CHAPTER 1

Dyslexia: A Case of Mistaken Identity?

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At first sight, the term ‘dyslexia’ appears reassuringly solid – a definite no-nonsense sort of word, denoting a precise condition. However, a glance below the surface reveals a very different picture: a confusing mix of contradictions, fuzzy concepts, blurred boundaries, disputed territories – as well as an admixture of some potentially explosive political agendas.

Whereas a person suffering from, say, measles will be given a diagnosis and treatment advice upon which all competent doctors will agree, a person presenting with what they suspect to be dyslexia may find that the professionals they consult will disagree both on the nature of their condition and on the best way to manage it.

In this chapter, as throughout the book, the use of technical jargon will be avoided, so that those of our readers who are not experts in dyslexia will be able to follow all the arguments and discussion presented here.

In the introduction to this book (page 3), I gave a general description of dyslexia which I believe to be uncontroversial. Beyond this description, however, dyslexia assessors need some definite criteria on the basis of which they can confidently identify or ‘diagnose’ dyslexia. (For a note on the use of medical terminology, see page 5.) The description I gave in the introduction could apply not just to people who have a specific learning difficulty (the usual view of dyslexia), but also to...
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people whose abilities are generally in the low- or below-average range, in which case specific difficulties with, say, literacy or memory, may not stand out in contrast to intellectual or other strengths.

Some dyslexia experts argue that it is unhelpful to make a distinction between specific learning difficulties, such as dyslexia, and a more general picture of below-average abilities: they take the view that anyone who has literacy difficulties for any reason (e.g., low intellectual ability, lack of education) should be called dyslexic. Others stand this argument on its head, maintaining that no one should be called dyslexic because the word is so vague as to be meaningless. Proponents of this latter view, however, are often prepared to accept the term ‘specific learning difficulties’ — with the proviso that these difficulties should always be described in detail, and with the caveat that any sort of learning difficulty is on a continuum of difficulties, and so there will always be borderline cases. Most assessors of dyslexic adults steer a course somewhere midway between these two positions.

Assessors who have elected, perhaps with inner reservations, to use the word ‘dyslexia’ to denote a certain type of specific learning difficulty need to decide what criteria they will use to identify it. But here again is rich ground for controversy.

In the following two sections, I shall first give information about the different sorts of criteria that assessors use, and then present a case study which illustrates the problems which can occur if a wrong diagnosis is given. (In this chapter, feminine pronouns refer to the assessor, masculine pronouns to the client.)

Defining Dyslexia

Decades ago when specific difficulties with literacy first began to be recognized, and were given the name ‘dyslexia’, the diagnostic criterion in universal use was a significant discrepancy between IQ (‘intelligence’) and literacy skills.

The IQ–literacy discrepancy criterion for identifying dyslexia has held sway for a long time, and is still widely used. However, there are at least three reasons why this criterion may not be useful:

1. Much recent research has thrown doubt on there being a significant correlation between IQ and literacy. In other words, the doubters are
saying that knowing a person’s IQ does not allow us to predict what his reading age is likely to be.

2. Since, as noted below, an IQ test measures a wide variety of cognitive abilities, it is not meaningful to compare literacy skills with the overall IQ score. In general, it is felt more useful to compare literacy with the section of the IQ test which covers verbal reasoning, vocabulary, and general knowledge. For the sake of simplicity in this chapter, I shall ‘pare this section down’ to verbal reasoning alone.

3. When we come to literacy, there is an even greater problem about which ‘bits’ of literacy we might be comparing to a verbal reasoning score. Reading single words? Spelling? Reading comprehension? Reading speed? Traditionally, the comparison has been made between IQ and the level of single-word reading and spelling.

However, this can be misleading. An intellectually able dyslexic person who has had a reasonably good education may have compensated well enough for his difficulties to score well on simple tests of basic reading and spelling. By contrast, he may score badly on tests of higher level literacy skills, such as silent reading comprehension and structuring written work; and his reading and writing speeds may be below average. Unfortunately, there are no data available of correlations between scores on verbal reasoning and scores on higher level literacy tests of this sort.

**Note on the Concept of Intelligence**

It may be useful to some readers if I explain here that the IQ tests used by psychologists do more than measure intelligence in the popular sense, that is, the ability to do reasoning tasks. An IQ test looks at a much more complex and disparate set of cognitive abilities – these include not only reasoning but also perception, memory, tracking symbols, and general information-processing ability. An IQ test, therefore, could perhaps more usefully be called a ‘test of cognitive abilities’.

