Producing ADHD: An ethnographic study of behavioural discourses of early childhood

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Abstract

Attention Deficit Hyperactivity Disorder (ADHD) is the most commonly diagnosed mental disorder of childhood. Most of the deficits it describes are situated examples of classroom misdemeanour, and yet the school's complicity in rising diagnostic trends has not been extensively questioned. This study aims to provide this through an ethnographic account of ADHD in the infant classroom. Underscored by Foucault's analysis of power and discourse, this study aims to describe some of the conditions of school and home which make the application of a diagnosis possible. The project firstly presents textual critique of the dichotomous and categorical channels through which ADHD is currently known. Following this the ethnographic account is presented, the data for which derives mainly from observational work in two schools and interviews with two families. The data explores four problematics in early education and social care; routinisation, gendering, responsibilisation and emotional governance. Together these relations produce binds in the conceptualisation of childhood, schooling and family, through which therapeutic discourse is able to form objects, producing the classroom subject 'ADHD'. Through this argument I offer the means to re-insert the social and cultural into naturalised and individualised therapeutic narratives. In conclusion I argue for a re-imagination of the manner in which we interrogate choice, and state the case for a more reflexive pedagogical encounter with the construction of others.

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for remaining alive and healthy, against all the odds.

ADHD   Attention Deficit Hyperactivity Disorder. Described by the American Psychiatric Association, replaced previous nomenclature in 1994. ADHD refers to the 'combined' diagnosis of hyperactivity and attention deficit, also available are diagnoses of predominantly inattentive (ADHD-I) or hyperactive/impulsive (ADHD-H).

ADD   Attention Deficit Disorder. An older term for ADHD, before hyperactivity became part of the core diagnosis, those with hyperactivity were sometimes labelled ADD-H.

APA   American Psychiatric Association.

CD   Conduct Disorder. Another of the DBDs, has large overlap with ADHD and ODD

DBD   Disruptive Behaviour Disorders. Defined by the APA, the group of disorders to which ADHD belongs

DSM   The Diagnostic and Statistical Manual for Mental Disorders. Diagnostic criteria published by the APA, current version is DSM-IV-TR, plans to publish DSM-V by 2011

EBD   Emotional and Behavioural Difficulties. Umbrella term for a range of socio-psychological difficulties.

HKD   Hyperkinetic Disorder. Alternative conception of similar problems to ADHD, this described by the World Health Organisation. Thought to represent particularly severe form of ADHD.

ICD   International Classification of Diseases. Diagnostic criteria published by the World Health Organisation, includes HKD.

MBD   Minimal Brain Dysfunction. Older term for ADHD, based on the action of stimulants on the brains of disruptive boys.

NICE   National Institute of Health and Clinical Excellence. Produce evidenced based practice guides for a range of mental and physical health problems. Publised most recent guidance on ADHD in 2008.

ODD   Oppositional Defiant Disorder. Another of the DBDs, overlaps with ADHD and CD.

Chapter 1: Introducing ADHD

This project concerns the psychiatric construct attention deficit hyperactivity disorder (ADHD), and its place in the life of the school and family. Over its relatively brief history, ADHD has become the most commonly diagnosed psychiatric condition of childhood worldwide (Timimi, 2005b). The prevalent professional viewpoint on ADHD in the UK is that it is a biologically based disorder, with causal factors in genetics and neurochemistry (Kutcher, *et al.*, 2004). This argument goes on to claim that impairing symptoms of impulsiveness, hyperactivity and attention deficit will present in sufferers from an early age and will continue in some form into adulthood. One of the most controversial claims of this argument is the need for pharmacological intervention, and the trend whereby more and more young people are being placed on some form of psychoactive drug has attracted much contestation (Miller & Leger, 2003).

This project is not primarily about medication, though it will play its part. This project moves back to look at the diagnosis itself and the production of the medicalised ADHD discourse through the school and family. I will argue here that everyday practices condition the social coordinates required for the application of a diagnosis. A simple analogy for this argument would be the preparation of ground ready for the ideal growth of a crop. Pursuing this analogy a little further, I argue that conditioning practices derive from naturalised assumptions concerning growth and development, and well intentioned attempts to nurture robust and healthy crops. Such practices, assumptions and attempts can become concealed beneath names such as ADHD, and what follows in this study is an attempt to attract attention to some of the everyday means of ADHD production.

One of the key places I will locate this analysis is in the representations made of ADHD and of those personally or professionally associated with it. This focus on representation derives from Foucault's (1972) use of the term *discourse*, which he used to analyse what we know and how we come to know it. Hall (1997) uses the term *representation* to talk about discourse in terms of practices which signify a certain 'mode of seeing' (p. 65). I will begin the analysis with a recent example of ADHD representation in the popular media.

Popularising ADHD

On the 13th August 2008, the US swimmer Michael Phelps became the most decorated Olympian in the modern history of the games; much media attention followed. The only article I read on the subject was printed in *the Guardian* the following day (Kelso, 2008). I may not have read the piece at all if my eye had not been caught by a striking photo of Phelps in mid-butterfly stroke taking up almost a 1/3 of a page. Beneath the photo was stated: 'Phelps was diagnosed with attention deficit disorder as a young child. He competed in his first Olympics at age 15' (Kelso, 2008, p. 9). Eager to know the significance accorded this particular piece of information I read on, however the one further mention I found merely restated the photo sub line:

> 'Diagnosed with attention deficit disorder as a young child, he became an Olympian at 15 and now stands as the athlete with more golds than anyone in history' (Kelso, 2008, p. 9).

Given such little information, only questions remain. What is the significance of this particular piece of information, which made it worth selecting from Phelps' personal history? What point is the newspaper trying to make? What knowledge must the paper be assuming of its audience in order to print this information in this obscure way? How well and widely known must ADHD/ADD have become in order for these assumptions to be made?

When I first came to know about ADHD, almost 20 years ago, it was not at all well-known. I know now that there was still a significant research literature at this time, but the popular media may not have been able to assume audience knowledge in the manner implied by the Phelps example. Even when I started studying ADHD from an academic perspective, approximately 5 years ago, I still had to explain what the four letters stood for to the majority of people. That is no longer the case. Now ADHD, hyperactivity and Ritalin are common parlance: if we read about an Olympian with a diagnosis of ADD we should all know what that means.

Bourdieu (1984) wrote that, 'the power to impose recognition depends on the capacity to mobilise around a name' (p. 481). The Phelps example suggests that considerable capacity has mobilised around the ADHD name, but what recognition is being imposed through such a mobilisation?

It could be speculated that the newspaper is using the diagnosis to emphasise the magnitude of the achievement. These gold medals mean that much more because of the past adversity faced by the athlete. The image of the proud, patriotic and disciplined Olympian is held up against its own real-life abject, the disaffected, disruptive, anarchic youth: this one came good. But then, the opposite could be speculated; perhaps the diagnosis is being used to tame the out-of-this-world achievement. The athlete was pre-conditioned toward Olympic success through his hyperactive, obsessional *nature*. All he required was the right outflow for all that excess energy, a place where a pathological inability to pay attention would not be a problem.

Foucault (1996a) argued that focussing on 'the play of the true and false' (p. 456) should divert attention away from such speculations, instead, questioning the manner in which something becomes known as *true* or *false*. This line of questioning will be pursued in greater detail in the following chapters, for the purposes of introduction, it seems clear that ADHD represents *something* and that it is conceived of as *something important* regarding Phelps' historic achievement. If this is so then surely I should not be required to speculate upon this subject. I have spent much of the last 5 years studying ADHD, surely I should by now know what people with ADHD represent and why that should be important for the attainment of Olympic swimming medals?

That I really should know what all this means is further conditioned by the fact that Phelps and I share more than a love for swimming: I was also diagnosed with ADHD as a child. Yet I am putting this information forward here as a means to disrupt these assumptions of representation and meaning. According to these assumptions, Phelps and I must share some essence; I should be able to look at the newspaper article and feel solidarity. If anyone should be allowed to get sentimental about Phelps' achievements then it should be me (and others of our kind) because *we* understand what it is he's been through. Yet of the two known similarities between us, *vis-à-vis* swimming and pathologisation, I am undecided as to which is the more coincidental, arbitrary and devoid of meaning.

This is not to say that I accord ADHD an insignificant role within my current occupation. It is to say that I am perpetually unsure of what the precise meaning of this role is. I see this as a strength; a 'privilege' as Haraway (1988, p. 575) may describe it. My experiences first at home and school, later at work, in relationships and in academia, have had much influence on my choices of topic. I

do not use my experience to suggest that I represent any particular group; the idea that I do makes me distinctly uncomfortable. I do not wish to wage war on the medical profession. Nor do I use it to suggest I have some unique formula; *the ADHD kid come good*, carries with it a hypocritical sentimentality I do not wish to replicate here. I do however wish to question the cultural assumptions implied by the Phelps example in a way that goes beyond deconstructing the superficial binaries of the mass media.

Personalising ADHD

One question which has been the most elusive of all those posed to me throughout this project is the question of my own thoughts and feelings about ADHD. When I started this project I always drew a distinction between what I thought and felt about the disorder personally and what my research position was. Whether or not this distinction was ever particularly meaningful has been cast into some doubt as the project has progressed and I now find that the two positions are thoroughly intertwined. These thoughts and feelings are important contingents to what follows here, so it is worth spending some time on them.

