

The Aetiology of Dyslexia.

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There are two beliefs that those who write about the 101 varieties of “dyslexia” reviewed by Julian Elliott and Elena Grigorenko in *The Psychologist* for August have in common. These are (1) that it is important to be able to read and (2) the difficulties which many pupils experience at school are to be attributed to some individual characteristic.

Nothing could be further than the truth.

In connection with the first:

- (a) Until a few years ago, a huge proportion of the German work-force consisted of “guest” workers who could not even speak the language, never mind read it.
- (b) Some years ago there were two surveys in Scotland. One showed that all 16 year olds could read. The other that, by the time they were 22, 20% could no longer do so. The ability had atrophied due to lack of use. It follows that reading was unimportant.
- (c) Alison Wolf’s report on Vocational Education suggests that, in the end, “vocational education” focussing on reading does not really help people to get out of the cycle, never mind encourage them to “enjoy” reading (which I, personally, find a yukkie idea anyway).
- (d) I remember interviewing a mother, a nurse, and a good one at that, who was struggling to learn to read. Why? In order to be able to help her children avoid the punitive, demeaning, and destructive treatment to which she had been subjected at school. As far as her job was concerned: no problem. Given something to read she turned to a colleague and said she had forgotten her spectacles. Equally, I remember talking to a head of a (medical) R&D unit about the dissemination of research. “These guys never read anything; they pick it all up through networking”. (Actually, that observation is more telling than might at first sight appear because, insofar as competence depends on techno-rational information, it depends on idiosyncratic combinations of up-to-date, specialist, knowledge – the building up of which relies on forms of reading that are a far cry from the kinds of reading focussed on – and assessed – in schools.)

Of course, “reading” may have become more important as more and more people are required to attend CPD courses – even for digging holes in the road – in order to be familiarised with the latest “Health and Safety” (and related) regulations (instead of being expected to rely on common sense.) But this only supports my contention that “the problem of illiteracy” has largely been created by bureaucrats.

“Dyslexia” (operationally defined, as in the studies reviewed in this article, as having reading problems) is generated by a deeply dysfunctional school system largely designed by

bureaucrats which is good for some, OK for about another third, but bad, indeed often seriously damaging, for about a third.

This school system relies on norm-referenced tests of a small number of poorly conceptualised and over-generalised “abilities”. These tests not only lack construct validity as well as predictive validity outside the school system, they automatically designate half the pupils as “failures” at school.

As Elliott and Grigorenko note, the “dyslexia” system operates to benefit those who design “diagnostic” instruments, make assessments and write reports, and run CPD courses ... and, of course, those parents who have the wherewithal to negotiate with a network of regulations to the advantage of their children.

Psychologists have a serious professional and ethical responsibility to seek, through the BPS and other organisations, to introduce educational arrangements which avoid consigning so many of our children to demeaning and degrading “educational” services and “benefit” organisations and, instead, are structured in such a way as to benefit *all* our children. Among other things, this will mean challenging the notions of “ability” and “measurement” which permeate so much of our work.

More generally, it will mean paying much more attention to the situational determinants of apparently “dysfunctional” behaviours rather than generating remedial packages for behaviours viewed as stemming from psychological deficiencies.