Some assessors have decided to take flight altogether from this notion of comparing IQ (in whole or in part) and literacy. In the main, they have fled in two opposite directions. One group has opted to ‘ditch’ the IQ element, and to base a diagnosis of dyslexia simply on literacy
skills, maintaining that if these are below average a person is dyslexic irrespective of the level of their overall intellectual ability. The dangers of this approach will be illustrated in the first case study below, so I will not elaborate on them here.

The second group of assessors who are in flight from the IQ/literacy comparison prefer to ‘ditch’ the literacy component, or at least to downgrade it, and to concentrate on the cognitive profile, that is, the profile of test results within the IQ test.

### Cognitive versus Literacy Tests

The term ‘cognitive’ refers to all of our brain functions. It will, therefore, refer to such things as reasoning, perception, memory, and literacy skills. There are brain areas which ‘specialize’ in these three types of abilities.

In dyslexia assessment reports, however, it is the general practice to split literacy skills off from other cognitive abilities. So a typical report will have two separate sections, one called ‘cognitive abilities’, and the other ‘literacy skills’ (or sometimes ‘attainment’).

This second group of assessors looks for a discrepancy not between IQ and literacy, but within the IQ (or cognitive) profile itself. In particular, they look for higher scores on tests of verbal reasoning and perception than on tests of memory and visual tracking (the ability to follow a line of letters or numbers). An uneven cognitive profile of this sort is often referred to as a ‘spiky’ profile – an example of this is shown in Figure 1.1.

![Figure 1.1](image-url)  
A ‘spiky’ dyslexia profile
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Figure 1.2 A ‘flat’ profile with no indications of a specific difficulty

This contrasts with a much ‘flatter’ profile found in people who do not have a specific learning difficulty – see Figure 1.2.

Assessors who place emphasis on the cognitive profile are in effect, therefore, ‘defining’ dyslexia as weaknesses in short-term memory and visual tracking – two abilities which can be put together under the general heading of information-processing ability.

There is one more, very important, ability to mention in this discussion of how to identify dyslexia. This is phonology – the ability to recognize, pronounce, and sequence the sounds of a language. If you try to pronounce a non-word such as *baltiprok*, you are using your phonological skills to (i) assign a sound to each of the letters you see and (ii) sequence the sounds correctly to give a plausible pronunciation of this non-word.

Many researchers regard poor phonology as the core difficulty in dyslexia. This may be so, but from the point of view of the assessor of adult dyslexia, phonological difficulties may be less important than, for example, difficulties with memory or organizational skills. Poor phonology tends to manifest itself most obviously in childhood, particularly in the primary school years, when children are still trying to sound out words rather than quickly recognizing them.

By contrast, adults with dyslexia, though they may have underlying weaknesses in phonology, have often compensated well for these, and have developed good word recognition skills. However, poor phonology may still interfere with their ability to read polysyllabic words quickly and accurately, and so may affect text reading speed and comprehension.
I shall move on now from theoretical considerations to real life, and present a case study.

**Case Study 1: Dyslexia and its Discontents**

*Telling how a person was mistakenly diagnosed as dyslexic and how this resulted in a whole organization falling into chaos*

**The client**

I was asked to assess Adam, a 23-year-old man working as an administrative assistant in the Housing Section of a large charity. At the time I saw Adam he had been in this post for over a year. When he had originally applied for the job he had told the interview panel that he had been diagnosed as dyslexic a few years previously but had always coped well at work with the help of a part-time support worker. On his application form, he had written that he had gained six GCSEs with A to C grades.

**The job**

Adam was then offered his present job on the understanding that a part-time support worker would again be available. However, according to the Human Resources (HR) manager who first contacted me about Adam, it had turned out that, even with this support, he was not performing well.

Adam’s job description was as follows:

- Respond to routine customer enquiries about housing availability and management.
- Maintain accurate records of rentals.
- Maintain accurate and up-to-date waiting list.
- Log complaints and contact relevant staff members.

According to the HR manager, Adam was completely unable to operate independently, and during the times when he lacked the help of his support worker, he disrupted the whole office by constantly shouting out requests for help to different colleagues. He was very inaccurate
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with numbers, and this obliged managers to spend a lot of time checking his work.