I am critical of the construct ADHD, just as I am critical of the contemporary world of psychiatry, psychology and its allied disciplines. As Chapter 3 will argue, this will likely place me in a certain discursive position within the narratives on ADHD as someone who believes it is a *myth*. I do not subscribe to this myth/reality binary, however, if I am to be pigeon-holed as such, then I would like to disrupt that position firstly by acknowledging some personal *realities* of ADHD. I cannot argue that I do not tick all the diagnostic boxes, or that the symptoms associated with these boxes do not impair me in my ability to fulfil various daily functions to my own full satisfaction. Arguing within a narrowly medical paradigm, I cannot argue that I do not *have* ADHD as defined by the so called clinical correlates of inattention, impulsiveness and hyperactivity. I find this position reinforced when I look through the list of social correlates and outcomes which we are told are associated with the disorder: frequent casualty visits, poor driving record, educational under-achievement and drop-out, many relatively short-lived jobs and relationships, anti-social behaviour, substance misuse, criminality (NICE, 2008). I have encountered many of these so called *outcomes* and they often contributed to the feelings of alienation and exclusion which were a consistent personal reality for some time.

One of the principal problems I have with such clinical realities is that they mask socially produced phenomena. However, within the given medical terms there is a certain reality of ADHD that I must accept; as a set of deficits the existence and consequences of which I have often found it difficult to escape. This statement is a relatively new one for me to make. When I first received the diagnosis it did not mean very much to me, nor did it mean much to my teachers, who saw it as an excuse for bad behaviour. Far from alleviating personal feelings of difference and exclusion, the diagnosis contributed to the furthering of them. I disassociated myself from it, I did not believe myself limited in any of the ways it described and certainly did not appreciate the implication that I was mentally ill.

When I failed most of my GCSEs and left school soon after, I did not look to the disorder for either comfort or explanation; I did not even think about it. When I failed to engage with several jobs and a college course over the following two or three years I did not think about any potential causal role for the disorder. When on the advice of my parents I went to see a psychiatrist concerning the depression which my actions seemed to imply I spoke freely to him for over an hour and did not once even mention the disorder. Only five years ago, when I wrote my undergraduate dissertation on the subject of ADHD, the reality of the disorder was not something I gave any attention to. I had found, in the writings of Michel Foucault, a language with which to describe and deconstruct an experience of exclusion. This language was both empowering and emancipating for me and I still find it to be so. However, I realise now that in subsuming any lived reality of the disorder beneath the language of discourse and power, I was just as guilty as the psychiatry I critiqued, of allowing theory to dictate action.

So, on the one hand there is a certain reality of ADHD I accept within my own identity. A reality that I can see as having had an impact on my experience of school and of work and a reality that impairs me still. On the other hand, I remain critical of it as a construct. I do not believe it has any particular explanatory power and I find it offensive when others use it as an explanation for my actions. I think that this is perhaps due to the implication that goes with such an explanation, that there is something internal to me which may cause me to behave in particular ways and which may bypass my own conscious control. For anyone with a belief in the power of individual agency this is a discomforting thought. Nor does it pay any attention to the contingencies of circumstance which attend any given social reality. One of the consequences of gathering together a set of individual deficits and giving them a name has been to make me focus on

these deficits. While I know that I can step outside them, they have a certain essence within my conceptions of myself: whenever I act hastily or thoughtlessly, whenever my actions do not reflect my intentions, whenever I experience a seemingly inexplicable listlessness for my day's occupation, then more often than not it is to the medical theory about me that I turn for explanation, yet I find no great comfort there.

ADHD has given rise to many unanswerable questions for me. Would I have focussed on or even noticed these deficits if it had not been for this description being made of me? Would I find it easier or harder to deal with my various weaknesses as a person if I did not have this construct with which to think about myself? Are these weaknesses such that I am significantly more impaired by them than most other people? Clearly I cannot think about any of these questions free of the idea of ADHD, or free of the idea of myself as an inattentive and overactive person who once posed many problems to my parents and teachers. I may be able to offer various examples of ways in which I have managed to step outside the limits of the disorder and achieve things which I once did not believe I could achieve, but I cannot step completely away from the disorder and renounce it entirely. It still sits there, waiting for me to fall back into it like a default setting which requires my conscious bypass.

A further question which it may be worth dwelling on is the role which my current chosen occupation plays in my conceptions of ADHD. I knew when I chose it that this topic would require me to critically engage with *my-self* and my personal history to a previously unchartered degree. I knew that I would have to take the reflective state that I have always experienced to extremes, apply it to everything I encountered and systematise it. In taking a very open and speculative style of thought and taming it according to discursive norms, so that I might acknowledge what it *meant* for my research, I should perhaps not be surprised that three years later I have developed an occasional tendency to essentialise the behaviours associated with ADHD, and their effect on me, and created a form of *biographical illusion* (Bourdieu, 1987) in the conception of myself as a problem and my schooling as one long experience of alienation. I know that neither this or any other experience can be labelled in this wholesale way, but the acknowledgement of these experiences has been productive in the attempt to step outside them. This does not mean they vanish entirely; quite the opposite. In collecting them together and labelling them as something in my past that I am able to step outside I have given them a reality of their own which prior to me making my

proposal and undertaking this reflection they did not have. The more I think about something like ADHD, the more a certain reality of it is going to come into being. The psychoanalyst Jacques Lacan (1966) suggested that this is an inescapable product of the fact that our consciousness creates the external reality of which it is itself a part. I cannot talk about ADHD without reinforcing the reality of that particular acronym, even if I seek to criticise it to the point of displacing its reality.

Yet the doctoral experience has also had a normalising effect for me, which has been both unexpected and welcome. It has allowed me to reach the conclusion that if I find the day-to-day work of such a project very demanding, if there are parts of it I do not feel able to do, if the organisational demands are a particular challenge and if I find it a struggle to remain committed to the project over the whole period of its completion, then I am not alone in this. In fact I would have thought that anyone who has ever done such a project has run into these and many other challenges. This is an essential part of the process; it is supposed to be an enormous challenge. There have been times when this challenge has run very close to exceeding what I consider myself capable of, and I know that, just as with anybody else, the project I produce at the end will be limited by the things that I find particularly difficult just as it will be enhanced by those areas in which I am strong. Lastly, if my particular difficulties are to do with organisation, planning, long term commitment, keeping to dates – which they are – then it has been suggested to me that I may not be as different amongst my current colleagues as may have previously been so. I like the idea that perhaps I have found somewhere where I cannot any longer be differentiated according to these weaknesses. It could be that this becomes the most essential way in which I am able to *move beyond* ADHD in the future. But then where would I find my *special* status?

Studying ADHD

The personal history detailed above has had much influence on the way in which I conceptualise ADHD and the choices I have made in trying to build a research project around the concept. However, it is not the case that I had this view of ADHD ready formed and merely wished to gather what evidence I could to support it. My personal and my research views of ADHD have developed a dialogical relation with one another. Overall this project has moved them closer together and tried to align them with one another, but this has only happened

through repeated abrasions and paradoxes. If my research ends up portraying the view that ADHD is a thoroughly perplexing construct which cannot be reduced to simple labels or dualisms and about which I am somewhat ambivalent, then this is a result of a reflexive confrontation between my own experiences and the experiences of those with whom I have worked.

I have been influenced by the experience and understanding that I gained through work with the National Institute of Health and Clinical Excellence (NICE), as a member of their Guideline Development Group for ADHD. I participated in the monthly meetings as well as contributing to some of the writing of the guideline, though I resigned approximately one year before the guideline was published. As a 'service user representative' my experience at NICE was always overshadowed by an uncertainty about my role, insecurity about who or what I represented and guilt about my rights to generalise and make recommendations based on my own partial, conditional experiences. My resignation derived from a combination of these factors as well as my despondency concerning the seeming impossibility of re-making certain institutional languages and creating an *inclusive* document. On reflection, there were positives to take away from the process; in the access I was given to the opinions and experiences of clinicians, researchers, carers and parents associated with ADHD, and, in the uncomfortable but productive identity work it forced me into which contributed to the dialogic relation between the *me* and the *I* of ADHD, which this project has rendered indivisible.

I have also been influenced by recent directions in the research literature on ADHD which has sought to grapple with the balance between providing support for children, families and schools associated with ADHD, while continuing to criticise the assumptions, theories and practices which serve an increasing diagnostic rate (G Lloyd*, et al.*, 2006). This ideal is one I ascribe to and the project can be read as an exploration and problematisation of it. The most perplexing question in this is how in practice one can strike such a balance between support and criticism, and this question is sought both implicitly and explicitly, theoretically and empirically, in various chapters.

My focus in this project is with the process of diagnosis. The achievement of a diagnosis usually requires a concerted arrangement of actors and institutions and I would like to gain some insight into these arrangements. I view diagnosis as the official point at which an identity is made *other* in the sense that it becomes a

new means through which identity may be positioned on an individual and social level. However, I believe that this process of *othering* may extend far back before the official point of diagnosis. Put another way, were it not for prior othering to have occurred there would not be sufficient grounds on which to base a diagnosis.

Taking the school as an example, for a diagnosis of ADHD, one is required to show that the child in question is marked by their difference from their peers on various *ordinary* classroom tasks to a degree that the American Psychiatric Association (APA, 2000) describes as *significantly impairing*. This rather vague term represents the point at which the internal and external worlds of ADHD collide, for it refers to the severity of the physical symptoms which is gauged through their immediate social consequences. The APA would presumably not be the teacher's first point of reference for bad behaviour, thus it seems reasonable to assume that a child who is marked in such a way has already been through some prior othering: situated or official disciplinary action may have taken place; special educational reports and Individual Education Plans may have been used; the child may have been excluded from certain activities; parent meetings may have been arranged; school councillors, nurses, social workers or psychologists may have been consulted.

