is an underlying principle which means that the person is free to interpret their disability, or parts of it, as negative and/or positive and for that to change over time.

The BPS model also supports the concept of Universal Design for Learning (UDL), which is an emerging approach to education where a recognition of 'difference' is embedded into the design of the mainstream provision (see for example McCarthy, Quirke & Treanor, 2018). Following such a model, careers practitioners can employ a sensitivity to the possibility that a disability may be present, even when it is not obvious at first 'sight'. This is particularly important in the context of 'hidden' and stigma-laden disabilities, such as learning disabilities, reduced hearing, mental illness, chronic pain etc. The BPS model has also been applied in relation to people suffering from addiction (Skewes & Gonzales, 2013) and it has a wider

relevance in career counselling. For example, some careers may be inaccessible due to 'biological' factors such as height, age, gender or allergies.

Another advantage of the BPS-model is that it considers intersectionality, as gender, ethnicity, and socio-economic class, also influence how disability and life in general is experienced by the individual (WHO, 2011). Intersectionality allows for a deeper and layered understanding of experiences of social injustice (Jerlinder, Danermark & Gill, 2009).

Conclusion

Whilst adults with dyslexia is a heterogeneous group, the findings of this study confirmed that in addition to literacy related difficulties, inter-subjective experiences of misrecognition are common. Honneth's (1995) critical-recognitive social justice theory helps to make sense of the impact such experiences can have on ones self-perceptions and opportunities, as well as explaining why some subsequently struggle for recognition. Meanwhile, WHO's (2011) BPS model of disability complements Honneth as it allows for a recognition of experiences related to the 'biological' level, as well as recognising complex group affiliations. It is also argued here that these theories can be adopted to other guidance contexts and working with other marginalised groups.



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