When the HR manager had discussed Adam’s difficulties with him in a work review, Adam had said that, as his present job was more demanding than the previous one, he needed more support. In particular, he felt that he should have a full-time support worker. The HR manager had been dubious about this, and had decided to refer Adam for an up-to-date dyslexia assessment.

The assessment

The assessment was in fact delayed for some time because of a dispute between various managers in the charity about Adam’s situation. It appeared that Adam had strong support from the charity’s Director, who questioned the need to fund another assessment. However, Adam’s line manager – a woman who had recently taken up her post and had been responsible for initially raising concerns about Adam’s work – supported the HR manager’s decision. Thus, it came about that Adam eventually arrived at my consulting room for an assessment.

Although not uncooperative during the assessment session, Adam clearly felt some resentment about having to be assessed again. He said he had read about dyslexia and ‘it didn’t go away’. He gave me a copy of his previous report. From this I saw that his previous assessment had been a sketchy screening assessment, in which only tests of single-word reading, spelling and phonology had been done.

I carried out my own assessment of Adam using the full range of cognitive and literacy tests appropriate in this case. My findings left me in no doubt that Adam’s profile did not fit that of a dyslexic person: he had a ‘flat’ profile, and all his scores were well below average. So it was not a case of dyslexia, that is, a specific learning difficulty, but of a set of generally below-average scores. At the end of the assessment I explained to Adam that the assessment had not shown evidence of dyslexic difficulties.

There is no easy way to tell a client who fervently believes his problems are due to dyslexia that his difficulties are more general than this. Clients frequently challenge this diagnosis, and this was the case with Adam: he simply refused to accept my opinion, questioned my credentials, said that he knew he was dyslexic, that he always had been dyslexic, and that this was what his previous assessment had shown.
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Meeting with managers

The following day I telephoned the HR manager and briefly outlined my findings. The manager seemed stunned to hear that Adam was not in fact dyslexic – she said that they had offered him support on the basis that he was. She asked if I would attend a meeting with her, the charity’s Director, the line manager, and two other senior managers to discuss the situation.

During this meeting I explained to the managers how dyslexia is identified and repeated my opinion that Adam was not dyslexic. The Director seemed inclined to doubt my findings, or the implications of them, and opined that Adam, dyslexic or not, should be given all necessary help, even if this meant a full-time support worker. She said the charity would fund this, if necessary.

The meeting then became increasingly tense, with the line manager claiming that it was in no one’s best interest for Adam to continue in the job. She asked me point blank if I felt that Adam would be able to work more independently if he was given specialist training. It is a difficult moment for an assessor when she is asked to give such an opinion, and of course one can never be absolute in one’s judgement. However, I felt able to say that I thought it unlikely that Adam, even with relevant training, would ever be efficient in his present job – he was failing in every aspect of it and had no coping strategies to enable him to operate independently. The Director made some angry comments about the necessity of valuing disabled staff and left the room.

Further developments

During the next couple of days, before I had finished writing my report, I received three telephone calls:

1. The HR manager telephoned and said she had decided to ‘come clean’ about a few things. She said that all the managers and other staff who were in contact with Adam felt that he was incapable of doing his job and that he hindered other people from doing theirs. She said it was difficult for them to begin a dismissal process because they were worried about being accused of discrimination against a dyslexic person. She also intimated that the Director and Adam had a close social relationship outside of work, as they both
belonged to the same sports club. She said that complaints about Adam seemed to fall on deaf ears for this reason.
2. The line manager telephoned to tell me that, since word had got round the office that Adam was not dyslexic, the office atmosphere had become extremely bad. Many of Adam’s colleagues had expressed angry feelings about him, and in return he had been verbally abusive to one of them. He had subsequently been sent to Coventry by the whole office. When he complained to the Director about this, he had been given a separate room to work in. You could, according to the line manager, ‘cut the atmosphere with a knife’.
3. Adam telephoned to tell me that, since the results of my assessment had become generally known, he had been bullied by his colleagues, and that my assessment had put his job at risk. He said that if he lost the job he would have a nervous breakdown, and that it was ‘all down to me’. I suggested that perhaps it was the difficulties in his present job that were stressing him, and that he might actually be happier in another role. He slammed the telephone down.

The final act
It seemed that this was a situation which would ‘run and run’, and I feared that the organization would remain in a state of tension and chaos for a long time to come. In fact, however, after two weeks there was a deus ex machina in the form of a sudden revelation from the HR manager. She telephoned me to say that, after my diagnosis, she had become suspicious about Adam’s qualifications – supposedly six GCSEs with A to C grades. She had investigated these further and found them to be bogus. As a result of this, she had been able to successfully argue that Adam should be dismissed from his post, and Adam had apparently made no further objection.