Goffman (1968b) argued that identities become positioned in multiple ways according to different social contexts. Take the category of *special educational need* as an example: the interaction of labelling and identity may lead one to understand oneself as someone who is *special*, and further that this is a debilitating status casting one as *in need* (Corbett, 1996). Teachers and assistants at school are likely to pitch their expectations lower for an *SEN child* than for a *normal* or *mainstream* child (Slee, 1997). The child will have joined one of the school's problem populations and they will be made more visible and accountable as a result of this new membership (Allan, 1996). Particular categories of need, such as ADHD, are associated with 'emotional and behavioural difficulty'; *EBD* (Cooper, 2003), and new positions are constituted for such children based upon more *appropriate* approaches to learning (Saltmarsh & Youdell, 2004). Such judgments are made according to a rhetoric of *support* and *protection*; for the deficient child, support, for the social order they threaten, protection. The combination of these twin ideals is represented through inter-agency policies concerned with *safeguarding children* (DfES, 2004).

Problematic behaviours and characteristics of childhood are interpreted through medical discourse as representing something in the child (Conrad & Schneider, 1980). Increasing levels of diagnosis such as ADHD and the increased recourse to pharmacological intervention imply that more and more this something is presumed to be an organic anomaly. Thus marking oneself and being marked as other makes it possible to have further othering identities projected onto oneself (Scheff, 1966). Different behaviours and characteristics as well as the availability of fitting descriptions and the correct institutional arrangements can thus be understood as the conditions upon which a diagnostic case rests. They are the necessary contingents upon which a diagnosis bases its authority, yet the application of a diagnosis conceals the productive process of social positioning described above, leaving only a model of individual deficit and organic pathology.

Overall this project can be understood as investigating some of these 'conditions of possibility' (Foucault, 1974, p. 89) through various institutional and professional discourses. The project is organised according to different lines of investigation, theoretical and empirical, which I have cast as *textwork* and *fieldwork* (McWilliam*, et al.*, 1997). Keeping with the focus on conditions of possibility, and borrowing from recent work on ADHD by Linda Graham (2006), I have conceptualised textwork as investigating 'enunciations of otherness' and fieldwork as investigating 'objectifications of otherness' (2006, p. 6). The first is about conditioning what it is possible to *say* through textual representation, the second is about conditioning what it is possible to *do* through the texts of everyday action.

Including this introduction, the project is set over 9 chapters. In this chapter, I have used my own relevant subject positions in relation to ADHD and schooling to introduce my perspective on the contingent nature of *being* someone *with* something (Haraway, 1988). This perspective is one of the guiding epistemological assumptions for the remainder of the project. It immediately undermines the notion that a set of biological or psychological co-ordinates can produce an account of being or that a group of people collected together on the basis of such co-ordinates could be said to represent a particular *kind of being,* known as ADHD.

Chapter 2 describes the separation made in the project between *textwork* and *fieldwork* (McWilliam*, et al.*, 1997). The former exploring the 'enunciation of otherness', the latter exploring the 'objectification of otherness' (Graham, 2006).

The chapter develops the notions of subject and representation introduced in this chapter through a discussion of Foucault's (1972) concept of discourse. It is argued that discourse conceptualises ways of being according to subject positions, which are distributed through institutional channels of communication and conditioned by historically derived power relations. Discourse is embodied in the everyday through *texts,* of which people, behaviour, timetables, lifestyles, intentions and actions are all examples. Though people are not merely empty vessels for the enaction of discourse and power, existing relations do partially determine the extent to which individuals may act autonomously, however, Foucault (1980a) claimed that individuals can always resist, responding 'to every advance of power by a movement of disengagement' (p. 138).

Chapter 3 presents the first piece of textwork; deconstructing the myth/reality dichotomy which characterises ADHD narrative. I argue that this means of interpreting the world of ADHD privileges certain descriptions of childhood over others. The clinical *reality* of ADHD provides the descriptions which dominate popular and scientific representations, which make up a regime that polices the kind of responses that might be made to the presentation of associated behaviours. Any critique of the *reality* of ADHD is reduced to the *myth* icon, and as the minor player in the binary social critique can be easily cast out as marginal, political and unsupportive to those with the disorder. Using recent directions in ADHD critique I argue first for ways of inhabiting the original dichotomy before seeking to undermine the realist *myth* upon which the dichotomy rests.

Chapter 4 uses the Diagnostic and Statistical Manual for Mental Disorder (DSM) to deconstruct some of the means by which the dominant regime produces its subject positions. It is argued that the manual shares a certain 'mode of seeing' (Hall, 1997, p. 65) with early years education, illustrated by their shared language of developmentalism. Deploying risk analysis within schooling distributes certain subject positions along individualised notions of moral choice and responsibility. The enactment of these positions in school requires the subversion of a political account of *natural* states of being, augmented by unexamined notions of inclusion.

Chapter 5 presents the first piece of fieldwork, in which I adopted the role of a teaching assistant in Years 1 & 2 of *Kilcott Infants*. The analysis develops the notion of 'routine' as a productive rationale in disciplining children and adults into

the regime of the school. Through the ascription of order and norm to the times, places, spaces, utterances, actions and conduct of the school day, the routine seeks to construct notions of normal/abnormal and order/disorder against which individuals can be separated and made visible. The routine thus works to make disciplinary inscriptions of otherness onto individuals. It is argued that this individual inscription is one of the necessary steps in creating diagnosable objects, with the notions of (dis)order and (ab)normality holding particular significance for the clinical definition of psychopathology.

Chapter 6 presents the first piece of data from my second research site, *Alderley Primary*. The chapter seeks a gender analysis of ADHD predicated on the fact that at least 5 times as many boys are diagnosed. The chapter critiques a commonsense explanation for increasing diagnosis whereby failing and disruptive boys are drugged into conformity. Through the presentation of data it is argued that masculine subject positions are privileged in school through the sanctioning of male dominance in classrooms, leading to 'special' resources and interventions being almost exclusively targeted at boys. Observations of children with ADHD and other psychopathologies are then used to argue that a diagnosis produces a loop through which male dominance is perpetually re-enacted.

Chapter 7 presents the interview data from work with the two families who made up the third research site. It is argued that parents of children with ADHD are discursively placed within cultures of blame and responsibility (Carpenter & Austin, 2008; Singh, 2004). Each parent in this account attempted to take up an active opposition to these representations of them. However, while they may have been successful in negotiating particular forms of recognition there were incidental effects to this activity. In each case, the means to recognition came through the progressive submission to the internal, biological account of ADHD. This led to the progressive effacement of the agency that each parent sought as well as to the reinforcement of their children's deficit in narrowly medical terms.

Chapter 8 presents the second piece of data from Alderley Primary. The focus here is on nurture groups, which were the principle means at Alderley for the management of children with ADHD outside the mainstream classroom. I argue that the groups represent a central and problematic place in early years schooling through the subversion of contradictory nature/nurture assumptions and through the enactment of a combination of the exclusionary discourses so far discussed; routine, risk, gender, class and family. The philosophy of the nurture group is

centred on notions of growth and empowerment, however it is argued that the practice of the groups within school has a primary objective of administration over empowerment.

In making an argument about the social conditioning of ADHD I am not arguing that medical and psychological understandings hold no validity or that they have no therapeutic value. I do argue that such an understanding tends to conflate organic and social pathology and that this enacts a counter-productive subjectivisation, reinforces existing divisions and defers the ideal of change. Neither am I blind to the need for classrooms, schools, families and other social worlds to function according to some notion of order. I do argue that such an order should be the product of participation not prescription. Currently I do not believe this is the norm and this project will show ADHD to be one symptom of this.

Chapter 2: Text & field

The reliance on Foucault's (1972) notion of *discourse* as well as the use of ethnography in this project requires some flexibility in the boundaries between epistemology and methodology, nevertheless, this chapter aims to map these two concerns. Both discourse and ethnography cross these boundaries and here I will argue that each way of seeing shares a certain ethos in the acknowledgement of 'partial perspective' (Haraway, 1988, p. 575) and a commitment to the reflexive voice of self-criticism. The notion of partial perspective alludes to the 'conditioning of possibility' (Foucault, 1974, p. 89) which I use here to frame the discussion of discourse and ethnography. In describing my rationale for, and approach to, ethnography I will explore the notion of reflexivity by looking at some of the experiences which have conditioned some of this project's possibilities. I will begin with an account of discourse.

Textwork

The main parts of this project can be divided into textwork and fieldwork (McWilliam*, et al.*, 1997). Both find theoretical and methodological underpinning in the work of Michel Foucault (1972) and Dorothy Smith (1987). The concept of discourse is central to both theory and method and will be used to introduce some of Foucault's thought and to establish the connection between Foucault and Smith.

Of central importance to Foucault's thought is his notion of power relations, however, from a methodological perspective, an understanding of discourse is a pre-requisite to understanding power, as discourse provides the means of investigation and analysis. The two concepts are in any case heavily intertwined, with power given voice through discourse, which is the 'means of its exercise' (Foucault, 1981b, p. 32).

Foucault (1972) confesses to have 'used and abused' (p. 120) the concept of discourse and the term makes regular appearances in both his writings and those who have followed him. There are several different aspects to the concept of discourse, which it is important to try and distinguish between. In general terms, discourse was intended to elaborate on historical relationships between thought and action. Discourse represents both ontology and epistemology; what we know and how we have come to know it. Discourse is thus fundamentally placed in the

conditioning of possibility; what we know and what we *may* or *may not* know, which is the interpretation implied by Britzman's (2000) description of discourse as 'communities of consent and dissent' (p. 36). At its most literal, discourse signifies *talk* or, Foucault's (1972) favoured term, 'statement' (p. 121). Any talk, speech, piece of text, written or spoken, could be described as discourse, which here denotes signs or groups of signs. This broad notion is discourse as product, as in 'that which was produced…by the group of signs' (Foucault, 1972, p. 120) in the form of a representation or signifier. Foucault (1972) suggested that such statements become grouped according to the laws of their formation, giving rise to what he called a *discursive formation*; 'thus I shall speak of clinical discourse, economic discourse, the discourse of natural history, psychiatric discourse' (p. 121).

