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**POSSIBLE SELVES AND OCCUPATIONAL POTENTIAL
OF STUDENTS WITH DYSLEXIA: A NARRATIVE
INQUIRY**

ANGELA MARIA MURPHY

A thesis submitted to Leeds Beckett University in partial fulfilment of the
requirements for the Professional Doctorate in Education

Leeds Beckett University

July 2017

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Abstract

People with dyslexia often face life challenges, particularly as routine screening and diagnosis are not in place within schools (Department of Children, Schools and Families, 2009a). Confusion exists surrounding inconsistent pedagogical training and support. Together, these factors often result in complex societal dichotomies (MacDonald, 2012; Collinson and Penkreth, 2010; McNulty, 2003). While some disengage, or leave school early (MacDonald, 2012) more students with dyslexia access higher education, gain professional qualifications and have successful careers. However, very little is understood about the temporal educational experiences of those accessing higher education, particularly those on level 7 programmes.

This research employs a novel perspective, exploring the possible selves (Markus and Nurius, 1986) and occupational potential (Asaba and Wicks, 2010) of level 7 healthcare students with dyslexia. It considers strategies put in place by participants in relation to possible selves of the past, present and future. Narrative inquiry (Clandinin and Connolly, 2000) and the theoretical perspectives of possible selves and occupational potential provide unique methodological and analytic tools and viewpoints. Stories of nine level 7 level healthcare students with dyslexia are explored and narratives are presented as acts and scenes of a play in order to enhance and elucidate the experiences and maintain the “spirit” (Douglas and Carless, 2013 p. 53) and essence of their voices.

The main narrative plots, ‘diagnosis’, ‘cheerleaders in the background’, ‘fitting the mould’ and ‘strategies and the future’ identify factors which inhibit and

facilitate progress towards reaching occupational potential and desired possible selves. Thought-provoking new insights are provided in this doctoral thesis related to diagnosis, importance of families and some of the challenges of negotiating every day and academic life with dyslexia. Knowledge contributions and recommendations are made to these areas with conceptual developments relating to possible selves and occupational potential and practice recommendations for education, occupational therapy/science and policy.

Student Declaration: I confirm that the thesis is my own work: and that all published or other sources of material consulted have been acknowledged in notes to the text or the reference list. I confirm the thesis has not been submitted for a comparable academic award.

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Chapter 1. Introduction and Background to this Research

This is a research study which employs narrative inquiry (Clandinin and Connolly, 2000) to explore the possible selves (Markus and Nurius, 1986) and occupational potential (Asaba and Wicks, 2010) of level 7 healthcare students with dyslexia. This chapter introduces my position within the study and some of the important dichotomous factors which surround dyslexia and people living with it. By the end of this introductory chapter, how and why this research came about will be clear. This includes why the issues it explores are important, which theories guide the study, its scope, how it has been conducted and how the thesis is organised. It begins with an introduction which locates myself as researcher and introduces the factors which initially contributed to the research idea.

Locating Myself within this Research

My position within this research is personal and professional as I am both the parent of a child with dyslexia and a senior lecturer in higher education. I originate from what I consider to be a working class (self-defined) background. I was born in the late 1960's and am influenced by the social and political climate of growing up initially on a council estate in the 1970's and later (from the age of ten) in a coal mining village during the miners strikes of the 1980's. This was within Sunderland, a large town (now city) whose main industries of coal mining and ship building collapsed in the 1980's. I benefitted from a free education at undergraduate and post graduate levels, leaving the North East of England at the age of 18 and initially qualifying as a graphic

designer in Manchester in 1989 and later as an occupational therapist with a BHSc in York, 1999. In 2003 I gained an MSc. in Professional Health Studies (Occupational Therapy) at the University of York St. John.

I have a strong professional identity as an occupational therapist, having worked within the profession since the early 1990's, when I moved to Leeds. I place high value with the role occupational therapists play in enabling health and wellbeing through occupation (what we do). The World Federation of Occupational Therapists state that this is central to our profession:

Occupational therapy is a client centred profession concerned with promoting health and wellbeing through occupation. The primary goal of occupational therapy is to enable people to participate in activities of everyday life. Occupational therapists achieve this outcome by working with people and communities to enhance their ability to engage in the occupations they want to, need to, or are expected to do, or by modifying the occupation or the environment to better support their occupational engagement (WFOT, 2013 p.3).

Central to my professional identity is a strong belief in social and occupational justice, particularly in the areas of health, wellbeing and education. This means I believe all people should have fair access to do the things they find important, meaningful and purposeful in life. In addition, it means that I believe each individual has a unique set of occupational capacities, needs and routines within the social context of their environment and that each person has the right to exercise these capacities (Stadnyk et al., 2010; Durocher et al., 2014). Since 2009 I have worked mainly as a tutor on a level 7 pre-

registration occupational therapy programme. My role is to facilitate learning and support the development and progress of students through the two-year programme and on to careers as occupational therapists. My research interests are broad and I have supervised many level 7 studies in topics relating to the lived experiences of multiple sclerosis, cancer, eating disorders, gender, identity, transitions in relation to involvement in the criminal justice system and homelessness.

As a parent of a child with dyslexia, I was surprised to find significant difficulties and barriers in place within the education system relating to reasonable adjustments despite clear guidance relating to equality (Equality Act, 2010), disability discrimination (Disability Discrimination Act, 1995) and the influence and value of early identification and screening (Department of Children, Schools and Families 2009a). My initial surprise led to frustration and anger as I discovered discrimination, poor understanding and a reluctance to address my daughter's needs in the classroom within her primary school. As support was considerably lacking I pursued the matter to two tribunal hearings in attempts to acquire a special needs statement and access to a dyslexia friendly school. I am one of the parents referred to by policy makers who has to, "battle for the support they need for their child" (Department for Education, 2011, p. 5).

My personal anecdotal experience seems to contrast with statistics relating to more people with dyslexia and other disabilities accessing higher education (number = 36675 in 2015/16) (Higher Education Statistics Agency, 2017) which amounts to approximately 4% of the student population (Pino and Mortari, 2014). At university within my professional role I often see students

with dyslexia succeed academically and professionally. Since discovering this dichotomy, my interest and fascination of how some people with dyslexia negotiate education to level 7 (and indeed beyond, however, this research is limited to level 7) became the foundation and motivation behind this research study.

I believe my experiences place me as neither etic nor emic (Creswell, 2007) to the student participants' experiences within this study and rather support my position as sitting relationally next to them and their experiences, a concept which is familiar to occupational therapy and to narrative inquiry.

I have stated my position in relation to this study which is influenced by the dichotomies surrounding dyslexia I experienced as a parent and within my professional capacity as a university tutor. My professional identity as an occupational therapist with a strong belief in (occupational) justice is also noted. The prevalence of dyslexia, screening, teaching and provision will now be introduced.

An Introduction to Dyslexia

Dyslexia occurs in people of all races, backgrounds and abilities, and varies from person to person. It is independent of intelligence and can affect learning, the acquisition of literacy skills, processing and visual and auditory memory (British Dyslexia Association, nd). There are growing numbers of students with dyslexia now studying in higher education (Liasidou, 2014) with many examples of people with dyslexia who achieve academically (Archer, 2003; McNulty, 2003; Collinson and Penkreth, 2010). Additionally, there are

examples of the emotional consequences of negative school experiences such as low self-esteem, anxiety and stress (McNulty, 2003; Alexander-Passe, 2007) as well as evidence that many children with dyslexia disengage from education at young ages, with significant percentages (between 20% - 51%) of people with dyslexia within the criminal justice system (MacDonald, 2012).

Certainty of prevalence of dyslexia is nebulous and there are arguments surrounding it with quite distinct differences of opinion. For example, Elliott (2005), Elliott and Grigorenko, (2014) and Ho (2004) argued that the term dyslexia is unhelpful and instead of using it as a diagnostic label, they recommended it should be categorised alongside general reading difficulties. Their argument goes so far as to suggest it should be recognised as a socially constructed myth (Ho, 2004; Elliott, 2005; Elliott and Grigorenko, 2014). Denial of its existence contradicts research which has identified the functioning of the Broca's and Wernicke's areas of the brain's frontal and temporal lobes (respectively) which are associated with language and dyslexia (Shaywitz et al., 2008). The denial of its existence is found to be problematic by families and people living with dyslexia. This is demonstrated in research by advocates of a more holistic approach via the social model of disability (MacDonald, 2006; Riddick, 2011; MacDonald, 2009a; MacDonald, 2009b). They viewed this denial as a possible barrier to reaching potential for those living with it. The argument is encapsulated by MacDonald who suggests restrictions experienced by people with dyslexia are created by social environments which highly value literacy skills. There is an irony associated to the fact that support is mainly accessed as a result of identification of biological difference within a social environment; "Hence

dyslexia is both a social construct and a medical condition” (MacDonald, 2009b p. 273).

Early screening and diagnosis are identified as important if children are to reach their potential (Department of Children Schools and Families, 2009a; Department of Children, Schools and Families, 2009b). However, despite the clear arguments supporting this, it does not take place within the United Kingdom and many people reach adulthood and higher education without diagnosis. In a qualitative study by Gibson and Kendall (2010) none of the students interviewed were diagnosed with dyslexia until they entered further or higher education. Many people who report having struggled throughout education despite normal intelligence and educational opportunity often express relief to receive a diagnosis (Riddick, 2011). Moreover, the relief relates to validation of educational experiences and allows support to be implemented and accessed although it should be acknowledged that not all people with dyslexia require, desire or need support (Collinson et al., 2012) and not all people diagnosed with dyslexia obtain support (MacDonald, 2009b).

Teacher confidence in how to support children and adults with dyslexia is often low and teaching pupils/students with learning differences is identified as one of the greatest development needs of teachers (Teaching and Learning International Survey, 2008). Matthews (2009) expressed concern that university tutors do not sufficiently understand enough about how to teach students with dyslexia within higher education. This is also reflected in research conducted with school teachers where learned helplessness is

identified as problematic (Elliott, 2005) and contributes to arguments against diagnosis.

The Labour Government (1997 – 2010) implemented improvements in teacher training specifically to address special educational needs. The results were that teacher training courses in England began to provide specific training related to dyslexia as a result of the dissemination of national training resources (Teaching and Development Agency, 2008).

Pino and Mortari (2014) argue that there has been an increase of provisions and support for people with dyslexia in accessing higher education with legislative changes to prevent discrimination and provide equality of access. The Disability Discrimination Act (1995) and the Equality Act (2010) have imposed an obligation to reduce barriers and implement academic adjustments. However, without routine screening within school education, access to higher education remains problematic for those who disengage at school due to misunderstandings, confused pedagogical approaches and patchy provision. In addition, the revised National Curriculum (Department for Education, 2013) placed greater focus and higher age related expectations on literacy and numeracy, with further implications for learners with dyslexia (Glazzard and Dale, 2015).

There is some specialist dyslexia provision in a minority of mainstream schools which provide for a very small amount of pupils with severe needs. This approach is threatened by the accusation of ‘perverse incentives’ whereby parents are blamed for exaggerating the needs of children in order to obtain places (Gray et al., 2014). In response to this type of discourse, the

Conservative and Liberal Democrat Coalition government instigated a transition of Special Education Services beginning with the Green Paper: Support and Aspiration: A New Approach to Special Educational Needs and Disability (Department for Education, 2011). This was followed by the Children and Families Act (Department for Education, 2014). One of the aims of this legislation is to reduce the numbers of children identified as having additional needs (such as dyslexia) thereby reducing resources required within schools (Department for Education, 2011). This is a curious approach considering evidence that dyslexia is under diagnosed rather than over (Barbiero et al., 2012) in the United Kingdom and Europe and I argue that pedagogical support should be developed and augmented rather than reduced in order that people with dyslexia might reach their potential (British Dyslexia association, ND).

In conclusion, it is evident that there are indeed some barriers in place for people with dyslexia which include misunderstanding, lack of screening and confused policy. These factors may influence the ability of people with dyslexia to perceive desirable possible selves (Markus and Nurius, 1986) and reach occupational potential (Wicks, 2005; Asaba and Wicks, 2010) and as these are the main theories guiding the study they are introduced within the next section.

An Introduction to the Theories Guiding this Study

Given some of the issues discussed above and the focus of possibilities and potential for people with dyslexia within this study, the theoretical concepts of possible selves (Markus and Nurius, 1986) and occupational potential (Wicks,

2005; Asaba and Wicks, 2010) are found to provide complimentary perspectives and guidance. Together they inform the study design and support the process of addressing perceptions of 'self' as well as the potential of latent capacities, acknowledging these as dynamic and responsive to experiences and environments, thereby applying a Deweyian ontology (Dewey and McDermott, 1973; McDermott, 1973; Cutchin, 2004).

Possible selves is a concept developed in the 1980's by two psychologists, one a cognitive psychologist (Paula Nurius) and the other a social psychologist (Hazel Markus). Together Markus and Nurius wrote a paper which developed and built upon pre-existing psychological concepts of the self and working self-concepts, based upon possibilities of the future. This included perceptions of the self in the future as a desirable possible self, such as being 'happy' or within a particular career such as teaching (a possible self as a teacher) as well as undesirable or feared possible selves, such as 'depressed' or failing in desired directions in life. Since the 1980s, there has been a plethora of literature applying possible selves as well as some literature developing the concept further, with prominent authors such as Daphna Oyserman (cognitive psychologist) and Martin Erikson (psychologist working in higher education) applying the concept both within research and practice settings.

Occupational potential is an occupational science concept which has grown out of the work of Ann Wilcock (1998), Alison Wicks (2001, 2005) and Eric Asaba (Asaba and Wicks, 2010). It is related to the dynamic and transformative nature of occupation (activities with meaning and purpose) which support humans' latent capacities to develop in order to become who

we wish and have the potential to become. While this may seem to possess similarities to possible selves, with an emphasis on potential and possibilities, it is different. Occupational potential relates to specific occupations and how engagement and participation leads to the development of skills and resources. In contrast, the possible selves concept is specifically relating to perceptions of the self in the future (Markus and Nurius, 1986).

In exploring how possible selves are formed and whether occupations and in particular occupational potential are influential to perceptions of possible selves, this research explores what the student participants in this study perceive as influences on what they have the potential to do, be and become (Wilcock, 1999). I hope to establish within this research the student participants' perceptions of the process of growing up with dyslexia with particular reference to their educational journeys. There is an in-depth exploration into how the student participants perceive their possible selves to take shape. This includes influential factors related to who they wish/ wished to be and any helpful strategies in the past and present. I hope to identify whether feared possible selves are evident within the student participants' narratives and if so explore the implications of this with reference to pursuing desired possible selves. As an occupational therapist, I am also interested in the roles played by occupations and in particular whether it has been possible for these student participants to reach their occupational potential while growing up and living with dyslexia. Equally, I am interested in whether this has any implications for future selves and whether there are any important identifiable factors which facilitate an individual reaching their occupational potential. Does occupation and occupational potential play any role in the student participants' ability to be who they have the potential to be?

Possible selves (Markus and Nurius, 1986) and occupational potential (Asaba and Wicks, 2010) are the main theoretical concepts applied here, influencing all aspects of the study from design to analysis. They are both discussed extensively in future chapters and provide complimentary perspectives used to shape the study and provide tools for analysis. However, the social model of disability is also highly important and works within this research to provide some important ontological and epistemological insights. It is drawn upon and contributes to, aspects of the analysis sections as this literature adds some helpful insights.

Literature applying the social model of disability to dyslexia provides some explanation of the realities of living with it and is used here to highlight some of the environmental influences and injustices experienced by people with dyslexia. Work applying this model eloquently elucidates the implications of the anti-labelling approach but also highlights many of the strengths resulting from having dyslexia (MacDonald, 2009a; MacDonald, 2009b; MacDonald, 2012; Collinson and Penkreth, 2010). In doing so this work provides some explanations as well as a juxtaposition for this research into level 7 healthcare students with dyslexia. This relates to how people with dyslexia are managing to obtain places on level 7 healthcare courses. This question is particularly pertinent when it is clear that many face social injustices such as structural discrimination (rules, policies and procedures which differently impact one group over another) (Dirth and Branscombe, 2017) and disabling barriers (circumstances and conditions which prevent full participation, access and equal rights within the social, physical and institutional environment) (Swain et al., 2004). Furthermore, this research is interested identifying barriers and

facilitating factors as well as exploring what the student participants' life journeys have been like so far. It draws upon the philosophical assumption inherent within the social model of disability, which relates to a "celebration of difference" and diversity (Barnes, 2012 p. 19).

I have covered the main theoretical concepts and the rationale for their use within this research in this section. While the concepts of occupational potential and possible selves may seem similar at first glance they have distinct differences and work together to provide a complimentary perspective. The scope of this research is now briefly discussed.

The Scope of this Research

This section of Chapter 1 defines the scope of this research in order to provide clarity relating to what is and is not intended. This research study took place between the years of 2013-2017. This has and continues to be a time of national austerity, with cuts to public services, including education. In addition, it reflects backwards in time to other politically challenging periods when the student participants were growing up. My interpretations and insights into the personal narratives of the subjective truths of the student participants are presented throughout the thesis. There are no ways of verifying the realities of the narratives shared within this thesis. However, respect is given here to the perceptions of the student participants and the reflections and perceptions they chose to share.

This research takes place within a university in a Northern city in the United Kingdom and has a Western World perspective of living with dyslexia; this is

the most familiar setting to me and the student participants. Many other perspectives are equally as valuable but the scope of this research did not extend further than this. Similarly, this research is limited to the perspectives of the student participants (and my interpretations) and does not include the broader scope of the perspectives of parents or teachers except where student participants have spoken separately and brought information into interviews. Involvement of parents or teachers was not possible due to practical reasons such as time and resources, however a priority here is to gain the perspectives of the student participants and other viewpoints will be approached in post- doctoral research. The study focuses on male and female student participants working at level 7. It does not compare and contrast experiences from the perspective of gender, particularly as only one male participant takes part in this study. Undergraduate experiences are referred to by many of the student participants as this is part of their educational journey but only post graduate students are included in the criteria for involvement.

This section has addressed the scope of this research which relates to level 7 student participants studying healthcare courses at a university in the North of England. How the research was carried out is described in the next section: Research Conduction.

Research Conduction

This section outlines how the research was carried out and includes the aim of the research and research questions.

Following ethical approval (Appendix 4) from the Local University Ethics Coordinator, up to 3 semi structured interviews with 9 level 7 healthcare students were carried out from September 2014 to July 2015. Inclusion criteria: to be studying on a level 7 healthcare programme and to have a diagnosis of dyslexia. After written permission and verbal consent to participate within each recorded interview, participants were asked to tell their stories of growing up with dyslexia with reference to Clandinin and Connolly's (2000) 3-dimensional approach (sociality, spatiality and temporality). Therefore, questions related to their personal and social, as well as places events took place and their pasts, presents and futures. I carefully listened and re-listened to each interview and each student participant's story was transcribed verbatim. Each transcript was read and re-read and a process of interim analysis (a process of analysis which begins before full data collection is completed) took place. This allowed plots, sub plots and threads to develop as notes were written and questions for future interviews were established. Once the third or final interviews were completed, the process of writing about the data began and the transcribed stories were rewritten into narratives. Some students felt they had provided their full stories by the end of interview 2. This decision was respected and for these students a 3rd interview was not completed.

The narratives are structured within this thesis into 4 Acts, with 2 Scenes each and these are followed by an analysis. They are presented and written within chapters 5, 6, 7, and 8 and in order to differentiate them clearly from the analysis sections and other chapters of the thesis they are written in Courier font which looks like this, and indented on the left side. This font is chosen as it is used within the Microsoft Word template for play and script

writing. It is used mainly within the chapters which directly quote from the research participants and is also used briefly within some later chapters throughout the thesis when quoting directly from the student participants. The student participants are the main characters within the acts and scenes, illustrating their stories in a way which aims to maintain the “spirit” of the student participants’ voices (Douglas and Carless, 2013 p 53).

Research Aim

The main aim of this research is to explore the occupational potential (Wicks, 2005) and possible selves (Markus and Nurius, 1986) of level 7 healthcare students with dyslexia. In addition, I consider and gain insights into any strategies the research student participants have in place and establish any factors which have supported or provided barriers to reaching possible selves, such as any significant people, events or environments within the past, present and future.

Moreover, there is consideration given to whether the student participants reach their occupational potential with meaningful occupations throughout their journeys of growing up and becoming level 7 students and hope to establish whether there is any relevance of this on reaching desired possible selves and avoiding feared possible selves.

Research Questions

1. How are the possible selves of healthcare students with dyslexia shaped?
2. What strategies (if any) are employed to reach possible selves?
3. What role (if any) does occupation play in reaching desired possible

selves and avoiding feared or undesired possible selves?

This research makes a distinctive contribution to knowledge by adding to the possible selves, occupational therapy/science and dyslexia bodies of knowledge and by considering the role of occupation while growing up with dyslexia as well as its role within reaching desired possible selves. Having introduced the initial background to this study and how the study has been carried out, the next section provides a 'roadmap' of the thesis, thus explaining how it is organised and the contents of the remaining 9 chapters.

A Roadmap of this Thesis

This part of chapter 1 provides an explanation of how the thesis is organised and includes a brief description of each of the remaining 9 chapters. Chapters 2 and 3 provide a narrative review of relevant literature and have been designed to elucidate themes rather than critique the available research. Relevant literature is used to set the scene further and provides broader contextual information, exploring some of the issues surrounding dyslexia in greater detail. This is important and helps to support the consideration and understanding of factors which may influence people with dyslexia as they grow up. Chapter 2 includes a critical discussion concerning the definition of dyslexia. It includes a discussion related to some of the myths surrounding dyslexia, as well as some of the realities which have been identified in research relating to its origins and to individuals' experiences of living with it.

Chapter 3 offers further discussion and clarification of occupational potential, possible selves, self and identity in order to provide clarification of how these

are applied and considered specifically here within this research. Chapter 4 addresses how the research was approached and conducted and the methodological approach used. The methodology is explained and justified, including clarification and justification for how the data is presented here in this thesis. The ethical considerations, a brief initial discussion of the limitations of the study and the role reflexivity plays throughout the research in managing and acknowledging my own subjectivities are also provided. Following this, chapters 5, 6, 7 and 8 present the narrative data in Acts 1, 2, 3 and 4 and the first level of analysis is provided within the second parts of each of these chapters. The plots and sub plots for these chapters originate from the student participants' stories and narratives and represent convergent and divergent experiences. My role as narrator is to situate myself alongside the participants however, care is taken not to dominate or obstruct the voices of the student participants.

Chapter 5, 'Diagnosis', presents the student participants narratives within Act 1, Scenes, 1 and 2. These scenes, 'I'm Not Thick' and 'It Would Say If It Wasn't' set out narrative plots whereby the student participants' perceptions of their experiences of diagnosis of dyslexia are shown be less straight forward than one might hope. Chapter 6, 'Shaping Possible Selves' presents Act 2, Scenes 1 and 2, 'Cheer Leaders in The Background' and 'Nothing Was Ever Too Hard'. This chapter shows the roles played by families within the student participants perceived journeys, presenting narratives of nuanced unrelenting approaches on behalf of many of the families including siblings. Chapter 7, 'Fitting the Mould' presents the student participants' experiences of living with dyslexia, with Act 3, Scene 1, 'Quite Viciously Dyslexic' and Scene 2, 'Oh Well, I'm Going to Do It Anyway' showing that these participants

persevere despite challenges and barriers. Chapter 8, entitled 'Strategies and the Future', provides insights into how the student participants continue to approach life as level 7 students with dyslexia within Act 4, Scene 1, 'I Have to Have a Plan' and in Act 4, Scene 2, 'Actually, Yes I Can'.

Part 2 of chapters 5, 6, 7 and 8 provide an analysis of the plots, sub plots and threads which originate from the specific scenes, mostly drawing upon literature from possible selves (Markus and Nurius, 1986) and occupational potential (Asaba and Wicks, 2010) with reference to other relevant literature and theories such as the social model of disability.

Chapter 9 provides further analysis and conceptual development, again drawing upon the possible selves, occupational potential and other relevant literature as well as developing some of the concepts further, offering novel and innovative insights. This is followed by Chapter 10 which concludes the thesis by highlighting the contributions to new knowledge made by this research and providing recommendations for future research, practice and policy. In addition, it provides my dissemination strategy and includes discussion of the study limitations. Having provided a description of how the thesis is organised, this final section of the introductory chapter concludes with a summary and leads on to chapter 2.

Conclusion

This chapter introduces this research by firstly situating myself within the study, stating clearly the origins and explaining my motivation for identifying this as a topic worthy of doctorate study. It is, as stated here earlier, a personal

and professional venture which I continue to find both enlightening and fascinating. This chapter has provided important background information on dyslexia, introducing some of the related issues faced by many people who live with it. The reasons for choosing the theoretical concepts of possible selves and occupational potential as well as the relevance of the social model of disability were introduced, thus providing information on the epistemological position of this research. How the research was conducted was also described here, followed by a roadmap of the thesis which sets out the chapters with brief explanations of the names and contents of the chapters. The next chapter (2) provides a review of relevant literature in order to extrapolate and set the scene further to inform readers of the significant issues surrounding the possible selves and occupational potential of healthcare students with particular emphasis on those issues related to dyslexia.

Chapter 2. Dyslexia

This chapter reviews and discusses literature which is relevant to this study, identifying significant issues and providing further contextual information about the experiences of people living with dyslexia. It is a narrative review of the literature which elucidates themes rather than critiques available research. The contextual information discussed here is important as it influences the life trajectories of people with dyslexia, thereby influencing possible selves and occupational potential. The chapter begins with an exploration of some definitions of dyslexia and continues by discussing some of the controversy. There is critical examination relating to people with dyslexia who study and work within healthcare professions. The final section of this chapter explores literature about significant others such as familial links and parental experiences in order to consider the relevance of the social, environmental and contextual influences.

The literature within this section was identified during numerous literature searches within the date parameters of June 2013 and July 2017 using the terms 'dyslexia', 'dyslexia and education', 'dyslexia and higher education', 'dyslexia and level 7', 'dyslexia definition' and 'dyslexia and parent/s'. The literature searches were carried out using Discover, EbscoHost, Science Direct, Medline, Cinahl, PsychInfo, Royal College of Occupational Therapy database publications, Google Scholar, Academic Search Complete and hand searches of reference lists within articles and book chapters. Searches established a plethora of research into dyslexia. Much of the research within this chapter informed my understanding of dyslexia and how it is positioned within this thesis. Criteria for inclusion in this chapter was that the research

informed some of the relevant areas and serves to help to position this research according to what is already understood about dyslexia. Additionally, as I am particularly interested in what people with dyslexia say and how they describe their experiences of living with it, much of the research discussed here is qualitative. This is however with some exceptions, particularly with reference to papers which address the biological origins of dyslexia.

Dyslexia: Definitions

Dyslexia is viewed here in this research as a neurodiversity, “a normal human difference that should be tolerated and respected in the same way as other human differences” (Griffin and Pollak, 2009, p. 25). It has been identified via functional magnetic resonance imaging (fMRI), indicating that an alternative brain pathway is used in readers with dyslexia (Handler, 2016). Scientific evidence identifies left hemisphere posterior reading areas with compensatory use of the bilateral inferior frontal gyri of both hemispheres as well as the right occipito-temporal area (Handler, 2016). In other words, the brain pathways people with dyslexia use to read are more complex than non-dyslexic readers, making the process more difficult.

Despite the apparent clarity of its organic nature provided by authors such as Handler (2016) there are many inconsistencies and unhelpful assertions made in the differing definitions of dyslexia (Pino and Mortari, 2014). This has implications for institutional recognition (Cameron, 2016) and is particularly problematic when it comes to diagnosis, international classification,

education, research and policy development (Cameron, 2016; Elliot and Grigorenko, 2014).

Some authors apply a bio medical model to its definition which may be viewed as focusing on the negative attributes of dyslexia; and does not consider the implications of environmental factors. For example, it is referred to as a specific, unexpected, and persistent failure to acquire competent reading skills despite satisfactory education, intelligence and social and cultural opportunities (Barbiero et al., 2012). This seems contentious when the concept of adequate or satisfactory education is questionable while there continues to be pedagogical misunderstandings surrounding it. This is acknowledged within policy (Department of Children, Schools and Families, 2009a; Department of Children, Schools and Families, 2009b). Another example of this can be seen in the working definition of dyslexia suggested by the International Dyslexia Association (Lyon, 1995; Lyon et al., 2003) shown below:

“Dyslexia is a specific learning disability that is neurobiological in origin. It is characterized by difficulties with accurate and/or fluent word recognition and by poor spelling and decoding abilities. These difficulties typically result from a deficit in the phonological component of language that is often unexpected in relation to other cognitive abilities and the provision of effective classroom instruction. Secondary consequences may include problems in reading comprehension and reduced reading experience that can impede growth of vocabulary and background knowledge” (International Dyslexia Association, 2016 p. 1).

This definition acknowledges the neurobiological origin of dyslexia yet is narrow within its focus. It uses negative terms such as “poor” and fails to mention discrepancies between working memory and speed of information processing (both often the cause of difficulties with speech) when compared with verbal and non-verbal reasoning indices (Lawrence, 2014). In addition, the reference to impediment of vocabulary and background knowledge highlight a reliance upon literacy based learning; this can be compensated against in inclusive learning environments including programmes which explain language in an explicit, systematic, sequential and multisensory manner (Handler, 2016). It omits any reference to the influences of social, economic and environmental barriers (Levitt, 2017).

The definition provided by The British Dyslexia Association (below) acknowledges its link to information processing and memory (but does not distinguish working memory) and highlights its independence from intelligence. It recognises that it affects people of all contextual backgrounds and is always unique in its presentation which results in varied profiles (Lockiewicz et al., 2014). This definition highlights some of the positive attributes which are reportedly common to people with dyslexia, although I believe caution should be applied to the suggestion that all people with dyslexia will have anything in common apart from dyslexia, just as all people with brown hair may have little or much in common depending upon their individual and unique attributes and environmental influences. Therefore, while acknowledging the definition used by the British Dyslexia Association is not perfect and lacks the reference to normal neurodiversity (noted above) it is useful in respect of this research:

“The word 'dyslexia' comes from Greek and means 'difficulty with words'. It is a lifelong, usually genetic, inherited condition and affects around 10% of the population.

Dyslexia occurs in people of all races, backgrounds and abilities, and varies from person to person: no two people will have the same set of strengths and weaknesses.

Dyslexia occurs independently of intelligence.

Dyslexia is really about information processing: dyslexic people may have difficulty processing and remembering information they see and hear. This can affect learning and the acquisition of literacy skills.

Dyslexia is one of a family of Specific Learning Difficulties. It often co-occurs with related conditions, such as dyspraxia, dyscalculia and attention deficit disorder.

On the plus side, dyslexic people often have strong visual, creative and problem solving skills and are prominent among entrepreneurs, inventors, architects, engineers and in the arts and entertainment world. Many famous and successful people are dyslexic.” (British Dyslexia Association, 2016)

This definition helpfully acknowledges the effects on information processing, remembering information which is seen or heard, notes it is one of many

specific learning disabilities and acknowledges that it is not in itself a barrier to becoming successful. Whether dyslexia is defined as a disability, disorder, learning difficulty, syndrome or even a phenomenon varies, with little continuity and terms used synonymously (Burden and Burdett, 2007; Pino and Mortari, 2014) with blurring of boundaries (Bybee, 2010). According to the Disability Discrimination Act (DDA., 1995), a person has a disability if they have a “physical or mental impairment, and the impairment has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities” (DDA, 1995, p. 1). Reading, writing, spelling and processing information are indeed normal day to day activities or cognitive processes and dyslexia is a life-long construct, however the individual nature of dyslexia and its unique functional and fluctuating implications makes generalisations difficult.

Not all people with dyslexia adopt an identity of having a disability (Fuller et al., 2009) or even a difficulty and indeed it could be argued that if it does not have a substantial adverse effect on day to day activities it may not always classify as such. This is particularly important as the difficulty or disability relates significantly to the environment (Collinson and Penkreth, 2010; MacDonald, 2009b) and identities and self are not fixed entities (see discussion on self and identity later in this chapter). However, a difficulty arises when denying its influence on every day functioning impedes progress with accessing support or equal opportunities, which may be particularly relevant in academic and educational settings (Collinson and Penkreth, 2010) or where there is a high value placed upon literacy skills in work settings (MacDonald, 2009b).

The social model of disability provides helpful insights into the position of disability within society and the influence of the environment. This model originated in the 1970's with key figures such as Paul Hunt, Vic Finkelstein, Maggie Hines and Ken Davis who, with other like-minded activists set up the Union of the Physically Impaired Against Segregation (Barnes, 2012). This union wrote a document which highlighted the position of disability as imposed by society, resulting in exclusion and isolation of people with physical, sensory and cognitive impairments. Prominent authors are: Oliver, (1983; 1990; 2013) Finkelstein, (2007) and Barnes, (2012). The model is an instrument which offers "insights into the disabling tendencies of modern society" (Barnes, 2012 p. 18). It has informed and influenced media representation, transport provision, access to buildings and anti-discrimination law (Oliver, 2013) as well as instigating Centres for Integrated Living and professions allied to the community, both of which are formed to be truly immersed in the disability culture (Finkelstein, 2007).

This model challenges the assumption that impairments are the root cause of disability and should be eradicated, minimised or cured. It challenges and points out a common societal view that people labelled as 'disabled' are seen as economically and socially inadequate, in need of care and that where impairments may be permanent, disability which is imposed by society, should and could not be (Barnes, 2012). However, the model does not advocate for a denial of the importance or value of medical, rehabilitative, employment based or educational interventions but draws attention to their limitations, particularly in relation to empowerment (Barnes, 2012). Indeed, the model asserts that disability can be shaped by social, economic and environmental barriers (Levitt, 2017).

Difficulties caused by dyslexia within higher education (an environment where literacy and numeracy are highly valued) are substantial and are listed by Cameron and Nunkoosing (2012). It is known to impact upon writing, organisation of assignments, reading speed, comprehension, methods within exams and assessments, educational activities involving working memory, spelling, concentration, keeping up with lectures, mathematics, numeracy, phonological processing, listening and using the library and causes stress and anxiety (Cameron and Noonsberg, 2012). Despite this substantial list some students are reluctant to access disability services in order to access reasonable adjustments. This may be for various reasons such as challenges in communicating with academic staff in higher education to access help and lack of understanding surrounding dyslexia (Mortimore and Crozier, 2006). However, research by Stevenson and Clegg (2011) (who did not research students with dyslexia), indicated that some specific groups of students have limited, non-existent, blocked or undeveloped possible selves which impede access to academic staff and restrict actions which may otherwise work to propel them further in their academic careers such as accessing extra-curricular activities.

Access to reasonable adjustments may or may not correspond necessarily with a sense of self or social identity as a person with a disability (Riddell and Weedon, 2014). Suggestions that students disclose disability due to a “financial incentive” (Riddell and Weedon, 2014 p. 40) gained through the Disabled Students Allowance available to United Kingdom students are unhelpful and perpetuate perceptions of discrimination and stigma. Stigma which even exists among study participants with dyslexia (as shown in

Cameron and Billington's 2015 paper) adds to tensions relating to the label of dyslexia in higher education (Cameron, 2016). However, the pressure to adopt an identity which does not naturally fit with how the person identifies in order to gain access to support at university shows that contradictory and paradoxical forces are at work.

These paradoxical forces influence how students identify with different societal discourses and imply a complex phenomenon within the framework of the higher educational context (Clouder et al., 2015; Cameron and Billington, 2015). The term dyslexia is seen by some as a product of neoliberal capitalism whereby the problematic issue is not dyslexia but instead "lexism" (Collinson, 2012, p. 63) a term referring to the high value placed upon literacy skills which leads to discrimination against people who are dyslexic. Cameron and Billington (2015, p. 3) urged their readers not to "underestimate the discursive connections between literacy practices and conceptions of academic ability, which make it difficult for individual learners to resist the game". The game they refer to, is the pressure to resist labelling which serves to subordinate and commodify difference by minimising respect for neurodiversity. This serves to pressurise people with dyslexia not to disclose or seek support. Being highly capable at reading and writing is of such high social value that it is hard for some to make sense of difficulties within some domains (Gwernan Jones, 2012; Cameron and Billington, 2015). These pressures perpetuate a discourse of perceiving reasonable adjustments as unfair, negative and even "dishonourable" (Cameron and Billington, 2015 p. 9).

This section addresses some of the issues relating to definitions of dyslexia and some of the complexities surrounding diagnosis faced by people living with it but further exploration of issues surrounding the myths and experiences is provided within the next section: Dyslexia: Myth Versus Experience.

Dyslexia: Myth Versus Experience

As implied within the introductory chapter of this research and above, there has been much debate surrounding dyslexia, particularly within the field of educational and cognitive psychology (Elliott, 2005; Kerr, 2001; Riddick, 1995; Riddick, 2010; Cameron, 2016). A longstanding, complex and unhelpful argument involving issues surrounding labelling and stigmatisation persists and (I argue) still impacts on people with dyslexia.

Key within this debate are references to learned helplessness on behalf of teachers, found in Kerr's (2001) small grounded theory study. Kerr asserted that teacher's perceptions of pupils immediately alter once a child has a label of dyslexia. This results in lowered expectations and apathy towards the child's learning and attainment. Furthermore, critics have suggested that as a unified diagnostic criterion does not exist, no distinction can be made between dyslexia and general reading difficulties (Elliott and Grigorenko, 2014). This argument persists, with more recent research by Gibbs and Elliott (2015) reporting a survey which indicates different teacher perceptions of school students with dyslexia expected attainment levels compared to school students with general reading difficulties. They asserted differences in essentialist beliefs of teachers indicate differences among efficacy in teaching

approaches, particularly of poorer self-efficacy when teaching school students with dyslexia.