I am not sure whether this can be called a happy ending, but it was at least an ending.

Discussion
This case well illustrates how an inadequate diagnostic assessment, a lack of knowledge in the workplace about dyslexia, and the complexities of office politics can all combine to produce a messy and unsatisfactory situation for all concerned. A case like this also puts the
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assessor under great pressure, as she is in the invidious position of having to keep pointing out that a person is probably unable to do a job. There can be pressure on the assessor from the employee concerned (as in the above case) who may complain that the assessor is threatening his job and ruining his life. There can also be pressure (though not in this case) from managers to minimize recommendations, because they are unwilling to give more rope to an employee they believe to be drowning not waving.

To pick one’s way through these various pressures and agendas, one needs to keep a cool head and a steady nerve. Most dyslexia professionals are sympathetic to their clients’ efforts to keep their jobs and feel reluctant to harm a person’s chances of getting on in life. They could feel some temptation just to sign people off as dyslexic and hope for the best. However, it is not helpful for the consultant to slip into the role of sympathizer and be overgenerous with her diagnosis. Too often this simply raises expectations in both client and employer which are unlikely to be fulfilled.

There will always be cases where an assessor has to take a decision which is hard both for herself and for her client. But there would really be no need for assessments at all if everyone who had literacy and work difficulties were signed off as dyslexic because no one had the heart or the courage to decide otherwise.

There is also the question of cost. If a person’s abilities are generally at a low level, then it is by no means certain that standard dyslexia support will make them competent to do the job. How much more support could be offered before the cost of it became ‘unreasonable’? Would the provision of a full-time support worker be an adjustment too far?

Support workers are often found in roles where they are supporting people with physical disabilities – for example, people who are blind. In such cases, it is not usually difficult to distinguish where an intellectual grasp of the requirements of a job ends and a physical disability, like seeing a page of print, begins. In the case of dyslexia, however, there is – as ever – a blurred boundary. If a support worker simply proofreads e-mails, reports, and so on for a dyslexic employee, that might well seem within reasonable bounds; but if a support worker takes on the responsibility for taking notes at interviews and meetings, summarizing the notes, deciding which are the salient points, and then drafting a report on the basis of the summary, is this reasonable?
It can happen in some cases that a support worker has insensibly rather than deliberately begun to do almost everything for the person they are supporting, as they find that it is just quicker to do things themselves rather than keep correcting what someone has done badly. And there have also been cases where perhaps a dyslexic employee could, with support, have improved his skills had he been motivated to do so, but actually he found life easier if he continued in his inefficient ways, getting most of his work done by a support worker.

**Note on the Application of the Disability Discrimination Act**

There is sometimes confusion about whether the protection of the Disability Discrimination Act (DDA) extends to employees whose poor literacy skills are not due to a specific learning difficulty like dyslexia but rather to generally low abilities. In fact the DDA applies equally to both. The reason for the confusion seems to be that in the Guidance to the DDA, dyslexia is given as a specific example of a learning difficulty which would attract disability funding.

However, in the Guidance, dyslexia is given only as one example of a more general difficulty which, in the precise phrase used in the DDA, is: ‘difficulty with memory, and the ability to concentrate, learn or understand’. Thus, in the above case study, the fact that Adam was not dyslexic did not in itself preclude him from being covered by the DDA, and so he would have been entitled to reasonable adjustments as long as he remained in his job. The point in question is not whether the DDA applies, but what is reasonable in a particular case.

**Caveat Assessor: Some Reasons Why Assessments Can Go Wrong**

**Reliance on literacy tests alone**

In the first case study, we saw how an inadequate assessment, relying solely on literacy and phonological skills, produced a false positive result, that is, a client was said to be dyslexic when in fact he was not.
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**Inadequate literacy testing**

In a second case study, presented below, we shall see how an inadequate assessment, using too limited a set of literacy tests, produced a false negative result, that is, a client was found to be not dyslexic, when in fact he (probably) was.

**The assessor-in-a-hurry syndrome**

Sometimes an assessor fails to allow sufficient time for a client to formulate his answers to the three tests in an IQ battery which give an indication of a person’s intellectual potential: verbal reasoning, vocabulary, and general knowledge (collectively known as ‘verbal comprehension’ tests). Some dyslexic people have word-finding difficulty and generally take a long time to formulate their thoughts when speaking. They may, therefore, give up too quickly on these three tests, perhaps through anxiety or embarrassment that they are taking too long to answer.