Leading out of the notion of a statement is discourse as thought, not only the means by which thought is carried, the representational text, but also the reasoning behind that text, the means by which it has been thought; 'subject, object and concept are merely functions derived from the primitive function or from the statement' (Deleuze, 1988, p. 9). This leads to a depiction of discourse as not just description but also interpretation. This sense conveys the historical process of discourse, for not only does it describe the process by which a discursive formation is fashioned, and the existing discourses drawn on in order to do so, but also the means employed by those who interpret that discourse in the future. Discourse as interpretation also allows us to move outside a restrictive notion of text as words or utterance; for any action, behaviour, characteristic or way of being can be interpreted and re-arranged discursively. As Fairclough (1992) states: 'discourses do not just reflect or represent social entities and relations, they construct or 'constitute' them' (p. 3). With an unrestricted notion of what may constitute a *text* we are given the fully unrestricted notion of discourse as the *embodiment* of meaning: people, spaces, places, behaviour, organisations, timetables and uniform to name just a few of the texts where *reading* may begin (McWilliam*, et al.*, 1997).

Discourse analysis is often concerned with the political arrangement of texts, which is where discourse connects with power relations to shape 'conditions of possibility' (Foucault, 1974, p. 89). What Foucault (1981a) termed 'the order of discourse' (p. 48) refers to the way in which statements are arranged and progress over time, some becoming dominant while others are marginalised. The notion of an 'always already there' (Foucault, 1980a, p. 141) of discourse and

power allows us to think of this as discourse as *performance* in the sense of an embodiment of meaning. This is the usage implied by Fairclough's (1992) broad notion of text as 'the institutional and organizational circumstances of the discursive event' (p. 4) and by Judith Butler's (1997) situated notions of address and autonomy. The former draws attention to structural 'conditions of possibility' (Foucault, 1974, p. 89), the latter to the wedge that agency can drive between these conditions: we are addressed by discourse and our autonomy is expressed in our ability to mediate this address.

By way of a very general illustration of the action of discourse, one could analyse a politician's speech. The content of the speech, the words used, could be analysed according to the rhetorical resources they draw on (e.g. 'scientific research', 'evidence based practice', 'basic human rights', 'the war on drugs'), the *effect* of the statement would be further conditioned by the reading of various other *texts*: the politician's perceived political standing (which party they align to, their office of government, their standing in the house); their social position (class, gender, ethnicity, educational background, etc.); their immediate context (who they are addressing, where they are standing, how they deliver their words). This example, while providing an introductory sketch, is limited in scope, referring primarily to the *speech act.* According to this representation 'we might object that all Foucault is doing is refining a very classical analysis that relies on *context* (Deleuze, 1988, p. 11). Following Deleuze's interpretation, it should be emphasised that, 'context explains nothing, since its nature varies according to the particular discursive formation or family of statements under consideration' (p. 11).

Fairclough (2000) has brought this style of analysis to bear on the language of New Labour, in which he describes the rhetorical shift that has occurred in the move from the concept of poverty to that of social exclusion. The discursive change is in the move from conceiving marginalisation as a given economic circumstance to thinking of marginalisation as a moral choice. New Labour thus achieve 'cultural governance' (p. 61) by making claims about the *deficiencies* of given groups; individualising and essentialising difference and advocating the Government's right to intervene and change culture.

Fairclough's (2000) study illustrates well the constitutive nature of discourse. By taking individual fragments of text which bear certain rhetorical relations he is able to make a more general comment about the way in which a population may

be managed. He is able to do this because this is the action of discourse; 'what seems accidental from the viewpoint of words, phrases and propositions becomes the rule from the viewpoint of statements' (Deleuze, 1988, p. 9). Descriptions constitute subject positions, ways of being, and these positions are negotiated and enacted; mediated through everyday action. Ian Hacking (1995) has coined the term 'looping effects' (p. 351) to describe this continuous historical process of distribution and mediation. Individual agency may be able to loop back, resist and re-negotiate the terms by which a certain way of being is understood, however, in Foucault's (1980a) terms what they are attempting to re-negotiate – power relations – are 'always already there' (p. 141), as a product of hierarchical historical processes.

This sense of discourse as an embedded process of address and mediation has been emphasised by Dorothy Smith (1990) in her adaptation of Foucault's notion of discourse:

> 'The notion of discourse displaces the analysis from the text as originating in writer or thinker, to the discourse itself as an ongoing intertextual process…Analysis of the extended social relations of complex social processes requires that our concepts embrace properties and processes which cannot be attributed to or reduced to individual 'utterances' or 'speech acts' (pp. 161-162).

Here, Smith wants to move beyond a static or structural notion of discourse, as passing through action, casting individual agency as transparent and empty, while still retaining the sense in which discourse is productive and constitutive. For Smith, macro socio-historical processes must first be understood through a close reading of individual action in the everyday world. Action in the everyday is connected to broader structures through social relations and through institutional and organisational processes. These, in turn, are fashioned according to the available descriptions concerning given groups of people. Thus, while Smith (1987) is concerned with these textual relations, her emphasis is on the means through which they are put to work in the everyday:

> 'Though discourse, bureaucracy, and the exchange of money for commodities create forms of social relations that transcend the local and particular, they are constituted, created, and practiced always *within* the local and particular' (D. Smith, 1987, p. 109)

The connection made here by Smith in referring to bureaucracy and monetary exchange as *creating* forms of social relations works according to the same logic as Foucault's (1991) concept of *governmentality*, which describes the means by which actors become participants in their own governance. Governmentality argues that the social body is driven toward self-management through multiple and diffuse forms of governance, of which bureaucracy and monetary exchange provide two examples. In setting up and maintaining a *raison d'être* in the requirement for an orderly social body, the state is able to enlist existing disciplinary technologies to effect a distanced and motivated regulation. Foucault (2004) referred to this move as one from the 'seizure of power over the body in an individualising mode' to one that is 'massifying, that is directed not at man-as-body but at man-as-species' (p. 243). By valorising the needs of the social, discursive forms of the family (Donzelot, 1979), the school (Hunter, 1994), the therapeutic state (Rose, 1989) become naturalized forms of social governance, which Smith (1987) describes as 'relations of ruling' (p. 214). These relations effect what Foucault (1981b) describes as an *optimization* of individual forces toward the regulative ideal of efficient social exchange, 'a "biopolitics" of the human race' (Foucault, 2004, p. 243).

Thus governmentality alerts us to the disintegration of the structure/action divide, as the optimization of individual forces aggregates through institutional relations to produce structural governance. However, while the model disintegrates the divide on the one hand it still relies on a certain separation of the two to remain in thinking about the production of certain institutional arrangements as *governing* and certain subject positions as *governable*. To understand further what may condition an individual's capacity to govern and to be governed, Foucault deployed the notions of power and subjectivity.

Power & Subjectivity

In questioning the discursive processes at work in the formation of objects, Foucault's primary concern was to do with the dominance of some objects over others and the means by which that dominance had been produced. He states this in the form of a question: 'What has ruled their existence as objects of discourse?' (Foucault, 1972, p. 45). He then offers three points of departure for such an analysis: firstly, to describe the '*surfaces* of their emergence'; secondly, 'the authorities of delimitation'; thirdly, 'the *grids of specification'* (pp. 45-46;

emphasis in original). These three movements; emergence, delimitation and specification, can be read as mapping, respectively, the historical conditioning of a way of knowing, the specification of an object of knowledge and the application of this object to an administrative function.

In terms of applying these points to childhood behavioural disorder, two recent analyses offer some useful insights, the first I will discuss is *Schooling attention deficit hyperactivity disorders* (Graham, 2007b), the second is *Diagnosing 'disorderly' children* (Harwood, 2006).

Graham (2006) has adapted the notion of the *grid of specification* to produce a highly visual tool for the investigation of discursive formations. In place of the grid, Graham (2006) offers a '*net* constructed with many intersecting threads, which is woven tightly enough to capture an object but allows permeability for the non-object to pass through' (p. 6). The net is depicted according to two axes. The vertical denotes 'enunciating otherness' the horizontal 'objectifying otherness' (p. 6).

The *other* for Foucault (1982) is 'the one over whom power is exercised' where power is understood to be the 'total structure of actions brought to bear on possible actions' (p. 220). Given that Foucault saw discourse as the vehicle for the action of power, the *enunciation* axis can be seen as combining the first two of Foucault's analytical points above – emergence and delimitation, with the *objectification* axis specifying practices. Graham (2006) separates the two by referring to 'discursive practices' and 'disciplinary technologies', which is a distinction I have borrowed in separating textwork, where I am concerned with the analysis of enunciations, from fieldwork, where I am concerned with the objectification of otherness. One is concerned with asking what it is possible to *say* the other is concerned with how that might be *said* in practice. Thus in Chapter's 3 & 4 I will attempt to explore, within ADHD narratives, what Bourdieu (1990) called 'political mythology' (p. 70), which is concerned with the conflation of the natural and social in relations of status and inequality. Chapters 5-8 will map some of the ways in which such mythology may be 'realised, embodied, turned into a permanent disposition' (p. 70).