Identifying barriers such as limited information regarding how to teach students with dyslexia alongside confusing policy and procedures clearly makes it difficult for teachers to negotiate effective teaching strategies (Worthy et al., 2016). It is unhelpful however that authors (Kerr, 2001; Elliott, 2005; Gibbs and Elliott, 2015) continue to advise against the use of the term dyslexia rather than addressing how the perceptions and misinterpretations can be tackled within teaching and policy. It is my firm opinion that by advocating against labelling and thereby encouraging the denial of its existence, they inadvertently disseminate discriminatory attitudes within the professions which are relied upon for diagnosis and support. This potentially perpetuates difficulties experienced by people with dyslexia and adds to the stress experienced by parents (Multhauf et al., 2016) who are referred to repeatedly in literature (sometimes negatively) for asking for unmet needs to be met (Department of Schools and Families, 2009a; Riddick, 2011; Burden, 2010).

Whilst there is evidence that the learned helplessness persists (Kerr, 2001; Hornstra et al., 2010; Gibbs and Elliott, 2015), there is evidence in the work of authors applying the social model of disability, (Riddick, 2011; MacDonald, 2009b; MacDonald, 2012; Collinson and Penkreth, 2010; Glazzard and Dale, 2015) that recognition and therefore labelling of dyslexia provides an explanation and a way forward for many people. Especially as there is evidence that differentiated and specialist teaching are effective in addressing dyslexia as a learning difference (Burden and Burdett, 2005; Handler, 2016).

An advocate for labelling and the application of the social model of disability, Riddick, an educational psychologist has published extensively on the experiences of living with dyslexia from differing perspectives including parents and children (from 1995 – 2011). She has conducted both qualitative and quantitative research related to what it is like to have dyslexia and to be a parent of a child with it (Riddick, 1995; Riddick, 2000; Riddick, 2011). Riddick aimed to dispel the myths surrounding dyslexia. In her research, she interviewed parents and children to gain an understanding of how it feels for a child to receive such a label. Her work demonstrated the relief experienced by people with dyslexia who have struggled with negative school experiences and discrimination. She advocated for the focus to be on reducing stigma and supporting parents in obtaining adequate support for children, resulting in empowerment. Many people struggle through education within the constraints of defining themselves as poor readers to find often as adults they have dyslexia and some children have been forced to try to fit in to an unaccommodating system where they are made to feel they are lacking intelligence (Riddick, 2011). Riddick quoted a child as stating once they received a diagnosis, it was one of the best days of their life; “It was like, yes, I’m not thick!” (Riddick, 2011, p. 232).

MacDonald (2009b) also challenges the debate surrounding diagnosis. For example, in his research he demonstrates that discrimination comparable with learned helplessness occurs with and without diagnosis as his participants felt judged on literacy skills (particularly writing skills) before and after diagnosis. In addition, his work indicated no distinction of expectation placed upon those diagnosed, challenging the issues surrounding parental

expectations of those diagnosed. His adult participants avoided situations where their difficulties with literacy may prove to be humiliating and indicated significant working memory difficulties which impact upon speaking confidently. Unfortunately, some participants within his study refrained from seeking work or even fled interview situations due to fear and anxiety related to dyslexic tendencies becoming evident.

Furthermore, MacDonald's (2012) paper highlighted issues surrounding disabling barriers which lead to unemployment, poverty and in some extreme cases, criminality in people with dyslexia. He challenged work by authors such as Heievang et al. (2001) and Baker and Ireland (2007) who have previously implied a biological link between dyslexia and behaviour problems (Heievang et al., 2001) and between severe dyslexia and violent tendencies within the prison population (Baker and Ireland, 2007). It should be noted that Baker and Ireland (2007) compare prison offenders with graduate students where there are highly contrasting incidences of dyslexia and the hypothesised link between impulsivity and dyslexia is not found in their data.

MacDonald's (2012) points go some way to explaining some of the issues surrounding the link between dyslexia and the criminal justice system. There is evidence of strong links to the social implications of poor pedagogical understandings and approaches and disengagement from school. This indicates how easily disengagement from education can occur when dyslexic tendencies are not noticed or acknowledged and behaviours designed to distract from the symptoms lead to misunderstandings. These can be a significant distraction from the issues underlying the behaviours. Dyslexic traits are highly identifiable from early ages and signs such as difficulty

learning nursery rhymes, confusing words that sound alike and trouble identifying and remembering letters can be easily identified in pre-school children (Handler, 2016).

MacDonald's assertions are illustrated through narrative examples of three people with dyslexia who have engaged in criminal behaviour as a result of disengaging from education at an early age and using distracting behaviours within the classroom. Through the avoidance of humiliating experiences, which may have potentially exposed their dyslexic tendencies (such as reading out loud), MacDonald's (2012) participants found themselves easily disengaged from education, with catastrophic implications for their life trajectories. Further experiential examples of life with dyslexia are provided by Burden and Burdett (2007) whose themes are described as surmountable and insurmountable. Their school boy participants referred to dyslexia as a wall, a personal conflict and a bully, pushing the person with dyslexia around and stopping them from doing things they wanted to do. This research purported to consider adjustment to dyslexia but also referred to pressures placed upon people with dyslexia to accommodate it alongside the pressures to fit in to a society which highly values literacy skills (Collinson and Penketh, 2010). Supporting this, there are rich findings and illuminating insights by Gibson and Kendall (2010) who explored the educational experiences of 5 students engaged on a degree course. They examined retrospectively their participants' primary and secondary education and highlighted experiences of being in bottom sets at school, told by teachers they were unlikely to achieve and not as clever as everyone else. These studies perhaps go some way to explaining the position of Cameron and Billington (2015) and Riddell and Weeden (2014), who refer to society positioning people with dyslexia at

the centre of conflicting discourses where they either sink or swim depending upon their environmental experiences. Variations in the ways dyslexia can be interpreted is also said to result in increasing flexibility of how it is used. For example, Cameron (2016) suggested students in higher education sometimes hide it, take pride in it and even feel ashamed of it (particularly if it implies they require help).

The sink or swim position is shown in other papers where participants referred to having to work harder than non-dyslexic peers. Cameron and Billington's (2015) participants (higher education students) show a conviction to positive identity construction whereby there is a discourse of locating academic success within the individual as morally someone who compares positively to anyone else because they work so hard. These themes feature in other work (Burden and Burdett, 2007; Gibson and Kendall, 2010; Bacon and Bennett, 2013; Glazzard and Dale, 2015) whereby people with dyslexia refer to feeling they need to work harder than their peers to achieve, along with a pressurising impact on motivation and having to strive to find a way around the education system.

Some studies found high levels of anxiety in people with dyslexia and recommend assessment and support for emotional wellbeing, particularly as the anxiety is not limited to specific issues around reading but extends to social situations (Carroll and Iles, 2006; Tsovoli, 2004). Cameron's (2016) participants (higher education students) referred to holding back in lectures and discussions due to low confidence, self-monitoring and being hard on themselves; feeling that they do not belong in academic spaces and wishing to be like others. Risks associated with poor levels of support include low

employment, low academic achievement and depression (MacDonald, 2009a; Dale and Taylor, 2001). These findings (although not generalisable due to small numbers) show there is work to be done as far as facilitating equal participation within universities of students with dyslexia.

The papers discussed here in *Dyslexia: Myth Versus Experience*, show some of the implications of not addressing diagnosis and having inconsistent non-inclusive approaches within education. Many potential difficulties for people with dyslexia which could act as barriers to reaching occupational potential and perceiving possible selves for the future are evident and the studies discussed show evidence of an uneasy discourse which must be challenging to negotiate. The following section explores research which highlights the importance of an inclusive environment.

Dyslexia: Inclusive Environments and Healthcare Education

Dyslexia can be perceived as a strength within more creative environments (Bacon and Bennett, 2013). This is strongly identified in qualitative research of artists and art students by Bacon and Bennett (2013). Their work suggests people within their study with dyslexia perceive themselves as having greater originality and idea generation; view things from different perspectives and have greater capacity for visualisation. As an occupational therapist, I value this perspective as it demonstrates the importance of meaningful and purposeful occupation as well as inclusive and accepting environments which allow people to be who they wish to be and have the potential to become (Wilcock, 2001; Wicks, 2005). While some of their participants identified as less suited to more academic pursuits, none regret pursuing careers in art,

some seeing art as being central to their identity and an affiliation to a group identity of “artists with dyslexia” (Bacon and Bennett, 2013 p. 30).

According to McKendrie and Snowling (2011) the prevalence of medical students with dyslexia is above that of the 3.2% of students with dyslexia on undergraduate courses in the UK. They refer to students with dyslexia who compensate with effective mechanisms for study. In their analysis of exam results students with dyslexia perform as well as their non-dyslexic peers with reasonable adjustments in place along with an appropriate level of commitment on the part of the students and the higher education institution in question. McKendrie and Snowling’s (2011) work indicated support for medical students with dyslexia is purportedly in place, albeit reported from the perspective of two academic, medical tutors rather than the participants or students themselves.

In contrast to the inclusive environment experienced within artistic and medical educational communities, the issue of students with dyslexia pursuing professional careers within other healthcare professions such as nursing has attracted some concern and prejudice historically. For example, Dearnley et al. (2010) indicated inherent and persistent discrimination in their assertion:

“Barriers to people with disabilities contributing to the nursing profession are deep rooted and generally accepted” (Dearnley et al., 2010, p. 259).

Discrimination is further indicated alongside apparent distrust of (nursing) students with dyslexia in the work of Price and Gale (2006) and by nursing educators in research by Evans (2014). They discuss general perceptions of unsafe nursing students with dyslexia within grey literature, with safety as a concern relating to medication in particular and students as either “fit” or “unfit” to do the work (Evans, 2014, p. 44). Dyslexia is seen as a “fixed, ...constant phenomenon” and tutors use words such as “screen, cull and filter” (Evans, 2014, p. 45) to describe how they actively encourage some students with dyslexia to leave healthcare professions. This discourse omits the learning role of the student as well as contravening the rights held by students, showing a lack of inclusive anticipation which begins with discriminatory non-inclusive attitudes within educational provision (Dearnley et al., 2010; Clouder et al., 2016; Evans, 2014). Discriminatory attitudes contravene the Disability Discrimination Act, (1995) Equality Act (2010) and professional regulations (Royal College of Nursing, 2010; College of Occupational Therapists, 2010; Health and Care Professions Council, 2016). While academic tutors, practice educators and clinical mentors are aware of discrimination being socially unacceptable, an honest and open discourse is needed to begin to address the issues and the “young middle class, perfect” healthcare professional discourse described by Evans (2014 p. 44) should be challenged.

Fitness to practice issues are complex and the Health and Care Professions Council has funded research to identify ways forward for the 16 professions allied to medicine (Clouder et al., 2016). The findings of the report indicate a strong sense of agency employed by the students with various disabilities (including dyslexia) who participated in their study (Clouder et al., 2016). This finding sits alongside concerns that there is pressure on students to disclose

disabilities when they do not wish to and there is a lack of responsibility taken on by academic tutors as the decisions surrounding fitness to practice are generally made by occupational health (not to be confused with occupational therapy). Occupational health is a nursing and medical profession made up primarily of nurses and doctors and is mostly related to health and safety to practice as a health professional.

However, this is less relevant to students with dyslexia as it is not health related unless secondary difficulties such as stress and anxiety or depression impair progress, safety and practice. The issues surrounding failure and othering in which deficiencies are identified and people are devalued resulting in feeling different or othered (Clouder et al., 2016) persist although counterbalanced with the notion of added value (empathy and hope) to healthcare brought by people with disabilities.

Unsurprisingly healthcare students with and without disabilities value support within clinical settings (Price and Gale, 2006). Independent practice is highly valued by both practitioners/mentors and tutors who are said to have implicit anti pluralistic and anti-diversity discourses. It is therefore perhaps predictable that healthcare students with dyslexia emphasise concerns with confidence surrounding literacy, organisational difficulties, and fear of discrimination resulting in non-disclosure of diagnosis and high anxiety in relation to checking clinical work (Price and Gale, 2006). However, on a more positive note healthcare students emphasise strengths with mastery accomplished through practice in clinical settings and report feeling happier to discuss issues surrounding disclosure when they believe they have reached

proficiency in using compensatory strategies in the practice setting (Dearnley et al., 2010).

Coming from the perspective of the academic tutor in an opinion piece, Matthews (2009) honestly and openly stressed how anxious she and her colleagues felt at the prospect of the responsibility of accommodating the needs of students with disabilities. Particular areas of contention were related to confidentiality, sharing information and defensive attitudes of staff. She provided some observations on the debate surrounding the focus on the individual impairments resulting in a blanket approach and negative assumptions relating to labelling compared to restructuring educational environments so that all can flourish within them, rather than being disabled by them. Matthews asserted that all should be educated in the social model of disability but she presents no realistic methodology of tackling such a large and inherent problem. A sociological and psychological perspective would be required to tackle the depth and severity of the difficulties posed by the inherent discrimination within the cultures of healthcare and education (Riddick, 2000). In summary, this literature shows that even in healthcare there are both positive supportive environments as well as some less supportive environments. It seems that arts based professions are shown to be more accepting, however people with dyslexia should be able to work wherever they wish. It is an issue of social justice if people with dyslexia are drawn to particular professions due to how acceptable they are perceived to be within that profession. The environments people with dyslexia exist within naturally include their social environments and this takes us to the next section of this chapter which discusses literature relating to families.

Dyslexia and Significant Others

As this research explores the possible selves and occupational potential of healthcare students with dyslexia, it is important to acknowledge that parents and families are potentially significant influences on the development of both. No literature has been found in relation to these specific concepts applied within dyslexia research. However, there is research addressing parenthood and dyslexia. For example, van-Bergen et al. (2014) explored environmental literacy factors to establish to what extent familial behavioural practices in relation to literacy could provide any explanation for literacy skills in children with dyslexia. Their findings show correlations are significantly higher between dyslexic parents and dyslexic children, indicating a strong inheritability of dyslexia. Furthermore, their findings supported earlier studies which have also failed to identify strong links between practices in shared reading, cognitive stimulation, how much parents read and write and numbers of books and newspapers found within home environments (van-Bergen et al., 2014; Bonifacci et al., 2013).

The link between the inheritability of dyslexia is seen to be even higher in children for whom both parents have dyslexia, with likelihood rising from 57% to 76% (Leavett et al., 2014). In relation to parental self-report of dyslexia and links to children with it, the findings of Leavett et al. (2014) showed that parents (who may be dyslexic) who are less likely to recognise dyslexic tendencies within themselves are also less likely to identify the tendencies within their children. Given that dyslexia is inheritable the inter-generational processes could (they claim) lead to cycles of educational disadvantage and inhibit social mobility, supporting the argument for early screening within schools. This is supported by Bonifacci et al. (2013) who also highlight that if

parents have difficulties themselves with literacy skills, they find it harder to support their child as problems and difficulties arise with school work.

Studies do show there are additional pressures and demands on parents of children with dyslexia. For example, a study by Alias and Dahlen (2015) highlighted in particular the challenges experienced by mothers raising children with dyslexia. This study showed there are time constraints, lack of knowledge, increased financial demand, school issues to address, negative feelings towards the child's condition, a high demand within the role of being a mother and changes within life patterns. Similarly, Sinu and Moothedath (2016) argued that parents can be affected profoundly (emotionally) by having a child with dyslexia in relation to seeing their child in distress, frustrated and anxious (in reaction to events). They asserted that the psychological wellbeing of parents plays a vital role within the prognosis of the child and the problems lie within the lack of knowledge surrounding dyslexia. However, despite the added responsibilities and demands associated with being the parent of a child with dyslexia, it is not associated with mental health problems such as anxiety and depression according to a study exploring a group of 40 parents (Boniffacci et al., 2013).

While many of the issues surrounding parents and people with dyslexia are related to the additional pressures placed upon both, the research of Daderman et al. (2014) shows that self-esteem is found to be low in relation to most areas in females with dyslexia. However, the relationship between self-esteem and family relationships are positive. They opined, (but have not explored) that family rather than teachers and peers may play an important part in developing and maintaining self-esteem and a positive self-image.

As this study is interested in the factors which facilitate and hinder the perceptions and development of possible selves it is helpful to consider that the roles of families may indeed be highly influential to the participants within this study. This section, Dyslexia and Significant Others ends here and leads to the conclusion of this chapter.

Conclusion

This chapter provided a review of the literature to show that while we can acknowledge many people with dyslexia clearly have successful careers, are happy in life and should face no barriers or discrimination, there is a juxtaposition whereby many people face insurmountable barriers (Burden and Burdett, 2007) and discrimination (Dearnley et al., 2010). They are not supported consistently by the education system and even the professions positioned to support them sometimes do so from questionable perspectives. There are challenges in place within our society for people with dyslexia. Lack of consistent definitions, reference to myths, challenges with inclusivity and pressures experienced by families in trying to support children/ family members show it is possible even the student participants of this study may have been faced with adversity. This chapter shows that many people with dyslexia can face discrimination and that there are many barriers in place which could impede progress or hamper the development of perceptions of possible selves (Stevenson and Clegg, 2011) and indeed influence occupational potential (Wicks, 2005). Both of these constructs are discussed within the next chapter which sets out to explain the position these theories contribute to this research.

Chapter 3. Occupational Potential, Possible Selves, Self and Identity

This chapter provides a discussion of literature with reference to occupational potential, possible selves and self and identity in order to provide clarity in relation to these terms and how they are addressed in this thesis. As with Chapter 2, this chapter provides a narrative review of the literature which elucidates themes rather than critiquing the available research. Literature found via Discover, Medline, PsychInfo, Academic Search Complete, Science Direct and the Journal of Occupational Science via Taylor and Francis are included but much of the literature considered both in this review of literature and the remainder of the thesis has also been accessed via hand and surreptitious searches.

This chapter addresses three areas, namely occupational potential, possible selves and in order to clarify the differences between the two, there is a section which defines the meaning of self and identity as they are applied in this thesis. The development of occupational potential and the limited research applying it is discussed initially, ending with the most up to date and most relevant definition in relation to this study. Possible selves literature is then discussed, again I have identified literature which is particularly relevant to this study, often in relation to education but mostly for this chapter it relates to identifying what is meant by the concept of possible selves.

Occupational Potential

Occupational potential is a relatively new concept, the definition of which is still developing. Nevertheless, to help people reach their occupational

potential is a role of occupational therapists (Wicks, 2001). Here, in order to provide a synthesis and accumulation of knowledge over time relating to occupational potential I will outline some of the contributions relevant to my thesis and end by defining how it is used in this research into level 7 healthcare students with dyslexia, including how it may be relevant to people with dyslexia.

Occupation is meaningful and purposeful participation and engagement in 'doing'. It is temporally and culturally situated and is differentiated from activity which is a generalised idea of an action perceived by people (Pierce, 2001) such as the general terms shopping or bowling which become occupations when specifically engaged in temporally, meaningfully, purposefully and within a context. Activity is not experienced nor is it observable or temporal, unlike occupation (Pierce, 2001). For the purposes of this thesis I refer mostly to occupations when it is evident that there is meaning, purpose and context ascribed.

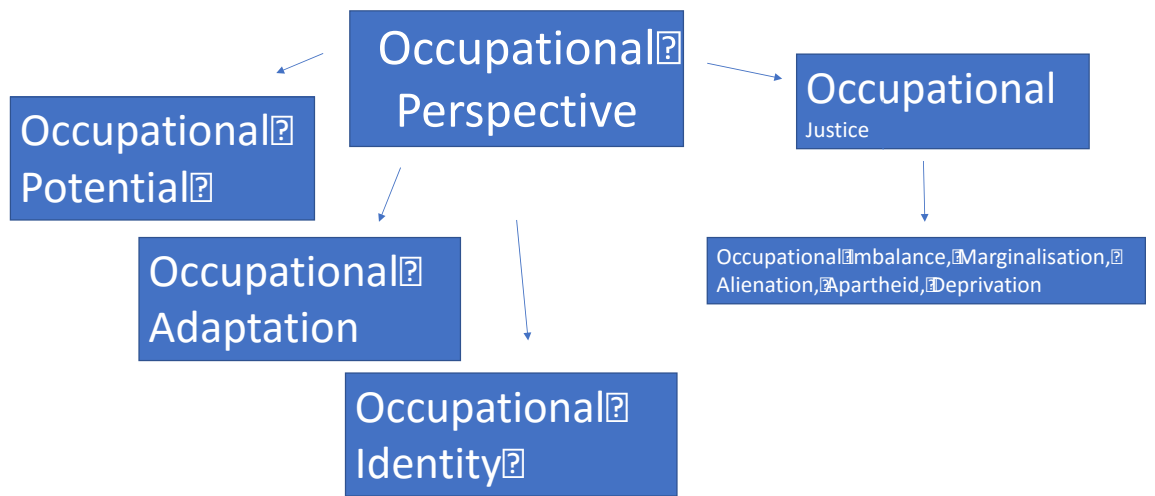
Occupations are integral to the work of occupational therapists. They are used within occupational therapy assessment, treatment (intervention) and in the evaluation of efficacy of treatment. Occupational therapists are involved in holistically supporting health and wellbeing through the use of occupation within a wide variety of settings, with people who are well, unwell, able and disabled. The profession of occupational therapy is supported by research both within its own field and by occupational science. As an academic discipline, occupational science adds a multidisciplinary (nursing, human geography, psychology, sociology, anthropology) research perspective which strengthens the holistic and wide ranging nature of the profession.

Occupational science research is often qualitative and explores the value, meaning and purpose of occupation. It is informed by an occupational perspective.

Occupation is central to the actions and philosophies of occupational therapy and has been fundamental since its inception at the beginning of the twentieth century (1908) (Kielhofner, 2008; Paterson, 2014). Occupational therapy is historically pragmatic and humanistic, with pragmatism relating to the philosophy of common sense, problem solving and adaptation. It also relates theory to action (Paterson, 2014) and works on the premise that action or occupational participation and engagement works to prevent illness, promote health and helps us to adapt to changes in ourselves and the environment. These factors are historically and biologically driven by a need to survive (Christiansen and Townsend, 2010). Occupational therapists and scientists believe occupations are what people do to remain healthy, however there is growing consideration towards the perception that occupations can also contribute to ill health (Twinley, 2014). For example, drinking alcohol or taking non-prescription drugs may have purpose and meaning but may not be related to traditional perceptions of health and wellbeing.

Occupational potential is a concept which has grown from the link between occupation and health. It sits conceptually under an overarching heading of an occupational perspective alongside occupational identity, occupational adaptation and occupational justice (with associated injustices; alienation, apartheid, deprivation, marginalisation and imbalance) (Jacobson, 2004; Bailliard, 2016). This is shown in pictorial form in Figure 1.

Figure 1: An Occupational Perspective



There is a dynamic and transformative equilibrium between the ‘doing’ of occupations, ‘being’ who we wish to be and ‘becoming’ who we wish to become (Wilcock, 1998). As humans, we inhabit significant roles which provide us with structure and purpose and whether we reach our potential in individual occupations depends upon many factors. The action of doing is necessary if we are to meet our potential. This is in addition to our relationships and conditions for living where capacities and meanings are valued (Jacobson, 2004).

In her earlier work on occupation and health, Wilcock (1998) developed the concept of occupational potential. She initially defined it as “future capability, to engage in occupation towards needs, goals and dreams for health, material requirement, happiness and wellbeing” (p. 257). This definition is helpful in that it provides a connection between occupation and potential as well as

linking occupations to what people wish to pursue, do and aim to be in the future. However, this definition remains unspecific and future orientated while considering the accumulative effects of many occupations, without acknowledging the relevance of specific occupations throughout the lifetime. In addition, it situates the locus of control within the individual which is problematic when considering the many highly influential environmental factors which are likely to influence occupational potential. Although in her later work, Wilcock (2007) acknowledged the varying potential of individuals for different occupations as resulting from genetically inherited capacities and the sociological and cultural environments inhabited.

The exploration and development of the concept of occupational potential was also taken up by Wicks (2001, 2005) within her doctoral thesis which explored retrospectively, the occupational potential of older age Australian women. For the purposes of her doctoral thesis she defined it as “the human capacity to engage in meaningful occupation” (Wicks, 2001 p. 32), and later as “people’s capacity to do what they are required and have the opportunity to do, to become who they have the potential to be” (Wicks, 2005 p. 130). This again indicates that the capacity for potential resides within the individual yet acknowledges that this is influenced by opportunities within environments. Capacity is defined by van Bruggen (2010 p. 306) as the “ability to solve problems, perform functions and set out and achieve objectives”. Capacity is obtained, strengthened, adapted and maintained over time (United Nations Office for Coordination of Humanitarian Affairs, 2004). However, as a result of her doctoral work, Wicks later referred to occupational potential as being “a fluid phenomenon that evolves, as human capacities are exercised at different stages of the life course, and is shaped by environmental and

personal influences” (Asaba and Wicks, 2010 p. 121) indicating temporal dynamic change and an overall potential which is influenced by environmental factors.

Another definition which I find more helpful is presented by Asaba (2005) whereby the loci of potentiality shifts as being emergent through interaction with occupation rather than residing solely within the person. He referred to the theories of humanism and potentiality. Firstly, within humanism is the perception that humans strive to develop potential in creative and constructive ways, developing meaningful relationships and striving to be the people they wish to be. Secondly, he draws particularly from the work of Agamben (1999) and Scheffler (1985) within the potentiality theoretical literature to acknowledge that potential means some future event will occur as a result of “some transformation or change” (Asaba and Wicks, 2010 p. 121) but also that potentiality has to do with bringing into reality something which “exists in latency” and is realised through dynamic interaction with occupations (Asaba and Wicks, 2010 p. 121). Writing collaboratively on the topic, Asaba and Wicks (2010) avoid a static definition but welcome further exploration of occupational potential.

As occupational potential is not static, but rather dynamic it is useful to draw upon the work of Humphry (2005) who, in developing the Processes Transforming Occupation Model acknowledges, the reason for engaging in occupations change, altering experiences, purpose, and meaning and triggering reorganisation of intrinsic capacities. This allows for consideration of the changing nature of human capacities and acknowledges that performance evolves and is enhanced, infused with social meaning and

mastery can be achieved. Therefore, a person may reach their potential with individual occupations through changed capacities. Occupational potential is therefore highly temporal and dynamic as it changes the more occupations are engaged in and as capacities and performance evolve (Humphry, 2005).

Benefitting from Wilcock (1998; 2001; 2007), Wicks, (2001; 2005), Asaba (2005) and Asaba and Wick's (2010) perspectives on occupational potential and considering the dynamic influence of occupation considered by Humphry (2005) I therefore conclude that for the purposes of this thesis occupational potential to be:

“What can be brought into actuality through engagement in occupation” (Asaba and Wicks, 2010 p. 122).

This honours the power of contextually situated “doing” (Asaba and Wicks, 2010 p. 122) and the dynamic human ability to adapt. Occupational potential relates to, resides within, depends upon and is influenced by the:

1. Latent capacity and motivation of the person (physical, cognitive, affective)
2. Environmental contextual opportunities to engage in occupations (micro and macro)
3. Interaction between the person and environment
4. Interaction between the person and occupations

In summary, occupational potential was initially conceived by Ann Wilcock and has since been conceptually developed by Alison Wicks and Eric Asaba in 2005 and 2010. It relates to a person's capacity which is dynamic and influenced by motivation, the environment (social, institutional and political)

and occupational participation but also relates to the potential a person has to engage in, change through and master occupations.

I found no published literature applying or considering occupational potential in relation to people with dyslexia. Given the issues presented in the previous chapters in relation to some of the difficulties related to life with dyslexia, it may be that many people with dyslexia do not reach their occupational potential. Wick's (2005) work begins its application in research in relation to women and Asaba (2010) found it pertinent to his research with people who had experienced head injuries (2005) and explored the concept further with Wicks in their joint paper in 2010. However, occupational potential is a concept which can be applied to many groups, particularly those which face injustices and this research seeks to explore it in relation to people with dyslexia and in doing so is the first to explore this phenomenon to my knowledge. While occupational potential goes some way to providing a conceptual framework which suits the questions of this research, possible selves adds a perspective which offers explanations of how people's perceptions of future selves influence actions (or occupation) and is discussed in the next section, again to add clarity to the use of terms but also to explain why possible selves has also been chosen for this study.

Possible Selves

This research is interested in the possible selves and occupational potential of healthcare students with dyslexia. It is pertinent therefore to state at this point what is meant here by possible selves and explore the literature relevant

to this study as well as to consider why it is relevant to this study. How it is applied in this research is considered in the methodology chapter.

The term 'possible selves' was developed within the field of cognitive psychology in the 1980's by Paula Markus and Hazel Nurius. It represents individuals' ideas of,

“What they might become, what they would like to become and what they are afraid of becoming” (Markus and Nurius, 1986, p. 954).

Possible selves draws from representations of the self in the past and includes representations of the self in the future (Markus and Nurius, 1986). The concept builds upon and is a natural extension of the self-concept, a system of affective- cognitive structures, referred to by Markus and Nurius (1986) as theories or schemas. They are made salient by an individual's particular sociological, cultural and historical context, from images and representations provided by the media and the individual's immediate social experiences (Markus and Nurius, 1986). They have the potential to reveal the inventive and constructive nature of the self but also reflect the extent to which the self is socially determined and constrained (Markus and Nurius, 1986).

The inception of possible selves in 1986 initiated a new perspective on some of psychology's problems such as the interaction of thought, feeling, action and the role of sociological and cultural contexts (Markus, 2006). There is a stream of research published internationally, with research in the United States of America (Markus and Nurius, 1986; Kerpelman and Dunkel, 2005) from the United Kingdom (Stevenson and Clegg, 2011; Stevenson, 2012) and

Japan (Fukada et al., 2010). It has scoped many professional fields such as (but not limited to) psychology (Markus and Nurius, 1986; Erikson et al., 2012), nursing (Black et al., 2001), counselling (Spensley, 2009), business (Morgan, 1993), education (Rossiter, 2007) and sociology (Stevenson and Clegg, 2011). Examples of scholarly application of possible selves include a host of adolescent and adult research, academic achievement (Leondari et al., 1998; Oyserman et al., 2010), career expectations (Plimmer and Schmidt, 2007), self-esteem (Oyserman and Fryberg, 2006), teenage motherhood (Nurius et al., 2006) and parenthood (Meek, 2011) using both qualitative and quantitative approaches.

Possible selves play an important role in identity formation processes, with a strong relationship with identity exploration. They are informed by social context, including past and anticipated experiences, influencing motivation and behaviour (Markus and Nurius, 1986; Oyserman et al., 2015). Hoped for possible selves act as goals for life changes and significant life roles (Cross and Markus, 1991). For example, they support commitment to identity formation as a process where personal investments are made (Cross and Markus, 1991). Often, they involve experimentation and employment of actions which elucidate and augment the likelihood of possible selves coming into fruition. An example of this lies within the combination of perceptions and actions involved in planning a wedding, through elaboration of details related to the future possible self, such as living together and making specific decisions about a future together, being married becomes a meaningful and salient element of an individual's future identity and self (Dunkel and Anthis, 2001).

However, much of the work done by Daphna Oyserman and her many colleagues and collaborations (Oyserman et al., 2004; Oyserman et al., 2010; Oyserman, et al., 2015) indicates that actions or the things people do are also known to be highly important to the realisation of desired possible selves and avoidance of undesired possible selves with self-regulation fundamental to success (or failure). For example, the road map, path and context are as important as the destination (Oyserman et al., 2004; Oyserman et al., 2010; Oyserman et al., 2015). This is referring to the actions taken in order to ensure paths are adhered to and specific destinations in relation to the future self remain salient.

In relation to people with dyslexia, little is known about how perceptions of future selves may be influenced by the complex environmental issues surrounding them as they grow up. As MacDonald's (2012) work shows, disengagement from school can have dramatic affects upon life trajectories and whether and how people with dyslexia perceive (Stevenson and Clegg, 2011) and elaborate salient possible selves is an area which so far lacks exploration. Therefore, while occupational potential helps in the consideration of the actions which are engaged in, possible selves is useful in its consideration of how the self is viewed temporally by people with dyslexia and again, this perspective is (to my knowledge) unique to this research study, particularly in relation to its consideration of people with dyslexia within higher education.

In summary, this section explains the position taken here from the perspectives of occupational potential and possible selves. It is necessary however to consider and differentiate between self and identity.

Self and Identity

In order to consider the possible selves of healthcare students with dyslexia it is pertinent to consider the meaning of self; a concept which is difficult to define (Baumeister, 2011; Carlson et al., 2014). There are many explorations and definitions of self and many concepts relating to it developed throughout the 1960's, 1970's and 1980's such as self-esteem, self-concept and self-employment (Burkitt, 2012). This section discusses and differentiates between 'self' and 'identity', in order to clarify how they are used within this research.

Paradoxically, the search for self often involves inward reflection but according to Burkitt (2012) it is more likely to be found in relation to social activity as each one of us develops our capacities within society. It was considered historically to be unitary or monolithic but instead is now seen as multifaceted and dynamic (Markus and Wurf, 1987) although Baumeister (2011) challenged this, asserting that a single self for each individual is "a scientifically viable reality" (p48). This is reflected within Archer's (2000) definition of the self as a knowing and self-conscious continuous sense of being the same subject throughout life. This aligns with the individuality, spirituality and physicality of existing as a human. According to Baumeister (2011) self involves a knowledge structure whereby knowledge about the self is stored and is a point of reference as well as emerging from interpersonal relations. An anomaly of self-knowledge is that the knowledge we hold or believe about ourselves may not be accurate and we depend upon interpersonal relations with others to support definitions of the self. It

encompasses emotions, thoughts, personality, fears, dreams, relationships and identities (Baumeister, 2011; Carlson et al., 2014).

Self is an agent with executive function (relating to cognition) to which self-awareness and self-regulation are integral (Markus and Wurf, 1987). A self makes decisions, acts and initiates actions, regulates and responds as well as asserts control over environments, known as agency (Baumeister, 2011). Owens (2003) referred to self as an interactive system of thoughts, feelings, motives and identities, born of self-reflexivity and language associated with what people attribute to themselves but simultaneously it is a social product as well as a social force. This means self interprets and organises actions and experiences, has motivational consequences which provide incentives, rules and standards and responds and adjusts in response to social environments (Markus and Wurf, 1987). These indicate dependency upon cognitive functions, social influences and the ability to participate in 'doing' (Baumeister, 2011). Markus and Wurf (1987) discussed how understanding the self-concept relates and depends upon self-motives being served. For example, they refer to self-enhancement and self-actualisation as aspects of self and similarly, self is manifest in mood changes, shifts in self-esteem, social comparison, social settings, construction or definition of one's situation and the nature of self-presentation (Markus and Wurf, 1987).

Identity, on the other hand, is also a construct related to self and is also seen as multi-dimensional, multi-faceted and dynamic. It too includes personal characteristics, feelings and images as well as roles and social status (Markus and Wurf, 1987). A significant factor which differentiates identity from self lies within aspects of identity existing beyond physical life, with names, houses,

burial sites and positions in society being important features of identity (Baumeister, 2011). Identity relates more to how the self is perceived by external forces and is related to perceptions and definitions which are superimposed onto the self but also relates to what the self contributes, inflicts or does within society (Baumeister, 2011).

Identities are closely tied to what we do and our interpretations of those actions in the context of relationships with others (Baumeister 2011; Christensen, 1999). Therefore, there is a strong relationship between the 'doing' or participation in occupation and development of identity and knowledge of self. We rely upon language for consolidation and development of identity and self-knowledge as we develop ideas of who we are through doing and talking about doing. This is also known as narrative. Central to this is our dependence on the approval of others, particularly parents and teachers and as we engage in 'doing' the communications we receive either support or disapprove actions, thereby providing guidance (Whitcomb, 2012).

Restrictions in identity can limit how someone perceives their sense of self and how they manage their social identity (Laliberte Rudman, 2002). Conversely, personal identity and preferences for relating to and projecting a particular social identity influence occupational choices and occupation can be used to either limit or promote self-growth. Societal occupational expectations of some social identities for example older people, people with disabilities and people without employment provide some explanations for stigma, marginalisation and alienation (Laliberte Rudman, 2002; Jacobson, 2004; Phelan and Kinsella, 2009).

Occupational therapists and occupational scientists have developed the concept of occupational identity as it has been found in research that identity and doing are closely related (Christiansen, 1999). Drawing upon Kielhofner's (2008) work, Phelan and Kinsella, (2014) consider occupational identity to relate to who we perceive ourselves to be in relation to the occupations engaged and participated in, in the past and in the present. Integral to this definition of occupational identity is a person's motivation, habits and past experiences which are shaped and reshaped according to personal, social and cultural values. This also resonates with the Deweyan philosophy and ontological perspective that previous experiences inform who we are and what we do in the present and future (Dewey and McDermott, 1973).

Conclusion

This chapter elucidated the concepts of occupational potential, possible selves, self and identity in order to provide clarification of the use of the terms and relevance to this research. As occupational potential is not a well-known phenomenon, there is little research on which to draw. While one of the concepts may have produced some of the answers to the research questions, placed together these separate concepts provide a distinctive perspective which will add clarity to how life trajectories are influenced by having dyslexia for level 7 healthcare students. However, how occupational potential and possible selves might relate to someone with dyslexia is of particular relevance to this research and in relation to how this might influence people's perceptions of what is possible for the future. Possible selves allow a temporal perspective of self to be explored and to be able to differentiate between self and identity is helpful, particularly as these two concepts are easily blurred.

How these concepts inform and are applicable to this research is considered further in the next chapter (4) which addresses the methodological approach applied here.

Chapter 4. Methodology

This chapter begins with an explanation of the ontological and epistemological positions of this research. It then presents the research aim and questions and elucidates and justifies the data collection methods, process of analysis and discusses the methods applied to enable adequate representation. These sections are then followed by a discussion of ethical issues and the limitations of the research. The final part of this chapter explains the importance, role and practices of reflexivity and how this informs the research process throughout.