However, if the assessor stresses that there is no time limit, and encourages the client to persevere in brainstorming and throwing out ideas, the latter can often eventually work his way round to a perfectly good answer. If the assessor moves on too quickly, however, the client would get a misleadingly low score on these three verbal comprehension tests, and then the result could be a flat, rather than a spiky profile.

If such a client has the good fortune to be re-assessed at a later date by a more leisurely assessor, his score on these tests could increase by several points, perhaps even moving up from below average to above average, thereby producing a spiky profile.

**The only-seeing-dyslexia syndrome**

If an assessor is too focused on looking for dyslexia and does not ask the right questions in the history taking, she may fail to pick up on dyspraxic difficulties and/or attention deficit disorder.

**Failing to take account of visual stress**

Clients may be unaware that they suffer from visual stress and be ignorant of the advantages of using coloured overlays. If such a client is allowed to choose a helpful overlay in the session, before doing the
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reading tests, his reading speed can increase by 25% or more (and in some cases by over 100%). This could turn a below-average reading score into an average one.

**Having the wrong expectation of a test**

The *Analogies* test in the WRIT (Wide Range Intelligence Test) is sometimes regarded as being the equivalent of *Similarities*, the verbal reasoning test in the WAIS (Wechsler Adult Intelligence Scale). However, *Analogies* is much the more complex and difficult test of the two, as, unlike *Similarities*, it requires a wide general knowledge and a sophisticated level of vocabulary. It is possible, therefore, that a person who has a high score on *Similarities* may achieve just an average score on *Analogies*. In a dyslexia assessment, this means that a key characteristic of a spiky dyslexia profile (high verbal reasoning vs. poor auditory memory) may not be evident; in consequence, dyslexic individuals may be told that (a) they are not dyslexic and (b) they are less intellectually able than is in fact the case.

**Case Study 2: Not Dyslexic Enough?**

**Telling how an able person nearly lost his job when an assessment failed to identify his difficulties**

**Background**

Clive, an intellectually able man of 33, worked as a parliamentary researcher. He was finding it increasingly difficult to get through the huge amount of reading he had to do, and he also had difficulty with note-taking, making summaries of documents, and writing reports to a tight deadline. He felt that he would be able to manage all these activities if he had more time, but he was constantly falling behind with his work. He often took work home in the evenings and at weekends, and was becoming increasingly stressed and exhausted. He had discussed this with his line manager and had been sent for a dyslexia assessment. The tests results showed a flat profile, with all cognitive, literacy, and phonological tests at a very high level. There seemed to be no specific area of difficulty.

At a later date, Clive was referred to me for a Workplace Needs assessment. It had been accepted by everyone that he was not dyslexic,
but his department was keen to find some way of helping him with his work. If he were not able to improve his efficiency, it was likely that he would be deployed to another role, which would essentially be a demotion.

Assessment

In his original diagnostic assessment, Clive had been asked to do tests of phonology and of single-word reading and spelling. He had also been given a simple comprehension task: a sentence completion exercise. I now supplemented these with some tests of high-level literacy skills: I asked Clive to do a timed silent reading comprehension test (using a complex text), and I also checked his text reading and writing speeds. Finally, I did some informal tests to get an idea of his ability to take notes and to précis material.

On the formal tests, as shown in Figure 1.3, Clive proved to be inefficient at reading comprehension, and, though he scored well on a speed test of single-word reading, his text reading and writing speeds were slow. The informal tests also showed that he did not have good strategies for notetaking or for summarizing complex text.

My opinion

In my report, I gave it as my opinion that Clive did have high-level dyslexic difficulties, and that, with appropriate training, he would be able to improve his skills in the areas in which he was weak. However, it must be admitted that the criteria for my diagnosis were somewhat

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<th>Scores on cognitive tests</th>
<th>Above average</th>
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<th>Below average</th>
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<td>• Reading accuracy (single words)</td>
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<td>• Speed of reading single words</td>
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<td>• Silent reading comprehension in a timed test</td>
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<td>• Writing speed</td>
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Figure 1.3 Profile of Clive’s literacy skills
shaky in that, as far as I know, there are no data on correlations between scores on verbal reasoning tests and scores on the tests of higher level literacy skills that I used. From the previous assessment, I knew that Clive’s phonological skills were good, and so in this case I fell back on a common sense ‘rule-of-thumb’ attitude to diagnosis, noting that the scores on higher level literacy skills seemed to be unexpectedly low given Clive’s very high intellectual abilities.