If this is the strategy according to which this project is organised, then further specification is required as to the techniques by which the strategy will be

pursued. Foucault (1982) has further specified this analysis of 'action upon action' (p. 220) according to five analytical points:

> '[1] The system of differentiations which permits one to act upon the action of others…[2] The types of objectives pursued by those who act upon the action of others…[3] The means of bringing power relations into being…[4] Forms of institutionalisation…[5] The degrees of rationalization'. (p. 223)

In terms of the strategy [1] and [2] map more onto the conditioning of enunciations and the remainder onto the disciplinary specification, though there is much overlap.

The second recent work on ADHD I wish to introduce, that of Valerie Harwood (2006) takes up this analysis in order to interrogate the 'power to diagnose disorderly children' (p. 62). Harwood's analysis proceeds according to the relations at work in producing 'the truth of the disorderly child' (p. 32). Harwood's focus on *truth* follows Foucault's (1981a) description of truth as 'the instrumental investments of knowledge' (p. 55), and *the will to truth* as the primary function of discourse. Thus truth is concerned with knowledge which above all *does* something. Alongside power, truth is one of the most enduring themes around which Foucault envisaged his *problematisations*:

> 'the set of discursive or nondiscursive practices that makes something enter into the play of the true and false, and constitutes it as an object for thought' (Foucault, 1996a, pp. 456-457)

Harwood (2006) is interested in what truth does in terms of an individual identity. In pursuing this she leans on the concept of *subjectivisation*:

> 'my problem was not to define the moment from which something like the subject appeared but rather the set of processes through which the subject exists…I would call subjectivization the process through which results the constitution of a subject, or more exactly, of a subjectivity which is obviously only one of the given possibilities of organizing a consciousness of self' (Foucault, 1996b, p. 472)

Where *other* was used above, Harwood (2006) uses the term *subject* 'to describe the focus of subjectivization' and takes 'subjectivity to be one of the many products of this process of subjectivization' (p. 6). Thus she attempts to describe the process whereby discourse constitutes certain subjectivities, which when enacted through power relations produce certain truths about certain people.

Harwood also provides an elaboration of how Foucault's (1982) five point analysis of power might be put to work, which I have drawn on to produce the following schema according to which this project proceeds:

[1] *the system of differentiations*, which is the means by which a body of knowledge constitutes subject positions. Chapter 4 provides an analysis of the dominant definition of ADHD, that found in the Diagnostic and Statistical Manual (DSM). Through situated descriptions the DSM constitutes certain actions, behaviours and characteristics as *risky*. The situation to which these descriptions can be most readily applied is the classroom. Thus inclusion is something to be achieved according to prior subjectivisation.

The rhetoric of risk is an important intermediary between abstract descriptions and everyday life. In a related mode to that which Fairclough (2000) critiqued in New Labour's language of social exclusion, risk individualises notions of choice, taking them away from the constraints of a given circumstance towards notions of individual morals, which can then be interrogated. Once a subject is understood as risky then further interrogations are made possible according to the subversion of future truths: *impairments* and *outcomes*.

[2] *the types of objectives*, which is concerned with the political ordering of a body of knowledge. Chapter 3 engages with the *regime of truth* (Foucault, 1980a) made up by the competing perspectives on ADHD. One objective is to 'disturb the scientificity of the relations of power' (Harwood, 2006, p. 63) making particular statements about ADHD *more true* than others.

Beginning with the myth/reality dichotomy that ADHD narratives are known by, this analysis seeks to understand the processes through which *reality* has been constituted as *truth*. It does this through examples of scientism, of popular media rhetoric, the apparent death of radical critique and the various trappings attending recent attempts to break the myth/reality dichotomy.

[3] *the means of bringing power relations into being*, which is concerned with the institutional conditions that constitute certain ways of being and knowing. This notion crosses both text and field and is one of the general empirical concerns here. It is particularly applicable to Chapter 5, an ethnography of discipline in the infant classroom. The structure of *routine* is offered as the means by which power relations are 'actualized' (Gore, 1993, p. 63) in the everyday to produce governable subjectivities.

Following Foucault's (1977) analysis of the action of power through the systems and structures of *surveiller et punir,* routine is viewed as the principle means by which integration is achieved, and thus also the means by which the non-integrative other may become known. Gore's (1995) observational classroom study provides several categories through which some of the structural conditions of this integrative script are analysed in terms of their constitutive force.

[4] *forms of institutionalisation*, extends the institutional thinking to map some of the ways in which naturalised historical dispositions are reproduced through organizational discourses. Again this point cuts across several chapters, however Chapters 6 & 7 use observational and interview data to 'raise awareness of the multiple levels at which the relations of power function' (Harwood, 2006, p. 63) in both school and home through prescriptive notions of gender and familial responsibility.

Chapter 6 uses gender relations to enact the notion of discourse as performance in the primary classroom. Fragments of discourse are presented which constitute different forms of masculine domination, contingent on certain truths of masculine/feminine, which implicate further dichotomised truths of good/bad, normal/abnormal and order/disorder, and which form an unequal distribution and re-distribution of financial and intellectual resources.

Chapter 7 presents one ontology of family forms which can be read through ADHD discourse. Here individual parental narratives are used to explore the way in which each parent constitutes themselves as responsible. The rhetorical resources they draw on to effect this constitution enact dominant discourses and carry incidental effects.

[5] *the degrees of rationalization*, is concerned with the principles by which individuals are drawn into self-governance: Chapter 8, the final piece of fieldwork,

offers an analysis of the 'principles that substantiate the actions made on the actions of young people' (Harwood, 2006, p. 63), through the theory and practice of nurture groups and their place within the core values of the educational project. The therapeutic ethic of the nurturing formula is analysed first for its constitutive effects in various forms of subjectivisation according to routine, risk, class and gender. The governmentality model is then used to explore the role of nurture in education and the role of education in society.

In moving now to the task of accomplishing these objectives within an empirical project I am making the move towards talking about fieldwork. However, it is first necessary to rationalise the choice of ethnography as the preferred means with which to see discursively. This rationalisation introduces ethical and epistemological commitments which will be explored through the notion of reflexivity.

Connecting textwork to fieldwork

There are many reasons concerning both theory and method why I chose ethnography as my way of looking at the subject of ADHD. The most obvious and also the most banal, the most empty of positive reason, is that to my knowledge it had not been done before in looking at ADHD in the infant classroom. A necessary but alone uninteresting pre-requisite. In terms of theory the method seemed to offer the greatest promise for, and challenge to, Foucault.

There seemed great promise in trying to map some of the process of discourse, to witness its constitutive force in everyday action. I was interested in the processes by which a diagnostic case may be constructed. I wanted to see whether action and interaction in the present might offer some indication as to the means by which the future othering of diagnosis could be achieved. Therefore, this sense in which Foucault spoke of discourse and power as productive, in the formation of objects of knowledge seemed to offer the means to enter into this process.

In terms of danger, two issues were high in my mind. First, Foucault is sometimes cast, rightly or wrongly, as painting the subject out of his problematisations (Smart, 1986). Second, his thought is often considered a template for which reality is shaped to fit (Habermas, 1981); employing the theory as an 'overly certain moral economy' (Marcus, 1998, p. 19) as it may be called. I hoped that ethnography would force me to confront and subvert both of

these issues, and in fact doing the first one properly should imply that the second one had also been avoided.

In striving for Clifford Geertz's (1973) notion of *thick description* the ethnographer is compelled to focus initially on the individual subject: their every-day, every-moment, action and interaction. This action can then be contextualised according to similarly everyday processes, systems and relationships. This action-relation-system model is how Smith (2005) conceptualises the process of her 'institutional ethnography' according to the connections between everyday action, social relations, institutional knowledge and systemic relations of ruling.

James Clifford (1983) argues that a shift has occurred in ethnography since Geertz's (1973) interpretive paradigm towards more dialogical based constructivist models. However, the notion of thick description and its importance in producing an authoritative account has remained in the minds of many of those considered contemporary pioneers of the subject. George Marcus (1998) tackles this precise issue in talking about the potential *thinness* of ethnography:

> 'The space of potential discovery and increased understanding of processes and relationships in the world (which require a bedrock of very thick description indeed) is taken over by a discourse of purpose and commitment within a certain moral economy…Ethnographic projects…must be allowed to "breathe," especially in terms of their descriptive accounts of things, before the theory kicks in' (p. 18).

Interesting for me that in a world of anthropology marked heavily by postmodernism and bearing such close relations with such terms as *discourse* and *reflexivity* that Marcus feels able to talk in terms of 'discovery' as the potential for which ethnography can still strive. Perhaps it is in this optimism that ethnography's greatest guile and greatest danger lies; concurrently Derrida's (1967b) critique of Foucault's (1967) history of madness, this concerns representation of the other:

> 'Foucault, in rejecting the psychiatric or philosophical literature which has always emprisoned the mad, winds up employing – inevitably – a popular and equivocal notion of madness taken from an unverifiable

source...everything transpires as if Foucault knew what "madness" means' (Derrida, 1967b, p. 49).

Foucault (1980a) argued that we are all othered by discourse and power; 'one is never outside it' (p. 141). Thus, our freedom lies in our ability to respond 'to every advance of power with a movement of disengagement' (p. 138). Though he may have wished it to be otherwise, Foucault (1981a) was forced to concede that we are required to find a place within discourse; a place the space for which is already inscribed within that discourse:

> 'I wish I could have slipped surreptitiously into this discourse…I should have preferred to be enveloped by speech, and carried away well beyond all possible beginnings, rather than have to begin myself'. (p. 51)

Far more than an informal way in to his inaugural address at the *College de France*, this has direct implications for the notion of representation. We cannot slip surreptitiously into discourse, because we are to some extent already known by discourse. If power is understood as some kind of 'grid' (Foucault, 1972, p. 46) or 'net' (Graham, 2006, p. 6) in which we are all mutually constrained then othering is a product of our understandings, descriptions, perceptions and expectations of each other. This is what I hoped to probe with my disclosure in the previous chapter. I hoped to acknowledge that in the writing of a text I would be involved in 'making up people' (Hacking, 1986, p. 222) according to the discourses that were made available to me. Therefore, I saw it as ethically compelling and theoretically interesting to make clear the way in which I was other also, in so doing emphasising the extent to which the textual process authored me, as well as the other way round.