Research Position

This study applies a qualitative approach to the exploration of the occupational potential and possible selves of healthcare students with dyslexia, thereby “embracing the idea of multiple realities” (Creswell, 2007 p. 16). In using a qualitative approach (narrative inquiry) a commitment to the constructivist- interpretivist paradigm is employed (Denzin and Lincoln, 2000). This acknowledges the subjectivist ontology (the nature of the reality of healthcare students with dyslexia) and relativist epistemology (relationship between myself and the student participants and the perspective taken here) whereby there are no absolute truths (Denzin and Lincoln, 2000; Creswell, 2007).

There is a connected relationship between the student participants and I, where the reality is the healthcare student participants’ perceptions of growing up with dyslexia (known and unknown) and their understanding of their own possibilities (possible selves and factors which may have influenced them (occupations, personal reflections and social contexts). This interaction (of

myself and the student participants) enables the realities to be interpreted and understood (Wicks, 2010) through a dynamic process involving multiple levels of elucidation and analysis, typical of qualitative research (Denzin and Lincoln, 2000). This is done with an aim of maintaining a balance between directing attention towards the voices of both the student participants and myself as researcher (Clandinin and Connolly, 2000).

Narrative Inquiry

Narrative inquiry is an umbrella term which captures dimensions of experience over time (personal and social) and considers the relationship between the individual experiences and cultural contexts in which the experiences take place (Clandinin and Connelly, 2000). This methodology is applied here in this study because it captures the personal and human dimensions of experiences of living with dyslexia over time, acknowledging the relational between the student participants and their world (Clandinin, 2013). In particular, I employ Clandinin and Connolly's (2000; 2007; 2013) framework of narrative inquiry which draws upon the work of Dewey (1852-1959), a philosopher and psychologist whose work acknowledges the importance and relevance of experience (Dewey and McDermott, 1973; Clandinin and Connolly, 2013). This enables the generation and representation of reality whilst applying a pragmatic view of knowledge where representations of reality arise from experience (Clandinin, 2013). Examples of this lie in the emphasis of attention on the student participants' experiences of growing up with dyslexia and the explicit consideration of my own subjectivity and my own life experiences which are influential to the research. The experiences of the student participants and my own as researcher are

situated alongside each other and lead to a representation of reality based on experience which is communicated through story and narrative, an articulated or written account of events (Oxford English Dictionary, ND).

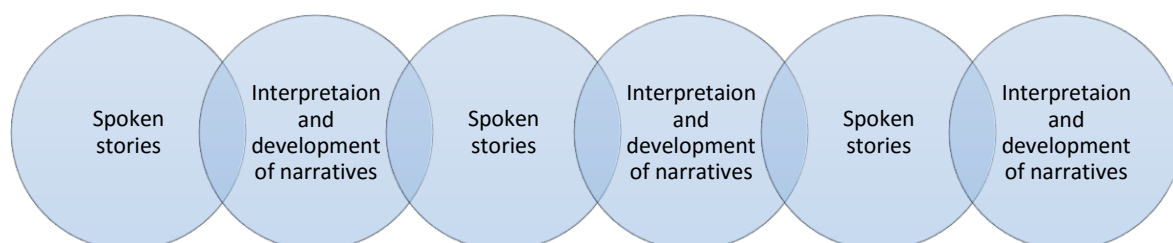
As both occupational therapy and Clandinin and Connolly's (2000) form of narrative inquiry are influenced by John Dewey's (1852- 1859) work on the influence of experience, they complement each other and are situated within his ontological and epistemological positions. For example, Dewey highlighted the need to restore continuity between the aesthetic nature of everyday experiences, highlighting the importance, relevance and value of whatever has already occurred on the self and who humans become. Within this is the suggestion that "everyday events, doings and sufferings" (Dewey and McDermott, 1973, p. 525), in other words meaningful and purposeful activities or occupations of everyday, influence identity (Dewey and McDermott, 1973). Narrative inquiry is a popular research approach within occupational therapy and occupational science, particularly as it recognises the place of stories in helping humans make sense of their world, relationships and identities (Molineux and Richard, 2003), addressing reflections of past and present experiences as well as beginning the construction of identities for the future (Riessman, 2008).

This transactional and relational ontological perspective (Clandinin, 2013) is fundamental to this narrative inquiry. By this, I refer to where experience is told in stories by student participants which I then narratively compose (Riley and Hawe, 2005). In this case, there is a transformational growth of experiences out of experiences and I am positioned on a continuum alongside the participant, relationally, creating an interactional and dynamic inquiry

space which spans across temporalities (Clandinin, 2013). For example, the student participants reflect on their individual childhood experiences and compose stories using memories and insights of the past while developing new perspectives and perceptions which influence the present as well as perceptions of their futures; these are interpreted and analysed from my own specific epistemological perspective or view point. This study therefore acknowledges the space between these concepts and the continuity of what supports and is part of the bigger picture within the lives of the student participants, myself and the contexts in which the stories and the research takes place.

The words 'story' and 'narrative' are often used interchangeably but here stories refer to where the primary data (the stories spoken by the student participants) ends and narrative is when the analysis of that data begins (Riley and Hawe, 2005). In this case, the process has not been completely linear but rather layers of stories added during second and third interviews (as seen in figure 2) and interpreted and developed throughout up to three interviews.

Figure 2: Interpretation and Development of Narratives



As shown in Figure 2, the spoken stories were interpreted and narratives began to form during the interpretative process as plots developed. The narratives were augmented as further stories unfolded during second and third interviews until data collection was complete. The final stages of analysis took place during the construction of the acts and scenes.

Clandinin and Connolly's (2000) three-dimensional space is a particular influence here. This involves three components for consideration: temporality, sociality and spatiality. Temporality acknowledges that events are in temporal transition (Connolly and Clandinin, 2006). Within interviews the focus for data collection was directed towards the past, present and future and the transitional nature of experiences throughout time. Originally the interviews were organised to enable the first interview to focus on the past, the second interview to focus on the present and the third interview to focus on the future. However, the reality of how the student participants relayed their stories meant that a large emphasis was on the past and they moved within their stories to the present and also towards the future. While the research questions/prompts guided interviews, care was taken to allow the student participants freedom to move around temporal spaces as their stories evolved; backward and forward; gradually building upon plots and sub plots as they spoke. All student participants began at their own subjective beginning. For example, when they were children or when they were diagnosed with dyslexia.

Sociality allows the consideration of the personal and social conditions of feelings, hopes, aesthetic reactions and moral dispositions of the student participants and myself as well as the social milieu under which events unfold.

I inhabit a relational commonplace alongside the participants (next to) (Clandinin and Huber, In press). This means that efforts were made in interviews to allow a relaxed and informal atmosphere and a non-judgmental, accepting, unconditional regard was employed throughout. The personal and social dimensions of the narrative inquiry process or space (Clandinin, 2013) inspired inward questions both during and following interviews for the participants and myself. This included reflections upon feelings, hopes, reactions and moral dispositions as well as outward questions which some of the student participants directed towards family, (particularly mothers, siblings and fathers) and friends relating to events and reactions of the past (Clandinin, 2013).

Spatiality is defined as the specific environment such as the buildings, cities and schools where events from storied accounts took place (homes, schools, universities) as well as the place the events are spoken about and narrated as they are interpreted, in this case small university interview rooms. In order to position the research in the social and political context in which it took place consideration to the political dimensions of the narrative inquiry process which relates to the environmental and/or existential conditions must be given (Clandinin, 2013). This research took place within the situated context of a post 1992 (previously a polytechnic) university in the North of England with a distinct agenda of widening participation. The political climate at the time of the interviews was dominated by a Conservative and Liberal Democrat coalition government led by Prime Minister David Cameron. Despite inclusion being a national and international agenda with many years' previous support from past governments problems prevail within legislation due to a lack of clarity of how inclusion should be managed within schools. The recent

legislation and political climate is dominated by the agenda of saving money.

This form of narrative inquiry allows possible selves and occupation to be positioned at the heart of the inquiry. For example, they are embedded throughout the study design, within the research and interview questions and the analysis phases. Please see Figure 3, which shows how narrative inquiry, possible selves and occupational potential are brought together and overlap for the purposes of this research to provide a distinctive epistemological position with which to view the stories of the student participants.

Figure 3: Narrative Inquiry, Occupational Potential and Possible Selves



The emphasis was to try and capture the stories of the student participants during the interviews with the invitation to them to tell their storied experiences of growing up with dyslexia; and attention is paid to possible selves and occupations within their stories. Questions and prompts were used to steer discussions within semi structured interviews and the degree to which

possible selves and occupation are explicit can be seen below in the section entitled Data Collection Methods.

Within occupational therapy and occupational science there is acknowledgement of the influence of contextual environments on individuals. Therefore, it is acknowledged that both I and the student participants exist within contextual surroundings. For example, occupational therapists are guided by practice models which highlight the influence of the environment. A typical example lies within The Canadian Model of Occupational Performance and Engagement (Polatajko et al., 2007) where the environment is considered as institutional, cultural, physical and social and it is a requirement of this practice model that occupational therapists consider the implications of these environmental factors on the individual and on occupational engagement and participation. Therefore, as occupations help humans to adapt, grow and change according to the influences of their environments, humans flourish in circumstances where opportunities arise and where their potential may be reached as well as perceptions of possibilities for the future are able to be imagined.

Reaching occupational potential with a variety of occupations throughout the lifespan is highly important in perceiving (Stevenson and Clegg, 2011) and reaching desired possible selves as well as avoiding feared possible selves. The realisation of occupational potential is influenced by a complex synergy of personal capacities, socio cultural, historical, political and economic factors. Through reaching occupational potential within meaningful and purposeful occupations identity formation takes place (Wicks, 2005; Asaba, 2005). This is due to the development of skills and knowledge which

contribute to confidence and competence as well as a sense of self in the present and presenting possibilities and perceptions for what may be possible for the future.

Exploring the temporality of possible selves allows the examination and consideration of “the constantly changing landscape of what might have been and what still might be” (King and Hicks, 2007, p. 27); as well as the reactivation of past representations which may be influences on present and future selves (Markus and Nurius, 1986; Rossiter, 2007). In imparting their stories of possible past, present and future selves the student participants in this study are able to “reflect back and repackage” (Stevenson and Clegg, 2011 p. 244), thus providing reflections of the contextual life factors that have added to their life experiences so far. This adds insights into not only how and why these students with dyslexia do what they do and how elaborated and distinct their possible selves are and have been, but also relates to the future. Moreover, this highlights the importance of their social contexts surrounding motivations, actions, identity, potential and the role of occupational potential along their life journeys and how they have reached their current situations or ‘selves’.

Having discussed narrative inquiry and how it is addressed within this study, this brings me to present the research aim, questions and data collection methods.

Research Aim

The aim of this research study is to explore the occupational potential (Wicks, 2005) and possible selves (Markus and Nurius, 1986) of healthcare students with dyslexia. It considers the strategies put in place by the research student participants and their families in relation to possible selves of the past, present (as level 7 students) and future.

The study considers whether the participants reach their occupational potential with meaningful occupations throughout their journeys of growing up and becoming level 7 students and the relevance of this on reaching desired possible selves and avoiding feared possible selves.

This research adds to the possible selves and occupational therapy/science and dyslexia bodies of knowledge by considering the role of occupation while growing up with dyslexia as well as its role within reaching desired possible selves.

Research Questions

1. How are the possible selves of healthcare students with dyslexia shaped?
2. What strategies (if any) are employed to reach possible selves?
3. What role (if any) does occupational potential play in reaching desired possible selves and avoiding feared or undesired possible selves?

Data Collection Methods

Twenty-four semi structured interviews were carried out with nine level 7 healthcare students with dyslexia during 2014 and 2015. The number 'up to ten' was chosen as this was realistic in the timeframe and in relation to how many students with dyslexia were known to be on master's level healthcare courses at the time. This was established through discussion with course leaders for Osteopathy, Speech and Language Therapy, Physiotherapy, Occupational Therapy and Dietetics programmes. When only nine students volunteered to take part a second email was sent to course leaders asking them to forward the request on to their students again. No more students contacted me to volunteer to take part. All interviews were recorded with the student participants' consent. Interviews took between 45-90 minutes.

Three semi structured interviews focusing on the past, present and future were intended to be carried out with up to ten level seven healthcare students with dyslexia. In reality six students were interviewed three times and three were interviewed twice due to student participant time limitations and reports of feeling they had shared their stories sufficiently. The first interviews with each student participant began with an explanation of the research and gained informed consent (recorded upon consent forms, see Appendix 2). In subsequent interviews verbal consent to proceed was granted from each student participant. Semi structured interviews were chosen as the data collection method as this was a way of gaining in depth insights into living with dyslexia. Interviews were guided by a list of questions (see below) to ensure they maintained a focus upon a temporal perspective. Questions and prompts were organised into the past, present and future and aimed to capture the three dimensions of temporality, sociality and spatiality according to Clandinin

and Connolly's framework of narrative inquiry (2000) but also to hear the experiences relating to possible selves and occupations. Please see below for questions, prompts and the preamble.

Research Title: Possible Selves of Healthcare students with dyslexia: A Narrative Enquiry.

Questions – semi structured interviews

First Interviews – focus on past

While this is a list of questions, I will encourage each participant to tell me their stories of growing up with dyslexia. The following are some prompts that will help to guide the interviews.

Possible selves is a concept that was developed in the 1980's by psychologists (Markus and Nurius, 1986) who wanted to understand more about how people realise or don't realise their potential. The majority of the research has been carried out on college students in America, with some research on High School children and some on undergraduates in the UK. Some of the research also focuses on what people sometimes put in place to get to where they want. I am interested in finding out your story about how you have managed to get to this point (on an MSc programme) with dyslexia. I am also interested in what the journey has been like for you in the past present and what you think about the future. Is it ok for me to ask you a few questions?

Can you tell me about growing up – when did you or your family or teachers begin to think that you may have had dyslexia?

What was it like at school? Did it influence what you thought might have been possible for you – your ideas of who you might be in the future as you were growing up?

Did it influence you out of school?

Was anyone particularly helpful to you – were there any things or people that were particularly unhelpful?

Do you feel it has influenced you? Do you think it has influenced your ability to reach your potential or be who you wanted to be? In what way?

Did it influence your decision to do the course you are doing?

Second Interview – focus on present

Can you tell me about life as a post graduate student with dyslexia?

Does it have an effect on every-day life? What kinds of things? Do you have to compensate in any way?

Does it influence how you see yourself as a student?

What about on placement? Does it influence placements? Does it influence where you are placed for your practice education? (NB osteopathy placements do not take place so this question will be altered to include clinic experience.)

Third interviews

Looking into the future – how do you see yourself?

Prompts: post qualification, 5 years' time, 10 years' time. Work, home, life in general.

Thank you for taking part in this research.

As can be seen from the questions above, at the beginning of each first interview I explained that I was interested in the student participants' stories and open questions guided the interviews. Interviews were discursive and exploratory and additional open questions were asked in order to gain further elaboration and clarification. One student who was unable to attend a third

interview sent additional information in an email. This was added to the transcripts and analysed alongside the existing data. Another student asked her mother (unprompted) for her account of how she was as a child and this was received via email between interviews two and three and discussed with that participant in the third interview. This takes us to the next section which discusses the process of analysis.

Process of Analysis

Following each interview, I listened repeatedly to the recorded discussions and transcribed the transcripts verbatim. Once transcribed, the data was read and reread and plots were highlighted through a process of interim analysis whereby each transcript was copied into a table which was adapted from Tse et al. (2014) (see below). This table allowed identification (using coloured highlighter pens) of plots and themes (who, when, where, why and consequences) and the three dimensions (Connolly and Clandinin, 2006): temporality, spatiality and sociality. In addition, possible links to possible selves and occupational potential were identified. This process allowed questions and prompts for the future interviews to be constructed as well as contributing towards the process of analysis.

Table 1: Interim Analysis (Adapted from Tse et al., 2014 p. 120).

Chronology of Events. Paula Int. 2	Plots (who, when, why, where, consequences)	Past Present and Future PS and occupations
Mum told me stuff that I hadn't really remembered. Actually, they were quite worried by how bad my reading was and I had all these little rhymes. I struggled more than I remember with stuff. I just loved writing and used to put a little squiggle if I didn't remember how to spell something. Sometimes it was all squiggles (laughs). I knew I found it difficult probably because of my brothers. I knew my mum spent more time on me than she did with my brothers. My mum said one of the reasons she didn't ever want me to go to primary school and fear secondary school was because when my brother went there they used to make him do spelling tests and the results were read out in front of the class so if I got 5 out of 20 or whatever and she was like, "I can't put her through that!" and she's never	Discussed with mum Parents worried Squiggles = strategy and parents kept her at home longer. Protection Parents were worried when she was a child. Past: 1980's Place: North Wales Time with mum Consequences: parents supported strategies -Protected her and helped build confidence in writing.	Felt encouraged and supported to write stories. Writing had meaning and purpose and skills developed. Developed sense of self as able and academic despite struggling. Love of writing dominated memory. PS developed as academic – led to intentions to go to university

Following the final interview transcription, the transcripts were read, reread and cross referenced with earlier interviews to further develop and identify plots. Stories were re-storied into sequenced chronological order which made sense of the initial data (Creswell, 2007) with a beginning, middle and end, providing causal links among ideas and exposing dichotomies (Czarniawska, 2004). Through identification of plots, sub plots and threads the spoken stories were reconstructed to produce narratives. While this sounds like a linear process it was not and involved reading, rereading, writing and rewriting.

The process of writing full separate chronological narratives for each student participant was found to be problematic as it seemed to remove some of the spirit of the student participants' stories. I felt that their voices were insufficiently represented. Harling Stalker (2009) refers to ontological and epistemological narratives whereby the positions of either the participants or the researcher are dominant. This goes some way to explaining the dilemma I found myself facing and I concluded the narratives did not sufficiently

represent the student participants' voices as the process of combining their stories with my own words led to reduced audibility. Instead I began to consider methods of acquiring or recapturing the essence or spirit which had prevailed within the student participants' interviews and a way of separating out the ontological narratives from the epistemological narrative (Harling Stalker, 2009) seemed essential. This is discussed further in the section below entitled Adequate Representation – Acts and Scenes of a play.

Adequate Representation – Acts and Scenes of a Play

As stated earlier, the process of rewriting narratives in chronological order was losing the spirit of the student participants' stories within the interviews and a paradoxical situation developed whereby the rich contextual nature of the interviews and the voices of the student participants were not highlighted or communicated sufficiently (Clouston, 2003; Clandinin and Connolly, 2000). An example of part of a narrative is provided here:

...did not receive a diagnosis of dyslexia at school, "I was never diagnosed at that point, I just needed extra help". At the end of year six her teacher told her parents that she would not be able to go to university stating, "she's not the cleverest child". Luckily Jessica did not know about this comment until she was an adult.

Despite this extract referring to an important part of this student participant's story I felt it lacked something that is related to the essence of the student participant which was inherent in the interviews and I hope to evoke and maintain within the study. My aim was to understand and illuminate

experience (Carless and Douglas, 2013). I had read articles such as Carless (2010) and Carless and Douglas (2013) where the work resonated and created a profound reaction in me as a reader, giving me, what felt like a deeper insight into the writers' and participants lived experiences. It was this level of resonance I hoped to emulate in this study.

On reflection, I wondered if my interpretation was acting as a barrier to direct access to the student participants' voices and I preferred the subjective experience of the reader to be closely related to their own true response rather than filtered through my own words, reactions and subjectivities. I wanted to avoid an approach which positioned me as an objective observer and shifted discussions about agency, purpose and meaning from the participants to the subject being discussed (Denzin, 2003). My position is influenced by my role as an occupational therapist with concerns for the domains of the person within the Canadian Model of Occupational Performance and Engagement (Polatajko et al., 2007). Within this model there are domains of practice whereby the occupational therapist is reminded to consider different features of the person such as affect, cognition and physiological aspects and at the centre of the person is spirituality (Polatajko et al., 2007) referring to the essence of the person. While this model was influential within my thoughts and reflections and provided some explanation, it did not provide the solution therefore further inward and outward reflection was needed (personal and within supervision) to consider a creative answer to this dilemma. As I felt I needed to allow the essence of the student participants' reflections on their childhoods, teenage, and early-mid adult perspectives to be captured (Weller, 2012) and communicated I felt it was essential to prioritise ontological narratives in parts of the thesis (Harling

Stalker, 2009) and do so intentionally in order to gain representational and authentic adequacy (Denzin, 2003).

Douglas and Carless (2013) also highlighted this dilemma and suggested the “spirit” (p. 53) of interviews is sometimes not quite captured within the research and communication process. They referred to a possible solution as lying within performative narrative and performative ethnography. They argue that performative methodologies provide a different way of coming to know, an inclusive form of representation, an experience and can be used to blur the self-other divide (Douglas and Carless, 2013). This sits within Dewey’s form of social constructivism whereby experiences grow and evolve from experiences as they are communicated and experienced, allowing deeper resonance through engaged interaction. Therefore, the decision was made with the support of research supervision and after training by Kitrina Douglas to adhere to a verbatim representation of the words of the student participants via the interview transcripts but to communicate the findings using the format of acts and scenes of a play. In this way, aspects of performative ethnography (Denzin, 2003; Carless, 2010; Douglas and Carless, 2013) are used here to assist with the adequate representation of the student participants’ stories in order that the “spirit” of their voices can be heard (Douglas and Carless, 2013 p. 53). This provides the opportunity for this research to reach audiences beyond that of the academic realm and future performances will provide ethnographic experiences out of the experiences of reading, observing, interacting and taking part in performances.

Prominent plots and subplots were identified using different coloured highlighter pens and post it notes. Exerts from the transcripts relating to the

most dominant narrative plots were placed together under headings such as 'Diagnosis' and ordered into a sequence which made sense both to the overall plot and to the sub plots. For example, the sub plot 'I'm not stupid' became the title of the first scene of Act 1, 'Diagnosis' and contains extracts of the transcripts relating to that sub plot. Similarly, 'It would say if it wasn't' became scene 2 and also relates to experiences surrounding diagnosis. The acts and scenes were organised to highlight and showcase similarities and differences within the student participants storied experiences. McCall (2000) suggests that the first part of this process, known as thematic narratives are the easiest part of the process as casting and theatre direction (two later stages) are more complex and less commonly experienced by the typical researcher. Books such as Alan Bennett's 'Talking Heads' and Shakespeare's 'The Taming of the Shrew' were consulted to establish how a script could be formatted and how to position the role of narrator.

Once the acts and scenes were in place the student participants' words and voices became stronger as a collection. Further analysis took place with additional consideration of the plots, sub plots and threads through the lenses of possible selves, occupational potential and when neither theoretical concept could explain adequately, literature applying the social model of disability was drawn upon. This involved interaction between the acts and scenes, and further consideration of how occupational potential and possible selves relate to the narrative plots and sub plots. The steps of analysis are listed below:

1. Interim analysis – identifying plots, sub plots and threads within each individual transcript.

2. Recognise related or similar plots across the transcripts for example all of the student participants relayed their stories regarding diagnosis.
3. Write acts and scenes using prominent plots or sub plots.
4. Read and reread scenes and consider in relation to the perspectives of possible selves, occupational potential.
5. Write analysis sections relating to specific plots, sub plots and threads.

This method of communicating the student participants' voices adds a further element of experience whereby the audience or reader interacts more with the research process by adding their own interpretations as they read or the performance unfolds (Douglas and Carless, 2013). Carless and Douglas (2010) demonstrated this in relation to their representation of performative ethnography and narrative as a "teaching experiment" (p. 373) during which an audience of students (sports therapy, physiotherapy and occupational therapy) engaged in a novel learning experience via performance. Student responses suggested that the experience had provoked new and alternative insights into older women's lives and provoked the students to reflect upon the new knowledge in the context of their own lives. It is possible this is related to empathy and a desire for the audience to move closer in their contact and relationship with the stories and narratives of the student participants (Servet, 2012).

Narrative plots are therefore represented in subsequent chapters in this thesis within acts and scenes of a play which remain rooted in the storied experiences of the research participants, adding to the creative milieu of exploration via the narrative inquiry field and using performance ethnography as the mode of representation (Denzin, 2003; Atkinson, 2004). In this format, the words of the student participants become a form of pedagogy, teaching

meanings to performers and audience members (Denzin, 2003). Performance becomes a critical source of power, connecting the actions, political pedagogy and the biographical (Denzin, 2003). Thereby honouring the work of Dewey and the centrality of, 'doing', process, ongoing performance and the non-static nature of culture (Denzin, 2003). This contributes knowledge by shining a light specifically on the words and stories of the student participants, adding greater hearability of the participants' words and enhancing the listening ability of the audience/reader (Gilligan et al., 2003) whose own emotions, memories and desires interact to invoke and evoke shared emotional experiences between the reader/ performer and the audience (Denzin, 2003). Other examples of a thesis using the format of a play to communicate findings were also consulted to gain insights into how a thesis could be professionally presented using this form of communication (Dobson, 2014).

Each chapter presenting the data is in four parts. Each Scene within Acts 1-4 is followed by an analysis. As demonstrated in Table 2 below.

Table 2: Chapters 5,6,7,8

Chapter 5: Diagnosis	Act 1 Scene 1	Analysis of Act 1 Scene 1
	Act 1 Scene 2	Analysis of Act 1 Scene 2
Chapter 6: Shaping Possible Selves	Act 2 Scene 1	Analysis of Act 2 Scene 1
	Act 2 Scene 2	Analysis of Act 2 Scene 2
Chapter 7: Fitting the Mould	Act 3 Scene 1	Analysis of Act 3 Scene 1
	Act 3 Scene 2	Analysis of Act 3 Scene 2
Chapter 8: Strategies and the Future	Act 4 Scene 1	Analysis of Act 4 Scene 1
	Act 4 Scene 2	Analysis of Act 4 Scene 2

The reader is asked to imagine the student participants on a stage with a spot light shining down on them. The student participants are the main characters, playing themselves. I am positioned alongside the student participants within two roles, narrator and researcher. As narrator, I speak during each act and scene, introducing the scene, filling in unobserved gaps, supporting the reader/ audience. I do however, use some reflection as narrator and this includes asking some questions and highlighting some main points and idiosyncrasies. As researcher, I play the role I participated in during the interviews and ask questions and sometimes provide validation of what is being said. This distinction aims to maintain the balance and emphasis between the ontological and the epistemological narratives so that during the acts and scenes the emphasis is on the ontological narratives (Harling Stalker, 2009).

The audience/ reader is invited to explore, become immersed in and engage directly with the words of the student participants (Denzin and Lincoln, 2000). It is hoped that an emotional connection between the student participants and the reader is possible using this method of presentation where the reader actively engages in their own interpretations through the experience of reading (Douglas and Carless, 2013). The emotional connection of engaging experientially also works to situate the reader more relationally to the student participants and thereby counteracts the 'othering' or alienating nature which can occur within research (Douglas and Carless, 2013). Mattingley has referred to this as the "Gods eye perspective" (Mattingley, 1998 p. vii).

Ethical Considerations

As I am a university lecturer teaching (and at the time of the interviews, co leading the occupational therapy MSc programme) ethical implications of carrying out research with students was considered carefully. Boundaries remained and remain in place appropriate to tutor/student relationship and no financial or academic benefits were obtained by the student participants from taking part in this study. Both student participants and I were/are bound by professional guidelines provided by, for example, the Royal College of Occupational Therapy (2010) and the Health and Care Professions Council Standards of Conduct, Performance and Ethics (HCPC, 2013).

Ethical approval was granted by the university local ethics coordinator with the acknowledgement of minimal risk to student participants and myself (see Appendix 4). However, ethical research practice is never a matter of theoretically correct behaviour but of responsibility in the human relationship between me and the student participants (Josselson, 2007). I was aware that individuals construct identities through story telling therefore any consequences of engaging in the process of narrating their stories could have an impact on their lives and how they perceive the past and future. Care was therefore taken within the interviews not to challenge perceptions but to support them as well as memories and considerations of the future. Equally, attention was paid not to challenge perceptions of the future which may result in the construction of previously unconsidered possible selves (Markus and Nurius, 1986). A particular area of caution was when student participants reflected upon difficult times at school and my questions referred to the responses and actions of their parents. I was careful to ensure my responses

did not indicate right or wrong answers; only the participants' answers and responses.

The process of reflexivity, of telling a story about yourself which allows re definition, realisation of concepts and decisions about how things were, involves how they should or could have been and should or could be for the future. The story presented and interpreted by the narrator and in turn by myself (double hermeneutics) (Pitre et al., 2013) depends upon perceptions, conceptualisations and private experiences of both the story teller and myself as interpreter/s (Riessmann, 2008; Neisser and Fivush, 1994; Wicks, 2005).

I adopted a reflexive stance in maintaining an awareness of how I sit in the research in order to address the hearability and trustworthiness of the narration. Gready (2013) warned against abuse of power (Gready, 2013) which is a helpful reminder that my own experiences as a parent of a child with dyslexia should be dealt with reflexively, particularly in the management of my own feelings and emotions. It was my intention to facilitate and maintain truth and dignity (Gready, 2013) and to remember my own position in the research, avoiding a non-dominant perspective (Mattingley, 1998). This is advocated within the narrative inquiry space of Clandinin and Connolly (2000).

While considering the ethical implications involved in researching healthcare students with dyslexia, (particularly those taught by myself) there is a need to consider the avoidance of coercion, abuse of power and the potential for lack of confidentiality (Clark and McCann, 2005). While Greenhalgh and Wengraph (2008) reminded us that these issues are more than just tick box

exercises, they also note confidentiality is necessary only if the student participants wish it to be in place; a dilemma which occurred during this research as one student participant did not wish to have a pseudonym. However, as this student participant shared the same first name as another student participant it was decided that a pseudonym would be necessary in order to protect both identities and prevent confusion. Therefore, pseudonyms are used throughout this research thesis.

It is possible that some student participants are aware of each other's participation but this was not discussed or clarified with the student participants within the interviews, particularly as the consequences were considered to be minimal. Confidentiality has and continues to be respected both in the classroom, around the university, within the construction of the thesis and throughout the dissemination of the research. Interactions with the student participants was and is managed sensitively and with discretion in order not to bring attention to the student participant's dyslexia and participation in the research.

A collaborative (Connolly and Clandinin, 1990) and professional relationship is maintained between the researcher and the student participants. It is possible this is enhanced by the awareness of my own position as the parent of a child with dyslexia. However, in the interviews discussion of my circumstances was avoided and emphasis maintained on the understanding and exploration of the student participant's experiences.

The principles of beneficence, the research doing only good and non-maleficence (not doing any harm) were respected throughout by abiding to

professional guidelines provided by the Royal College of Occupational Therapy (COT, 2010) and the Health and Care Professions Council: Standards of Conduct, Performance and Ethics (HCPC, 2013). Students may have already felt stressed or under pressure due to the nature of the level 7 programmes of study, therefore efforts were made not to use too much of the participants' time and the process of the interviews was supportive and non-judgmental. An empathic and supportive stance was maintained particularly as difficult or emotional topics were discussed. Care was taken to question, explore and encourage inward and outward reflection but also not to probe too deeply. An emotional awareness was maintained so that if a student participant became upset or showed a reluctance to discuss something in further depth, a change in direction with the questions was taken or the interview paused. I respected the level of detail provided by the student participants and while clarification and elaboration did take place this was always with respect to the comfort and collaboration of the student participant. I chose language carefully in order to ensure open questions which did not lead the student participants in a specific direction. Particular care was given not to lead the student participants towards a victim perspective, however they were exploratory and discursive and some student participants did become upset during the interviews. I responded with offering to pause or stop the interviews, tissues, drinks of water and ensured they felt comfortable to continue before proceeding, always gaining active verbal permission.

The environment was sympathetic to the needs of the students (familiar and quiet). The consideration of past, present and future selves resulted in negative and positive feelings relating to the life journey. All issues raised were managed sensitively and signposting to dyslexia support groups and the

university disability and wellbeing services was provided when necessary. None of the participants displayed or disclosed signs or symptoms of mental health difficulties such as depression or anxiety therefore no-one was advised to visit their General Practitioner however some students were advised to revisit attempts to engage with disability services at the university to gain support with academic work.

Limitations and Authenticity

I must acknowledge that even when people strive to remember accurately, memories of events can alter over time (Neisser and Fivush, 1994) however this study seeks to capture the perceptions of the student participants and claims of objectivity are not made. The process of reflexivity, of telling a story about yourself which allows re definition, realisation of concepts and decisions about how things were, involves how they should or could have been and should or could be for the future.

The student participant sample was homogenous as far as the participants are all white and British. However, they were from England and Wales with some differences. For example, with one person describing their background as working class and the others more middle class or not mentioning class at all. There was one male and eight female participants. More males would have been welcome to take part in the study but unfortunately only one volunteered. I would propose that future research looks at the differences and similarities between the experiences of genders as well as nationalities. The gender statistics show little difference in the research of Chan et al., (2007) with prevalence between males and females with dyslexia 1.6 to 1

respectively in Hong Kong (Chan et al., 2007). Experiences across genders relating to access to higher education may be a point of interest for further future studies.

Although the process of interpretation and analysis was cyclical I maintained a systematic approach with interim analysis carried out for all first and second interviews. This was documented in reflexive journals which were a helpful accompaniment to the research process. Transcripts, interim analysis and plots and sub plots were sent to research supervisors for discussion and comment in supervision sessions, thus ensuring multiple viewpoints were considered. Supervision sessions were recorded with permission of the supervisors with typed summaries sent to the supervisors following supervision. This was a method of clarification of the discussions as well as confirmation of the action plans. Supervision was highly discursive and worked to debrief and support idea generation.

The research was presented from its early stages at conferences, locally and nationally and this was instrumental in assisting its critique and the formation and clarification of ideas. This helped me to consider the relevance of the research area, highlight discrepancies and develop trains of thought.

Reflexivity

Reflexivity is integral to this research journey, enabling and allowing self-awareness within the design of the research interviews with student participants and throughout the interpretation and analysis phases. It is a method of situating myself within the research and allows the

acknowledgement of the contextual factors such as my cultural background, thoughts, actions, assumptions and unconscious responses and how these factors influence the research so that they can be acknowledged and managed (Darawsheh, 2014; Finlay and Ballinger, 2006; Finlay, 2002a; Finlay 2002b). This helps to ensure the research is justifiable, true to the student participants and enhances its rigour and quality.

I am highly conscious of my own feelings and perceptions and their influence on my actions (Darawsheh, 2014) as well as the highly imperative task of ensuring the student participants' voices are sufficiently represented (Clandinin and Connolly, 2000). While reflexivity is primarily seen as introspective (Finlay and Ballinger, 2006; Finlay, 2006) the process used throughout this research journey has also benefitted from some extrospective forms of reflexivity such as peer and supervisory debriefing (Houghton et al., 2013). More introspective forms of reflexivity are in the form of note taking, field notes, reflexive journals, I poetry (Gilligan et al., 2003) and letter writing (Clandinin and Connolly, 2000).

Initially, as the first part of the Professional Doctorate in Education has a taught element, the process of writing in a journal and keeping notes was used to develop the research idea and support the construction of four pieces of formatively assessed work. Field notes were completed during and after each assignment, during the ethics process and before and after each interview in order to capture any relevant poignant points and avoid losing thoughts and reflections which may prove to be important at a later date. Reflexivity also took place during interviews, where self-awareness helped to gain further insights into the student participants' accounts, using empathy

and sometimes humour to reflect and validate the student participants' experiences (Darawsheh, 2014).

Journal work has continued throughout the research journey and at times has worked as both a record of existential conditions as well as a method of puzzling out problems as they arose (Clandinin and Connolly, 2000). Throughout the research journey, reflexive entries have ranged from being particularly vibrant or compelling to seeming to be worth very little at the time (Clandinin, 2013), but both small and large sections, words and phrases propel the forward movement, creativity and transition of the research (Clandinin and Connolly, 2000).

The process of doing this research is facilitating the transition from novice researcher to narrative inquirer so that it is much more a part of my sense of self and identity. The 'doing' of research facilitates further insights and understandings which emerge for participants and myself (Douglas and Carless, 2013); particularly with the relational stance taken within this inquiry which situates the researcher alongside the participants (Clandinin, 2013).

However, in addition to the reflexive journal I have engaged in letter writing to some of the participants and significant others (such as family members) as suggested by Clandinin and Connolly (2000). These letters are never to be sent anywhere but rather work as a cathartic method of managing my feelings and ensuring the interpretation and analysis remains true to the voice of the student participants. The letters are a method of acknowledging and managing particularly uncomfortable feelings about some of the situations described by the student participants which may have otherwise biased the

analysis and interpretation. This supported me in not portraying student participants as victims when they referred to difficult events (Gready, 2013) within their childhoods. This method of dealing with feelings is, according to Clandinin and Connolly, (2000) appropriate within narrative inquiry research.

A particularly poignant insight into this research process has related to the creativity involved in the journey, which according to Denzin and Lincoln (2000) is typical of qualitative research. It was this creative element which contributed to the decision to write the plots and sub plots as acts and scenes of a play, as discussed earlier under the title *Adequate Representation – Acts and Scenes of a play*. As this chapter is nearing its end the following section introduces the student participants and briefly sets the scene for the future chapters.

In order to demonstrate the central importance of the participants, vignettes introduce each of them (in no particular order) in this section. This is followed by a brief vignette of the role of the narrator. Table 3 presents the demographic data, age of diagnosis, number of interviews and the academic programmes attended by the students. All student participants have undergraduate degrees, are English speaking and required to have an IELTS level of 7 or above. All were deemed fit to study by the Occupational Health Department at the local Teaching Hospitals Trust prior to commencement on the level 7 healthcare programmes, thereby having no significant mental health or physical health difficulties. Enhanced DBS is also in place for the researcher and the students.