Was I right?

I have come across this pattern of scores often enough to wish I had a name for it. The basic problem seems to be simply slowness in processing large amounts of text (presumably the inefficient reading comprehension is due to a slow reading speed), but it tends to only become manifest in situations which make particularly heavy demands on reading skills.

Following the assessment Clive received appropriate training and was able to improve his skills to a satisfactory level. He is no longer threatened with losing his job.

Comment

A general point to note here in respect of reading comprehension tests is that such tests should reflect the actual work that a client does. If one is assessing a researcher like Clive, or, say, a barrister, there is no point in using a reading comprehension test which consists of sentence completion tasks; nor is it of use to administer a comprehension test in which the client has to read material out loud while trying to remember it. The only useful test of comprehension for anybody in academic or professional life is a silent reading comprehension test, preferably timed. (The Advanced Reading Comprehension Test, developed at Hull University Psychology Department, would be a good choice.)

Case Study 3: To Be or Not To Be … Dyslexic?

Telling how two psychologists disagreed over a diagnosis

The case in dispute

Clare, a childcare worker, wished to study for a professional qualification at her local university. She entered the university through an
Access course, but, once she was on the course, it became obvious that she had a number of study difficulties. She was advised to have a dyslexia assessment and to apply for the Disabled Students’ Allowance (DSA) to receive funding for her support needs.

Clare was assessed by a psychologist attached to the university and the test profile which emerged is shown in Figure 1.4.

Earlier (page 10) I explained that researchers associate dyslexia with a spiky cognitive profile, and Clare’s test results certainly showed this. Her literacy skills were also very poor, and well below her reasoning ability. Technically, therefore, she was dyslexic. At the same time, however, all her scores, even her highest ones, were below average, and many of her scores were at the bottom of the range.

The college psychologist gave it as her opinion that Clare was dyslexic and was therefore entitled to receive the DSA. When the report was sent to the LEA (the then provider of the funds for the DSA) it was reviewed by the LEA Consultant Psychologist who rejected the dyslexia diagnosis on the grounds that Clare was basically of below-average abilities, and therefore would be unlikely to finish a university course.

Which psychologist was right?

Comment

There are a number of practical considerations that may influence a decision taken in a case like this. The first is the proper use of disability funding. Is it correct, in a borderline case, to stress the dyslexia profile, and so make the person eligible for DSA funding worth several thousand pounds? Or should one stress the below-average abilities element,
and decide that the funding would most likely be wasted, because the student would probably drop out of the course? (In the case above, the student was awarded the DSA after an appeal, but did drop out of the course after two terms.)

A second related point is that there is only a certain amount of disability funding available for all the different disabilities which attract support. There is already a perception that dyslexia is taking up too high a proportion of disability budgets, and there may be a suspicion that this is partly because too many borderline or low-ability cases are being ‘nodded through’ as being cases of dyslexia. One result of this could be reductions in the amount of funding available to dyslexic students. Obviously, this is to the disadvantage of those dyslexic students who would, with appropriate support, be likely to finish their university course.

This is an area where there is always going to be tension. In the case study above, it may be noteworthy that the psychologist who worked for the university was in favour of the student ‘being dyslexic’ and so qualifying for the DSA, whereas the psychologist who worked for the LEA (the paymasters) was much more cautious in her judgement. It seems, then, that where assessors ‘draw a line in the sand’ may sometimes depend on the context in which they work.

So, just another of those blurred boundaries which characterize the world of dyslexia.

**Conclusion**

In this chapter, I have given examples of a number of ways in which dyslexia diagnoses can go astray. Sometimes it is because too limited a range of tests has been done, sometimes because the assessor has not probed deeply enough or has not conducted the session in a way which allows the client time to display their knowledge. But often it is because of the fuzzy nature of the dyslexia concept itself and the difficulty of distinguishing dyslexia from more general difficulties.

How uncomfortable and unsatisfactory it sometimes feels to be in a position where, from a welter of uncertainties, we have to conjure up a black-and-white decision about whether a client has dyslexic difficulties – because so often whether or not we put the word ‘dyslexia’ in a report has huge implications for a person’s future life and work prospects.