The problem of representation is primarily that it is impossible to represent. We cannot step outside discourse with either our description or our interpretations, thus there is no authentic object to capture and no neutral lens with which to capture it. Stephen Tyler (1986) attempts to disrupt the sense in which ethnography is necessarily involved with representation of the other through his use of the term *evocation*:

> '[ethnography] transcends instead by *evoking* what cannot be known discursively or performed perfectly...it makes available through absence what can be conceived but not presented' (p. 130)

Here, evocation is being used to try to subvert the Lacanian (1966) truth that language will always leave a separation between the material and the textual; between what is conceived and what we are able to present. In this attempt to voice without words, Tyler finds himself constrained by other customs and assumptions, such as the linear fashion in which Western grammatical thought proceeds such that:

> '"*x* evokes *y*" must mean that *x* and *y* are different entities linked by a third rather peculiar "process-entity" called "evoke," and that, moreover, *x* must precede *y* in time, and consequently *x* must be a condition of *y* or *y* a result of *x*.' (p. 130)

Thus Tyler finds his discourse already to some extent *known*, and, unable to fashion entirely new means of speaking he can only seek to disrupt the means by which his speech might be understood. He cannot stop discourse being coterminous with the enaction of power relations, he can only hope to respond with 'a movement of disengagement' (Foucault, 1980a, p. 138) and make this enaction a subversive, resistant and reflexive process, described by Marcus (1998) as a 'bold attempt at endless self-parody' (p. 185).

The notions of discourse and power outlined above introduces an ethical commitment to self-parody in the performance and representation of ethnographic work. If Lacan's (1966) separation leaves what he called *endless desire* in our representative efforts, then perhaps Marcus's (1998) notion of an *endless self-parody* is required to effect an ongoing and continuous *disengagement*. At any rate, Marcus' image is a useful heuristic for the integration of subjectivism into ethnographic work because it requires one to think beyond the meta-approach so far outlined into the more situated strategies and techniques by which the integration may be attempted. In order to discuss these issues further, it is first necessary to provide an account of ethnography as a method, and the approaches I have taken in making use of it.

Ethnography

Ethnographic methods have been the chief means of anthropological investigation for some time, with texts such as Mead's (1928) *Coming of age in Samoa* and Malinowski's (1922) *Argonauts of the Western Pacific* seen as canonical within the

genre, cited as the earliest examples of 'fieldwork'. The ethnographer seeks to embed themselves in their chosen field of study, that is, collective life, for a prolonged period; upwards of around a year. The method pays close attention to the accomplishment of the seemingly mundane, the "doing" of social organisation and interaction (Solberg, 1996). Though the term "culture" can take on various meanings, at its most practical, culture could be described in terms of the regular patterns by which people "do" collective or institutional life. In the generation of ethnographers that followed Mead & Malinowski, Clifford Geertz became influential with his *interpretive ethnography,* from which came his ideal of *thick description.* Geertz (1973) considered thick description to be a process of making sense of "doing" through 'thinking and reflecting' and 'the thinking of thoughts' (p. 6). Describing something thickly implies describing it contextually, getting inside tacit assumptions and elaborating action according to the codes which are meaningful to those who embody them. Geertz encapsulates the attempt as one of moving *from twitch to wink* (p. 6); on the surface the same, yet one is the unembedded, involuntary, meaningless, the other is acculturated, symbolic, knowing, communicative.

Ethnography has had an uneasy reception within broader academic debates, for charges of "micro" unimportance (Noblit*, et al.*, 2004), for the underhand or deceitful manner in which the ethnographer appears to ingratiate themselves to their *society* (G. Fine, 1993), and for its contribution to colonialism (Said, 1978). Revisionism in ethnography has sought to address these concerns, openly discussing the problem of representation through literary as well as academic narratives (Clifford & Marcus, 1986), fusing with critical theory to provide a more "macro" relevant discipline, *post/critical ethnography* (Noblit, et al., 2004)*,* and by seeking the means to embody power relations in an ethical and participatory manner, embracing post-colonial theories (Cannella & Viruru, 2004) and the reflexive voice (Behar, 1996; Pillow, 2003). Nevertheless, these attempts only claim to acknowledge the relativising and subjectivising dangers of ethnography, which cannot be eradicated, only opened to awareness, reflection and contestation.

The present study aspires to the notion of critical ethnography and to reflexive analysis. Though my approach is "sociological", in methodological terms, in the actual "doing" of ethnography, I have drawn on both anthropological and sociological works. I do not place great store in the claims that ethnography was ever limited *only* to the phenomenological; a relevant example for this study is

Mauss' ([1936] 1973) work on the techniques of the body, in which he claimed that behaviour was not a naturally occurring phenomena, but an acculturated process of symbolic limitation. Following Mauss, Douglas (1970) states that,

> 'the social body constrains the way the physical body is perceived. The physical experience of the body, always modified by the social categories through which it is known, sustains a particular view of society'. (p. 72)

Thus, one of the more general lessons to be learned from this so-called *relativist* method: people's actions and behaviours bear the imprint of the rules and customs of their given society, with the limits of bodily expression enunciating the limits of social acceptability.

Geertz (1973) sought to undermine any claim that general rules could not be the purpose of the ethnographer, by persuasively arguing for the primacy of culture in relation to biology. Geertz argued this using the Australopithecines, an evolutionary pre-cursor to *Homo sapiens*, with much smaller brains but with a cultural system, which separated them from apes:

> 'In the Australopithecines we seem to have...an odd sort of "man" who evidently was capable of acquiring some elements of culture...but not others...as the *Homo sapiens* brain is about three times as large as that of the Australopithecines, the greater part of human cortical expansion has followed, not preceded, the "beginning" of culture'. (p. 64)

Following this understanding of culture, I seek an embedded analysis of a construct – ADHD – understood to have "physiological" origins. I would like to describe the lines of acceptability drawn by the ADHD construct, and what unexamined rules have conditioned such a depiction.

Educational environments have stimulated much ethnographic work of relevance to my objectives in this project. In particular Philip Jackson's (1960) description of school's 'hidden curriculum', which defines the moral literacies required in 'learning how to live in classrooms' (p. 33). I also share Jackson's choice of the infant classroom for witnessing the construction of morality, as this is when 'the young child comes to grips with the facts of institutional life' (p. vii). Jackson *et al's* (1993) later work on the moral significance of what goes on in classrooms meshes with ethnographic work in both the UK (Jeffrey & Woods, 1998) and US

(Noblit & Dempsey, 1996) of some of the broader politics of performative classroom cultures, particularly the role of accreditation and inspection in undercutting the knowledge, experience and 'commitment of teachers to their profession' (p. 201). These accounts implicitly critique both Pollard's (1985) and King's (1978) description of social control in the primary classroom, which both emphasised the primacy of 'teachers ideologies' (p. 54) in the control of learning and behaviour. This assumes a knowing and transparent relationship between the individual and the institution, which is problematic within a critical account of reality, in which actors (heads, teachers, parents, pupils) are both partially sighted and constrained within a given moral and political frame. Extending more discursive ideals, Fine (1991) provides a sophisticated textual analysis that seeks to understand 'how it is that public schools contain the ironies of social injustice through what and how they teach, and what and how they won't' (p. 9). Related, though set in a very different context, Benjamin (2002) maps the moral terrain upon which the politics of social exclusion become individualised, producing 'students as inherently unable to aspire to reach the prestigious grades that count as success for the majority' (p. 108). According to these positions if the progressive ideal or emancipatory 'vision fails to "trickle down"' (M. Fine, 1991, p. 149) then this result has been conditioned by structural and systemic disempowerment, and critique is required, not to further encroach on individual choice, but to explore the varying levels of regulation at which disempowerment occurs.

In pursuing ethnography as 'a way of looking' (Wolcott, 1999, p. 41), I was concerned with investigating the social worlds of the classroom in an embedded and exploratory manner, primarily through participant observation. The actual methods employed in carrying out ethnography have changed much less in comparison to the manner in which they are employed. Though I acknowledged the need to think and plan carefully, and distinctly, in light of the age of some of my participants, at the conceptual level I did not see anything 'particular or indeed peculiar to children' (Christensen & James, 2000, p. 2), that would involve a wholesale re-imagination of method. In fact, one of my objectives in choosing ethnography was so I might place children at the centre of an account of *doing* childhood (Comber, 1999; Solberg, 1996). More situated consideration of the particularities of childhood research are offered below in the different approaches taken to the work at the two different schools, in the adoption of the reflexive voice and in the *mobile positioning* (Haraway, 1988) I describe in relation to ethical decision making in each of the fieldwork chapters.

The choice of methods for this study reflects the objective to theorise a pre-diagnostic space for ADHD, a space which has been 'enunciated' (Graham, 2006, p. 6) by certain ways of conceptualising children, schooling, families and social order, and 'objectified' (p. 6) according to the everyday disciplining of school and classroom. I wanted to map the construction of a diagnostic case according to the social conditions that were required in order to consider the possible application of a diagnosis. Within this rationale ethnography finds its distinct place in offering the researcher the chance to witness, and embody, in moment-to-moment fashion the language and practice of the classroom order based on the inclusion and exclusion of certain ways of being. The attempt is to de-naturalise the physiological narrative of ADHD by focussing on the means by which objects of knowledge are formed through everyday social and cultural codes. These codes are described within discourse analysis as *texts* and ethnography offers the opportunity to witness the production and reproduction of different texts.