Table 3: Student Participants

Name	Gender	Age	Ethnicity	Age and place of diagnosis	No. of interviews	Course
David	M	23	WB	7 (PS)	2	OST
Jessica	F	24	WB	20 (U/UG)	3	OT
Penny	F	43	WB	43 (U/PG)	2	OT
Maria	F	26	WB	11 (SS)	3	OT
Jo	F	24	WB	20 (U/ug)	3	OT
Abigail	F	24	WB	17 (SS)	3	OT
Anne	F	35	WB	18 (U/ug)	3	OT
Paula	F	32	WB	32 (U/pg)	2	OT
Rebecca	F	23	WB	7 (PS)	3	PT

Key for abbreviations:

U/UG: University. Under graduate degree

U/PG: University. Post graduate degree

SS: Secondary School

PS: Primary School

WB: White British

OST: Osteopathy

OT: Occupational Therapy

PT: Physiotherapy

M: Male Participant

F: Female Participant

Vignettes of participants/ actors

This section introduces the nine student participants of this research study. Each one attended up to three semi structured interviews where they told their stories of growing up with dyslexia. The vignettes are structured around the three-dimensional framework for each participant, providing brief introductions to temporal, personal, social and spatial surroundings

(Clandinin and Connolly, 2000) but as each student participants' story is different the vignettes reflect the main plots and sub plots from their stories rather than being uniformly written.

Maria

Maria (age 27), an only child, was brought up by her mother in a North-West English city at the end of the 1980's. Her mother worked as a cleaner and hairdresser while she was growing up. Maria was diagnosed with dyslexia when she attended summer school before starting secondary school, having, she stated, left primary school unable to read and write. Once support was in place she was placed in the top sets for all subjects by the end of year seven. She was bullied at various points during her school years, firstly for being overweight and secondly, later, for being too thin. She did 'A' (Advanced) levels in sixth form at school and went on to do an undergraduate degree and MSc in psychology. During the interviews, she attended the MSc Occupational Therapy pre-registration programme and qualified as an occupational therapist shortly after her first interview. The subsequent two interviews were completed while she was employed as an occupational therapist in a large National Health Service (NHS) foundation trust, working within a mental health setting.

Jo

Jo (age 28), the youngest of three sisters, was born and brought up in a large city in the North of England. Her parents were employed as an architect (father) and within sustainable permaculture (mother). She followed her sisters through school and felt very much like a high achiever, having achieved 5's and 6's in her Statutory Assessment Tests (SATs). However, when she reached year nine she found herself being overtaken academically

by some of her peers. She went on to do 'A' levels and went to a large red brick university in the South of England to study a degree in modern languages (Spanish and Portuguese); which involved a year studying in Spain. Jo's sisters were academically high achievers at school and university; one now a surgeon and one working in the arts. Jo was in her third year of her undergraduate degree when a tutor recommended a dyslexia assessment and she was shocked to discover she had it. She referred to still coming to terms with the diagnosis when the interviews took place. By the third interview, she was working as an occupational therapist in a rotational position (spending approximately six months in different settings) initially in low secure forensic psychiatry within a large city in the North of England.

Penny

Penny (age 43), the younger of two sisters, was brought up on a farm in the North of England. She grew up in a farming community and was brought up by her mother and father (father was a farmer). She went through her school career without a diagnosis of dyslexia and hated school. She described her family as highly academic and there was always an expectation that she would go to university. She has both undergraduate and post graduate qualifications. She was diagnosed with dyslexia and dyspraxia while on the MSc pre-registration occupational therapy programme but had suspected that she had dyslexia for many years prior to diagnosis. While she was attending the MSc occupational therapy programme she was also managing a farm and a family as a single mother, having divorced prior to starting the course. Penny has a son (15) (also has dyslexia) and a daughter (17). Penny did not attend the final interview due to practice placement and time limitations but sent an email with her final thoughts.

Jessica

Jessica (age 24) was born in a coastal city in the South of England in early 1990s; the eldest of two girls. Her parents were a mechanic (father) and a receptionist (mother). She went through her early school years with a little extra support in primary school with maths and English. Her year six teacher told her parents she would not go to university. She felt that she did not do particularly well at school, having felt invisible for much of the time she was there: she achieved 10 GCSEs (General Certificates of Secondary Education) and was not encouraged to do A levels. She left school to do a childcare course, where she began to excel. Following this she went on to work with children and families and gained a first- class honours degree in education for children with special needs. She was diagnosed with dyslexia in her third and final year, prior to the end of her degree. She attended the interviews as a student on the MSc Occupational Therapy (pre-registration) programme and the last interview as an occupational therapist. By the final interview was working as an occupational therapist in a large city, in the North West of England with people with learning disabilities.

David

David (age 22) grew up in a rural market town in the North East of England. His father was in the police force and he did not include his mother's productive occupation. He had one younger sister and was diagnosed with dyslexia at primary school. He later went to a high school with an inclusion department which provided him with the level of support he felt he needed. He initially left school after GCSEs, aiming to do a plumbing apprenticeship

however an administrative error resulted in his return to secondary school to do 'A' levels. He felt encouraged both by the school and by his parents and was guided by what he felt was possible. At the time of the interviews David was an osteopathy student in his second and third years. He attended two interviews and chose not to attend a third, feeling he had shared all there was to share on his experience of living with dyslexia.

Anne

Anne (age 32) grew up in a town in the North West of England and was the youngest of three girls. Her father was an accountant. She did not refer to her mother's productive occupation. She followed her older sisters through school and had no memory of any difficulties with reading and writing at school but had memories of finding mathematics difficult. She was in the middle and higher streams at school and went to A level college and then on to a red brick university to study human geography in a large city in the North West of England. In her first year of her undergraduate degree she was advised by a tutor that she would never get a job if she continued writing as she was and at that point was tested for dyslexia. She was surprised by her diagnosis and reflected upon her school experiences for evidence of it. Anne was on the MSc Occupational Therapy programme and was a carer for her father who died of motor neurone disease when she had been on the course five months. This happened between interviews one and two. Anne persevered on the course despite struggling with the assessments, having failed all of them up until the point of the third interview, however she remained hopeful that she would complete the course and become an occupational therapist.

Paula

Paula (age 30), the youngest of three siblings. She had two older brothers and her parents both worked in higher education in Wales. Her father was a scientist and her mother a mathematician. She was home schooled for a lot of her education by her mother. She recently received a diagnosis of dyslexia at university during her MSc occupational therapy. She felt it was early to be sharing her experiences of having dyslexia as she was still working out what this meant to her. She shared her story of how she felt it had influenced her as she grew up and like Penny, was not surprised to find that she was diagnosed with it as she had suspected it for a long time. She felt her dyslexia had had minimal impact but knowing about it was useful. She had attended a red brick university in a city in the North of England, studying English and Philosophy. Paula attended two interviews as she felt she had fully discussed her story by the end of the second interview.

Rebecca

Rebecca (age 25) was brought up in a large town in the North of England and has one younger brother who was completing his undergraduate degree at the time of the interviews. She was diagnosed with dyslexia when she was approximately seven. She remembered going to a different town in the North of England for the diagnosis with her mother. Unfortunately, the diagnosis had little impact on any support provided to her throughout her school years. She felt invisible throughout school and expressed some negativity about her dyslexia; feeling it was the part of her that was “thick”. She expressed frustration at trying to keep up in lectures during her MSc physiotherapy course, finding the programme fast-paced. However, as time progressed from interview one to three, she gained more support and over her studies and grew in confidence.

Abigail

Abigail (age 26) was the youngest of three sisters and was brought up in a large city in the North of England. Her parents were teachers; her mother was retired and her father died when Abigail was in the final year of her undergraduate degree. She was diagnosed with dyslexia just before her GCSEs at High School but received little support as a result despite many prior requests from her mother for assessments. Abigail remembered struggling with learning to read, spell and write at school and experienced humiliating experiences throughout her school years. Despite enjoying and being popular at school she chose to go to Sixth Form College rather than stay at school. Her learning needs were supported for the first time at Sixth Form College and she referred to feeling that she began to reach her potential once adequate support was in place. Following this she did a degree in disability and sport at a large city in the North West of England. Abigail was in the second year of her MSc. in occupational therapy at the time of her interviews and attended three interviews.

Narrator and Researcher

I am the narrator and the researcher within the acts and scenes and I made every attempt to situate myself alongside the students in a balanced and non-dominant way. As narrator I make reflective comments, two or three times per scene in response to the student participants' stories. My intention, however is allow the voices of the student participants to be heard and listened to without dominating. The narrator is different from the researcher. As researcher, I interject with questions and some comments which validate the student participants' experiences. These are verbatim quotations from conversations within the interviews.

The Scene

The research interviews took place in university rooms which were small and impersonal yet comfortable. However, the reader is invited at this point to imagine a stage with the student participants sitting in a row. A spot light shines down on the student participants, narrator and researcher on the stage as they speak. Each chapter has a different combination of student participants however some student participants are in all of the acts and scenes. The acts and scenes vary in their number of participants, with two being the smallest. The reader is instructed by the narrator in each chapter to visualise any necessary details but very little information on the actual student participants is provided beyond their stories as they speak. The scenes are made up of direct verbatim quotes from the student participants and are organised into plots. Any words which were unperceivable or 'umms' or 'errs' are replaced with 3 dots (...). It is hoped the reader develops their own interpretation of the narratives and I acknowledge this will no doubt be different to my interpretations made after each scene and within future chapters.

Each chapter, 5, 6, 7 and 8 begins with a list of characters in order of appearance. Each data chapter is in two sections: the first section presents the student participants' narratives which are reorganised into plots within acts and scenes and the second section provides an analysis. Having introduced the student participants, narrator and researcher with vignettes we have now reached the conclusion of this chapter.

Conclusion

This chapter provided a discussion and description of the research methodologies, processes and design as applied in this research. It started with the research paradigm which includes the ontological and epistemological position of the research. The relationship between narrative inquiry, possible selves and occupational potential was discussed. The application of research methods is described and a discussion of how the research developed including the sequence of events and the process of achieving adequate representation on behalf of the student participants are provided. The ethical considerations were also presented and discussed, including the responsibility of the researcher, limitations of the study, authenticity and the role and process of reflexivity. Finally, the ultimate section introduces vignettes of the student participants and begins to set the scene for the following chapters of Act 1 - Diagnosis, Act 2 – Cheerleaders in the Background, Act 3 - Fitting the Mould and Act 4, Strategies and the Future.

Chapter 5. Act 1. Diagnosis

Act 1, Scene 1. "I'm not Stupid"

Characters in order of appearance: Narrator, Rebecca, Angela (researcher) and Maria.

Narrator

Welcome to Act 1, Diagnosis. As it's name suggests, this act presents narratives of experiences surrounding diagnosis of dyslexia. This act has 2 scenes, the first, "I'm not stupid" and the second, "Well, you would know if it wasn't!" First, in Scene 1, Rebecca and Maria are going to tell us about their experiences of diagnosis. Let's hear what they have to say.

Rebecca

So, I was at school and ... somebody came in and did some tests with us and tapped me on the back and I fell over. And spelling, probably one of them things they looked at and how long it took me to do stuff. Then my mum sent me away to do ... they told my mum obviously ... that I had dyslexia probably, so my mum had to get me tested.

Angela

Did she have to take you somewhere?

Rebecca

Yes (Northern town) or (Northern town) we went away to, to a specialised place so I got tested and they

said I had dyslexia and that was really it from there
and then my mum got me a tutor for primary school.

Angela

How did that feel at that time?

Rebecca

I was little, I can't really remember too much.
(Pause) Felt (pause) different and (pause) felt that
it took ages to do stuff; felt like I took forever
to do stuff and felt a bit thick really. My mum would
hate me to say that. Just feel a little bit thick,
a bit slow.

Angela

When you got the diagnosis, did you still feel that?

Rebecca

Yes, yes, it didn't change that. No, it didn't make
me feel any different. When I had a tutor, I felt a
lot better. I had someone to talk to and she would
say, "Let's have a look at this, and that, and did
you understand that?" That was nice. But that was
paid for. My mum paid for that. At school, it wasn't
very good. We were meant to go to a specialised
learning (pause) for like a couple of hours a week
or something. I was just told to read a book that
was at the right level. I would just sit there and
read this book and I was quite good at reading ...it's
interpreting. I was just slow. People had more
severe difficulties than me. I carried on struggling
but because I was at the top of a bottom class I was

always overlooked throughout. I gradually dropped throughout the years. I got worse.

The thing is I know that the teaching standards in the higher sets were so much better. Like when I went to their lessons. ...One of our teachers was ill and one of the other ones took us and they were so much better.

Narrator

There is a lot here within Rebecca's narrative which surprises me. I'm particularly surprised that she refers to herself as thick. I didn't expect this of a level 7 student. Nor did I expect to hear these experiences despite a diagnosis being in place. This is disappointing and makes me wonder how these perceptions came about. I wonder how Rebecca finds being on a master's programme now. Is she still having a difficult time?

Rebecca

In lessons, I don't always get it as fast as everyone else so I'm behind a lot. I feel like I'm behind. I let other people speak. At the end of the module, well I needed to know so I kept asking them. Sometimes when the teachers were explaining it to me I didn't even understand what they were explaining. My confidence is affected.

Narrator

I wonder how much of this is dyslexia, how much is related to being on a new course which has lots of jargon as well as anatomy and physiology to remember and how much is confidence?

Maria was also diagnosed as child and is now going to tell us about her experiences.

Maria

I got diagnosed with dyslexia when I was, I think I was 11, in high school. In primary, it wasn't picked up and I could barely read and write all the way through primary school. We had this, I think it was a tree of books and I was always at the bottom of the tree, bottom sets. But I think I was oblivious to it all, it didn't upset me at all. I just thought, "Oh well that's the way I am. I just don't pass exams and things". But it was picked up that anyone that failed their sats would go to summer school before high school.

I had special education teachers there and it was picked up that I actually had dyslexia and when it was highlighted I got moved quite fast up the sets. I mean I could read and write, I just couldn't do

it ...even my handwriting would slide down the page and I used to get, it just wasn't right.

I just ... Even at that age I became quite embarrassed about ...I guess showing other people my work and things. It was just different at high school. We were quite lucky, we had a special education department. We had a really, really good teacher.

She used to teach us the alphabet using a sand box so we could feel it and any mistakes we could rub out and then we'd do recordings of her speaking and reading. Short term memory things so we would read a paragraph and then have to stop and they'd give you a piece of paper with blanks that you had to fill out again.

I just accepted it. I think, because it was from an early age. It doesn't make me stupid in any way, shape or form. It actually, it's just different, a different way of being and I just needed that extra support ... and I got that and by the, by the end of year 7 I was in the top sets. I had gone from bottom sets to top. It just shows I wasn't getting the right level of support and it was, apart from maths. I was

never very good at maths. I was in the middle for maths.

There were 5 people in a small room, with a sign on the door that said special education. Think it was called special needs. I don't know. It said something that offended me. I used to hide. I remember I used to run into the room. It was opposite the toilets and I used to sneak up to it.

Angela

Why was that?

Maria

... Well I guess actually that once I got moved, moved up into higher sets I had this persona where I was like good at ... education.

Narrator

Maria seems to have accepted her position as a child who didn't pass exams. I wonder what her mum was thinking and feeling at that time and what actions she took, if any, to facilitate the assessment at summer school. It seems to have made a significant impact on her school trajectory, moving to the higher sets so quickly. She was challenged by the label of 'special needs'. It's interesting to me that she felt the need to hide that she was accessing the resource from other pupils.

Maria was reassessed when she started her MSc in occupational therapy so went through the experience of diagnosis again, in order to gain a reasonable adjustment plan. I would hope and expect the experience at university to be good. Let's see if I'm right.

Maria

She said that I have slow verbal processing. So, when I'm talking she said (it wasn't the psychologist it was the assessor for the equipment) they said, "You talk slowly and you talk as if you are thinking things through" and it really upset me cos I never thought it was noticeable and then the more I was aware of it the more I kept focusing on it and I was like, "Oh my God. Do I talk really slow like?" Kind of like the way she presented that information. The psychologist hadn't said anything and it made me paranoid about the way I speak. With the coping strategies, I didn't expect for them not to work in another subject and I guess that's having a lack of insight. I think I thought, "Well I did so well at school I can do anything".

...Yeah, the reason I would be embarrassed is that in my eyes it conflicted with that persona of being ... not intelligent.

Angela

Do you think that influences problem based learning?

How confident you feel in problem based learning?

Maria

Yeah. And how confident I feel in like public speaking and stuff. Cos I think, god she was almost saying, "I can hear you think" which made me feel like really, really, really paranoid about it.

Yeah, and as a child I was like, "Yeah, yeah, yeah, I'll be fine but as an adult I was like, "Wow you've just like knocked a bit of my identity and took a bit of my confidence away".

Narrator

So, her experience at university wasn't as positive as I would have hoped. Being told she is a slow speaker clearly affects Maria's confidence. This is a shame, particularly as it is at a time she needs to be building her confidence for practice.

This brings us to the end of scene 1. The next scene is called "It would say if it wasn't".

Analysis of Act 1, Scene 1. “I’m not Stupid”

Differences in the opportunities for reaching occupational potential and developing perceptions of possible selves are apparent within the two narratives of Rebecca and Maria. There is evidence that past experiences influence present experiences (Markus and Nurius, 1986) and this pattern repeats as exposure to new experiences occurs. The narratives illuminate how as a person with dyslexia moves through life from one educational institution to others, environments can enhance or constrain their personal capacities, suppressing or facilitating occupational potential and perceptions of possible selves (Wicks, 2005; Markus and Nurius, 1986).

However, despite the differences experienced and the apparent environmental influences upon self-esteem, confidence and academic ability both Rebecca and Maria establish possible selves as level 7 healthcare students and as these are enacted and realised both develop elaborate possible selves as healthcare professionals (Rebecca – as a physiotherapist and Maria as an occupational therapist). Indeed, the possible selves as healthcare students and healthcare professionals exist alongside each other as short and longer term possible selves, influenced by a myriad of intrinsic and extrinsic factors (Wicks, 2005; Markus and Nurius, 1986).

As Rebecca’s narrative shows, despite diagnosis as a child the pedagogical support she received was inconsistent and did not address her unique individual needs. Her occupational potential is constrained by the limited and restricted pedagogical experiences at school (Wicks, 2005) where she developed a long standing occupational persona (dimension of self, shaped by a myriad of factors), (Wicks, 2005) as a “bit thick”. Her environment causes

disconnectedness from the meaningful and purposeful occupations which are essential to her development and engagement in the classroom. Her occupational opportunities within her school environment do not engage her meaningfully in developing and acquiring a sense of competence in study skills to enable her to begin to develop a sense of mastery and belief of her own proficiency (Laliberte Rudman, 2002). This impacts upon her self-perception, self-belief and informs doubts in her own abilities which persist even as an adult embarking upon master's level work despite a good undergraduate degree. Links between academic self-esteem and emotional symptoms are consistent with research by Terras et al. (2009) who acknowledge a link between dyslexia and internalising difficulties (Terras et al., 2009), feeling that the dyslexia is the part of her which is causing the problem, rather than the environment suppressing or constraining the development of her capacities (Wicks, 2005).

Maria, however, feels she copes well with diagnosis as a child despite being offended by the othering nature of accessing the 'special needs' resource and as she is supported to develop her occupational potential in study skills at high school her confidence in her abilities while growing up appears to be quite strongly enhanced. Once she receives a diagnosis her school environment accommodates her needs with adapted teaching techniques; these enhance her occupational potential in study skills by exercising her capacities (Wicks, 2005) and allow her to flourish. Maria's assertion that as she did so well at school she believes she can "do anything" in life shows her occupational persona as someone who has self-belief. This indicates that she has confidence that many possible selves (Markus and Nurius, 1986) are not only perceivable but are also achievable. This may be related to her level

of understanding of her dyslexia (Terras et al., 2009) as well as her perception of the efficacy of her strategies but indicates an inner confidence in her own proficiency. However, her strategies, as she points out are not as transferrable as she initially considered them to be. She finds previously effective strategies less helpful in new and novel environments and further consideration and adaptation is required, which she ascribes to her own lack of insight. This indicates an internal locus of control but also indicates a requirement for support to include strategies which allow the person to thrive in varied and complex environments. In addition, when attention is drawn towards her speed of processing as an adult her self-esteem shows more vulnerability, particularly as she senses a threat to her occupational persona (Wicks, 2003) and possible self as an occupational therapist.

These two narratives show us that having a diagnosis can be helpful to occupational potential and possible selves, however this depends upon pedagogical approaches in early education and an ability to adapt and apply new strategies in higher education. As dyslexia is a lifelong construct (British Dyslexia Association, ND) pedagogical approaches are required to support learning and development from the point of diagnosis and should continue throughout education as well as cater for individual needs.

For both Rebecca and Maria, insight into some of the difficulties presented during school years along with diagnosis as a child results in feeling different, othered or influenced by the group identity (Oyserman, 2008) appointed to their specific situation such as being dyslexic. Their membership of the lexic community is challenged when attention is negatively given to assessed or perceived short comings (Hitch et al., 2014a; Hitch et al., 2014b).

Literacy, numeracy and speed of processing are highly valued within society, and viewed as indicators of intelligence and assumptions are made that everyone should find them easy (Burden, 2010; Shepherd and Vernon, 2008). How dyslexia is viewed by the media and society as a whole varies and as discrimination due to group based identities (Oyserman, 2008) occurs it may be easy for a child to ascertain negative connotations to its' presence. It is possible historical attitudes towards dyslexia highlighted by Collinson (2009) are relevant here. He highlights the links between literacy, intelligence and 'othering' by a society dominated by lexists (people who discriminate against those with different lexic skills) (Collinson, 2012). Indeed, evidence of this discourse is present within relatively recent positivist research paradigms as there continues to be assertions to support Rebecca's feelings: Shivalingaiah et al. (2013) opined that intelligence is impaired in dyslexic children (2013) and completed a study to investigate this phenomenon. This is an unhelpful stance which perpetuates discriminatory attitudes; highlighting the need for the powerful scientific paradigm to reduce cultural bias (Collinson, 2009). This approach is very much part of the problem and demonstrates little support or insight into the realities of living with dyslexia but also inhibits the progress of a fairer approach (Collinson, 2009).

Reading difficulties are apparent in those with high and low intelligence quotients (IQ's) (Kuppen and Goswami, 2016; Ferrer et al., 2014; Taneker, 2011) and there is empirical research to suggest mental speed is not a basis of intelligence (Stankov and Roberts, 1997). Unfortunately, the performance culture proposed by Ball in 2003 permeates a back-to-basics approach (Department for Education, 2013). This persists under the recent and current

legislation and governments and has the potential to have serious negative implications for students with dyslexia by continuing to advocate the importance of literacy and numeracy in particular (Glazzard and Dale, 2015). While these skills remain important within many professions there is a danger in ascribing higher value to them than other skills.

Judgement of intelligence based on reading, writing, numeracy and speed abilities rather than other attributes which could provide more accurate indicators of ability; for example emotional intelligence and the ability to learn about, from, understand and interact with the environment which involves adaptability, capacity for knowledge, reasoning, abstract thought, ability to judge, evaluate and capacity for original productive thought (Shivalingaiah et al., 2013); may result in fairer and less harmful assessments which are less harmful to aspirational possible selves. The benefits of having dyslexia are often highlighted (Eide and Eide, 2011; Glazzard and Dale, 2015) and as Maria asserts:

It doesn't make me stupid in any way shape or form.

A sentiment echoed by other participants which is indicative of congruent personal and social possible selves which is discussed later in this thesis. The second scene of Act 1 is next and this is called "It would say if it wasn't".

Act 1, Scene 2. "It Would say if it Wasn't!"

Characters in order of appearance, Narrator, Abigail, Angela (researcher), Penny, Jo, Anne.

Narrator

Welcome to Act 1 Scene 2, entitled, "It would say if it wasn't". Abigail, Penny, Paula, Jo, and Anne are going to tell us their stories about their experiences of diagnosis.

Abigail

Mum kept saying, "She's struggling with her spelling". Mum knew, she always knew and they just said, "Oh we'll see how she goes, she's fine" and then when I was in year 8 or 9 the school agreed to assess me and ... then they said, "Oh yeah, well we'll do an assessment with her". So, this teacher, that I didn't know that well sat me in a store cupboard which had like loads of files everywhere and did a spelling test with me and told me I had a specific learning disability and that was it. That was the end of it. No paying for a proper assessment, no feedback, no form, no form. That was it. No anything, we didn't get anything.

Narrator

Specific learning disability is a term which often arises in relation to people with dyslexia and is often used interchangeably but I wonder if it is a

suitable term and am curious about why it is used. Isn't it a term which encompasses a number of different things which affect learning? Is it helpful to anyone? Abigail was at high school, about to do her GCSEs when she was placed in a store cupboard for some kind of assessment. A curious approach. Let's hear more from her.

Abigail

I was in year 8 or 9, coming up to GCSEs and that was enough for the school to give me extra allowance in my exams. ...Yeah extra 25% off. This non-standardised assessment that was done by one of the teachers like it was so, it was so haphazard (laughs). I would have been 13 and I'm 27 now. So that was when the school sort of, yes, kind of acknowledged something but it was very much shady. So, it was still so covered up and nothing really addressed.

Narrator

It felt shady, covered up, non-standardised, haphazard?

Angela

Did your mum talk to them at all?

Abigail

Mum took it as like, "Ok, that's that". They wouldn't do anything else. That was for them, their level of assessment.

Angela

Did your mum say well that means dyslexia?

Abigail

We were just left with that, Mum still knew and I think at this point I was presuming and it got to the point where I was coming home from school and napping. Like I would sleep, I'd come straight home and sleep. I was exhausted every day. I'm a good sleeper anyway but I'd sleep all night as well and Mum was just, she could just see I was so tired from high school, just exhausted every day; straight home and straight asleep.

As I was growing up, remember we were talking about how my sisters, one was beauty, one was brains and I was brawn? I think secretly I thought, well I'm kind of pretty and I know I'm intelligent and I know I know my stuff but because I see things differently people don't think I'm clever and when I got this diagnosed (at A level college), it was like, "Oh, that's why!"

Narrator

Wow, Abigail was labelled the brawn in the family? It seems that it was when she moved to 6th form college and received a diagnosis properly things began to make more sense.

Penny

First of all, I thought, "I'm sure it will come back that I am" and when it came back that it was a Specific Learning Disability I was really upset. I was crying at home and Veronica was saying "It's not that bad" and ...It was that word; disability. We looked up dyspraxia and she was going, "Yep that's you, that's you, that's you". I'm not so upset now. I'm ok about it. I just thought, it's the word disability, it makes you feel vulnerable. It just, I felt a little bit sort of, gosh, that there was something wrong with you. It's just not a nice word, is it? Especially on this course. You see people with illnesses, you know, physical disabilities and you see how capable they are and just, and so any difference in a person doesn't have to be, you know a huge problem. People live with all sorts of conditions and have very fulfilling lives.

Paula

When I went to see the psychologist, he said, "Oh yeah, it's as you suspected, you have got some mild deficiencies". I think he said "In certain areas" blah de blah. So, he didn't use the word dyslexia either. So, when I got the report and it said mild specific learning disability or whatever, I was like quite upset because that sounded loads more stigma. We are talking about stigma at the moment (at

university) and that felt worse than someone saying mild dyslexia. I was a bit like, "Oh, I don't want that!" (Laughs) I want it to be dyslexia because that, I can tell people. I know people don't understand it all but if you tell someone I've got mild dyslexia they're like, "Ok, I kind of know what that means" but otherwise they are like, "What?" Oh, I didn't really know. I've got problems with my visual processing, what's that? I don't even know myself what that is (laughs), you know.

So yeah, I was a bit gutted when I read that and then when I asked and went to that interview with, meeting the disability lady yesterday and I asked her and she didn't seem to know why I was asking that and she said, "Oh, well it would say if it wasn't" and I'm like, "Well surely it would say if it was!" So, she had a look at it and I don't know. It was like she didn't really know either to be honest which is just a bit weird cos I was like, "Am I just asking a stupid question here?" But she didn't know either. It didn't make much sense.

Narrator

So, the term specific learning disability doesn't seem to make much sense to Lisa and she needed clarification which was difficult to obtain, possibly as the person she needed clarification from

would have been the person who gave her the diagnosis. How confusing for her. Let's hear from Jo, I wonder what her experience of diagnosis was like?

Jo

I was like, "I'm not dyslexic, no way" cos I had friends who were dyslexic, I thought, "Well, I'm not like them" but then I was a bit like, by then I was at the end of my tether. I was having to work so hard to just you know, achieve. So, I was like, "Well at the end of the day if he thinks there's something in it I should maybe go check it out". So yeah. I went for screening and they weren't sure; and then I was like, "Well, now I just need to know". So, I went and got the test done and it turned out I was. ... I think then it took me an awfully long time even through this course to kind of accept and integrate that diagnosis into who (pause) I am and how that works for me - because I think, because I spent such a long time as a high achiever, it always feels like cheating.

Angela

What, to have the diagnosis?

Jo

Yeah, to have the diagnosis, and to use it... 'Cos like I say, the dyslexic friends I know are dyslexic in a different way from me, they particularly struggle with writing, ... much more

noticeable. Theirs is much more noticeable - more obvious and more profound. So, I know. I was like, when it was people who weren't badly dyslexic, I'd be like, "I don't really get why they got a computer!" Do you know what I mean? - I was kind of aware of my own prejudice for want of a better word against those who weren't super dyslexic. But then I got extra time in my final exams and everything, and to be honest that wasn't that useful.

As I've been able to recognise more of the features of dyslexia within myself I have felt more comfortable about the diagnosis. But, it is, I've had to push myself really far to know what they are, almost it's like I couldn't accept it without proof that I recognised. Like, everyone else around me was like, "Well that's fine, there's no problem with this" and I was like, "Yeah, well that's what you think...!" (Laughs) And then to see it for myself it's like, "Oh yeah, actually, there is something I'm doing different here". ... To be fair, as well, in my undergrad, ... before I'd got the diagnosis, I had completely written myself off as far as doing any further study. Just not gonna do it, I'm just not that person... "I'm just not an academic person, so why continue to do things that are a real struggle, when you're good at other stuff?" Then I

got the diagnosis and I was like, "Oh, well ok, so maybe that's not true and I *could* do more stuff".

Narrator

As Jo reflects on the process of coming to terms with dyslexia and what this means to her identity she highlights how this influences her life decisions. I find it interesting and worrying that she had written herself off as far as further academic study was concerned. How many undiagnosed people do this?

Jo's story resonates with aspects of Anne's account. Let's hear from Anne who also experienced diagnosis during her under graduate degree.

Anne

He says, "I need to speak to you. I think you've got a problem".

Angela

So, right, so this is the tutor who picked up that you might have dyslexia?

Anne

This is the chap who picked up that I might be dyslexic. But at the end he has written, "You must improve your English if you expect to get a job" and that's it. He was really eccentric and it was like (sharp intake of breath) "I've come to uni and he's saying I won't get a job. Something's not right!"

Narrator

As she speaks Anne shows an assignment from her degree with annotations from her tutor.

Angela

So, this was the first indication you'd ever had? You got through 'A' levels and GCSEs and did alright in these?

Anne

Yeah

Angela

So, was that quite a shock to you?

Anne

Well yes it was, and that's why I said to him ... he was like, "Your English, it's not up to standard. How did you get through?" I was like, "Well" I said "Is it just because I've lived at home all my life?" I said, "do you think it's because ... I just I'm (county)? It's just the way I speak?" He was like, "No, no, no, there's a difference. People on the course are from all different areas. They don't write like they speak". So, from that I was, "Ohhh!" And he said, "Go and speak to the dyslexic people and see if you are" and from that I went and got the test and ... yeah, they said I was really.

Narrator

Act 1 ends here. I have found this act fascinating, particularly to hear about the process of diagnosis and individual thoughts about the terms used.

Dyslexia diagnosis came as a surprise to both Jo and Anne who were both on undergraduate degrees when tutors noticed some discrepancies and prompted them to be assessed. I find it interesting that the discourse surrounding this is quite negative from their tutors, something is not right, being the main message to both of them.

Analysis of, Act 1, Scene 2. “It Would say if it Wasn’t”

In Scene Two of Act 1, there are several issues to consider; the implications of the administration of the term Specific Learning Disability; diagnosis using the term dyslexia as an adult, having grown up with a non-dyslexic self-concept and inherent prejudices and assumptions about possible selves.

Three students refer to being told they have a Specific Learning Disability (Abigail, Paula and Penny) when they are initially assessed. This, according to the definition of dyslexia (British Dyslexia Association, ND) could mean one of a range of things and is unspecific. Diagnosis using either term, dyslexia or Specific Learning Disability does not automatically correlate or result in a dyslexia friendly environment. Developers of the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association, 2013) replaced the terms reading disorders and dyslexia with Specific Reading Disorders to emphasise the more global academic and daily living implications of living with difficulties with reading (Grajo and Candler, 2014; Rosenblatt et al., 2013). However, while this change appears to be for good reasons, it appears to cause confusion. As Abigail indicates, her assessment was carried out by the school and the resultant use of the term Specific Learning Disability is largely inconsequential. Notably, the term disability is used instead of disorder, or difficulty, possibly indicating confusion. When she is later diagnosed, and told it is dyslexia she has an explanation for the dichotomies her educational career offers. The term and process make little difference to how she is treated at school and results only in a haphazard addition of time for some of her GCSEs (General Certificates of Secondary Education). However, it begins to offer a way of framing her predicament once she accesses Sixth Form College.

Paula and Penny were diagnosed as adults and find the term Specific Learning Disability confusing and upsetting, particularly as they are not told of its meaning. The term lacks salience to them as far as their sociological, cultural and historical contexts (Markus and Nurius, 1986) are concerned. Moreover, they are familiar with the term dyslexia as they have experience of other family members and friends who identify themselves as living with it. Importantly, it is not seen as a barrier to future possible selves on the contrary it works as an acknowledgement of their way of learning and provides an explanation for part of their self-concepts. Both students predict the outcome of their assessment and have salient possible selves as someone with dyslexia which is neither desired nor feared but at least partially accepted and anticipated. They are aware of the implications of living with dyslexia and have considered themselves as doing so for many years. Thereby dyslexia is accommodated as a self- concept and social identity, with an inherent acceptance; it is indeed a prospective possible self which will not threaten future desired possible selves.

Acceptance and successful adaptation to a concept such as a diagnosis is more effective if the person is able to imagine a successful life which holds meaning and purpose (Morley et al., 2005). However, this depends on how salient a possible self is. Research into long term conditions such as chronic pain indicates that future possible selves as a person with a disability are sometimes planned for as inevitable; particularly as part of the aging process (Morley et al., 2005). None of the students in Act 1, Scene 2 are over fifty years of age and the term disability is a term they had not applied to themselves previously, nor have they considered dyslexia as a disability.

The surprise and confusion caused by the use of the word disability may have resonated with feared possible selves. Fear of failing academically may be a possibility the students are aware of therefore the word disability may have furnished criteria against which the students were evaluating themselves (Markus and Nurius, 1986): a possible self as a failing student. Feared selves are avoided when possible and strategies are actively put in place for this; with research showing feared possible selves act to countervail desired possible selves and actions are put into place to actively avoid their occurrence (Markus and Ruvalo, 1989; Oyserman et al., 2006). This diagnosis of Specific Learning Disability comes as a surprise and presents the student participants with a view of their possible selves they had not previously held salient; as a person with a disability. Discrepancies between who they perceive themselves to be and being informed of different, unconsidered possibilities can lead to the experience of “dysphoria and dejection” (Carver et al., 1999). Penny cried and Paula was upset, particularly about the stigma she associated with the term. A particular stumbling block within this discourse relates to the word disability which has been rejected by others with dyslexia (Elbro, 2010). As Penny stated:

“It was that word, disability”!

In this case Penny associates the term disability with vulnerability despite being able to rationalise her feelings logically as far as her understanding of disability studies, her views as an occupational therapy student and knowledge of the social model of disability. Internal previously unacknowledged prejudices are challenged when a group identity ascribed to

others becomes salient to the self and a process of acknowledging the similarities supports the transitional process of adjustment.

Jo adds to this with an admission of prejudice against people receiving additional support such as technology when symptoms do not present as classically dyslexic, a term individually held according to the experiences the person has been exposed to personally and within the media. Notably at that time, a term not ascribed to her. In both circumstances the 'othering' of 'disability' and 'dyslexia' groups as different rather than similar to the norm is relevant (Zarate and Garza, 2002) but challenged when membership of the group alters and becomes salient.

Even without the ambiguity around the use of the term dyslexia Jo and Anne struggle with the implications of an altered identity as someone with dyslexia. This transactional process takes place for both of them without preconceived ideas of a possible self as someone who is dyslexic (Manzi et al., 2010). Ambivalence around the terminology does not support this transition nor is it constructive in a landscape which requires a fundamental alteration of the fragmented approach to the management and support available to people with dyslexia. Again, the term is not salient with their self-concepts and contradicts how they perceive themselves. The student participants are seeking validation to confirm their identities as dyslexic while simultaneously developing their possible selves as occupational therapists which includes professional identity (Turner and Knight, 2015). Furthermore, their identities, sense of self and possible selves are developing as occupational therapists with dyslexia. No benefits to the label of dyslexia are noted by either student participant but there is a professional duty to be assessed as student

healthcare professionals in order to consider any implications to practice according to the Health and Care Professions Council Standards of Professional Conduct (Health and Care Professions Council, 2016).

An assessment should result in fair access to support (Department of Children, Schools and Families, 2009a) and help people at all ages to reach their potential in study skills and possible selves. Diagnosis during adulthood leads to a distinct turning point in Jo's narrative where she propels herself in a new direction as a result. New possible selves which are more personally controlled and less socially constrained become viable (Markus and Nurius, 1986). As a result of diagnosis Jo begins to alter her aspirations and view her future desirable successful academic possible selves as attainable. Whereas for Jo there is not an easy process of acceptance as she finds it challenging to accept a change to her personal and social identities. In contrast, Anne faces two challenges to her working self-concept on diagnosis. Firstly, being dyslexic and the implications this has for her and secondly the supposition of her tutor that she may not get a job, challenging her future possible self as someone who is vocationally employed.

Conclusion

This chapter contained 4 sections. Student participants' narratives were presented as acts and scenes, followed by an analysis. Within the two analyses sections the student participants' narratives are viewed using the analytical lenses of possible selves and occupational potential which are situated alongside each other but also considered individually. Rebecca and Maria's narratives showed that past experiences combine with society's attitudes and prejudices to influence their self-perceptions and what may be

possible for their present and future possible selves. For both student participants, self-doubts were apparent and confidence was vulnerable, although new opportunities allow new perceptions of possible selves and self-concepts to evolve. How occupational potential is met and unmet is shown to be influenced by the social surroundings as well as the age at which experiences are processed and considered.

The impact of terminology surrounding diagnosis of dyslexia is a prominent plot within Act 1, Scene 2 (versus specific learning disability). The issues surrounding perceptions of the student participants' construction of self-concepts as someone with dyslexia compared to someone with a Specific Learning Disability and differences in adapting to diagnosis as a child compared to adult when self-concepts and possible selves are already well elaborated. Lastly there were considerations as to how the student participants are negotiating the development of possible selves as healthcare professionals with dyslexia, acknowledging the place of both fear and prejudice within the adoption of the identity.

The following chapter, chapter 6 "Shaping Possible Selves" presents Act 2, Scenes 1 and 2 in the same format as Chapter 5. Both scenes are also followed by analysis.

Chapter 6. Act 2. Shaping Possible Selves

Act 2, Scene 1. "Cheerleaders in the Background"

Characters in order of appearance: Jessica, Narrator, Maria, Abigail, Penny, Anne, Jo and David.

Narrator

Welcome to Act 2 Scene 1, Cheer Leaders in the Background. Jessica, Maria, Paula, Jo and David are going to tell us about their families.

Jessica

They (parents) always said, "Oh you do have to push yourself harder than Gemma". So, I thought I just wasn't academically clever but they would always try to help and treat us equally but they would say, "You need to work harder than Gemma, she's naturally a little bit more, clever I suppose" (laughs). They never said it in that way, (laughing). They never told me what the teacher said until a few years ago.

In year 6 there was one teacher... Who said something to my mum and dad. I think it was a teacher in year 6 at the parents evening. They said, "Oh she's not going to get to university, she's not the cleverest child", things like that. Luckily my mum and dad, they never told me that, they kept it from me. My mum only told me that a year ago? Two years ago? Which was quite good. So, they kept that from me.

But they had said that to her and yeah, my mum was quite upset, but yeah, they never told me that and yeah, it's sort of like; I have got it. That happened.

Narrator

It must have been upsetting for Jessica's parents to have been told this information from her year 6 teacher. I wonder how this affected Jessica's parent's expectations of her. Although I'll never know for sure, there is an indication in the next passages from Jessica. Let's hear what she says.

Jessica

It was just something that was almost expected. I wouldn't go on to those colleges that do 'A' levels... university was never in my... at that time I didn't want to go to university and didn't expect I'd ever go to university and thought, "I'll go straight in and do something I can get a job for" and do something I enjoyed. So, I never had the expectation myself. It just wasn't the expectation that I'd go to university. So, I always just thought because I was a much more hands on learner, I thought, "At college I'll go and do hairdressing, beauty or childcare", you know one of those. I got alright grades (GCSE's) and I think because I did that, I was sort of alright.

Narrator

Jessica's got 10 GCSE's but had no expectation to go to university. I am really trying to understand this. It contrasts with Maria, Abigail, Paula and Penny's stories. Let's hear from them.

Maria

My mum had always, she like, no one in our family had been to university and my mum ...she was a single parent and she was a cleaner when I was younger so she was very much, "You are going to university! There is no other option". I always used to think, "Well I will go to university". There was no question of it. I guess it must have come from my mum really ... Well I could probably be a physicist (laughs) totally unrealistic expectations probably driven by my mum, saying I was going to work for NASA or something. She still says it to this day. I'm like, "Mum, you do realise I'm not going to work for NASA!" She says things like, "Well I don't know why you can't do it, cos you're my daughter and you can do anything". I think my mum thought I was some sort of genius. (Laughs). She had and still does have extremely high expectations of me that are just unrealistic.

Narrator

This is very powerful. Maria's Mother clearly has high expectations of her, which is fantastic. "You

can do anything" is a strong thread in Maria's narrative which clearly comes from her mother's positive attitude towards her abilities. Let's hear from Abigail again.

Abigail

Both my parents were teachers; they really wanted me to be a teacher. I don't know if it was because of my skill set or because I always played teachers, but they really wanted me to be a teacher. Me and my mum had a really deep chat and she told me she felt really guilty that my sister Rachel was probably dyslexic but no one ever knew. She hated school and got in with the wrong crowd and had children very young.

She feels she failed a little bit with my sisters because she hasn't given them the confidence to go and do what they want. She says she's confident with me that what I want I'll just go and get it.

Narrator

Gosh, I feel for Abigail's mum. The pressure on her seems unfair. It must be hard to carry the guilt for something she had little control over. Let's hear from Penny.

Penny

It was just the 'done' thing in my family to go to university. I can never remember thinking I wouldn't go. I don't think at the time my parents were aware

I had any difficulties. They were struggling...farm near to bankruptcy...Dad in and out of hospital and my sister ...diagnosed with diabetes when I was about 10. I do remember her (mum) helping me with revision in the first few years but not with homework and not later on. This was a really unhappy time for me. I remember being completely bewildered by the syllabus. I am sure he (dad) was also dyslexic...he experienced corporal punishment from his head teacher because of his difficulties. Sadly, I think the situation in schools is not what it should be.

Paula

My mum wrote me a letter when I first started, saying she couldn't believe that I'd gone on to do an English degree after all my difficulties and I remember thinking at the time, "What is she on about?"

Anne

I don't know, me and my sisters used to joke cos like one of my sisters Hollie, she was really good at mathematics. ... She wanted to be an accountant from day one whereas I was like, "Oomph, why do you want to be one of them?" (Laughs). They used to say, "You'll be the one in a council house, not in a proper job 'cos you don't want one and we'll be the ones earning the money".

If I had to do everything myself, I'd have given up but having such a good family gives you cheer leaders in the back sort of thing. So, when you've always got someone in the background behind you like my sisters, when I failed H.O.B. my sister said, "Send me it" and said, "Send me the marking criteria" and when she had a look at it she said, "Anne you've not mentioned that and what about that? Why haven't you mentioned that?" So constructively telling me what to do. "You've not done it right you know. We'll do it together. We'll sit down together and do it and I'll tell you if you are hitting the points on the marking criteria".

So, in some ways you know they give me that extra push of "Come on you can do this, we'll do it". Whereas if I didn't have that I'd have stopped ages ago. So, I think it is vital that you have people behind me. That's why I think I can carry on because they'll be like, "Oh have you not? Well we're ready, what's wrong?" Even if they can't do it themselves I know they are with me and that's sometimes the main thing you need because without them you think cos when it's only yourself you don't have that much self-belief cos you question whether your self-belief is right or whether you're doing the right thing and they say "No, no, come on". It gives you

a boost and that's where the boost comes from. I do want to carry on cos I think I would have stopped even undergraduate if I didn't have that push of people telling me, "Oh go on, you can do it".

Jo

My middle sister is very academic and very logical. (Laughs) She's training to be a surgeon. So, she's one of those people who make a lot of sense. And then that was quite challenging because I always looked up to my sisters and she was the middle sister and I was like, well, I always compared myself to her and I wanted to be like her, but, but, I'm not like that. How do I get around that? Cos, I'm not that person.

David

My mum is numerically dyslexic and sister is mildly dyslexic but like hated learning. She got diagnosed just after me and she hated, hated learning. (She's a) live in nanny, ... so they've done pretty well without it but my dad really stressed to me, like they supported whatever I wanted to do, plumber, teacher and then loads through this, really. About this, cos they know I'm more passionate about this than I have been with other things. I sort of admire my dad's organisation and I'm trying to adapt my organisation around what his is because he works really well. He's got into really high jobs without

having GCSE's just cos he knows what to do and both my parents are really like good at talking to people. So, it's good to bring that into what I do anyway. They've been a huge help in like personal skills than with writing cos I never paid huge attention to it but then yeah, they'd do anything to help as well if I needed anything.

Narrator

This brings us to the end of act 2, scene 1, Cheer leaders in the background. As you can see this title is taken from Anne's experiences with her sisters, who, like other family members referred to here are mostly very supportive.

Analysis of Act 2, Scene 1. “Cheerleaders in the Background”

It is evident in Act 2 Scene 1 that dyslexia, like any learning difference or disability, can affect the whole family (Moysen and Roeyers, 2012). In some cases, the whole family are highly instrumental in supporting the student participants to perceive (Stevenson and Clegg, 2011) and reach their desired possible selves (Markus and Nurius, 1986). This is particularly important in earlier years when abstract reasoning is underdeveloped (Oyserman, 2001) and developmentally, perceptions of possible selves more reliant upon parents.

Choices about potential identities and future possibilities develop with continuous internal and external feedback loops which are used to calibrate actions (Markus and Nurius, 1986). Positive feedback (Ibarra, 1999) and close relationships (Li and Kerpelman, 2007) are essential ingredients in progression towards positive, desired possible selves. A subtlety of this is when support and encouragement is provided for any path or prospective route, yet the student participant chooses a path which is still congruent with family held values. For example, of belonging to an academic family (Penny and Jo) indicating strong social signals or familial reactions about who they are becoming and subtly monitored levels of acceptability with provisional roles (Markus and Nurius, 1986; Ibarra, 1999).

This is particularly important for the student participants who receive little approval or attention at school. The student participants receive affirmation for identity congruent possible selves from their families, which are essential

in avoiding false selves (Oyserman, 2008) (where possible selves are incongruent with pre-existing contextual roles and identities). However, there is a paradox here. Some participants and their families set their aspirations and expectations on possible selves which would result in different socio economic circumstances to their own. Some of these aspirational roles may place the student participants under pressure to reach for a possible self they may feel is beyond their reach or at least difficult to attain.

There is also ambiguity about some of the perceived destinations (Oyserman et al., 2010). Most families have clear perceptions regarding which paths student participants should adhere to and in many instances paths are aligned with familial expectations and aspirations as found by Malmberg et al. (2005). These are based on the families' perceptions of the student participants' potential but also upon how the families perceive (Stevenson and Clegg, 2011) their own future desirable possible selves. Parents often have distinct parental aspirational possible selves for the student participants. For example, Maria and Abigail's mothers have parental possible selves for Maria and Abigail but also, they have desirable possible selves for themselves as the parent of a teacher or a member of NASA. In both of these examples roadmaps (Oyserman, et al., 2004) are in place to ensure perceived possible selves may one day come into fruition. However, the distance of the path to attain these possible selves is sometimes judged too far and rejected as shown in other research (Wainwright et al., 2016) for example working for NASA.

Inherent within the roadmaps are many types of strategies which are employed by the parents to enable hopes and desires to be realised. This

shows that strategies employed by parents can be effective in motivating and guiding younger people and that families play a vital role in counteracting dominant discourses from schools as well as confusion surrounding the potential of the student participants and internal negative feedback (Oyserman, 2015). The familial roles involve protection, guidance, encouragement and support, helping the student participants to stay on and negotiate the paths they hope to take in order to become who they wish to become.

Parents are particularly motivated by hopes of avoiding negative consequences and of parental feared possible selves (Zhu et al., 2014). There are examples of parents withholding information from the student participants while acting behind the scenes to counteract negative events and consequences as well as maintaining a sense of hope and faith in the student participants. Protection and efforts to guard their self-esteem and confidence with encouragement to persevere and maintain resilience is inherent. This is essential as confidence and self-esteem are often challenged during adolescence, having negative implications on perceptions of possible selves (Knox et al., 1998; Daderman, 2014) but these constructs may be at greater risk due to dyslexia (Glazzard, 2010) and more so for those who experienced negative feedback or events at school.

Often, when there is confusion of which paths and destinations are perceived to be open and closed, students see little point in persisting with academic work (Destin and Oyserman, 2009). This concept is challenged by all of the student participants in this research, particularly the students who assumed university was not for them. However, confusion surrounding which paths are

accessible is understandable when dealing with unknown difficulties. In the cases of those with no diagnosis this is particularly complicated by the lack of understanding surrounding dyslexia. Dyslexia is often unrecognised and undiagnosed and families are relied upon to counteract the effects of a learning environment which caters more for and highly values strong literacy skills. However, if a child has difficulty processing, retaining information, organising and planning tasks these factors will also have an effect upon learning but may not be ascribed to dyslexic tendencies. The potential for discrimination or learned helplessness (Elliott, 2005) is present whether diagnosis is in place or not as the judgments are made upon literacy skills in general, resulting in children not reaching their potential.

For the participants in this study an important point here is that they all remain engaged in school largely due to familial intervention. Prospective paths were mistakenly initially assumed closed. In the comparison made by Abigail's mother between her daughter's life paths it is apparent that families begin to realise dyslexia is possibly part of the wider family narrative once diagnosis takes place for one family member. All the participants speak of other family members with possible undiagnosed dyslexia; siblings, parents and grandparents. It is evident here confusion and lack of diagnosis have the potential to have a significant impact on life-paths and destinations. This is also articulated and demonstrated well in the work of MacDonald (2012) who brings attention to some of the consequential difficulties of disengagement from learning at school in the life paths of offenders with dyslexia.

The general lack of understanding surrounding dyslexia and its impact on life paths makes the intense approach applied by some of the families all the

more important. In some cases, it is apparent that this support continues into adulthood. Nalavany et al. (2015) found family support into adulthood made a significant difference with self-esteem and confidence of people with dyslexia. Unfortunately, however while most of the student participants could be considered to be fortunate to benefit from ongoing support this also demonstrates a dependence upon their families beyond what might be expected as young and even middle age adults. There is evidence here that student participants who receive less intense support from families take longer to achieve desired possible selves despite inherent familial expectations of university careers. Therefore, there is an indication that active support and encouragement is instrumental in directing student participants towards the desired destinations by guiding them to remain on the correct path.

It is already understood that families often have ideas of possible selves to be avoided which work to motivate and mobilise individuals and resources against unwanted futures related to parental divorce (Karagiannopoulou and Hallam, 2003) and general feared possible selves (Markus and Nurius, 1986). What is evident in these student narratives however, is that tangible familial countervailing influences such as types of employment judged to be unsuitable, early parenthood or mental health problems worked to motivate them and their families towards more desirable future selves. It is possible undesired parental possible selves work to guide parents in order to countervail unwanted outcomes for their children.

Although the family countervailing possible selves work successfully to motivate the student participants, there is also evidence that in some cases

they place pressure (Carroll, 2014) on them in their choice of life paths to succeed in areas found difficult or challenging as a result of their dyslexia. Knowing which destinations to aim for with parental aspirations is also shown to be a challenge.

For some student participants, particularly Anne and Jo who are the youngest of three sisters, the narrative strongly communicated the protection and support they experience from their relationships with their siblings. The effect this has on possible selves (Markus and Nurius, 1986) is also clear and is epitomised with Anne's comment about giving up if she did not have their support. The narratives also highlight the importance of sibling relationships (Cox, et al. 2003) and emphasise that older siblings in particular take on added responsibility due to the combination of the dynamics of the relationship and an additional level of a caring role. This demonstrates how the sibling relationship is an important influence on the behavioural and social development of children (Fussell et al., 2005) and therefore the development of perceptions and reaching possible selves.

Within the cued contexts some parents, siblings and grandparents are role models, allowing the student participants to experiment with provisional selves (Ibarra, 1999) often via vicarious learning (Wainwright et al., 2016). The student participants are able to mimic, "trying on possible selves" (Burack et al., 1997 p. 534). This is a complex process which provides the student participants with paradoxical situations of establishing which roles and identities to aspire towards but also which roles and paths are feasible when evaluated against internal and external feedback (Ibarra, 1999). Strategies not aligned with identity are rejected for those which are more identity

congruent. This is epitomized within Jo's statement, "I'm not that person", having aspired to be like her sisters and in finding that neither identity fitted her own, establishing a position for herself between two paradigms and according to her own skills, characteristics and abilities.

Act 2, Scene 2. "Nothing was ever too hard"

Characters in order of appearance, Maria, Abigail, Jessica, Paula, Abigail and David.

Narrator

Welcome to Act 2, Scene 2, "Nothing was ever too hard" in which Maria, Abigail, Jessica, Paula and David are going to tell us some more about their families.

Maria

She used to take me to museums, like every weekend. Used to make me watch documentaries and read loads of books. She pushed me quite a lot and she pushed me to go to that summer school (laughs)...Mum was always working out different ways...nothing was ever too hard. She used to take me to this science museum and she really encouraged me. I think she must have been worried because when I failed my SATs she forced me to go to that summer school before high school. I don't think I passed it. I didn't even complete it or like, it was that bad it caused concern. Or like, it was that bad I wasn't ready to go to high school. I spent all my summer holiday there. I remember being really annoyed. I don't know if it came out of the summer school or if it came out of something else when I got into year 7 that was done at the high school. There was something on to get

kids up to speed. I don't know what they would have done. ...Put me back a year or something? I guess looking back, things could have been completely different.

I was quite lucky because ... my mum bought me a computer when I was 11 which back then, I mean I think it was windows 95 or something utterly ridiculous ... I was always really into computers so I was good at producing word documents. We used to write essays. Even in college up until I was sixteen, seventeen, you could hand in a hand-written essay. I never used to. I used to demand that I could hand it in off the computer, typed. In some ways that really benefited me but I guess if I'd have pushed myself my hand writing and spelling manually would have been better.

Narrator

The year 6 SATs determine which groups students are placed in at high school. It must have been hard for Maria's mother and I'm sure Maria is right when she suggests she must have been worried but it seems that she was very determined. Forcing her to go to summer school can't have been easy. It also shows real dedication to take on debt to get her the computer. In addition to this she helped with writing the essays for school and no doubt supported

Maria in being assertive about handing in typed work, outcomes may have been different without these things. Let's hear from Abigail.

Abigail

Mum took me to the local sports centre and she said, "There's this, I've signed you up. Would you like to go?" And I was like, "Oh, I'd love to". So, I tried it and I used to train most days of the week and I remember I got injured when I was 16. I hurt my knee and couldn't really do it after that. Yeah, it gave me a lot of confidence in myself. So actually, I kind of took it because I did this and my mum loved supporting me and that was my thing that was different from my sisters so like I benefitted from gymnastics and sport. I spent so much time there when I was younger and I loved it. I loved the discipline, the organisation. I loved that I was good at it. It gave me a lot.

Narrator

When Abigail says, "I took it" she is referring to the label of being the "brawn" in the family, compared to her sisters, "Beauty and brains". I admit to finding the label given to Abigail quite shocking. However, the story about gymnastics shows how well Abigail's mum understood what she enjoyed and what she was good at, equipping her daughter

with confidence. Let's hear from Jessica again, and then Paula, what did their parents do?

Jessica

My mum paid for extra tuition for mathematics but not for English, but still at that point I wasn't diagnosed then at all. It wasn't actually picked up. It wasn't recognised. No one sort of said, "Yeah you know, would you like to be tested or anything?" It was just recognised that ... yeah, my spelling was a bit weaker and reading was a bit weaker. So yeah, so I had extra support for mathematics but I managed to pass all my GCSE's and everything.

Paula

So, I didn't go to primary school. I was home schooled predominantly by my Mum... Me and both my brothers... I loved it yeah, I really, really loved it. ...I think it meant my education could be a bit more tailored towards me... as far as always suspecting that I had dyslexia or something around that.

So, my mum always knew I had loads of issues with writing and spelling and stuff like that but I also really liked it and always wanted to write stories. You know, fantastical or kind of imaginative stories or whatever. But I always struggled with the actual spelling but she didn't make a big deal of it at all

and just kind of encouraged me anyway. ...We had a little thing, if I couldn't spell stuff I would like do a little squiggle if I didn't know what the letters were which sometimes didn't work if I couldn't remember what the words were (laughs). Lots of squiggles everywhere. I think I was kind of encouraged for it not to be an issue at all and I've met other people who had similar issues. Got friends who were also dyslexic and made to sit down and learn spellings en rote and stuff like that and I was never made to do that at all. Which my mum says she regrets not doing that ...but I think it was the right thing to do. I don't think it matters that much in any sense especially with spell check and things like that.

Narrator

I find this very powerful as it shows that even having given so much Paula's mother could still think of things she might have done differently.

Abigail and David both speak of difficult experiences at school with spelling tests in Act 3 (next chapter). Let's hear what they say about their parent's reactions to school public spelling tests. I think if Paula's mother heard their stories she would know she had done the right thing. Let's hear from Abigail.

Abigail

Mum was quite angry. It was a difficult position to be in. Mum could keep pushing it but she couldn't say anything to me. It was quite hard for her because... very gentle about what she said to me but she didn't want to make a big deal for me, which I appreciated.

Narrator

I bet Abigail's mum was angry! It makes me angry too. Similarly, David speaks of his parent's feelings and also what they did.

David

They were really good. They were annoyed at first, you know with school and stuff. My dad is really good at being structured and saying you need to do this to get this and this and when I got diagnosed he found out loads of stuff and got lots of stuff sorted out. He would sit down and type if I told him what to write before dragon and he'd help with things outside of school as well. Yeah, really supportive, my dad. Really supportive, and dad was good with essays.

Narrator

So, David's dad helped with essays too, similar to Maria's mum. Dragon is Dragon Dictate which is speech recognition software and seems to have helped David, perhaps reducing his dependency on his dad. Let's hear from Jo.

Jo

A lot of the stuff I did was what my dad had taught me at primary school - I always used mind maps. I'd always done it, I think that's how he'd developed himself, he's a very visual person, just kind of developed learning. My dad had handed it on to me, without really knowing, because we had similar learning styles.

Narrator

It sounds as if the families do quite a lot to support these student participants, not only with practical things and vicarious learning but with writing essays, working with schools to try to get the right things in place but also providing support. This brings us to the end of act 2, scene 2, "Nothing was ever too hard".

Analysis of Act 2, Scene 2. “Nothing was ever too hard”

There are clear examples of idiosyncratic environmental and personal influences which inspired and motivated occupational potential (Wicks, 2005) and perceptions of possible selves (Markus and Nurius, 1986) for these participants. Activities are both purposefully chosen and encouraged by families according to their own personal values and those of the society and cultures they exist within which influence parental aspirational possible selves. Therefore, there is a relationship between what the student participants do and perceptions of possible selves and of an interdependence of occupations and possible selves (Markus and Nurius, 1986). Once perceptions of possible selves begin to develop occupations take on new meaning and purpose as they become goal directed (Christiansen, 2000).

Families use this interdependent relationship to “cue” (Destin and Oyserman, 2010 p. 1018) the environment. Occupations are used within the contexts of the home and community environments as socially learned and promoted strategies to motivate and guide towards family held aspirational possible selves (Markus and Nurius, 1986). These are enacted, supported and reinforced in order to enable the development of perceptions and achievements, leading towards desired possible selves and away from feared possible selves. An example of this was within the use of mind maps as a tried and tested learning tool taught by Jo’s father at an early age.

The “cues” within the environment are determined by family held beliefs, assumptions and theories which change with time and are interpreted by each individual who are both the constructor of reality as well as being constructed by the social environments (Markus and Oyserman, 1989). In other words,

each student participant interprets the environmental cues or socially learned values and strategies are taken on (Asaba and Jackson, 2011) within the family spaces. These are integrated into family routines, such as using a computer or attending gymnastics. Through engaging and participating in the normal everyday activities they learn about themselves and their environments, adding meaning to these experiences and exercising control to become who they wish to become as meaning and purpose develops, perceptions of future possible selves also begin to be perceived.

Co occupations which are activities engaged in together, at the same time which are congruent with cultural norms and involve physicality, emotionality and intentionality (Pickens and Pizur-Barnekow, 2009) are an inherent part of the environmental cues. By engaging in co occupations parents set up ways of children reaching their occupational potential in many study skills (Wicks, 2005), adding to the likelihood of perceiving and reaching desirable possible selves (Markus and Nurius, 1986). Families are persistent and unrelenting with their encouragement of the student participants to work hard, therefore, an important and perhaps obvious occupation which helps to shape possible selves is engagement in homework. However, as homework requires skills such as reading, writing, organisation, planning, processing information and retention of information in short and long term memories, this is evidently problematic at times and again, MacDonald (2012) has shown that disengagement from these tasks and activities can have severe consequences. An example of parents persistently nurturing this is within David's description of his father's engagement in school work.

Perseverance in the narratives is a strong thread and through this the skills necessary to progress academically develop. In addition, however, to the everyday co occupations such as engaging in homework, these narratives have shown how parents sought opportunities for alternative strategies and introduce occupations to their children which facilitate the use and development of existing and new abilities rather than focusing full attention on the tasks and activities found difficult or indeed disabling (Zempke and Clark, 2003). The difficulty of these tasks is made normative by the communicated supportive and encouraging comments with an underlying acceptance that hard work pays off eventually and some level of difficulty is to be expected (Oyserman, 2008).

Reliance is upon families to recognise dyslexia requiring and depending upon a diverse range of familial assets (Destin and Oyserman, 2009). As the narratives show, assets depended upon were not only financial, although many financial sacrifices are made (Pizzolato, 2006; Lee and Oyserman, 2009). Socio economic circumstances are less important than perseverance, determination, aspirations and unrelenting support (Asaba and Jackson, 2011; Laliberte Rudman, 2005). For example, Maria was the least socio economically advantaged student participant during her childhood but her mother held and asserted the highest aspirational perceptions of possible selves for her. This supports the assertions of Oyserman et al. (2010) who found the availability of strategies more influential than poverty.

Vague memories and perceptions of familial concern, worry, anger and upset are reflected upon by participants within the narratives. While the possible selves literature acknowledged the positive impact of familial support (Li and

Kerpelman, 2007; Zhu et al., 2014) increased parental school involvement is also correlated with better academic outcomes (Oyserman et al., 2007). Significant familial negotiation with schools is evident and a greater level of responsibility taken on by the families than that which may be expected, resonating with the assertion of Michael Gove, (Conservative Secretary of Education, 2011) that families with children with additional needs have to fight for support, showing the importance of family.

Conclusion

This chapter has presented student participant narratives highlighting the importance of family in the perception and realisation of possible selves. Jessica, Abigail, Penny, Maria, Paula, David and Jo shared their experiences of living with dyslexia and the roles their families played and continue to so in supporting them to reach their desired possible selves as well as helping them to avoid unwanted paths and destinations. Families provide “cued” home environments for the students, encouragement with homework, new activities and occupations which work to counteract other environments which are incongruent with the family held aspirations and possible selves. Hope and expectations are upheld, always maintaining hope that the student participants may be happy and reach their aspirational future possible selves.

Significant within this chapter is the prevalence of implicit and explicit expectations of parents towards their children. Carefully managed familial approaches with shared responsibility helped to steer the student participants towards aspirational desired possible selves. A notable finding is within the role of occupations and the relationship with possible selves. Not only are

they important within the student participants' ability to reach their desired possible selves and parents introduce them to optimise the potential of their children (Price and Miner- Stephenson, 2009). Possible selves are also important in the meaning and purpose of an occupation and indeed add to or subtract from the value of an occupation depending upon values and meanings held by family and sociological circumstances. Therefore, a finding of this research is that there is a relationship between occupational potential and possible selves as the two are interlinked and interdependent.

Chapter 7. Act 3. Fitting the Mould

Act 3, Scene 1. "Quite Viciously Dyslexic"

Characters in order of appearance, Narrator, Abigail, Jo, David and Maria.

Narrator

Welcome to Act 3, Fitting the Mould. This act has two scenes, "Quite Viciously Dyslexic" and "Oh well, I'm going to do it anyway". Firstly, within Scene 1 Abigail, Jo, David and Maria are going to tell us about their experiences.

Abigail

When I was in reception the teachers pulled my mum, and said "She's really intelligent, she can read. The others can't read". My mum was like, "Are you sure?"

And what I was doing was, I was pretending I could read. I was picking up books we'd read in class and was pretending to read them to the other kids. Using the pictures or how I remembered the stories. My mum knew I couldn't read. I would just pretend to be reading when actually I wasn't and it took me a long time to (learn to) read because I was convinced I was really clever but I was pretending to read. The teachers would have to sit me down and go over the words. I'd go off the pictures or off what I knew of the story. They would have to keep telling me to

read the words. I was just telling a story with a book in my hand. (Laughs) On the first day of reception I sat down with this girl and was like, "I'll read you a story" (laughs).

Narrator

I can just imagine Abigail as a small child, in the first year at school, full of self-confidence. She went on to say the little girl was upset as her father was leaving her at school and Abigail tried to comfort her by pretending to read her a story. Let's hear what else she has to say.

Abigail

So ... I went through primary school and quite quickly the teachers realised I wasn't a genius. I couldn't read and my main struggle was spelling ...I struggled even at a young age.

I got more and more aware of it as I came up through primary school...I was always in ...there was usually three tables and I was in mainly the middle or bottom table and I got more and more aware of it as I came up through primary school into year 5 and 6, ... where we had to do spelling tests. Spelling tests where we had to stand up and say the word. It was awful! I just, I can write them better. Even now it's hard to do that, like, I might know them better ... and I always knew, I find that hard. I always knew I'd be

really upset ... if a spelling test was coming along and then I can really remember in...year 5, a teacher stood me up and said, "This is the worst speller in the world" and asked me to spell, because we were going around doing spelling; a 3-letter word and asked me to spell 'ton' and I put an 'e' on the end but I was panicking as soon as I stood up. I was really panicking. I was so upset (crying), I, ... (crying).

Narrator

Abigail went on to say how everyone laughed, including the teacher. She tried to laugh along with them but found it very difficult. She cried as she told the story. I had tears in my eyes as I listened. I offered tissues, water and to pause the interview but Abigail wanted to continue. I wrote an I poem (Gilligan et al., 2003) with some of Abigail's words and I phrases. As I listen to Abigail's words I find her story profoundly powerful. I visualize a small girl, starting school full of hope and confidence. I feel sad and wonder what the long-term effects of this type of experience are.

Let's hear from Jessica now.

Jessica

Things like reading, reading out loud in class was just awful and you have to do it in school. You have

to read chapters out loud. It was awful. It used to make me, I didn't realise at the time it was anxiety, but I got really hot. I got really flushed, couldn't speak, my voice would go, constantly doing little coughs. I didn't realise at the time but it was pure anxiety for reading out loud. I would stutter over my words. I couldn't read the sentence and things like that. I would still be able to read but it would be, it would not be a smooth reading like all the others. I would get very nervous. I think that's the only time when other people would notice, that I would get more embarrassed. Whereas if it was just me knowing I spelt something wrong I wouldn't worry too much.

Narrator

Jessica found the experience of reading out loud very difficult. I suspect a lot of non-dyslexic people have anxiety about public speaking too. I wonder if it may be more significant if someone is dyslexic but it will no doubt be very individual. Let's hear from David now.

David

Yeah, we had a teacher who was like an old-school teacher and there was me and this other lad who was in the year above but we were together cos it was such a small school that the years were together. She proper showed us up. She like, ... I couldn't write

very well for a long time and she used to make us go up to do it and would proper have a go and she took us from the hall, dragged us in, made us keep doing it, made us go up in front of the class and kept doing it and stuff. It was quite bad and then Jack the little lad told his mam and she complained and she was suspended and we didn't see her again but I don't know if she came back or not after we left. But because of that we got dyslexia tested and it turned out I was quite viciously dyslexic.

Angela

You say viciously?

David

Yes, I'm better now but especially earlier on it was a mixture of being dyslexic and not wanting to learn and so I wasn't in good stead cos like, I didn't have much confidence in doing things.

Maria

I remember one teacher used to publicly embarrass me in front of the class because I wouldn't keep within the lines or colour within the lines ... and it didn't help at all.

Narrator

These narratives show us that life at school is not always easy for children with dyslexia. Some of the stories here within Act 3, Scene 1 are quite moving, particularly as they are about the student participants as small children. This brings us to

the end of Act 3, Scene 1, "Quite Viciously
Dyslexic".

Analysis of Act 3, Scene 1. “Quite Viciously Dyslexic”

This Scene, Quite Viciously Dyslexic shows how each of these student participants are subject to humiliating experiences, albeit in Jessica’s case, inadvertently. The student participants’ childhood working self-concepts (Markus and Nurius, 1986) are challenged by perceived efforts (inadvertent or otherwise) to subdue their positive self-perceptions and degrade their self-esteem. Just as possible selves are shaped, they are also limited or oppressed by the environments inhabited and they experience structural discrimination (Dirth and Branscombe, 2017). Environments whose purpose, role and expectation are to be safe and inspiring learning spaces where teachers guide and enable children to reach their potential in life are shown here to be limiting, discriminating and intimidating. By measuring against literate norms, deficits are identified, suggesting inability to learn in a certain way rather than a potential difference to the methods of learning (Collinson and Penkreth, 2010). They are made aware of discrepancies between actual self, ideal self and ought self (the image held by others such as teachers) resulting in anxiety (Markus and Nurius, 1986).

According to Markus and Nurius, (1986), during the construction of possible selves, when a negative possible self is activated it brings with it the associated negative affect which in turn can have a consequence on future behaviour. It is not surprising therefore that there is reference to not wanting to learn (David) accompanied by a description of dyslexia as being vicious. This analogy conjures a feeling of David being attacked and made to feel vulnerable.

While to some, these narratives may present as typical power dynamics which often shape educational experiences of the past, they are particularly enhanced due to the high value placed on literacy skills (Collinson and Penkreth, 2010). Negative school experiences are commonly reported in the dyslexia literature (Novita, 2016), however I would argue that in some cases here, the behaviours described by the student participants could be construed as bullying. Approaches which set teachers up as adversaries instead of role models (Twemlow et al., 2006) are apparent, perhaps providing an explanation for Abigail's rejection of teaching as a prospective possible self (Markus and Nurius, 1986). To begin life with a self-concept of feeling clever, even to be suspected as being genius, to be placed in lower sets but also chided, maligned and oppressed at such early ages due to perceived failings in literacy is feasibly related to Abigail's anxiety experienced both at the time but also in later adulthood. There are clear links between bullying, anxiety and low self-esteem (Malecki et al., 2014) as well as the issues presented by dyslexia being anxiety provoking even without external negative feedback, as experienced by Jessica (GLazzard, 2010; Ingesson, 2007).

It is important to acknowledge that not all student participants experienced bullying from teachers and to highlight the non- discriminatory dedication and effort many teachers put into their work. While this scene is referring to bad practice in at least two cases, it is possibly reflective of a wider societal issue referred to by Collinson and Penketh (2010) where discrimination and disenfranchisement from formal education occurs due to the high value placed on literacy skills within societies. This is possibly perpetuated by the misunderstandings surrounding dyslexia and its low visibility or apparent 'hidden' nature. It is also possible the culture within some schools is of

negative pedagogy (Smith and Brain, 2000) where bullying is prevalent and influenced by structural discrimination where systems are established based upon dominant groups (Dirth and Branscome, 2017). I would also argue this could be an example of occupational alienation in action whereby the hopes of the student participants are separated by enforced non-accepting social realities (Bryant et al., 2004).

There is limited literature on bullying of students by teachers, however a study in the United States of America found 45% of respondents to a survey “admitted to having bullied a student” (Tremlow, et al., 2006 p. 194). There is some understanding that coercion, hard communication, intimidating mannerisms and posturing are ways to exert power over students. Indeed, it seems that despite an understanding that fear impairs the capacity to learn it is used in some environments instead of cultivating a culture of respect and civility (Tremlow, 2006). These are examples of a perpetuation of pedagogy of the oppressed directed at children, a concept developed by Freire, in 1970 (Freire and Ramos, 1970; Freire, 1993; Beckett, 2013). What is incredulous is that there is evidence (admittedly 16 years old) that higher management in some schools know of this approach which is not tackled directly, but some teachers with firmer approaches are considered good teachers as academic results may be higher (Smith and Brain, 2000). Fortunately, a change of culture which discourages negative pedagogy is now integrated into teacher training (Paul and Smith, 2000).

The student participants in act 3, scene 1 resisted any temptation to recount their stories from the perspectives of victims, instead presenting themselves as survivors of, in some cases, quite harrowing experiences. It is possible

their learning may have been impaired during the time in question and that long-standing difficulties may persist resulting from these experiences. What is also possible is that the experiences may have worked as catalysts for resistance and provoked a determination to succeed academically (Collinson and Penkreth, 2010). There is very much a sense that each of the participants achieve despite these things happening to them and almost in spite of them. They all persevere and hold on to self-belief, hope, and align these with reality, aware that academic ability does not necessarily correlate with literacy and other skills affected by dyslexia.

This brings us to the second scene of Act 3, “Oh well, I’m going to do it anyway” which presents the narratives of Maria, Anne, Rebecca, Jo, Jessica and David.

Act 3, Scene 2. “Oh well, I’m going to do it Anyway”

Characters in order of appearance, Narrator, Maria, Anne, Angela (researcher), Rebecca, Jo, Jessica and David.

Narrator

Welcome to Scene 2 of Act 3. This scene is called, “Oh well, I’m going to do it anyway” and presents the narratives of Maria, Anne, Rebecca, Jo, Jessica and David and as the name suggests, gives us some ideas about how the students pursued their possible futures. Maria is speaking to us first.

Maria

When I did fail when I was older and stuff I was like, “Fail! I’m not the sort of person who fails!” and it was a massive dent in my identity...I guess it has made me more humble because I think I had a completely different idea about my abilities.