My research objectives centred on the notion of power relations and the manner in which they may condition interactions and relations, and hence, thought and knowledge, between adults and children. I wanted to use the ethnographic method to disturb these relations, to try and get inside the conceptual frameworks ordinarily employed in interpreting and representing the action and enunciation of children. Yet I could never hope to eradicate these altogether. While the image of the *least-adult role* (Mandell, 1991) was a productive heuristic for me in carrying out my fieldwork, I certainly did not consider the distinct relations between adults and children in schools and families to be, in Mandell's (1991) words, 'inconsequential' (p. 40). Rather, I saw these relations as shifting, but essential, objects of analysis and self-analysis, to be acknowledged, embodied and reflected upon in an ongoing manner.

By way of an example to the ethnographic approach, the need for reflexivity and the attempt at 'mobile positioning' (Haraway, 1988, p. 585), my experience at 'Kilcott Infants' offers some distinct points of interest. Chapter 5 provides an analysis of the productive effects of the integrative routine of the Year One class at Kilcott Infants. Within this analysis I see the routine as expressing the desires of a functional social order. It prescribes a set of norms which are required for both children and adults to be disciplined into competent institutional roles; the pupil, classroom assistant and teacher. These norms are articulated in the everyday by various texts: the spatial arrangement of the classroom, separations

and fusions made between different bodies, expectations regarding conduct, appearance, language and relations. To become known to the social order, and to be included or excluded is to make either appropriate or inappropriate choices regarding these norms.

My role as a teaching assistant in the classroom where this analysis took place gave me insight into several stages of this productive process. It gave me access to a group of children at an early and significant point in their school career; that of moving from foundation to Key Stage 1. These children were on a disciplinary journey towards a more prescriptive institutional order than they had before encountered, and I was able to observe the way in which certain forms of conduct; behaving, speaking, relating, being, acquired meaning in terms of this order. The role of the teaching assistant led me to often be working with those who had acquired, or were in the process of acquiring, a "problem" status. Beyond observance, the role required me to conduct myself according to the same institutional order as both teachers and pupils, which often meant embodying the very same relations that I was attempting to deconstruct.

Though this relation was something I was more overtly aware of due to the particular research strategy employed here, it is a relation that any work with children within institutional contexts must acknowledge as culturally conditioned and only ever partially negotiable (Alderson, 1995; Mayall, 2000). If I had misgivings about employing the participant role of the teaching assistant, then this was partly because I was unsure of the extent to which I would be able to *see* the inscriptions of institutional discourse in my own action and reflect upon them. In retrospect however, in comparison to my work at 'Alderley Primary', where for most of the time I was in a relatively non-participatory role, the Kilcott experience afforded greater opportunities for reflection around the theme of *doing,* whether it was my performance as a teaching assistant, the children's performance as pupils or, latterly, the teacher's performance in fostering motivation. In some ways the constraint of the role provided a relatively fixed heuristic from which to pitch comparison and reflection. Even if specific instances were not obvious to me in the moment, the manner in which I embodied the institution and the assistant's role became an insightful source of analysis, which makes up part of the routine conduct argument.

In order to create these objects of later reflection I was to develop a productive reflexivity to interrogate the role I was playing as a teaching assistant, with the

additional problematic of the young age of my participants as well as the need to acknowledge researcher effects; the most obvious practical effect was that had I not been there as a researcher/assistant, then no assistant would have been allocated to this particular class. Prior to conducting this piece of work, reflexivity was a research narrative I knew something about; it was interesting to me for its association with critical theory (E. Becker, 2004; Hytten, 2004; Tyler, 1986), and for its recommendation in studies involving children (Corsaro & Molinari, 2000; J. Davis*, et al.*, 2000; Jenks, 2000) yet a previous research attempt to embody reflexivity had mis-fired, leaving me as keenly aware of its dangers as of its promise. The work I have been describing here, which yielded the routine analysis, was initially designed to help me free myself of the self-conscious bonds the reflexive narrative had leant my previous project. Yet, this experience brought the reflexive directly to me through my everyday work, I still had to make the active choice to pursue it, but the need to do so seemed quite obvious to me.

If notions of reflexivity found an initially uneasy place in my own discourse, then this mirrors the uneasy reception it has been granted within ethnographic research. For some, the 'endless self-parody', with which Marcus (1998, p. 185) encapsulates the reflexive encounter, spirals into introspective, confessional and narcissistic work, eradicating any political drive (Patai, 1994). However, from my perspective it was a necessary step to becoming more aware of the effects of institutional logic on individual action, which was an essential step both in terms of the ethnographic method, and, in terms of the argument I wished to construct around ADHD. Through the formative role that the routine conduct analysis has come to play within the present study, reflexivity is a notion that has found a formative place in my understandings of how best I might conduct an ethnographic study and has guided many of the choices made in this project. In the following section I seek an exemplification of reflexivity through some of my experiences as a teaching assistant at Kilcott Infants, where one of my concerns was with the notion of *authority*.

Authority and authorisation

In his essay *On ethnographic authority*, James Clifford (1983) advocates what he calls textual *heteroglossia*. Through this term, Clifford is searching for a way of subverting the authority of authorship through polyphonic, plural and participatory writing strategies. Though he advocates this, he is also of the

opinion that it represents a 'utopia of plural authorship' (p. 140), and that the last word of textualisation, the tactics of argumentation and presentation, lie finally with the distanced author.

Distance is something that the ethnographic author must find some comfort with, as Ruth Behar notes:

> 'And so begins the work, our hardest work - to bring the ethnographic moment back, to resurrect it, to communicate the distance, which too quickly starts to feel like an abyss, between what we saw and heard and our inability, finally, to do justice to it in our representations' (Behar, 1996, pp. 8-9)

Authority and distance were two significant burdens upon my mind before I started my work at Kilcott. Yet I felt very far from the reflections of Clifford or Behar. Though I felt empowered by both, particularly Behar, I did not yet consider myself 'an ethnographer' of any sorts. The promise of the reflexive voice had taken me previously into a research project at the very same school, and yet I had failed to find any sort of voice at all. Instead my self-consciousness had driven an abyss, prior to the representative one of which Behar speaks, between the empirical world and me.

Again, to quote from Clifford: 'extreme self-consciousness certainly has its dangers - of irony, of elitism, of solipsism, of putting the whole world in quotation marks' (Clifford, 1986, p. 25). To this I might add 'of total nirvana'. I was unable to communicate the distance from action to perception to notation without stumbling upon a world of unknowable "what if?" concerning my right to define even a moment of this social action and the impact through which I felt sure I was casting it as invalid in any case.

Realising that this was an impossible position from which to pitch a much larger research analysis, I offered my services to the year one class teacher, Sarah, as a classroom assistant for one day per week to start the following term. She agreed and I went away for a summer of reflection on the appropriateness or otherwise of my chosen career.

I realise I may be indulging in what Patai (1994) describes as empty solipsism here, however, I have found it more productive to think of this description as

making clear an emotional context to the project. This was a context that to some extent conditioned my early experiences at Kilcott as a classroom assistant, and a context which began to contrast with my gradual re-negotiation of authority and distance.

In methodological terms from the start what I was doing was ethnography at its seemingly most fundamental – finding familiarity in strange places. As I wrote from the car park of Kilcott on my first day back after the summer break:

> *Arrived at Kilcott this morning with not quite the same feeling of dread and apprehension as before, but with slight uncertainty as to what I was actually doing there…I am here because I wanted to get a flavour of what the immediate integration experience was like for the children – as they come to terms with a new routine, new demands, new friends etc.* (fn 14/9)[1]

I wrote this sat in my car attempting to force away the apprehension that was then preventing me from even going into the building. I was confused. On the one hand I claimed to not know what I was doing there, on the other hand, and only a minute later I had already mentioned routine, and tied it to the immediate integrative experience, which would form the basis of the eventual analysis.

This is illustrative of the parallel which only emerged for me upon later reflection between my experience and the experience of the children I wrote about, which may represent a more essential correspondence between *ethnographer* and *learner* (Walford, 2008). The children I worked with were moving from foundation to year one – a significant leap in terms of the progressive restrictions on freedom and tacit expectations that it implies. They had new often unspoken ways in which they were meant to conduct themselves, they had something to prove, they had certain truths to be told about them. In all these I had a mirror experience: the leap from MA to PhD, the new ways in which I was now supposed to know how to behave like a *professional* researcher. I was certainly not lacking in things to prove, having pursued the reflexive conversation in my MA dissertation, and through it finding only a destructive self-consciousness.

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[1] Fn = fieldnote. All Kilcott dates refer to 2005. All Alderley dates between Septermber and December refer to 2006, all those between January and June refer to 2007. All interviews were conducted in 2007.

Perhaps most significantly, the children were required to internalise new pedagogic and academic norms regarding work and behaviour, to grow into the role of competent pupil. If I was to be anything but a nuisance, I was required to discipline myself into the role of competent classroom assistant, which is the experience I will focus on here using one of the categories that emerged from my fieldnotes; authorisation.