I was bullied (at school). The same people who bullied me for being too fat, bullied me for being too thin and I was just like, “Well, I can’t win can I? So, I guess that drove me to think, “Well, I’m not going to be like you. I’m going to do something with my life”. It was to prove other people wrong...it wasn't the easiest childhood. I thought “Well, if I work really hard now I’ll have a better future”. You have to think of other ways to learn. One week I wanted to be a lawyer. She said, “Do you realise

there's loads of legal jargon? It's like an entire language of its own" and I was like, "Oh yeah, I didn't think about that".

I think because I know this is what I want to do I finally got, I mean it's taken three degrees but because I finally know what I want to do, I don't know. I mean I think I stopped thinking about the future so much because I know what I want to do.

Anne

Suddenly it becomes just what people are saying to you, it's just like this, it's plain English, "You've failed, everyone else has passed" in a way.

Angela

Do you know everyone else passed?"

Anne

No, but I know there's a couple who didn't do so good but I know a majority passed but I know from undergrad that it don't matter. Over time I just get back on there and I ended up ... getting the same degree as everyone else. Like, a two one, so that I think from that I learnt that it don't matter. Yeah, it don't matter. You'll soon get there (if you fail) in the end. So that's what I kind of feel. So, to be honest in the middle of it all now I see an actual way out and especially on the course I suppose I see a bigger picture in a way. Looking at everyone else I can see they are good at academic stuff but when

I think about my life experience of what I know even when I just think about things and even with my dad and seeing like health professionals come sometimes, you're so detached. They know all the stuff but they are so detached in talking. I'm thinking to myself, "They 'ant got a clue about what he just said".

I kind of feel I'll never be able to do anything that involves essays and I never want to go into a job where I've got to write letters everyday but there again when I've been in those situations like the previous jobs I've had where I've been in a reception or in an office just writing letters. ...I just hated being there... I hated being with documents and words and having to write letters and having it to make sense.

Narrator

Anne's father died during her time of being a student on her current course. Subsequently, from caring for him during his last years, she feels she understands the values and skills required of a good health professional. She had to balance the academic demands of her course with caring for her dad as well as grieving for him following his death. This was a very difficult time for her.

Let's hear from Jo.

So, in my undergrad I had written myself off as not being academic, I just thought, "Oh right, well this just obviously doesn't work for me". I thought, "I'm just not very academic". ... I didn't doubt I was bright. I just didn't think I was bright in the way that fit the mould.

So, I was working in this cafe and one of the chefs there, as a bit of banter with me, sort of would always go, "Ah, you're a bit shit" and it used to drive me crackers. Stupid catering banter but it used to get under my skin like nothing else and I used to think, "Why is that so annoying? Why is that so annoying?" I remember saying to him, "You know what I just realised? When you say that, that is exactly what I think about myself! That is exactly what I think about myself!"

Probably to be fair if I could just stop thinking about it then... ok, good banter, good game but it was good realisation... It was literally that thing, a bit shit, a bit shit. Not, "You're the worst person ever blah, blah, blah. "Oh, well I'm a bit shit so won't apply for that job or I won't do that or this". I couldn't meet the expectations of myself or others and that's what happened. Now really... it's an

ongoing... battle is what I would say about it. I have worked very hard to try not to do that but it's very tempting because it's safe. If you constantly say, "I'm brilliant and can do anything", you can always fail but if you tell yourself you are a bit shit you can't fail because you're a bit shit.

Rebecca

My confidence is affected cos throughout school I felt like I could not do anything. I felt like I would never go to university. I honestly felt, cos I was at the bottom of the class, I felt I couldn't, that I wasn't capable, that I didn't have any, anybody helping.

Because everyone used to misbehave...you don't get much done. Yeah because I wasn't naughty I felt like I didn't get. All the naughty kids seemed to get a lot of help, cos I was quite quiet, but I was struggling. They didn't bother really. I went to this support but they got me to read a book for the whole lesson while they helped the naughty kids.

I don't know, I think if you want it you have to go for it, don't you? There's no point in ...if you want something bad enough you have to try it and if I don't succeed then at least I tried. There's no point in being unhappy or not doing something just because

you feel like you can't do it cos you don't know until you try.

Yeah, I was put with the naughty kids but I just wasn't like that. Just who I am I think.

I felt like I was really, really thick and I couldn't do stuff and I chose to do beauty therapy which I didn't really like because I thought, "Oh well, I can remember procedure" even though I didn't want to do it. I wanted to do something else but with my brain I thought that was the best I could do. That was a mistake. I only did that because I thought I couldn't do anything else.

Jessica

Which meant I was in the classes with all the naughty people as such.

Narrator

So, similar experience to Rebecca. I wonder if that was distracting.

Jessica

Yes, massively yeah, ...it was constantly things, like teachers couldn't teach. We were waiting for extra staff to come in to support the people that were naughty and things like that. ...So, my learning was disrupted at school. English, maths and science I was in the classes with the wrong people. Yeah so it was only really English I struggled with I think

but I was still able to think; "Yeah, I want be a teacher".

I thought "(intake of breath) I can't do it. I can't get it wrong on the blackboard. Parents would think I was not up to the right level to teach their children because I couldn't spell". So that was a massive thing and I thought, "Well, they've got the white boards now. I might be able to use technology a bit more but if I was correcting their work - would I correct it wrong in terms of spelling?" So, I think that, that kind of, was a factor that put me off teaching. I was so set on teaching the whole time but by the end of it thought, "Oh I don't, I don't physically think I could do it because of the dyslexia, but by that time I had I'd ... kind of thought of other avenues so OT was something that I had already thought about but not applied for but at that point I did think, "Right. I'm gonna have to do something else cos I can't teach now".

I don't know why just (pause) one day I just thought, "God I won't be able to write on a white board or a black board". You know ... if we are doing literacy, what if I spell something wrong? If I get to a word like 'availability' I cannot spell it for the life of me I would have to check a dictionary, the

teaching assistant might think I'm stupid. There's probably ways around it but for that profession I just felt like I wouldn't, it wasn't right for me then.

David

I wanted to do ... media studies which I ended up doing in the end but they were like, "You need at least a B in English otherwise you won't keep up". So, I got a C in English with her and she was like, "Oh well, I don't advise you to come along to the course when you come back" and I was like, "Oh well, I'm going to do it anyway" and ... I did alright and didn't do too badly. I got really good at the practical stuff and like essays I got better at essays. Still not amazing at essays and then in the exam I scraped a pass and was like really buzzing with that.

Narrator

This is the end of act 3, scene 2, "oh well, I'm going to do it anyway" which as you can see is a quote from David. His narrative is a little different from the others in this scene as he stands out as having the confidence to ignore the advice and did the subjects he enjoyed.

Analysis of Act 3, Scene 2. “Oh well, I’m going to do it Anyway”

This Scene, “Oh well, I’m going to do it anyway” demonstrates some of the challenges the student participants face, both as children and adults. A sense of vulnerability counterbalances with defiance and resilience, equipping them to cope with the physical, social and cultural milieus they inhabit. As discussed earlier, environments inevitably influenced who they are, how they think and what they do (Cutchin and Dickie, 2012). Maintaining self-belief and confidence is a challenge, particularly when feeling different to their peers or perceptions of desirable possible selves assumed reachable whilst growing up are challenged. While it is clear confidence is challenged for some, maintaining a sense of self, self-belief and perceptions of future desired selves as truly possible (Markus and Nurius, 1986) is also a challenge.

While some student participants experience alienation perpetuated by feeling unnoticed at school (again influenced by structural discrimination), none of them permanently withdraw their attention or collude with the seemingly disruptive behaviour of other students. Instead, corresponding with the idea that some student participants adopt a quiet role within the classroom, seeming to become “invisible” (MacDonald, 2010, p. 432). The issue of invisibility raises the question of how possible selves may be perceived when feeling imperceptible and if there is an impression education is catering for other people; not for a range of people with diverse and specific needs (Glazzard and Dale, 2015). Perhaps the answer lies in Rebecca’s statement of:

"With my brain, I thought that was the best I could do".

This shows Rebecca feels her possible selves are limited according to her perceived academic abilities, also showing the impact of poor experiences on her resilience to continue with education (Gorard et al., 2006), placing her resilience under strain. The dangers of this phenomenon include disengagement and access to further and higher education only for those who fit a criterion or mould as the education system caters less for their needs and structural discrimination (Dirth and Branscome, 2017) is inherent.

Nonetheless, despite experiences which may have led to the contrary, Rebecca, Jessica and Anne maintain salient desired paths which are congruent with their sense of self. There is no mention of truancy and all maintain a perception of the point of education (MacDonald, 2010). This contrasts with MacDonald's work and demonstrates how maintaining behaviours associated with the desired path is adhered to and produces desired results. While this demonstrates inner resources of patience, resilience and little evidence of learned helplessness (Smith et al., 2014) it also shows an ability to accept and tolerate ill-fitting educational experiences and disabling environmental barriers. There is in each student participant an inner drive to persist with life defining behaviours and resist the hegemony of the high value placed upon the skills associated with literacy as well as the avoiding and ignoring the behaviours of the children within the classes they were placed within. While MacDonald (2009) suggested societal class systems are instrumental in progression in life with dyslexia these student participants have provided evidence that the inner resources of the individuals

are more instrumental in determining the outcomes and whether they meet their possible selves. No doubt these are influenced significantly by their families and social and cultural environments as discussed earlier in chapter 6.

A dichotomy is presented in Act 3, Scene 2, whereby self-concepts as academically able are challenged, even when acknowledgment of intelligence persists, not quite fitting the desired mould. Less academic, safe and realistic possible selves are aimed for instead of true desirable possible selves. In addition, in some cases, fear of failure led to self-sabotaging beliefs (Hudson, 2011) enacted by maintaining a safe position where paths perceived to be less challenging are chosen. An example of this is given by Jo who assumed some academic paths were closed to her prior to a diagnosis of dyslexia. This corresponds with Glazzard and Dale's (2015) work. However, it is possible the uncertainty presented by living with dyslexia (known and unknown) presents the student participants with uncertainties. Smith et al. (2014) assert that uncertain times and paths require more effort, providing more certainty about oneself, as increased participation and engagement are required. This may go some way to explaining the student participants' persistence and ability to maintain faith in themselves and their future possible selves.

Both Anne and Maria refer to experiencing academic failure at university. They both addressed their experiences with tangible feelings of demoralisation, humiliation and in Anne's case, she compared herself with others, imagining everyone else has passed the work she has failed. However, despite this, there was a determination to persevere and defy the emotional challenges, with ongoing punishing consequences of further hard

work; this indicates a strong internal locus of control. This contradicts the work of Humphreys and Mullins, (2002) who suggested children with dyslexia have poor locus of control. This may indicate that greater control exists in adults, although obviously, no generalisations can be made from this research. While failing university modules produced some understandable uncertainties for both, challenging, particularly in Maria's case, her identity or self-concept, both adhere to a belief that success is possible and feasibly under their control (Smith et al., 2014). This may also be due to certainty of their own ability to persevere and work hard as well as certainty that other contextual factors such as their course, families and career prospects remain salient and in place (Smith et al., 2014). In addition, their targeted, goal orientated possible selves of being health professionals remain salient and conceivable (Destin and Oyserman, 2010). As Maria indicated, experiencing failure is a humbling experience, perhaps due to the high value she places on success when it arrives (Smith et al., 2014), although demonstrating a mature approach.

In some cases, student participants are advised against certain desirable possible selves (Markus and Nurius, 1986) and are guided towards safer paths (Oyserman, 2011) with lower perceived likelihoods of failure or lower grades. While this is a protective strategy, it is problematic for a number of reasons. It highlights the high value placed upon literacy skills and high grades in subjects requiring them but limits perceivable possible selves (Stevenson and Clegg, 2011) to those subjects relying less on literacy, processing and associated skills. Most subjects taught at schools require literacy skills and care should be taken not to discourage engagement in these topics for the sake of perceived success or failure in grades. This type of guidance, along with alienation from reading, spelling and writing may go

some way to explaining why many people with dyslexia are in arts based and caring professions as they are assumed to rely less upon literacy skills (Wolff and Lundberg, 2002).

This approach also discourages students from persevering with subjects they enjoy and could benefit from, in order to improve the skills affected by dyslexia. While this could be aligned to the medical approach of attempting to fix the problem of dyslexia, to succumb to the limitations of dyslexia without considering aspects of human development and adaptation is in itself limiting and thereby restricts the prospects and possible selves of people with dyslexia. It must be remembered that the environment can be disabling rather than dyslexia itself.

As David stated, writing essays got easier. His rejection of the advice given proved to be advantageous, as studying topics such as media studies allowed the development of much needed skills transferable to other areas of life and instrumental to his goal of becoming an osteopath. While the two subjects seem very different, they require the ability to process information, problem solve and require working, short and long term memory, in addition to literacy skills. The skill development is in part due to developing confidence in writing essays as well as neuroplastic changes occurring within the brain as a result of engaging in the tasks which require the use of these cognitive skills. The brain changes and adapts both with age as students mature and with specific use, due to neuroplasticity (Meyler et al., 2007). This is not to say the evidence of dyslexia disappears, rather a combination of neuroplasticity and compensatory measures support development and progress (Heim et al., 2015). Therefore, to advise children and adults with dyslexia to avoid subjects

which in many cases they have already been alienated from, and find difficult, compounds the problem and limits their perceptions of possible selves (Markus and Nurius, 1986), leading to lost possible selves. Instead solutions lie within the meaning and purpose of skill development, enjoyment, engagement, participation, support, positive feedback and challenging the oppression of structural discrimination (Dirth and Branscombe, 2017).

Many of the student participants chose career routes they later regretted. For example, Rebecca pursued beauty therapy as it appeared to be the only conceivable path open to her. It goes some way to demonstrating the importance of reaching both potential in individual occupations and skills and to perceiving and having faith in reaching desirable possible selves.

Conclusion

This act, 'Fitting the Mould' is a narrative of both vulnerability and resilience. It shows the student participants' childhood and adult experiences. The student participants' responses demonstrate strength and determination to perceive and reach their desired possible selves. This is despite and in spite of some difficult experiences. Some challenges are both humiliating and discriminatory, illuminating how the student participants continue to experience times of defencelessness, humility, flexibility and resistance in sometimes hostile and challenging environments. Perceiving and achieving desired possible selves depends upon an ability to maintain self-belief against challenges, adversities, disabling barriers (Swain et al., 2004) and structural discrimination (Dirth and Branscombe, 2017).

There are many subtle challenges of living with dyslexia which require resources and assets beyond that required during the average educational career. Many of the stories addressed here take place after 2010 and are therefore, despite the Equality Act (2010), which provides some legal protection against discrimination for people with disabilities. However, the Equality Act goes no way towards providing an environment in which people with dyslexia are able to thrive, instead relying on the individual to resist the injustices presented to them and grow strong as a consequence of injustice both when they are at their strongest but also at their most vulnerable.

Chapter 8. Act 4. Strategies and the Future

Act 4, Scene 1. "I have to have a plan"

Characters in order of appearance: Abigail, Angela (researcher), Jo, Anne, Narrator, Maria, Jessica and David.

Narrator

Welcome to Act 4, Scene 1, "I have to have a plan".

This scene is going to tell us about how the student participants have and are negotiating life with dyslexia.

Abigail

To be honest, when we hit that stage and the friends were at college and we were all going out and sort of developing into early adulthood, their grades started slipping, whereas mine stayed or went up.

Angela

Because you put strategies in place?

Abigail

Yeah absolutely and I felt supported. I felt like I was understood there (sixth form college), whereas in high school I didn't and then in my third year I didn't realise how much until I left. So, I think it's a positive thing. I think it helps and on my second placement I emailed them to be in contact with them and ...everything and I emailed them and said, "Just to let you know, I've got dyslexia. Attached is my report if you want to look at it. ...It

doesn't affect my work because I have some personal learning strategies that work for me but would I be able to talk about my learning strategies with someone?" and they rang me and one of the workers also had dyslexia and she said she really liked how I'd addressed it in the email and she said, "Oh I see it as a really positive thing" and I think it really helps to see a different perspective and there's lots of positives with it really, maybe that's because I force positive things out of it.

Jo

I think it takes more effort. Once I was aware I had dyslexia it forced me to think about time management. Oh, I'm just a bit of an air head. It's just the way I am but having something I can work with; the way my brain is working neurologically. My brain is like an old- school computer but still doing what I need. It's just that things are harder and you have to find a way of doing things.

Anne

You don't even realise what you're doing sometimes but then when I look back I see, "Oh right, I did do that strategy" and I didn't realise I had.

Narrator

Anne is opening up some paper and showing some undergraduate work where she has used a strategy. It looks like a type of mind map, with different

coloured clouds drawn. She points at the piece of paper as she describes her strategy.

Anne

This was what it linked to, so for AIDs (Auto-immune Deficiency Syndrome) it was that letter and if I remembered that I went in then all these different letters mean something different for AIDs. So ... that really did help me.

Angela

So, it looks really good. I can see HSBC is one of them and it is linked to this one with blue clouds and the words and these clouds begin with the letter h. Very good.

Narrator

It looks like Anne has some good strategies, using a very complex system which is a combination of acronyms, mnemonics and mind maps. It is obviously a very individual learning strategy she has developed.

Now we are going to hear from Maria. For Maria and Jessica's last interview, they attended as occupational therapists, having completed the course and gained employment.

Maria

I think being on an occupational therapy course makes you re- evaluate the balance in your life and it makes me take more time out for myself. I'll set

aside time, don't get bogged down with work, and don't get into that spiral of not being able to cope with things.

I think this course has told me that you know, it's never going to be perfect you know. ... Sometimes, you are going to fail at things and sometimes you have to accept that you can't be brilliant with everything and it just takes you longer to learn and develop skills to address these issues and like I said I would rather develop these skills as a student rather than being a practitioner.

Jessica

I have developed my own strategies in terms of working so yeah ... not really needing anyone else which is, I suppose, is good but still a bit shaky. I think that university gave me chance to put in my own coping strategies almost... ways of learning, things like that, you know having a desk. I have this desk where I have everything spread out. I know where everything is. I have stuff stuck everywhere on the walls, everything's highlighted. I can work to my own time. Uni allowed me to do that... uni gave me what school didn't.

I do think orderly and but I think very clear so when I write things, they have to be clear so if

they are clear to me, then they are clear to other people. I can't understand when people use massive big words. If the sentence doesn't flow I can't understand that so I have to write very structured and things and so that for me is a real benefit ... but yeah, I have never looked at my dyslexia as a massively negative thing. I think there are consequences to it but I think cos I've put the strategies in place it's almost, yeah for me it's almost a benefit. I mean there are parts of things, so like the dyslexia room for example is really good for us but ... people say, "Hang on a minute, why can't I have two screens?"

I have to work a lot harder is probably a more negative thing but I suppose as I've had to do it all my life, and there are people on this course who will just write an essay. It's more beneficial to me to know I have to plan it and spend three weeks. But I learn. Whereas if was just writing it I wouldn't learn as much, I find I learn a lot more doing it over 3 weeks rather than banging out an essay. For me it means I learn, take the time to read things through, compare, contrast.

It makes me structure my time. I'm good with time management. Like on placement, all my reports to

finish. I knew I had to give myself time to finish it all off. I knew I had to give myself time to be able to finish it well. I had to give myself 3 days to finish it all off. That was a positive because I could say to my educator I need this and she had dyslexia as well so she was ok with that. I have developed my own strategies in terms of working so yeah... not really needing anyone else which is I suppose, is good but still a bit shaky.

Angela

What types of strategies?

Jessica

I suppose in terms of initial assessment, initial occupational therapy assessment. Well the assessments when I got there were sort of the initial occupational therapy assessments and anything else you use. There was nothing there so I brought stuff from my placement and then made my own in terms of what I thought was useful and things like that and when the two occupational therapists were back I took it to them. But because I think that's where their experience comes in. They don't need to use it because they were so experienced they don't need guidance, what to look for but for me guidance and prompting myself as to what to look for. I just needed to change it. So yeah that helped me to think what I would do differently and do that and from

shadowing them I could see how they do their initial assessments.

I just needed to change it. When I looked at it first I thought I wouldn't do it that way.

Narrator

So, Jessica is now adapting her ways of working to suit the setting she is working within as well as her own learning and practice needs. These students seem to be experts in managing their own needs. Let's hear from David.

David

I use mnemonics. Like ... beautiful, 'b' 'eagles' 'attack' 'under' 'turkeys' 'in' 'four' 'ugly' 'lorries'. So, I've got 400 of them... That was in year 6 or 7 so I could remember them over time. Doing them over and over again. I can do it without it now and that made a huge difference and made a huge impact cos I felt like I wasn't struggling with spelling so much. I was struggling with structure and punctuation and we weren't doing so much anyway other than spelling tests which I wasn't a big fan of cos I was like "Well I'm not gonna learn it by just doing this".

In year 2 (now), I'm really enjoying it cos... yeah really enjoying it. I did really well in the first

year and got a 2:1 but didn't do well in physiology. I failed the first one, cos ... I'd never done anything like it. They were proper bombarding me with stuff which was all new. It takes me a while to structure how I learn things. I have to have a plan and I'll stick to it roughly and if things change I'm not very good at it like this year my exam has changed and that's stressed me out loads and I've had to rewrite everything.

Angela

You don't like change?

David

No.

Angela

Is that because you develop a structure to organise yourself?

David

Yeah, it's like ... in I.S. things, anyway it's in the dyslexia book I read from the library as well, so if you do this thing. I've poor organisational skills anyway, I'm late to loads of things. I'm better now cos I'm consciously doing a lot more cos like if you write down what you're gonna do and you give yourself a time and you're competing with yourself and you write down whether you did it or not. I write it down. This is exam periods I don't do it through the year but if I don't do the thing

then I move it across. It's a way of doing things so I don't get too bogged down with things you know.

Angela

You say bogged down is that partly to avoid being overwhelmed?

David

Yeah. At the minute, I've got 2500 to 3000-word essay and a 7000-word essay And two exams, one day after another. That would like, that would have been really daunting that would have been like, "That's too many words, you won't be able to write that, you'll struggle with this," but if I write a plan and it makes conscious sense, how to do it. Instead of leaving it all to do it and having to do it all and I'll get really stressed. It's like this 2500-word essay though it's taking me a long time. ...I've been chipping away over a week which, it's been a big help cos I'm not sitting down I need stress to work. I do well under pressure cos under pressure I'm the opposite to people, I talk and I'm a lot better at getting stuff across I still stutter and talk faster but I get it done.

I did want people to be aware that I have dyslexia because I think that's important to know I might need to do some things differently or that I might need to put a little bit more work in but I'm fairly

used to that now. But I don't ...think I need help from them, I do and I don't cos I've got my own way of doing things. So, like if I go in for an hour a week of doing of like help with stuff I don't necessarily think I'll work well in that environment anyway because it's sort of like I get weird if people change my work... I don't like it to be changed too much from what it was.

Angela

Something about ownership or being proud of what you've done?

David

Yeah. Cos like there was one essay my ...last year My lit review, I didn't have a clue. I have no idea. Never done one before, hard to find the stuff. I was like, "I've no idea" so I did it and then my girlfriend was down and ... she helped me to edit it but she helped me edit it in a way where it was quite different to how I wrote it but it was still ...my content if you know what I mean and I wasn't bothered about that because like I'd put sentences the wrong way round like I'd started the sentence with what I wanted to like start it with what I wanted to conclude it with and that is like a different way of writing.

Angela

Does your girlfriend live in Leeds?

David

No, my girlfriend lives in London. She's at university at Kings. We do help each other a lot with work. She did science for her first degree and I'd already done a year and a half of science by the time it came around so I could pretty much piece together what hers meant by that point cos... I helped her with hers, cos she did what we did in the first year so I know how to do that. I got a tutor in the first year so it was like easy.

Angela

You seem very resourceful.

David

Fairly resourceful. ...Yeah. Yes, I have a tutor again now. For physiology... the way I learn things as well. I'm quite good at learning things as well... I learn more through talking than I do from listening so if I can talk around something, like my tutor will sit me down and talk about it and we go off on a tangent and come back to it. I learn more from engaging than from listening like diabetes and ... like she was talking through the physiology and then what it's like to go into hypo-glycaemic shock and they sometimes get people to go into hypo-glycaemic shock to make them see what it's like and I can relate that back to what we've already done so we talked it through.

Narrator

This brings us to the end of act 4, scene 1 which tells us about some of the strategies used by these student participants.

Analysis of Act 4, Scene 1. “I have to have a plan”

It is very clear that hard work and determination are key aspects of the student participants' pursuit of their desired possible selves. Commitments and sacrifices are made and pragmatic approaches are applied to study skills whereby the student participants show they understand their own learning needs. They apply this knowledge to adaptation of occupations as they develop unique approaches to occupational participation in order to pursue their paths towards their desired possible selves (Oyserman, 2008).

Within this temporal development of identity towards desired possible selves, occupational adaptation and occupational competence are shown to evolve (Kielhofner, 2008). Kielhofner associated the contextual development of identity with occupational adaptation and defined it as, “achieving occupational competence over time” (p. 107). This achievement of occupational competence, known to be a normal process of everyday life (Naylor and Stanley, 2015) is evident within act 4, scene 1 as the student participants respond to intrinsic and extrinsic contextual factors, resulting (in most cases) in “occupational mastery and satisfaction” (Schultz and Schkade, 1997, p. 469). Central to this and highly apparent within the narratives is the student participants' ability to organise their time for responsibilities and work towards goals in order to fulfil their role expectations to a point where control and competence are apparent. This was also identified within other research (Cahill et al., 2010). In addition, satisfaction of needs and desires as aimed for outcomes (Bontje, et al., 2004) are reached in order to move closer towards the reshaping of self (Naylor and Stanley, 2015). These are influenced by the possible selves the student participants wish to become.

Communicating their needs and negotiating with others is central to their ability to build the student participants' academic confidence and leads to academic competence (Albert and Dahling, 2016). This is apparent within Abigail's disclosure of her dyslexia to her practice placement educators whereby she described her approach to self-management and communicated her needs effectively. This supports the work of Dearnley et al. (2010) whose findings reflect that students are happier to discuss disclosure of dyslexia when they are proficient in using compensatory strategies in the practice setting. Abigail's proactive approach is indicative of confidence in her own ability to manage and cope during practice placement.

Formal support (Juntje et al., 2004) is noted in the narratives. Abigail for example refers to the importance of feeling supported at Sixth Form College. However, despite being aware of the support at hand at university David rejected it and instead maintained control over his work. David's own understanding of his needs and his description of the symbiotic learning support with his girlfriend demonstrated a proactive approach indicative of an internal locus of control (Albert and Dahling, 2016). It is possible, although not explicitly stated that this relationship and ability to support each other is towards a shared future whereby short term goals of learning and passing assessments are objectives and goals. What is evident is that successful employment of strategies enhances their "sense of personal efficacy" (Wicks, 2003, p. 182). It is possible that their shared occupational adaptation which is evidently effective (at least for David) takes them towards future beneficial occupational adaptations (Nelson and Jepson-Thomas, 2003).

There is a relationship between the application of unique strategies and a sense of control and self-efficacy which is apparent in most but not all of the narratives. Jessica's excerpt shows that it is in the actual 'doing' of studying that she experiences potentiality and reaches her desirable possible selves. While Asaba and Wicks (2010) asserted potentiality is within the occupation rather than the person, this excerpt showed that in this case potentiality is realisable and dependable upon both the use of agency and the person's contextual surroundings. To place potentiality solely within the person with dyslexia would be dangerous, placing blame for not achieving what is thought possible directly with individuals. Jessica applies a significant amount of will power, determination, self-knowledge and hard work to achieve mastery over her study skills.

Locating potentiality within occupation suggests temporal interaction of experience through the person, occupation and environment (Asaba and Wicks, 2010) essentially recognising the role of opportunity and oppressive or augmentative environments. In contrast with Jessica, when there is a lack of strategies this limits opportunities for occupational adaptation, also limiting occupational potential, synonymous with Wick's (2003) work. This could be indicative of an external locus of control which may correlate with a less defined sense of academic competence (Albert and Dahling, 2016). However, as confidence grows and the ability to perceive possible selves within the chosen profession evolves and become less fragmented and more elaborate, a sense of competence prevails.

What is also apparent is the efficacy of the occupational strategies implemented by the student participants and how these are refined to

enhance effectiveness (Wicks, 2003). Wicks, (2003), Hasselkus and Dickie (1994) Christensen et al. (1999) and Christensen (2000) associated the consequences of effective occupational strategies as being associated with happiness and 'becoming', also consistent with Wilcock's (1998) thesis on the occupational perspective of health. As Wick's (2003) asserted, if people respond to their occupational needs and use their capacities meaningfully, they are more likely to experience health and wellbeing. An addition to this concept made here in this research is the consideration of occupational possible selves whereby possible selves are made more conceivable through occupational adaptation, engagement, competence and innovative improvisation to reach occupational potential.

Much of the literature applied to occupational adaptation relates to adaptation to an illness or disability, requiring a process of psychological as well as occupational adaptation. However, act 4, scene 1 shows that these student participants have made life choices in embarking upon master's level healthcare courses which requires them to apply the principles of occupational adaptation albeit unwittingly and as a method of recreating self-identity (Nayar and Stanley, 2015). Adapting occupations leads to changes in the self as occupational adaptation creates change within the person (Nelson and Jepson-Thomas, 2003). In addition, one occupational adaptation leads to another, indicating a cyclical reaction throughout life as one constantly adapts to changes and challenges presented (Nayar and Stanley, 2015).

Scene 2 of Act 4 is presented next. This is entitled "Actually, yes I can!" and presents Penny, Rebecca and Jessica's narratives.

Act 4, Scene 2. "Actually, yes I can!"

Characters in order of appearance, Penny, Rebecca, Jessica.

Narrator

Welcome to Act 4, Scene 2. Penny, Rebecca and Jessica are going to tell us more about life with dyslexia.

Penny

And then my dad, we bought a rundown farm house. Yeah, there were 3 things. I had a complete hysterectomy, and was quite ill, my dad became really ill and passed away, and the farm house... I did some invigilating for the local school and that sort of thing. I had to take over running the farm, we had to go through probate for the farm sale. If I had to write anything it hit me that I couldn't put it down into words what I wanted to say, just writing a simple letter would take so long.

I always wanted to do something, have a career and like my ex-husband just wanted me to be a sales person because that's what he was, "Oh just go and sell something" ... "I don't want to sell something". ...I never ever thought I would be able to be on a course like this but I wanted to. Housewife ...I was just there to do dinner parties, look after the kids, I was rock bottom. I didn't think I was capable...

When I got divorced I had a fantastic GP and brilliant solicitor and barrister. I had to take my ex to court which was horrible but afterwards the solicitor and barrister said, "You know, you are really bright. You are free now. You can go and do whatever you want to do". They'd just heard me speak. I hadn't had to write anything down so it was then I thought, "Actually, yes I can! I can do whatever I want to do". So, I spent a couple of months looking at what I could do and then I chose occupational therapy.

Narrator

Gosh, Penny manages the level 7 programme in occupational therapy as well as a farm and being a single parent to her two children. It sounds as if Penny has had and continues to have a lot to cope with but she managed to get away from the oppressive relationship and way of life. Rebecca on the other hand, as a younger student, has fewer responsibilities but still feels she has a lot to do. Let's hear from her.

Rebecca

I don't have a life at the minute. I just do this.

Narrator

I wonder what this relates to? Could it be due to confidence or severity of dyslexia? Nevertheless, Rebecca is making sure she prioritises her course and her future. Jessica, on the other hand, also has

no other responsibilities that she refers to but chooses to put 100% into her occupational therapy level 7 programme, for slightly different reasons. Lets' hear what she has to say.

Jessica

I just got a mark back and I was gutted cos it meant I'd dropped from a first overall and I sat in the room and cried the whole lesson. I thought, "Oh my gosh, what am I going to do?" I dropped down from a first. I'd strived for that first for about a year and a half and I just thought, "Oh my gosh" but you know I still wish I'd got a first and I got 65 overall and initially I couldn't be happy with the 65. I was so gutted and I remember my mum saying, "We've all put so much time and effort into supporting you with this course and you can't even be happy with a 2:1!" but I just wanted that first. It meant everything.

Narrator

Gosh for the sake of 5 marks, so much disappointment and so driven. It's great she aims so high. I'm genuinely proud of these students. Let's hear what else she has to say.

Jessica

In terms of getting a job, do you declare it? Do you not declare it? I suppose for me whether I declare it or not is whether it would influence whether I can do the job or not. I like things in order. I do

things orderly and am quite organised. It would really benefit me in a job so I think for the future it's looking at whether it's a limitation or a benefit but I don't think it would put me off getting any type of job in occupational therapy. I don't think it's a limitation in working in occupational therapy at all. Something like lecturing. Would I be able to get into that when I'm older? I might think, "Would it limit me?" So, whereas occupational therapy based (work) the only thing I can think is writing notes, sometimes I would struggle with that so I think for the future, the immediate future it wouldn't limit me at all. The long-term future if I wanted to move out of the practical side of the profession I think, yeah.

At the same time, I'm thinking I want to progress when I get settled. I'll see what I can develop from that. Look to specialise in an area like my research maybe eating disorders, mental health somewhere like that. Much later in my career, look to teaching or a different path maybe. I'll have a good year of finding my feet and getting my head round working and using my knowledge I think.

Angela

Are you proud of what you have achieved so far?

Jessica

It was only from getting the highest mark I thought, "Yeah you know; I did do that on my own". Then coming to do the level 7 and getting support. I think that enhanced the benefit and positive thing of having dyslexia. You were not being rewarded for having it but given help and support and I thought, "Yeah, I could really benefit from that" and it was something good that came out of having to struggle with it for ... years. I'm almost being rewarded for having it.

I am now almost being rewarded and thinking, "This stuff is really helping me". It's more of a possibility on this course because I got support as far as proof reading so it was almost that something good came out of having dyslexia.

Narrator

Jessica works hard and benefits from the support of disability services, she seems to feel lucky to receive support. Now Jo is going to tell us about the end of her level 7 programme in occupational therapy.

Angela

We were looking last time at the past, time of diagnosis and what that means to you. The last interview was at least six months ago. Shall we try to start where we left off last time, the end of the course? Is it a big blur?

Jo

Yeah! I did nothing for a month while I just found my brain again. The whole two years was indescribable. It's like this thing that happened but I wasn't there. Stress, coping mechanisms, you step out of it and you're like, "What just happened?" you know... Like a car crash or something.

(Laughing) I can't think of anything else (laughing).

Yeah that's how it was, I mean you get to the end and can see the light at the end of the tunnel. A distinctive thing. Then there was a sense of camaraderie with the other people. I spent a lot of time in the library in the dyslexic room cos there was quite a few of us and other people joined in. We got hysterical and strange and lots of late nights. ... The conference was hard to balance ... cos often, oh when I do these kinds of things, "Yeah, I'll do the conference! Oh yeah, I'll start a networking group!" So yeah with the conference I didn't think about it much. It's better to just do it. I kind of was so tired it was like an out of body experience where on the morning, I had all the name tags and slept in. I was in a fit of panic because my alarm didn't go off so I woke up in this

fit of panic. John had to give me a lift. One of the girls on the course lived with me at the time and she helped out and I was on a complete different planet. A complete different planet! I had to do the presentation and had practiced a little bit. I only really fully practice when they're for marking but not for this. I much prefer to do things off the cuff.

Angela

You were fantastic! Your presentation was so interesting and well-presented and to receive recognition from the Royal College of Occupational Therapists is just great for you.

Narrator

This brings us to the end of act 4 scene 2, "Actually, Yes I Can" an aptly named scene which shows us how able and determined these student participants are. This final act and scene communicates a sense of pride and hope for the student participants as they move towards their futures with the same determination and skill that has enabled them to reach this point in their lives. It has been a privilege to sit alongside them for this part of their life journeys and I wish them well for their future possible selves.

Analysis of Act 4, Scene 2. “Actually, yes I can!”

Act 4, scene 2 shows student participants may indeed be reaching their occupational potential, ‘becoming’ who they wish to be (Wilcock, 1999), their possible selves (Markus and Nurius, 1986). Ultimately there is great pride in all the student participants’ own accomplishments as they reach the end of their courses and establish new roles as healthcare professionals. They begin to perceive more elaborate possible selves beyond university and that of their chosen healthcare profession.

Disclosure of diagnosis of dyslexia continued to be an issue despite the achievement of a master’s degree and positive approach to life generally with dyslexia. For example, Jessica showed she is cautious about how she intends to approach disclosure in the future. She considers a career possible self at least in the short term as an occupational therapist who may not disclose. This infers she is concerned that it may be viewed as detrimental to her own progress and that she has concerns she may be discriminated against at some point in the future. How she proceeds with this may depend upon the amount to which she feels welcome and understood within her roles. This is indicated by Dearnley et al. (2010) whose findings reflect this in healthcare students with disability including dyslexia.

This dilemma of whether dyslexia is included as part of the student participants’ social and professional identity highlighted a paradoxical position for the student participants. Being aware of dyslexia and how to live with it is well established among all the student participants, however how they project their social identities may be different in social environments and their potential acceptability perceived. This shows that even with proof of ability,

evidenced with academic criteria, social identity still needs to be managed and caution is still required in order to feel safe until environmental barriers are assessed and evaluated.

There is evidence within these narratives that occupational potential is not purely developmental and that occupational imbalance (Durocher et al., 2014) and sociological environments have significant impacts. However, there is a further paradox within act 4. The occupational imbalance tolerated by the student participants to reach their desired possible selves as healthcare students has an impact on wellbeing, although is tolerated due to its short-term nature within the fixed term courses (physiotherapy and occupational therapy are two year accelerated programmes). Particularly the mature students with added responsibilities experience occupational imbalance. This can be identified within Penny's narrative with pre-existing responsibilities as a parent and a farmer now sitting alongside occupational therapist/student. Both types of occupational imbalance (doing too much and doing too little) have the potential to influence mental health detrimentally.

Penny's excerpt shows that despite an undergraduate degree and post graduate qualifications she experiences tensions which limit her occupational potential and general abilities relating to study and life skills. Having achieved GCSE's, 'A' levels, undergraduate degree and post graduate qualifications, Penny finds herself "rock bottom", unable to express herself in writing, influenced significantly by the social roles impressed upon her by her relationship, roles and occupational possibilities (Laliberte Rudman, 2015). Occupational possibilities are influenced by social values and beliefs about what people should do in everyday life according to their life stage, social

class and gender. This shows that although she has the capacity to fulfil the roles expected of her in the past and present, to “do what is required” (Wicks, 2005 p. 137) she was not (in the past) able to become at that point, who she had “the potential to be” (Wicks, 2005 p. 137) therefore not reaching her occupational potential or able to perceive desirable possible selves. As Wilcock (1999) asserted, people may have similar needs but everyone has unique potential and health and wellbeing depend upon having the chance to reach potential. In addition, there is evidence here that Penny, through prolonged disconnectedness imposed by the occupational possibilities (Laliberte Rudman, 2002) open to her at that time of her life, experienced occupational alienation. This is defined by Bryant et al. (2004) as taking place when people experience persistent “alienation between their hopes and the reality of their occupational roles” (p287).

Wick’s (2005) initial definition of occupational potential is shown in act 4, scene 2 to be problematic as potential and capabilities pre-exist opportunities and remain despite not being allowed to come into fruition at specific points in time. It is apparent in Penny’s narrative that the oppressive environment negatively affects the impact of her dyslexia and together the combination is detrimental to her mental health and influences her life trajectory. Penny’s capacities are later exercised and her occupational potential substantially changes as her social situation alters as a result of her own actions, allowing her the freedom to consider and begin to perceive a new future with a desired possible self. Similarly, as occupational possibilities within her environment change, occupational alienation reduces as her hopes and the realities of her occupational roles begin to merge (Bryant et al., 2004).

The non-static or dynamic nature of occupational potential is a particularly pertinent point and has significant implications. For example, assessments and examinations can often determine potential within education. The student participants show that their occupational potential is not (and never has been) static, just as the motivations for engaging in occupations remain fluid (Asaba and Wicks, 2010). Their occupational potential changes, the more (and less) occupations are engaged in (Humphry, 2005). That the participants' "occupational potential is influenced by a complex synergy of personal, sociocultural, historical, political and economic factors" (Wicks, 2001, p. 34) is very clear from the narratives.

Examples of premature judgments and misunderstandings surrounding potential according to previous abilities are multiple within the student participants' narratives (as discussed in previous chapters: Jessica's year six teacher, Abigail and David's spelling tests and Maria's reading and writing abilities at primary school before she embarked upon high school). However, despite periods of oppression and immense pressure through attending their level 7 programmes the student participants proved their ability to adapt, particularly with a view to becoming who they wish to become.

Conclusion

This act presented and critically discussed the student participants' narratives with reference to the pragmatic approaches each applied to the management of their lives and their courses. Significantly however, it highlighted the pride and determination they had in nearing and reaching their occupational potential and possible selves. Their approaches are nuanced and cater for

their own circumstances as they change, reach possible selves and look towards the future for potential future possible selves. Often approaches are applied and the use of strategies are inherent and implicit to their everyday lives, part of their habituation (routines and habits) (Kielhofner, 2008) which are closely monitored and protected.

A pragmatic approach to the management and disclosure of dyslexia was viewed as helpful and reaped positive rewards for some, with appreciation from practice settings. However, not all students felt that disclosure was easy and instead apply caution as they fear discrimination. This is despite legal protection against discrimination with acts such as the Equality Act (2010) but the subtle nuances of discrimination and tacit knowledge of one's own position within a society which evidently holds misconceptions and misunderstandings about dyslexia are evident. Above all, this act also shows that while some student participants appear to be reaching their occupational potential with study skills through adaptation of occupation this has not always been the case and social environments are highly significant in reaching or failing to reach occupational potential and possible selves. There are many factors which influence occupational potential and possible selves within society and many structures exist to bind and limit progress for some groups which remain untouched within policies and acts, but instead require attitudinal changes.

Chapter 8 ends here and it is at this point in the thesis that the 4 acts end. Each act, "Diagnosis", "Shaping possible selves", "Fitting the mould", and "Strategies and the future" capture temporal, personal and social reflections of the student participants and the plots, sub plots and threads which arise

from their stories and are constructed here into narratives and presented as acts and scenes. Next, chapter 9 addresses some of the plots in more depth and develops some of the concepts discussed within the analysis sections further.

Chapter 9. Discussion

Acts 1, 2, 3 and 4 show how complex the life paths and experiences of growing up with dyslexia can be. The student participants' narratives are not tales of hardship resulting in poor outcomes. Instead they are more tales of resilience, determination and agency whereby the student participants show abilities to overcome many difficulties and pursue desirable possible selves despite barriers. Support of families is superseded with peer support, moreover with autonomy and strength.

This chapter (9) builds further upon some of the plots and threads which arise in acts 1 to 4, providing further exploration and extrapolation. For example, this chapter addresses congruent versus incongruent environments and addresses the implications of these on the development and perception of possible selves, adaptation to living with dyslexia and habitual application of strategies. There is a discussion regarding the development of occupational identity, elaboration of occupational potential and the implications of developing possible selves as healthcare students with dyslexia as well as the inter-relationship of occupation and possible selves. The next section, 'dyslexia and congruent versus incongruent possible selves' begins with considering some of the plots and sub plots within the Acts and it particularly addresses some of the school related narratives.

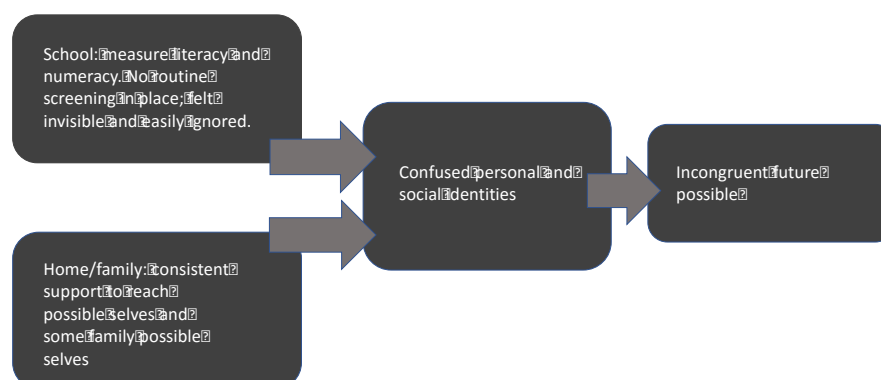
Dyslexia and Congruent Versus Incongruent Possible Selves

Acts 1, 2, 3 and 4 illustrate how congruent social and personal environments are highly important to the desirable possible selves of the healthcare students in this study (Oyserman, 2008). When assessment, support and congruent social and personal selves are fragmented, disjointed or missing, future desired possible selves become ambiguous and threatened, particularly as elaborate ideas of what may be possible in the future are more difficult to perceive (Stevenson and Clegg, 2011). How well developed or elaborate possible selves are, influences aspirations and achievement at school (Stevenson and Clegg, 2011) as well as later life. This is important as study occupations or self-initiated actions which lead to academic success can be significantly influenced (Robinson et al., 2003).

Examples of congruent and incongruent possible selves can be found in act 1 and act 2 whereby the student participants' experiences demonstrate the importance of these constructs working together. Examples lie in the differences and incongruences between participants' home and school environments influencing the home and school social identities. Home environments worked to counteract school environments as the more prominent of the two. This is a particularly retrospective view as the student participants reflect upon and reconsider their stories (Stevenson and Clegg, 2011). It is possible this research contradicts Wainwright et al. (2016) who claim the home social environment has less impact upon perceived possible selves in early adolescents than other environments. These student participants show that as they reflect back the stronger influence is the home

environment which work to contradict and counteract disabling barriers (Swain et al., 2004) and structural discrimination (Dirth and Branscome, 2017). However, evidence of the two social contexts colliding to create confusion and disparities is evident here. This results in confused perceptions of self, confused social identities and incongruent future possible selves. This dichotomy is illustrated in figure 4: Incongruent Social Identities, below. Whereby dichotomous factors within the student participants' social environments lead to confused personal and social selves and identities (how one views one's self and how society views us), leading to future possible selves which lack clarity, coherence and congruence.

Figure 4: Incongruent Social Environments and Possible Selves



As shown in figure 4, competing and contradicting information from social worlds of school and home can provide incongruent possible selves (Oyserman, 2008). Home is supportive and encouraging for some student participants, yet at school they receive very little guidance and support to reach occupational potential in study skills. The situations of Rebecca and Jessica share similarities despite one having a diagnosis of dyslexia and the

other not, showing diagnosis is not necessarily helpful during school years when pedagogical support and understanding is missing.

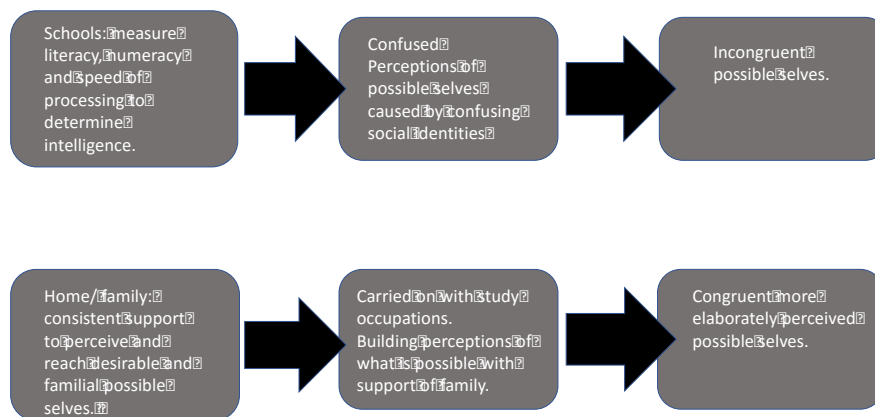
Perceptions of future aspirational and desirable possible selves is difficult for Rebecca and Jessica (Stevenson and Clegg, 2011) leading to ambiguity. Ambiguous possible selves lead to routes which seem viable but lack meaning and purpose. As some of the student participants were not reaching their occupational potential with study skills at school they did not head towards paths they were cognitively engaged in and motivated towards. This is influenced by the cognitive challenge experienced and whether the route taken is leading to a false possible self. They do not move directly towards true aspirational possible selves. Instead they are cautious and choose realistically achievable possible selves by moving from school after GCSE's on to courses in subjects they consider viable rather than desirable. This could be considered in relation to occupational alienation, whereby, as discussed in relation to Penny earlier, there is a disconnectedness between hopes and realities (Bryant et al., 2004). However, some of the student participants' hopes are lacking tangibility. Instead, there is a sense they both look beyond the scope of their realities for alternative desired possible selves.

However, despite lacking meaning to the student participants at the time, these courses (particularly beauty therapy) play a purpose in helping to develop study skills, confidence and ideas about their future possible selves. In addition, realistically achievable possible selves work to provide direction and hope (Markus and Nurius, 1986). This contrasts with Wainwright et al. (2016) who show correlations with unrealistic possible selves such as "making it ...in Hollywood or in the English Premiership" (p16) and delinquent

behaviours. The student participants in this study remained ambitious and retained realistic and achievable goals, particularly as they benefited from ongoing support from their parents.

Comparisons can be drawn between narratives whereby Maria and Paula maintain aspirational possible selves as they benefit from congruent social environments. In Paula's case, being home tutored results in no conflicting social environments, allowing her personal aspirational possible selves to flourish and strengthen. Whereas, in Maria's case both a diagnosis and support at school as well as having a consistent social possible self, presented to her from home, resulted in congruent personal and social possible selves (Oyserman, 2008). Conversely, having experienced a countervailing possible self as someone who was unable to read and write as a younger child and subsequently succeed at school, Maria benefited from a counterbalance which supports her determination to move in her desired direction (Oyserman et al., 2004). Her ability to adapt to how her dyslexia presents and use the personal and social resources at hand helped her to adopt a realistic stance regarding her dyslexia (MacDonald, 2009a). Figure 5 (page 231) illustrates this whereby congruent social environments and perseverance with study skills lead to congruent, more elaborately perceived possible selves. Contrasting and contradicting information from the social environments can result in confusing perceptions of self and identities which result in incongruent possible selves. However, as shown in figure 5 the student participants carried on with study occupations and moved towards congruent and elaborately perceived possible selves.

Figure 5: Incongruent and Congruent Possible Selves



The student participants benefited from continuity within the home environment which consists of continuous and consistent relationships and roles, supporting their well-being (Laliberte Rudman, 2002). These can be replicated as adults as they develop and establish their self- concepts as well as their social and occupational identities. This is discussed further within the next section, Occupational Identity.

Occupational Identity

Acts 1 to 4 show how the student participants are continually involved in interpreting; constructing and reconstructing their personal and social identities within the environments they inhabit (Laliberte Rudman, 2002). This development of identity is a constantly changing and evolving phenomenon; influenced by occupations engaged in along the way and the chosen route or path (Oyserman, 2008) the student participants are taking.

Occupations are shown here to be a means through which identity and competence as a person is projected and communicated. Identities are closely tied to what we do and our interpretations of actions in the context of relationships with others. The connection between doing and identity and how this is enacted through the student participants' narratives shows that not only occupational potential is relevant to this research, occupational identity is also important.

Drawing upon Kielhofner's (2002) work, Phelan and Kinsella (2009) have described occupational identity as an amalgamated sense of who one is and wishes to become. This is based and generated from our history of occupational participation. Integral to occupational identity is a person's motivation, habits and past experiences which are shaped and reshaped according to personal, social and cultural values. Central to the concept of occupational identity is acknowledgement that even at an early age, children (age unspecified) know themselves as individuals as they quickly learn and understand that their actions have social meaning and are capable of acting on the world (Christiansen, 1999).

As would be expected, there are many differences among the student participants as far as their occupational identities are concerned, with some beginning their educational journeys with pre-existing occupational identities. For example, Abigail's narrative showed her personal identity as a reader is already important within her working self-concept (Markus and Nurius, 1986) at a very early age in response to home and pre-school environments. What is poignant about Abigail's story is that she started to develop the occupational identity of a reader and perceives the high value of reading

before gaining many skills in reading. As she refers to the early days of starting school, one can assume that someone has supported the development of her engagement in part of the process of reading. The actions of sitting down with someone, telling a story and providing comfort have meaning and purpose for her. Abigail shows that even at a young age she is beginning to develop strategies of compensation (Lockiewicz et al., 2014), for example using her memory and imagination to develop and project the social and personal occupational identity of being a reader.

Her ability and interest in learning to read are inter-related. Abigail re-enacts at school a co occupation (occupations carried out by more than one person) she has engaged in at home with her family. The transference of this simple interaction from her home to her school environment highlights the dialectical relationship between occupation and identity (Laliberte Rudman, 2002). This resonates with the work of Whitcomb (2012) who suggested that identity develops within the contexts of Bowlby's (1958; 1969) attachment theory and infant development. Central to this is dependence on the approval of others, particularly parents, siblings and teachers and as they engage in occupations the communications received either support or disapprove actions, thereby providing nuanced guidance.

Whitcomb (2012) asserted that the working model of the self is situated within perceptions of how acceptable or unacceptable a child and their actions are in the eyes of attachment figures. Abigail's engagement in reading shows that through the everyday doing and engagement in telling another child a story, previous experiences of every day moments of 'doing' create meaning in her life and contributed to her identity. As occupation can be used to either limit

or promote self-growth and personal identity and preferences for relating to and projecting a particular social identity influence occupational choices, these moments of doing are important in the long and short term development of identity and skills. Restrictions in opportunity can limit how someone perceives themselves and how they manage their social identity (Laliberte Rudman, 2002), therefore it is important that occupational identity is supported both at home and at school so that realistic and aspirational possible selves can be perceived. Abigail demonstrates high value towards some of the story reading skills but augments these with imagination and memory skills to enact the occupational identity she wants to project to herself and her new social environment. It is possible she had a possible self as a reader. This resonates with the work of Christiansen who states,

“Already, at an early age, children know themselves as individuals capable of acting in the world, and they understand their actions have social meaning” (1999, p. 549).

As Abigail’s experience indicated, during school years, occupational identities develop depending upon the opportunities within social environments. Student participants and their families seek occupations which reflect personal identity. Whitcomb (2012) considered how the process of attachment provides opportunities for the developing infant to engage in occupations that actuate his or her own agency in promoting well-being and setting a foundation for the future.

According to Christiansen (1999), towards adolescence and adulthood identity is more goal orientated and behaviours and actions become more

orientated towards becoming a certain kind of person or avoiding others (desired and undesired Possible Selves) (Markus and Nurius, 1986). The combination of occupations informing this process varies considerably from those introduced at school such as in David's example of developing building skills, or from home, such as computing (Maria), gymnastics (Abigail) and swimming (Jessica). Moreover, mastery of their environments shown through engagement in every day occupations helps to develop occupational identities as competent beings (Laliberte Rudman, 2002). I argue this contributes to the developing perceptions of what is possible for the future, future desired possible selves.

As a method of counteracting some of the challenging identities developing at school, some participants engage in occupations which allow them to express who they are to themselves as well as to others. This is important as representing one's self to one's self as competent and in control over important areas of life is vital to self-esteem and the ability to perceive salient desirable possible selves. For example, Abigail's description of her attendance at gymnastics shows an inherent desire to show herself and others that she could be good at something. Indeed, it is important to her to establish that she is not only good at gymnastics but she is capable of national level performance. This informs her social identity of being the brawn in the family, an identity which does not completely sit well with her but she refers to how she "took it", despite an awareness of her capability of other less salient desirable identities. This shows how occupational choices often reflect basic nature (Laliberte Rudman, 2002) however, when competence is compromised in some areas, alternative opportunities to demonstrate competence are sought. This may also be an example of occupational

alienation (Bryant et al., 2004) whereby hopes and realities are different. However, this begins to change when the social identity begins to be challenged and is less important when academic competence develops when she gains an explanation of her academic abilities with a diagnosis of dyslexia, resulting in pedagogical support and development of salient possible selves involving academic success. Evolving identities and persistently reaching for and meeting possible selves and avoiding feared or unwanted selves is a phenomenon at the heart of occupational therapy (Wilcock, 2007). Particularly as even in older age, our identities and possibilities continue to evolve if they are allowed to do so by the society and communities we exist within (Wilcock, 2007). This leads to some consideration of some of the factors which may relate to occupational injustices within the student participants' narratives.

Occupational Injustices

There is evidence each of the student participants experience occupational injustices which arise from many of the social injustices they experience such as structural discrimination (Dirth and Branscombe, 2017). For example, occupational imbalance is tolerated by all of the student participants whereby they accept that in order to progress towards their desired possible selves and avoid undesirable possible selves they work harder than their peers, often to the detriment of other occupations and a work-life balance. Occupational apartheid is evident when educational practices cater mainly for lexic communities (this could also be seen as structural discrimination). By omitting to adjust pedagogical practices sufficiently to include people who have dyslexia they are excluded from full engagement within learning

environments. This is already highlighted by Collinson and Penkreth (2010) and results in some occupational opportunities being afforded to some but not to others based upon personal characteristics such as disability (the definition of occupational apartheid) (Durocher et al., 2014).

Occupational alienation (Bryant et al., 2004) is also evident within the narratives whereby realities are separate and different from hopes at particular times of the student participants' lives. This relates to Penny and some other student participants (David and Abigail) as they begin life with particular hope. These diminish as social realities impinge. They all managed to transition from the oppressive periods within their lives. However, the issue of how many other people remain within oppressive states of occupational alienation is unknown. This may be relevant to many people and the degree to which dyslexia and disabling environmental barriers play a part in this also remains unknown.

There are also examples of occupational deprivation whereby occupations such as those involved in going to school were withheld as a protective strategy in order to save Paula the humiliation of spelling tests at school. This is not a judgement of parental decisions. It is instead pointing out the possible injustice as Paula may have been deprived of other occupational opportunities offered by the school environment. Indeed, this may have also deprived her mother of her career and the family of her mother's income during those years.

Occupational marginalisation is present when informal norms and expectations within social and cultural infrastructures restrict participation. An

example of this may be found in David and Maria's examples of being advised not to take on particularly demanding subjects which they were perceived to find too difficult due to their dyslexia. This example can be compared with Paula who embarked upon an English and philosophy degree and succeeded, gaining a first class honours.

What is apparent is that all the student participants may have experienced some form of social and occupational injustice, however despite this they pursued interesting and challenging careers which allow them to develop desirable possible selves and exercise their capacities to reach their occupational potential. This leads to the consideration of the role of agency within reaching possible selves.

Possible Selves and Agency

As time moves on possible selves alter in their salience and desirability. Past desirable possible selves (such as teaching for Jessica) are relinquished and newer identities and possible selves take over. As the student participants are all currently embarking upon level 7 healthcare courses, the route currently explicitly leads them towards firstly establishing themselves as students and towards their professions of choice. Each student participant has explicit, clearly perceived possible selves as practitioners within their chosen healthcare profession. As post graduate students they have organised for themselves congruent social environments to support the transition firstly to student and then on to qualified healthcare professional: physiotherapist, occupational therapist and osteopath.

This journey was and continues to be challenging and requires the student participants to be intentional actors within their environments; enacting agency (Sugarman and Martin, 2011). Identity construction is threatened by the dynamic environments they inhabit which alter over time, often challenging their ability to present themselves as competent people (Laliberte Rudman, 2002). This can be undermined by persistent challenges originating from the high value placed upon literacy skills (Collinson, 2010) and the environments they inhabit as students within higher education where they are required to produce work at level 7. This demands high literacy and processing skills, both factors influenced by dyslexia. In addition, fast paced environments within university and on practice placement require rapid thought processing speeds and fast responses to difficult and challenging problems as they arise, allowing little time for information processing or indeed reflection, a requirement of practice (HCPC, 2011).

In order to ensure students acquire the correct skills and knowledge to become their chosen healthcare professional, 'possible occupational therapist', 'possible physiotherapist' and 'possible osteopath', courses are structured to enable learning through participation, involving role play and immersion through clinical practice placements. Academic ability is enacted through habitual everyday participation (problem based learning) and the learning and assessment processes of writing academic essays, research, presentations and practical lessons. Engagement in highly specialised practice placements and clinic environments within the National Health Service, public and private settings are integral to the courses with formal assessment of 1000 hours of clinical practice for occupational therapy and physiotherapy. The occupational engagement inherent within these learning

and assessment methods exposes the student participants to many opportunities to learn in different ways. However, as the narratives showed for some students there is potential for failure and many of their habits and routines are structured to avoid this (as discussed by Maria and Anne in act 3) despite, as Anne states hating tasks that require literacy skills.

As Erikson (2007) reminded us, possible selves are conceptions of selves in future states (Markus and Nurius, 1986), however the student participants in this study move temporally into the roles of prospective possible selves in order to assess their salience. In doing so, they show how the meaning and purpose of the possible selves are tested against their ability to perceive themselves in the roles and their working self-concepts and self-schemas are enhanced and become more elaborated (Erikson, 2007). Similarly, the salience of the possible selves informs their motivation to carry on with the necessary tasks and in many cases (for example David and Jessica), a level of mastery is achieved within clinical placements and also with essay writing. In order to cope, gaining a sense of control is vital (Markus and Nurius, 1986). The ability to gain control and a sense of self-efficacy comes from their constructive use of agency. By using powerful incentives and standards also referred to by Markus and Nurius (1986) the student participants are experiencing what it would be like to truly be their perceived possible selves, within their chosen career, making the realisation and possibility of achieving them all the more compelling (Erikson, 2007).

In trying out the roles of their desired future possible selves the student participants applied a high degree of agency: making things happen in everyday life through actions (Bergström et al., 2015). This can be seen in

terms of their ability to create and elaborate distinct possible selves (Markus and Nurius, 1986). A lack of agency within possible selves can result in them never coming into fruition and even enhancing the possibility of feared possible selves becoming reality as active participation in the avoidance of feared selves is necessary in many cases. Erikson (2007) took this argument further and suggested that without agency the possible self is not a true possible self as it is central to the concept of self-efficacy. While this may indeed be true, as without an element of agency, possible selves are less likely to be met, what is evident within this research is that even when a distinct career orientated possible self is not available, perceivable or salient to the student participants they continue to apply agency in order to refine and develop their life trajectories and enhance their working self-concepts until more established, realistic and desirable possibilities become options. This also suggests a continuum of possible selves ranging from vaguely possible to highly elaborated and likely.

This research shows agency is active independently of perceived possible selves when they are indistinct or beyond perception due to confused and contradictory social and cultural circumstances and the nuances of occupational possibilities (Laliberte Rudman, 2010; Njelesani et al., 2015). However, the sociological and cultural backgrounds inhabited by the student participants enabled the application of agency to varying degrees. However, there were inherent influences upon their abilities to perceive and become who or what they realistically perceived to be plausible possible selves, having firstly developed occupational identities.

“How it would be from the inside” (Erikson, 2007 p. 352) is considered and pondered within the student participants’ narratives. Jessica wanted for many years to be a teacher however, as she considered this, it became a quandary and she placed herself within an imagined space as a teacher. She was fearful as to how she could fulfil the expectations and this challenged the salience of her teacher possible self. Her self-concept as someone who finds spelling challenging impeded her perceptions of the possible self she had imagined for many years. This is another example which indicates a continuum of possible selves whereby vague perceptions of possibilities for the future gain clarity and salience the more likely they become and the more agency is activated to add to their salience or possibility. Similarly, Maria’s self-concept challenged by her ability in mathematics limited her perceptions of herself as a physicist but nevertheless the possible self was considered temporarily, reinforced by her familial aspirations.

The construction of the meaning making process inherent with the possible selves constructed by Jessica and Maria are challenged as they place themselves in the roles within their imaginations (Erikson, 2007). This is in contrast to Rebecca who tried the role out by participating even before the opportunity arose via her course. However, the inter-subjectivity or positioning the possible self within the person’s sociological and cultural context inherent within the definition of possible selves (Markus and Nurius, 1986; Erikson, 2007) is relevant here. Jessica considered the implications of being humiliated as a teacher within the sociocultural context of her own perception that teachers are required to be good spellers to be effective within their roles. The assumptions she made about this influenced her motivation and causation or desire to discontinue with that desired possible self and begin to

develop a new self-concept as an occupational therapist rather than a teacher. Somehow her beliefs about possibilities were infused with values related to what could or should be possible for someone like her, restricting her occupational possibilities (Njelesani et al., 2015). Rather than this being restricted by her gender, life stage or social class, it relates instead to her spelling ability, a specific difficulty she encounters as a result of dyslexia.

Actions which hold meaning are inherent within the possible selves' definitions provided by Markus and Nurius (1986) Erikson (2007) and Oyserman et al., (2010). This resonated with some of the assumptions surrounding an occupational perspective, what is interesting (to me) is there are many similarities as the meaning and contexts are important within both perspectives (occupational and possible selves). The main difference however remains within the acknowledgement of the transitional nature of the actions which occurs through the realisation of potential within those actions or occupations, occupational potential. This takes me to the next section which discusses occupational potential and its role within this research.

Occupational Potential

Occupational potential, a topic suggested by Alison Wicks (2001) as "worthy of exploration" (p32) is a central concept to this research. As contextually situated "doing", the ability of the student participants to adapt (Asaba and Wicks, 2010) and meet their occupational potential is itself dynamic and cannot be assessed as a whole due to its transitory and relative nature.

It is that which,

“...can be brought into actuality through engagement in occupation”

(Asaba and Wicks, 2010 p. 122).

As occupation related to areas of self-care, productivity and leisure it is possible the student participants are already reaching or have reached their occupational potential in many areas, for example swimming and gymnastics at county and national levels (Jessica and Abigail), managing a family, farm and a two-year level 7 programme (Penny). It may be anticipated that by succeeding on their chosen programmes they are reaching their occupational potential with study skills but that could be a dangerous assumption. What may be perceived to be someone's occupational potential by one person may not be perceived as such by someone else (Wicks, 2005). As occupational potential cannot be measured, is dynamic and transient in its nature (Asaba and Wicks, 2010) and develops over time there remains no method of knowing these things except potentially with the benefit of hindsight. The probability that the student participants may not yet have reached their limits of occupational potential both in the general sense within their lives, within wide ranging occupations or with reference to individual occupations such as study is plausible. They may continue further in higher education, perhaps at doctorate and post doctorate levels. As Wicks (2001) suggested, potential becomes reality through actions which provide its demonstration.

As a way of reflecting the evolutionary nature of occupational potential Wicks (2005) referred to the term 'becoming' as a synonym for the development and realisation representing the understanding that occupation has the potential to transform lives and reach and achieve self-actualisation (Maslow, 1954).

Similar to the participants in Wicks' (2005) own study (who were older women looking retrospectively upon their lives) the student participants in this study experienced a surge of occupational potential during their adult years as they are in positions (education, skills, agency) to expedite the use of their capacities and be some way towards reaching their occupational potential. These student participants are in transitionary roles as students, they are moving through possible selves as they leave the student role behind and move towards their professional roles.

Resonating with Wicks' (2005) work, the student participants in this study are occupationally rich, having come from childhoods where they experienced satisfying occupational participation (Wicks, 2005) in many cases. Becoming occupationally rich is a factor, essential for reaching their possible selves. However, this is challenged with consideration of some school experiences which can sometimes be judged as far from satisfying. Table 4 shows examples of occupationally rich experiences and occupationally unsatisfactory experiences.

Table 4: Occupationally Rich and Occupationally Unsatisfactory Experiences

Example of Satisfying Occupationally Rich Experiences	Examples of Unsatisfactory Occupational Experiences
Gymnastics (Abigail)	Unsatisfactory teaching practices despite diagnosis
Swimming (Jessica)	Given little or no pedagogical support to reach occupational potential in study skills and aspirations at school.
Shared occupations with parents and grandparents (David and Jo)	Reduced expectations from others (teachers, husband, university tutor) (Jessica, Penny, Anne)
Computers (Maria)	Public criticism of skills in spelling (Abigail and David)
Story Writing (Paula)	Taught in traditional non-inclusive environments
Reading or pretending to read (Abigail)	Alienated at school
Taught in less traditional interactive methods (Jo and Paula)	

Despite challenges experienced along the way, these student participants and many more like them, reach higher education at undergraduate and post graduate levels through engaging in meaningful life paths towards possible selves through developing their latent capacities and achieving occupational potential. These capacities are augmented, supported and suppressed within inhabited social environments and progress and ability to perceive and move towards desirable possible selves depends highly upon the agency of the student participants to mobilise resources in order to reach occupational potential and possible selves. The relationship of occupational potential and possible selves is discussed within the next section.

Occupational Potential and Possible Selves

This research shows that possible selves and occupational potential are both transitory in nature. They both depend upon sociological and personal factors, are inter linked and dependent upon occupational experiences and social and occupational justice. Occupational experiences inform perceptions of possible selves and the meaning gained and perceived from possible desired and feared selves influences occupational participation, engagement, occupational potential and occupational identity. It is in reaching occupational potential in specific occupations (for example study skills) and developing occupational identities which are conducive to social contexts that possible selves are perceived, achieved and new possible selves become possible. Temporality is an important factor within both perceptions of possible selves and occupational potential.

A prominent issue here is not that these student participants have managed to obtain places on level 7 healthcare courses, more that the oppressive environments they (or some of them) experienced did not prevent them. Their sense of agency informed and motivated by desirable possible selves may have made this possible through nearing or indeed reaching occupational potential. This resonates with the work of Asaba and Wicks (2010) who refer to a prevailing inner discourse of “I can” which they associate with “the experience of potentiality” (Asaba and Wicks, 2010 p. 122). A specific example of this is held within Penny’s statement as she reflects upon her newly established freedom,

“Actually, yes I can! I can do whatever I want to do”.

This “can do” concept or attitude is prominent in this research despite challenges within some social environments, such as Jessica’s year six teacher,

“She’s not going to get to university”.

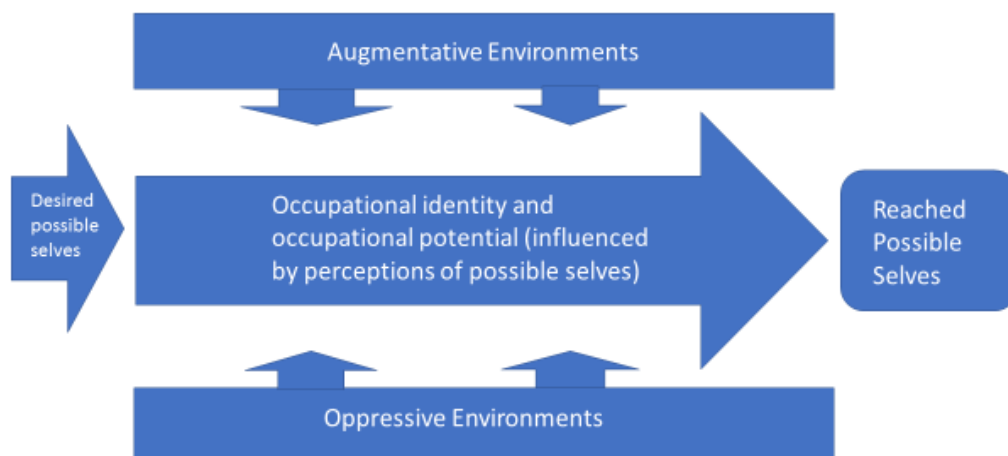
The fact that the student participants practiced their sense of resilience and agency is apparent in their recruitment of power to effect change. A sense of hope and excitement for the future is perpetuated by perceptions of themselves within the elaborated roles. Within this is an elaborate perception of possible selves, informing agency and meaning for occupations, which in turn allows the development of competence and fuels potentiality. Remembering that people have the potential and power to act as well as the

potential and power not to act is essential here (Asaba and Wicks, 2010), the choices made by the student participants are important.

These student participants overcame hardships to reach their desired possible selves, often struggling with the multiple demands of academic courses and tolerating occupational imbalance (Durocher et al., 2014) to become who they aimed to be. There are examples within the narratives of overcoming hardship and indeed using it as a countervailing influence. The oppressive and/ or augmentative environments suppressing and/or facilitating occupational participation, allow (or hinder) progress and development of occupational identities and occupational potential in order to reach desirable possible selves (as illustrated in figure 6).

Possible selves provide motivation for engagement and participation in occupations and use of agency by suffusing occupations with meaning and purpose. Central to this whole process is agency which may fluctuate but is needed from the beginning of the journey through to the end where desirable possible selves are reached and perceptions of new ones begin to evolve. It is possible this conceptual model could be applied to education and occupational therapy (as well as other professions) and is discussed further below.

Figure 6: Model of Occupational Possible Selves



Understanding the concepts within the model are helpful ways to establish ways of understanding some of the difficulties experienced by students whilst helping to identify ways of supporting people. While this model is specifically relating to people with dyslexia here, it may also be considered in relation to non-dyslexic people.

Concept derivation from the work of Olszewski Walker and Coalson Avant (2011) is helpful when considering how constructs from different disciplines may be brought together to create new models of practice. I propose here 'The Model of Occupational Possible Selves' as a distinct model in its own right which applies and builds upon earlier occupational therapy models. It considers the domains of practice noted within the Canadian Model of Occupational Performance and Engagement (Townsend et al., 2002) as well as some of the constructs from The Model of Human Occupation (Kielhofner, 2008) but adds possible selves (Markus and Nurius, 1986) as an additional but distinct entity. The Model of Occupational Possible Selves can be used to

guide practice to support consideration of the interaction between the person, their environment, their occupational participation and engagement, occupational identity and occupational potential. In addition, it considers past, present and future possible selves within each of the domains of occupational participation, environment and person as well as within a separate domain to allow the elaboration of the perceptions of desirable possible selves and the actions required to enable them to come into fruition.

Ascertaining and supporting the development and elucidation of perceptions of possible selves which are desirable and acknowledging feared possible selves is a method of establishing which occupations may be meaningful and purposeful. This is helpful and enhances goal orientated occupational engagement and participation. There is a symbiotic relationship between possible selves, occupational potential and participation whereby the more purposeful participation in occupations, the more likely the desired possible self is to become elaborated and come into fruition particularly if the two are aligned and are complementary. Similarly, meaning from desired possible selves infuses occupations with meaning and purpose, supports the development of occupational identities and helps to reach occupational potential in specific occupations. This information is helpful to the work of occupational therapists and knowledge of possible selves. This model has the potential to guide occupational therapists within their professional reasoning, enhancing the process of goal setting and ensuring occupational therapy focuses on how life could be in the future. Importantly, the model also acknowledges which actions should be implemented in the present. Included is a specifically stated aim which is a hoped for possible self which requires

acknowledgement of the necessary actions to achieve it. Those factors would need to be in place to ensure and enhance possibilities.

Using the inter-relationship of occupations and possible selves as a guide, a formulation may be constructed to guide intervention. Discussion of how to combat occupational injustices such as occupational imbalance, occupational alienation, occupational marginalisation and occupational deprivation (Durocher et al., 2014) including the importance of maintaining health and wellbeing through balanced occupations is part of this.

Conclusion and Summary

This chapter discussed the importance of congruent and incongruent possible selves showing how environmental factors can facilitate and impede perceptions of possible selves with people with dyslexia. It was specifically related to the student participants of this study however, there are possibilities that incongruent environments can be detrimental to any child and particularly any child with dyslexia. This chapter addressed the relevance of occupational identity to the student participants' narratives and considered how this develops and shows itself as a fundamental relation of occupational potential. The transitionary nature of occupational potential and possible selves are considered here together within this chapter. This led to the introduction of The Model Occupational Possible Selves, a model which demonstrates the relationship of agency, occupational identity, occupational potential and possible selves, showing how occupational participation and engagement can be infused with greater meaning when salient possible selves are perceived.

The possible selves of the future become those of the past and therefore the healthcare student transitions into the possible self of the healthcare therapist. Student participants speak of other life transitions such as having a family but the accounts of these future possible selves are less elaborated and lack specific detail showing that the transition of becoming the possible self of the healthcare professional, having spent a minimum of two years being defined, refined and enacted is dominant at the time of the research. However, it must be recognised that this may be due to the nature and focus of this study and the relationship between tutor and student where more personal possible selves were not discussed as much.

A dominant issue within this chapter was the use and applicability of agency, a characteristic the participants are able to enlist and is an essential component of reaching possible selves within challenging environments. Furthermore, a fundamental part of this chapter is how it considered the inter-dependent nature of occupational potential and possible selves. This chapter comes to an end here, having discussed and elaborated on some of the plots, sub plots and threads from the earlier chapters. The next chapter discusses the contributions to knowledge this research makes as well as discussing implications for practice and recommendations for future research.

Chapter 10. Contribution to Knowledge and Implications for Practice

The aim of this research was to explore the occupational potential (Wicks, 2005) and possible selves (Markus and Nurius, 1986) of level 7 healthcare students with dyslexia, including strategies put in place by the student participants and their families in relation to possible selves of the past, present and future. This final chapter concludes this thesis by addressing how this research met the aim and research questions. It highlights the key contributions to knowledge in terms of theory, findings and methodology. The limitations of the study are acknowledged with recommendations for future research. There is a critical discussion of the implications of this research to policy and practice within education and occupational therapy. A dissemination plan is presented and the chapter ends with a summary. Key contributions are now discussed.

Key Contributions to Knowledge

This section sets out 11 key contributions made by this research in relation to theory, findings and methodology. It begins by considering this research's response to the research aim and questions. This research provides explanations for how the possible selves of the student participants may be shaped, the strategies employed by the student participants and the role occupational potential plays in reaching possible selves. It also identifies the roles played by occupational injustices, occupational identity, families, agency, strategies used and the unique research design which are now discussed below.

How Possible Selves of Healthcare Students Are Shaped

The possible selves (Markus and Nurius, 1986) of the student participants who took part in this study are influenced significantly by the environments they inhabit and inhabited while growing up as well as the hard work and determination of the student participants and their families. Strategies and agency applied and implemented by the student participants and their families were highly instrumental in facilitating the perception and progression towards future desirable possible selves. Reaching possible selves depends upon the dynamic relationship between occupational potential and possible selves, the importance of agency, family, strategies and cued, congruent environments.

The Model of Occupational Possible Selves

This model originates here within this research and while it requires further elaboration and elucidation through post-doctoral work, it is a model of practice which has potential for occupational therapy and teaching practice. It demonstrates the dynamic relationship between the factors which influence reaching possible selves as well as allowing the identification of barriers (social and occupational injustices) and important environmental factors which may support progress. In practice this will allow and facilitate the development of occupational identity and occupational potential to support people to become their desired possible selves (Markus and Nurius, 1986).

Occupational Potential

This research shows that occupational potential is dynamic and latent capacities require appropriate environmental circumstances in order for potential to be met (Asaba and Wicks, 2010). Occupational potential is fundamental to people with dyslexia becoming who they truly wish to become, their possible selves (Markus and Nurius, 1986) and through this they are able to flourish, achieve health and wellbeing and reach self actualisation (Maslow, 1954). While knowledge already exists relating to the dynamic and transient nature of occupational potential, this research builds upon and adds to this knowledge. This research shows that there are many potential risks surrounding people with dyslexia which may impact upon reaching their occupational potential.

Occupational Injustices

Occupational injustices are unfortunately shown here to be experienced by the student participants within this study, quite often as a result of structural discrimination (Dirth and Branscombe, 2017) and disabling barriers (Swain et al., 2004). This study shows the student participants have not always had equal opportunities to reach and maximize their occupational potential and there have been identifiable barriers in place. The social model of disability might identify these disabling barriers as inherently structural. Viewed through an occupational lens, occupational marginalisation, occupational imbalance, occupational alienation, occupational apartheid and occupational deprivation can all be found within the student participants' narratives. Each of these injustices had the potential to impede the student participants' occupational potential and therefore provide barriers to reaching desired possible selves.

Each person's unique occupational wishes, habits and needs are based on unique circumstances and capacities which require different occupational opportunities to utilize their talents and flourish (Durocher et al., 2014). This research shows that occupational potential is an issue of occupational and social justice.

Occupational Identity

Occupational identity is influenced and reinforced by social identities and is of high importance and significance within this research. The ability to develop occupational identities counteracts some of the effects of the occupational injustices (Durocher et al., 2014; Unruh, 2004) experienced by the student participants. It develops through co occupations with family and through occupations which are meaningful within the social environment of the student participants. It begins from an early age and is reinforced through encouragement and support. Student participants in this research develop occupational identities with particular relevance to their perceived areas of competence, gaining mastery over their environments (Christiensen, 2000).

The Role of Families

This research highlights and elucidates the unique and highly significant roles families play in supporting the student participants with dyslexia to reach their desired possible selves and shows that families influence the life trajectories of the healthcare students in many ways.

Parental Possible Selves

A unique finding of this research relates to parental possible selves whereby parents' perceptions of aspirational possible selves for themselves as parents such as parent of a teacher or an employee of NASA influences the nuanced guidance they provide their child. Further questions remain surrounding where a parental possible self begins and ends and how they may influence the possible selves of children, teens and adults while children grow up and become more autonomous and independent. Explorations of the points at which parental possible selves are held initially by parents become that of the child as they grow up to be adults would make fascinating reading. This will be a further area of for future exploration within post-doctoral research.

Siblings

New knowledge is also demonstrated here in relation to the roles siblings play in supporting people with dyslexia to reach possible selves (Markus and Nurius, 1986). Student participants describe both supportive as well as adversarial relationships. They are often determined to do as well, if not better than their siblings or alternatively benefit from their continued and ongoing support (Fussell et al., 2005). Furthermore, the student participants who are the youngest in the family share similarities with each other whereby their earlier possible selves are highly influenced by their academic siblings who act as role models, influencing the "trying on" (Burack et al., 1997 p. 534) of possible selves. These older sisters in particular are shown to provide significant caring and augmentative support towards the student participants which may be perceived as above and beyond the usual role of the older sibling. This relationship is shown to last for some beyond childhood and

adolescence and continues well into adulthood. This is another finding which warrants further investigation in post-doctoral work.

The Role of Agency

The ability to be intentional actors (Sugarman and Martin, 2011), in other words apply agency (Erickson, 2007) in the world is fundamental within both the actions of the parents and siblings but also within the abilities of the student participants to reach their occupational potential (Asaba and Wicks, 2010) and possible selves (Markus and Nurius, 1986). They show that there is a strong emphasis on carrying on regardless of environmental barriers demonstrated in this research to be both social and cultural and is particularly related to the high value placed upon literacy skills (Collinson and Penkreth, 2010). These barriers are implicitly and often covertly present within the environments inhabited, influencing occupational possibilities (Laliberte Rudman, 2010), occupational identity (Christensen, 1999) and indeed occupational potential (Wicks, 2005) and possible selves (Markus and Nurius, 1986). The role agency plays in reaching desirable possible selves is not a new concept as it has already been discussed and highlighted eloquently firstly by Markus and Nurius, (1986) and by Erikson (2007). However, this research shows the importance of agency within reaching desired possible selves, providing research evidence to further support Erikson's claims.

Cued Environments and Occupations

The importance of providing cued environments is already acknowledged previously by Destin and Oyserman (2010). This research adds detail relating to actions, demonstrating their significance within reaching possible selves

and occupational potential. In particular, this research shows that actions and paths are as important as the destination and are indeed highly important (Oyserman et al., 2004; Oyserman et al., 2010; Oyserman et al., 2015) in counteracting the structural discrimination (Dirth and Banscombe, 2017). For example, engagement in valuable occupations and co occupations introduced by family members and engaged in with family members work to counteract environmental disabling barriers (Swain et al., 2004) and are vital in enabling someone to stay on the desired path towards possible selves.

Strategies

There were a number of practical strategies found helpful by the student participants within this study. These included: finding new ways, use of mind maps, developing study skills and persevering when things are difficult (including organisation and planning), use of technology, private tuition, shared learning, mnemonics, acronyms, time management, working hard, task prioritisation, occupational adaptation, tolerance of occupational imbalance (Durocher et al., 2014), engagement in occupations and co occupations, shared learning with family and friends, reading books on dyslexia, gaining support from family, friends and services and recruitment of agency. It must be noted that this is not an exhaustive list and that many of the student participants adapted themselves and their environments to meet their needs as circumstances changed.

Research Design

This research has an original, novel and creative design which does justice to the nine student participants by ensuring their voices are clearly articulated.

The study is unique (to my knowledge) in its bringing together of narrative inquiry with the perspectives of occupational potential and possible selves in a harmonious triad of methodological tools of inquiry and analysis. This research shows how narrative inquiry can be used creatively to produce trustworthy and temporal narratives which enable the reader to engage directly with the student participants.

The research design enables perceptions and considerations of possible selves to emerge as the student participants speak and explore their stories, allowing collaboratively constructed plots and sub plots to develop as they reflect upon and repackage their lived experiences (Stevenson and Clegg, 2011). In addition, the reader, through direct contact with the words of the student participant(s) is able to relate directly to each student participant as their narratives are heard.

The application of Clandinin and Connolly's (2000) three-dimensional framework and form of narrative inquiry allows flexibility and creativity, enhancing the retention of the spirit (Douglas and Carless, 2013) and individuality of each student participant. To communicate this in acts and scenes of a play shows originality and improves the trustworthiness and clarity of the research. For example, as each student participant reflects inwardly and outwardly, temporally, personally and socially their words become stories with plots, sub plots and threads which become narratives organised within acts and scenes. Within these narratives, the hearability (Gilligan et al., 2003) and spirit (Douglas and Carless, 2013) of the student participants' voices are prioritised and are directly audible. These factors are important because narrative inquiry should articulate new knowledge in a way

that engages new audiences and shines a metaphorical torch on the valuable experiences of the people whose voices the research represents (Clandinin and Connolly, 2000).

Two narrative positions are integrated into this research whereby the emphasis shifts between ontological and epistemological narratives. This positions the voices of the student participants and myself alongside each other and avoids the dominating researcher or abuse of power position advised against by many (Mattingley, 1998; Clandinin and Connolly, 2000; Gready, 2013). There is however plenty of opportunity within this thesis to emphasise my own unique epistemological position as the researcher (Harling Stalker, 2009). Indeed, the two concepts of occupational potential and possible selves are newly introduced to each other through this research and I strongly claim that these two concepts fit perfectly together. They provide a perfect positioning alongside narrative inquiry with which to view the experiences of the 9 healthcare students with dyslexia, helping to make sense of their storied experiences.

This section summarises the key contributions this research makes in relation to the aim of the research, its findings and its distinctive design. However, the study, like all others is not without limitations and these are discussed within the next section.

Research Limitations

Some of the limitations of this research were briefly discussed earlier in the methodology chapter (4), however they require further elucidation. In the first

instance, the transferability of this research is limited due to the highly subjective nature of this qualitative study. However, subjectivity is of high importance within this research, with the positioning of myself as next to and alongside the student participants' central to the methodology (Clandinin and Connolly, 2000). I acknowledge that while this position suits me as a researcher, whether the student participants perceived this positionality as next to them or even near them is impossible to know. However, their responses with open and discursive answers to the questions and their willingness to participate and discuss their stories openly suggest a collaborative and open relationship.

Nevertheless, my position as a tutor at the same university where the student participants studied is a possible reason the student participants did not discuss the quality of services and support at the university in great detail. To ascertain the quality of the support received at the university was never a particular intention of the study. The quality of support and perceptions of students in relation to academic tutors has been found to be important within other studies (Cameron and Billington, 2015; Riddell and Weeden, 2014; Clouder et al., 2016). Of particular relevance here is the work of Cameron and Billington (2015) who viewed the perspectives of their student participants using the lens of a neo-liberal position. It is possible that the student participants in this study are also influenced by a neo-liberal discourse and the stance they asserted in working harder than their peers should and could be questioned in relation to this position. However, acknowledging the position of the student participants as being within a neoliberal capitalist system prompts the reflection of what choices there are within a society which so highly values independence, hard work and individualism. Concepts which

are becoming more entrenched within education and the health and social care systems as they continue to transform under business models.

Other methodologies could have been applied such as ethnography (see Anderson, 2007) or narrative in action (see Alsakar, et al., 2009). Both of these were considered at the time of the study design to be possibly too intrusive for the student participants as they would involve observation of the student participants and or participation of daily routines. It was concluded that this may result in some very uncomfortable student participants and I am pleased that narrative inquiry was my choice, particularly as this allows audibility (Gilligan et al., 2003) of student participants' voices.

Some tensions may exist between applying the concepts of possible selves and occupational potential within a narrative inquiry framework. My intention was to do justice to all three and admit I was initially unsure how the three may work together within the design. However, by constructing the research design systematically and considering the three together within the interim analysis table based on the work of Tse et al., (2014) these tensions were short lived. I believe one of the reasons for this relates to the complementary position inherent within the three. Occupational potential and possible selves are not measurable entities but gaining in-depth knowledge relies upon perceptions, reflections and interpretations which are made possible with the employment of narrative inquiry (Clandinin and Connolly, 2000).

Another limitation of this research study relates to the questions used. As shown in the methodology chapter I used a semi structured interview format when a less structured format such as that recommended by Wengraf (2001)

may have added authenticity. However, as I was uncertain the student participants would discuss dyslexia without prompts I decided a semi structured interview method to be more suitable. I appreciate this may be perceived as the less courageous option however I admit to being pleased with the depth and breadth of information gained from the interviews. A particular strength relates to how reflective the student participants were and how questions and issues were considered outside the interviews and further considerations brought back to future interviews. This added to the temporal nature and originality of the study and incorporated insights from some of the student participants' families.

A particular issue with this research lies in my position as the parent of a child with dyslexia and an academic tutor. This position I believe enhanced my subjective responses and interpretations. I have managed this carefully. I appreciate all qualitative research is of a subjectivist ontological position, I did not want my feelings in response to some of the issues raised here within this research or indeed within my personal or professional life to dominate. I am aware that my role as narrator within chapters 5, 6, 7 and 8 is at times reluctant or hesitant and so much more could be said within these sections however I have been careful to allow the voices of the student participants to dominate these chapters and not to allow my own feelings to impede. As noted earlier, I believe this enhances the ontological positioning of the narratives (Harling Stalker, 2009).

Reflexivity has been immensely helpful in managing my own subjectivities and emotional experiences throughout the research journey. I keep research diaries and addressed some of the feelings associated with the subjectivities

of the research by writing letters (Clandinin and Connolly, 2000) to some of the student participants and also some of the people mentioned within their narratives (for example Abigail's year six teacher). These are kept on a password protected computer and are anonymous; indeed, I do not know the person I am writing to, or any details about their lives, other than what I have heard from the student participants. I have found this helpful. In addition, writing 'I poems' based upon Gilligan et al.'s (2003) Listening Guide has also been immensely helpful and some of these can be found in Appendix 5.

Confidentiality and anonymity have been maintained throughout the study. The student participants may have exchanged stories with each other outside the research interviews and been aware through their own exchanges of participation within the research. Respect of anonymity will continue to be of paramount importance within the dissemination of this research. This takes me to the next section which discusses dissemination of this research.

Research Dissemination

This research has been presented at a number of conferences from the beginning of the study in 2013. This began with a Poreso conference held at Leeds Beckett University, followed by a conference for practice educators within healthcare entitled 'SLIP' also at Leeds Beckett University. This was followed by a university school conference, the aim of which was to encourage other people in the school to undertake the Professional Doctorate in Education.

As the study progressed it was presented at a number of conferences at the Society for Research in Higher Education, King's Cross, London. Conference presentations included The Importance of Family in Higher Education for Students with Dyslexia (March 2016) and The Possible Selves of Healthcare Students with Dyslexia (June 2016). These were followed by a presentation on Narrative Inquiry as a Creative Methodology at the Society for Research into Higher Education, International Conference (December 2016) held at Newport. More recently, I was key note speaker at the British Association of Occupational Therapists Conference (May 2017) at Cumbria University, Carlisle and presented at the Royal College of Occupational Therapists National Annual Conference (June 2017) in Birmingham. Future conference presentations include The value of Narrative Research for Widening Participation Policy and Practice at the Society for Research in Higher Education (September 2017).

In addition to these conferences I am contributing a chapter in an international multi-disciplinary book on possible selves and I have been successful in an application for a 3-month sabbatical. During this sabbatical, I aim to write the possible selves chapter and a minimum of 1 research article. For this I have attended 2 workshops on writing for publication held at Leeds Beckett University.

Each opportunity to present my work has yielded positive reflections and receipt of other people's perceptions, interpretations and reflections. These have added to the research process considerably and I look forward to further future dissemination.

Recommendations for Future Research

Like many research studies this research highlights many areas for future consideration. A number of future studies are suggested below.

Occupational potential in practice and education, an action research study. While Wicks, (2003) called for occupational potential to be included within the educational programmes for occupational therapy there is also much room for consideration of how it can be applied within the practice of occupational therapists and to bridge the gap between research and practice (Kielhofner, 2000; Pierce, 2001; Polatajko and Davis, 2012). A number of studies are therefore suggested to further develop the findings of this study. A qualitative study using narrative in action (Alsakar et al., 2009) exploring how occupational therapists consider occupational potential within their practice would help to establish whether it is already a concept occupational therapists consider and embed within practice. At a recent conference presentation in May 2017 where I was asked to be the key note speaker I noted occupational therapists appeared to be enthusiastic about engaging with the concept although it was difficult to ascertain how much knowledge pre-existed my introduction to occupational potential and how much of the concept is already considered in practice. Unfortunately, I noted some misuse of the term. At a later conference in June 2017 I was again the only speaker presenting on occupational potential and possible selves yet potential was embedded within some of the other presentations. Of particular note, Sue Parkinson, an eminent speaker who has made significant contributions to the profession spoke of potential in relation to mental health and wellbeing. However once again this was not in relation to occupational potential specifically.

How does gender influence the lived experience of dyslexia? There is one male student participant within this study alongside 8 females and I would suggest a study which explores gendered similarities and differences of experiences of living with dyslexia using a methodology which allows comparison of males, females and non-binary people with dyslexia. A suitable methodology for this research might be the Listening Guide (Gilligan et al., 2003) which elicits individual audibility and the use of 'I poetry' alongside narrative inquiry. Alternatively, a methodology which allows comparison of data might be used. For example, Q methodology allows subjective statements to be elicited via focus groups and subsequent comparison of this data is identified for further analysis (Coogan and Herrington, 2011).

What is the influence of Parental Possible Selves? The role of parental possible selves in the shaping of possible selves could be approached from a phenomenological perspective or as a narrative inquiry. In addition, to explore the experiences of other parents of children with dyslexia, perhaps at varying stages of their parental careers would provide valuable information. In addition, a survey could establish an estimate of the numbers of parents struggling to obtain sufficient support for their children whom they suspect may have dyslexia and this could be conducted alongside a qualitative approach to gain insights into their experiences. I have been contacted by some fellow occupational therapy lecturers who have listened to my research presentations and we are in the process of collaborating to develop this idea further.

Dyslexia: There are many areas and issues in relation to dyslexia which would warrant further exploration. For example, this research focuses on healthcare students with dyslexia and it would be helpful to hear about the experiences of healthcare practitioners with dyslexia. This could be carried out with a narrative approach or a phenomenological perspective. In addition, a study into the lived experiences of people with dyslexia working within the private sector of healthcare could also enlighten some perspectives on whether people are able to reach their desired possible selves and occupational potential within employment settings. Occupational injustice and dyslexia is an area found here to be of significance within the findings and is an area which warrants further exploration via a study which explores the lived experiences. People with dyslexia within the criminal justice system could be a population of people who could possibly provide vital insights into this area. This leads the thesis to consider some recommendations for practice within policy, education and occupational therapy.

Recommendations for Practice: Policy, Education and Occupational Therapy

A common- sense approach to dyslexia is what is needed within policy, education and occupational therapy where its unique influence on individual learning is understood more thoroughly and the people with it are supported more consistently in the development of strategies, use of technology and development of perceptions of desired possible selves. There is a call from advocates of the social model of disability to challenge the intellectual hegemony or paternalism surrounding literacy (Collinson and Penkreth, 2010) (which I agree is a large part of the issue). A realistic pragmatic approach

which implements change now is what is also needed. This section is now going to recommend that there should be enhanced understanding and visibility for dyslexia and people living with it, there should be screening for dyslexia at an early age, policy should address the inequalities and enhance understanding, there should be a collaborative approach to supporting people with dyslexia in order that they reach their occupational potential and desirable possible selves.

Enhancing understanding and visibility: There are particular threads within this research which demonstrate that there is an issue surrounding the visibility of the student participants with dyslexia, for example this is highlighted in chapter 7, Act 3, Scene 2. Collinson et al. (2012) demonstrated in their research that the visual representation of dyslexia within policy and educational material is extremely limited and open to multiple interpretations. Perhaps this perceived invisibility within policy goes some way to explain some of the social justice issues despite legislative moves to strengthen equality of opportunity (Equality Act, 2010; Disability Discrimination Act 1995; Collinson et al., 2012). I recommend that common sense methods of enhancing understanding and visibility of dyslexia can be approached within teacher and tutor training and through asking people with dyslexia to explain and tell their stories of living and learning with it in order that their voices can be heard. Narrative inquiry research is a perfect methodology for this pursuit as many “disciplines endeavour to see the world through the eyes of others” (Riley and Hawe, 2005 p. 226). This is particularly important as dyslexia needs to be better understood and recognised more as a version of social normality (Collinson et al., 2012). After all, with a suspected prevalence of one in ten (BDA, ND), it is not at all unusual.

Screening for Dyslexia: This research demonstrates that screening for dyslexia and supporting someone at an early age can have an impact upon occupational potential and possible selves. This is particularly the case relating to perceptions of what may be possible for the future but is influenced by the level and appropriateness of appropriate pedagogical adjustments made. The role of pedagogical understanding and implementation of support are highly important (Department of Children Schools and Families, 2009). However, I also acknowledge that the student participants whose stories involve experiencing little or no support at school in this study also appear to be reaching their occupational potential and have elaborated possible selves. What is unfair is the hardship some have experienced throughout their journeys and other unknown possible selves may have been lost due to the complex contextual environmental influences (Laliberte Rudman, 2010). The student participants who were diagnosed as children were not necessarily provided with adequate support to reach their occupational potential or to develop realistic perceptions of future desirable possible selves. Instead reaching their desired possible selves relies upon their own and their family's relentless application of agency (Erikson, 2007). Obviously, this leaves the question of what happens when families do not have the resources and agency to make the differences needed and brings me to the point at which it is necessary to consider how a fairer approach could be applied for all, through policy.

Policy: As an important environmental factor, the policy surrounding dyslexia cannot be ignored. It is a fundamental issue which should be addressing inequalities with particular reference to ensuring children with dyslexia have

a fair start in their educational careers which continues throughout life. The participants in this study benefited from their own and their families' resources despite the disparities and injustices within society for people with any difference or disability. Nevertheless, policy should aim to reduce the amount of people with dyslexia who are unable to reach desired possible selves, such as those who are unemployed or involved with the criminal justice system (Collinson et al., 2012; MacDonald, 2012). In addition, while this research explored the educational journeys of healthcare students with dyslexia, much improvement is needed to improve access to work and support in employment for those who need it.

The green paper *Support and Aspiration: A New Approach to Special Educational Needs and Disability* (2011) strongly purported that early identification of needs along with access to specialist services make significant improvements to the outcomes of children with special needs. However, simultaneously and rather inconsistently the Green paper accepts the over identification of special educational needs as if there are children whose needs are identified and accommodated unnecessarily.

There are many fundamental problems with successive governments approaches, not least the perpetuation of the 'special' nature of disability which is placed opposite ability, positioning cost and resources alongside provision (Collinson et al., 2012). However, there is a perpetuation of cost to society within the ill-judged lack of initial funding. This is because there is a risk that children who are unable to engage in education at school become adults who are less able to work in fulfilling roles and make contributions to society which they find satisfying. This has implications for health and

wellbeing and has a financial cost to society. In addition, there are contradictions within current policy whereby teachers are being told to identify children with needs but also that they are identifying too many.

Thomas (2013) argues that it is unrealistic to expect teachers to have tools and assessment procedures which are reliable enough to identify the children with educational needs, such as dyslexia. My argument in response to Thomas (2013) is that we all have a duty of care towards these children and reasonable adjustments should be made according to law (Equality Act, 2010). Reasonable adjustments in the case of a child with dyslexia, includes a thorough understanding of how the child learns in order for them to reach their occupational potential with study skills and general learning. For this to become common practice, teachers would require a thorough understanding of dyslexia and apply an individual pedagogical approach from an early age. Also use of audio files and computer assisted technology can be used more within teaching and learning for homework and assessment purposes (Collinson, et al., 2012). Perhaps a helpful approach to the issues lies within the government's proposal of more integrated working across education, health and social care (Department for Education, 2014) whereby a client centred approach may become central to education to acknowledge the unique learning styles of all individuals.

Ironically a multi-agency or multi-disciplinary approach within education is advocated within the Children and Families Act (2014). Joint working across health, education and social care is an approach which has been routinely practiced for many years albeit within the restrictions of limited resources. I

would highly recommend the way these sectors are working together be explored further as current practice perpetuates some of the problems. For example, there is a hegemony across disciplines, whereby educational psychologists working for local government are responsible for costly diagnosis. Schools are allocated limited resources and are rewarded for managing funds efficiently. Therefore, they are discouraged from spending funding on assessments and encouraged instead to apply a one size fits all approach to those with learning differences. This results in costly assessments paid for by parents, resulting in lack of diagnosis in the families with limited resources.

Many of the challenges of multi-agency working are largely due to the circumstances faced by each of the sectors, which the Children and Families Act (2014) together with the Health and Social Care Act (2015) had the potential to assist. However, both of these papers continue to be responsible for significant upheaval within these three public sectors at a time that many services are continuing to lose funding and resources (Gray et al., 2014), a process which has continued since the 1980s (Evans, L. 2011). Each of the sectors have had years of constant changes and austerity measures despite the common-sense knowledge that improvement of services comes from stability and consistency (The Great Education Debate, 2013).

The government is ignoring the work done by people such as Wedell et al. (1987) who investigated the implementation of the 1981 Act and also ignores a large and significant amount of work done by the World Health Organisation in relation to the educational vision of citizenship in society (Gray et al., 2014).

This provides a practice model for health, education and social care by demonstrating the interaction between impairment, activity/occupation and participation which are influenced by health conditions, environmental and personal factors but importantly explicitly highlights the influence of all these areas on functioning such as that experienced in engagement in education.

Collaborative approaches: The International Classification of Functioning Model (World Health Organisation) provides a basis for the integration of multi-agency and multi-disciplinary service delivery where the person's/children's personal factors are at the heart of service delivery and educational and developmental goals are also central. I argue here that there are opportunities for greater collaboration of occupational therapists and teachers. This research shows that context specific self-generated strategies applied by student participants and their parents facilitate reading opportunities as they arise as part of meaningful and or purposeful occupations such as homework and use of computers; similar to the suggestions made by Grajo and Candler (2014). In addition, occupations unrelated to reading are encouraged as alternative methods of developing competence, mastery and development of occupational identities (Christensen, 2000) and working self-concepts.

Model of Practice: This leads to a fundamental recommendation from this research in relation to working with people with dyslexia: to apply a model which integrates occupational potential with reading and other study skills. There is a role emerging opportunity (Thew et al., 2011) for occupational therapists to work alongside teachers and parents to facilitate greater identification of children with dyslexia at earlier ages and to facilitate creative

occupational participation in areas often challenging to the child with dyslexia within the school environment.

There are already clear strategies advocated within a practice model called The Occupation of Reading developed by Lenin Grajo, (Grajo and Candler, 2014). This model is influenced by the Theory of Occupational Adaptation (Schkade and Schultz, 1992) and advocates finding ways of exploring reading with children in ways that are meaningful to the reader; an approach found vital in this research and which is used by the student participants and their parents at various points within their narratives. This model advocates collaboration between occupational therapists, teachers and parents, recognising teachers and parents as experts in teaching reading and reading with children (respectively). While this model does not use the term occupational potential and refers specifically to reading it clearly advocates for an approach which supports children in reaching occupational potential through meaningful and purposeful engagement which could also be applied to many other areas of development. It does not include possible selves however which I believe could be included in a model of practice within occupational therapy as discussed and presented earlier.

This brings me to the consideration of the Model of Occupational Possible Selves which is discussed earlier within chapter 9 and offers a structure to consider the fundamental elements of supporting someone to reach their desired possible selves. By understanding who someone aspires to become in the future, occupational therapists can discover ways of working with individuals which are infused with motivation from how they envision their future possible selves. This approach requires much further work which is

beyond the scope of this research thesis at this point and will be the focus of some post-doctoral research and concept development.

Conclusion

In conclusion, this chapter discussed the distinctive contributions to knowledge made here in this thesis, extending the scope of possible selves and occupational potential and highlighting a previously unknown relationship between the two. It acknowledged the research limitations, outlined past and future dissemination; and made recommendations for practice in education and occupational therapy.

This research supports the initial assertion made here in the introduction, that there are dichotomies existing within society whereby diagnosis, life trajectories and outcomes for people with dyslexia are diverse as support and pedagogical approaches and understanding varies from school to school, county to county and person to person. Dyslexia is uniquely experienced by all people living with it. Similarly, outcomes associated to living with dyslexia are also unique and depend upon individual personal and social circumstances. These outcomes continue to be dependent upon families and the resources at hand. Educational outcomes for all are shown within the white paper Educational Excellence Everywhere (2016) to be patchy and incongruous throughout the United Kingdom. The student participants in this research experienced school education in different parts of the country and differences of approaches are apparent with evidence of consistent dyslexia friendly schools very limited. How this progresses in the future with every school becoming an academy by 2020 and 2022 is unknown however, I would advise caution. In addition, the current government has placed their plans for

selective grammar schools on hold. This is yet another example of people with dyslexia being excluded from opportunities if the plans are reinstated.

It is hoped that the outcomes of this research may provide helpful information for the future consideration of how dyslexia might be approached at all levels of society in a fairer way which enables and facilitates people with dyslexia to reach their occupational potential and their desirable possible selves.

It is with great appreciation of the time and honesty of the student participants and the continued support and dedication of my research supervision team that I now look forward to taking the research and practice model ideas forward, to future dissemination and to post-doctoral work.

Appendices

Appendix 1

Participant Information Form

Research Project Title: Possible Selves in Healthcare Students with Dyslexia:
A Narrative Inquiry

Thank you for reading this participation information sheet. If you have dyslexia, are an M level healthcare student and are interested in taking part, please consider this carefully and read the remainder of this sheet. If you have any further questions, please contact me directly and we can have an informal discussion about it.

Summary of the Study:

This study is aiming to explore the life stories of students on M level healthcare programmes with dyslexia. Using the methodology of Narrative Enquiry, and the method of semi structured interviews I aim to co construct up to 10 narratives about what it is like to have grown up with dyslexia and the influence on 'possible selves'. Possible Selves is a psychological concept which was developed in the 1980's by Markus and Nurius to consider how people construct ideas of what or who they might be in the future, it also considers what people do or do not do to achieve their goals. I am particularly interested in finding out about the things and people that have been helpful or unhelpful along the way and how participants have perceived themselves (potential or possible selves) in the past, present and future. In addition, what things participants have done and carry on doing in order to succeed in life.

Participants would need to be willing to give up a little of their time to attend up to three interviews which are separated into the past, present and future; lasting up to approximately 45 minutes and feel comfortable discussing their experiences and their thoughts and feelings of having dyslexia.

Benefits of Participation:

By participating in this research project, you will be contributing to the knowledge and evidence base for people with dyslexia and Possible Selves (Markus and Nurius, 1986).

Participants and non-participants will not be treated differently and there will be no academic benefits from taking part in this research. Participants and the researcher are required to abide by the relevant professional guidelines such as the College of Occupational Therapists Professional Code of Practice (2010) and the HCPC Guidelines on Professional Practice (2013).

Confidentiality:

Your participation is voluntary, and your identity will be kept anonymous (pseudonyms will be used in analysis and write up) and confidential. Written data will be stored in a locked facility and on the researcher's password protected computer, and securely destroyed when no longer needed in accordance with data protection regulations.

Withdrawal:

If you decide that you no longer wish to participate in this study, you can withdraw at any time up to the point of final write-up of thesis submission by notifying me in writing. No reason for withdrawal is needed and there will be no negative consequences. The information you have provided will be

separated from the other information and will be destroyed in accordance with data protection regulations.

Researcher Background:

I am a Senior Lecturer (currently acting Co-Course Leader) for the Occupational Therapy pre-registration programme. I am also an HCPC registered Occupational Therapist enrolled on the Professional Doctorate in Education at Leeds Beckett University. This research will be written up as my thesis and is being organised by me and my supervisory team.

If you have any concerns or complaints about the research, please contact in the first instance:

Director of Studies:

Professor Rachael Dixey: R.Dixey@leedsmet.ac.uk; Professor, Health And Wellbeing, 518, Calverley, 0113 81 21919

Researcher Details

Angela Murphy, a.m.murphy@leedsbeckett.ac.uk; Senior Lecturer, Occupational Science and Occupational Therapy, 6th Floor Portland Building, City Campus.

Email: Telephone: 0113 81 25709

Independent Contact

Sheila Casey, S.A.Casey@leedsbeckett.ac.uk; Quality Assurance and Governance Officer Hss Faculty Office; 615, Calverley; 0113 81 24312;

Appendix 2

Consent Form

Research Project Title: Possible Selves in Healthcare Students with dyslexia:
A Narrative Inquiry

Thank you for expressing an interest in being a participant in this research. Once you have read the participant information sheet and discussed the research with Angela Murphy, please read the statements below and sign the form to indicate your consent to participate in the study. If you have any questions, please do not hesitate to contact me in person using the contact details below.

Consent Statement:

1. I have read the participant information sheet and understand what the research is about and feel clear about what my involvement will entail.
2. I have had the opportunity to ask questions about the research and am satisfied with the answers given.
3. My participation is voluntary.
4. I can withdraw at any time up to the point of final write-up of the thesis without any explanation and with no negative consequences.
5. Interviews, emails, observations and informal discussions may be recorded in digital and written form.
6. Any information I provide will be treated with respect, anonymised, and kept confidential.
7. I agree to participate in this study about healthcare students and dyslexia.

Participant's signature:

Researcher's signature:

Date:

If you have any concerns or complaints about the research, please contact
either:

Director of Studies:

Professor Rachael Dixey: R.Dixey@leedsmet.ac.uk; Professor, Health and
Wellbeing, 518, Calverley, 0113 81 21919

Independent Contact:

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Appendix 3

Email to Healthcare Students

Dear students,

I am looking for 10 students on level 7 programmes in healthcare who have dyslexia to take part my research which is part of a Professional Doctorate in Education. My research title is: Possible Selves of Healthcare Students with Dyslexia: A Narrative Inquiry.

It will involve taking part in 3 x 1:1 interviews to tell me about their stories of having dyslexia. The first interview will focus on the past; the second interview will focus on the present and the third interview will focus on the future.

I am using a theoretical framework called Possible Selves which was developed in 1986 by some psychologists who wanted to know more about how people consider their ideas of how they might be in the future. My research is also concerned about how people have perceived themselves as they were growing up, what they have done to achieve what they have achieved and how they see their future.

If you have dyslexia and are interested in taking part, please take some time to read the attached information sheet and if you are interested in my research please get in touch with me to have an informal chat about what this would entail.

I would like to make it clear that there are no academic benefits to taking part.
Participants also reserve the right to withdraw at any point until the analysis
of data.

Kind regards

Angela

Appendix 4

Ethical Permission

“This is a well thought-through and ethically sound project. Approved. Nick Frost LREC. 13 November 2014”.

Appendix 5

I Poems

These I poems are based upon the listening guide (Gilligan et al., 2003). These are a series of 'I' statements taken from the student participant's narratives and are a part of the reflexive process of this research.

Rebecca: I was at school

I was at school

I was just told to read a book that was at the right level

I would just sit there and read this book.

I was quite good at reading... It's interpreting ...

I was just slow

I carried on struggling but because I was at the top of the bottom

I was overlooked

Jo: I could do more stuff

I'm not dyslexic, no way

I'm not like them

I was having to work so hard.

I should maybe go and check it out

I was

It took me an awfully long time to kind of accept
it and integrate the diagnosis

I had completely written myself off

I'm just not that person...

I'm just not an academic person.

I got the diagnosis and I was like

I *could* do more stuff.

Jessica: I never had the expectation

I wouldn't go on to those colleges that do A levels

I didn't want to go to university

I didn't expect it.

I'll go straight in and do something I can get a job
for

I never had the expectation myself

I got alright grades

I think because of that I did alright

Abigail: I was pretending

I was pretending I could read

I was convinced I was really clever

I was pretending

I'd go off the pictures or off what I knew of the
story

I was just telling a story with a book in my hand

I sat down with this girl, I was like, "I'll read
you a story"

I couldn't read

I struggled, even at a young age

I got more and more aware

I can write them better

I was really panicking

I was so upset

Jessica: I would stutter

I didn't realise at the time

I got really hot

I got really flushed, couldn't speak.

I didn't realise at the time; it was pure anxiety
for reading out loud.

I would stutter

I couldn't read the sentences

I think that's the only time people would notice

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