'Authorisation' is defined in Chapter 5 as legitimating an individual's disciplinary presence, here I use the category to explore the manner in which I made myself a legitimate object of school discipline and subject of ethnographic narrative. In terms of the former, there was a double-discipline at work here. The role of teaching assistant requires a heavy amount of disciplining for which one requires the authorisation of an organizational hierarchy, yet before I could do this I was required to discipline myself into the school's behavioural norms:

> *Sarah's [the Year One teacher] group were disruptive and fidgety, and were unresponsive to Margaret [a teaching assistant], and it was beyond the two of us to maintain order – this is still something that I find quite difficult – there are many things that I just don't think warrant disciplining, but I need to try and follow the directions of Margaret.* (fn 21/9)

Here there is a clash between my personal ethics and what I perceived to be the requirement of my role. Alongside this systemic problematic there were individual issues also:

> *Many of the children don't regard me as someone they take orders from – James, for example, I think sees me more as someone to talk to and have a laugh with.* (fn 21/9)

Here, James' familiarity with me; the 'rapport' that we could be said to have, provides an obstacle to authorization. Marcus (1998) mocks the false innocence in the notion of 'rapport', and its place in 'the valorized understanding of fieldwork relationships' (p. 107) yet I had clung on to a notion of 'rapport', derived from my previous experience at Kilcott, which I hoped would aid this new project. In the above excerpt it appears that James is aware of Marcus' preferred term of 'complicity' (p. 106) as he attempts to make me an ally in his disruption.

The work of making myself authoritative in schooling terms, had the effect of reducing the sense of 'distance' between myself and those around me. This, of course, was contingent on me having taken a relative 'insider' role, but also on what this meant in terms of practical constraints. I could not sit and take notes during class, they were an ad hoc and privatised activity. They were retrospective and therefore already reflective, yet what this encouraged was a move away from the catatonia of self-consciousness I had before experienced to a more balanced consideration of the accomplishment of actual classroom events, the children's development as variously engaged or otherwise in the educational process and my own development as assistant and observer.

The question of research impact will always remain defiantly unanswerable and given a discursive account of reality the question of what is accountable to any individual agent is problematic. Yet with the small-group or individual work that I was often given within the class, the possibility of separating out strands of action and a weighing of impact seemed to be drawn close. One afternoon's events emerge on reflection as something of a turning point in my 'competence' at getting the assistant's job done. They also provide a slightly clearer-than-usual separation of the strands of action.

This turning-point came during an ordinary afternoon at Kilcott, and is described in Chapter 5 under the category of 'examination'. Briefly, the class group were being split into sub-groups, with some to be taken away for extra learning. I was given the group from where the children requiring extra learning would be taken, giving me a disrupted, rolling population. The steps which I went through in order to try and get the assistant's job done were quite reactive and instinctive at the time – when I got a breakthrough from an ordinarily disengaged child I responded with praise and encouragement and tried to get the whole group involved with the idea. When the group's rolling population caused things to break down I altered the task to try and fit it to what I considered to be the ability of the group. And when it came to the performance of the activity in front of the rest of the class, I tried to make sure the task got done and nobody felt embarrassed by offering whispered prompts. Our performance was considered a success, another classroom assistant even offered me her congratulations.

On reflection, several lessons were taught to me this day. Firstly, the role of the assistant in being given a group such as this is to get the task done in such a manner that an appearance of competence is produced. Secondly, in attempting

to 'get the job done' in this manner, the assistant will be required to enact power-knowledge relations in judging the children's abilities and fitting the task to them, or them to the task. Thirdly, despite the fact that these two points placed both the children and I in our relative, hierarchical positions, the action I took can be extracted and analysed in terms of some of the effects it may have had on the situation, for example, the continuous disciplining that was required to keep the children focused on task; the *breakthrough* I pounced upon and tried to rally the rest of the group around; and what I refer to in Chapter 5 as my implicit 'pre-failure' of the children in deciding to prompt them through the performance.

Thus in negotiating the distance that I initially felt between myself, the children and the needs of the institution, which I managed to do in this particular instance, I had also negotiated the enactment of myself as authoritative. In analysing this scene in terms of 'examination' in Chapter 5 I attempted to negotiate the distance that Behar (1996) speaks of, which is a combination of trying to bring the moment closer, while attempting to retain some *critical* distance. In the passage above I have attempted to dissolve the *objective-critical* to bring the moment close again in terms of a self-examination. The emotional context in which I experienced it has kept it close enough for me to easily recall each step. This is to accord great influence to the concept of emotion and the role it might play in negotiating distance within ethnographic representation. Besides any such role, the details provided here exemplify the connections between ethnographic work and 'conditioning the possible' (Foucault, 1974, p. 89), which I used to frame the discussion of discourse, above, and adopted as a theme which runs throughout this project.

Conditioning the possible

Discourse was introduced in this chapter as being ontologically and epistemologically relevant to the understanding of social realities. Discourse suggests that what *is* has been made so according to the historical conditioning of possibility (Foucault, 1974) whereby particular pieces of action, involving particular agents, come to be understood according to derivative standards of knowledge and representation. Dorothy Smith's (1987) ethnographic approach readily fits this conditional manner of viewing the everyday. Smith is concerned with separating action in the everyday from the relations and systems which give meaning to it, which make it describable, knowable, possible. Foucault (1982) understood knowledge and action as not just interacting within the constraints of

existing power relations, but as playing a productive role in their evolution. This is to acknowledge that the partially sighted actor, while not necessarily fully accountable for their action, nevertheless is involved in the embodiment of power and knowledge relations, and should take this on in a responsible, reflexive and ethical manner.

These concerns collide head on with some of the abiding assumptions of ethnography. Firstly, the micro and phenomenological nature of ethnography as a method enacts the notion of 'partial perspective' (Haraway, 1988), which is furthered by the situated choices made within participant observation. Ethnography seeks to get beneath the natural progression of the everyday with description of the sense-making that has gone into the construction of a given reality. Thus, though ethnography seeks the *naturalised* experience, it does so in the hope that it can reveal something not ordinarily made visible. The work of ethnography is to use the everyday to produce new meaning, thus the ethnographer self-consciously places themselves in the interpretation and re-enaction of power and knowledge relations, and has a commitment to make this positioning as ethical as possible. This is one of the objectives I pursued in deploying the reflexive voice. I hope that in the exemplification provided in this chapter I have illuminated an example of the productive nature of power relations within an established institutional setting and the conditions both active and received that have shaped the eventual analysis.

In moving now to the substantive *textwork* (McWilliam*, et al.*, 1997) the theme of conditioning the possible is used to analyse the manner in which past and current means of representing ADHD and those associated with it has invariably been reduced to a simple dichotomy; *myth/reality*.

Chapter 3: ADHD mythology

Though protagonists claim that ADHD has been recognised in one form or another for over a century, the disorder has always attracted a significant amount of criticism. This contestation is important as it has fed an oppositional and politically charged narrative, in which to have an opinion on ADHD it seems that one must fit a neat binary position; believing it either *reality* or *myth*. This chapter critiques this dichotomised debate through a look at some of the textual channels through which ADHD narratives are produced; among them the scientific research literature, media reporting, popular science and sociocultural critique. Borrowing the terminology of Roland Barthes (1957), ADHD *mythology* provides an analysis of the production of the regime, whereby *reality = truth*. With these conditions of enunciative possibility in mind, discussion will move to ways of inhabiting the myth/reality dichotomy before presenting a brief proposal for moving beyond it. I will begin with an introduction to Barthes, situating him within theories of discourse (see Chapter 2) and relating his work to the present object of study.

The mythological *ADHD child*

Barthes (1957) advanced the term *mythologies* to produce accounts of the process of 'mystification' (p. 9) whereby historically ordained culture becomes universal nature:

> 'I resented seeing Nature and History confused at every turn, and I wanted to track down, in the decorative display of *what-goes-without-saying*, the ideological abuse which, in my view, is hidden there'. (p. 11)

The first part of this chapter can be read as an attempt to display some of what has gone unsaid within ADHD narrative. In the terms introduced in the previous chapter this attempt is one of discourse analysis, where 'myth' is a discourse: 'a system of communication…a message' (p. 109). I will present the *order* of myth, for just as with other discourses – reality, truth etc., 'myth is not defined by the object of its message, but by the way in which it utters this message' (p. 109). One of the most obvious myths in the present argument is the point of departure; the myth/reality dichotomy itself. Merely stating this does not foreclose an analysis of why it is so and how it has become so, for without this description

such a statement could merely *loop back* (Hacking, 1995) and reinforce that which it attempts to deconstruct.

Dichotomous means of knowing the world have long been subject to critique, commonly understood as deriving from the work of Derrida (1967a). Though I acknowledge the relevance of Derrida's work to this analysis, my existing commitment to 'conditions of possibility' (Foucault, 1974, p. 89) guides my thought to a much greater extent, with Barthes' (1957) notion of *mythology* providing a fitting icon for the particular dualism under discussion. These three works are in any case interrelated, according to shared assumptions about the textual nature of reality; *post-structuralism* provides a common retrospective means of categorising such theorists together (e.g. R. Young, 1981). Addressing this particular label did not appear to be of great interest to Foucault (1998), who was keen to emphasise that he did not offer a *theory* of power, rather that power relations make up 'the field of analysis' (p. 451).

Discourse represents the world according to subject positioning; we are addressed by discourse, made *vulnerable* to its demands (Butler, 1997) and we constitute ourselves, and are constituted, according to available means of recognition and according to a given relationship of power. A dichotomy conditions the understanding of positioning into two opposing possibilities; seeing the world in 'black and white' as the popular cliché describes. On an abstract level it is easy to cast out such a 'mode of seeing' (Hall, 1997, p. 65), yet the notion introduced in the previous chapter, of an actor's partially sighted constraint within a given world of description, leaves open the potential to recast and re-imagine in these same stark terms. Insight may remain particularly blind to dichotomous thought, which could be seen as fundamental to our constructions of reality according to self and other, yet they are not essential to being, but inventions of description (Kristeva, 1982). The productive effect of dichotomous thinking is to limit the subject positions available in relation to a given phenomena in so doing constructing exclusive 'communities of consent and dissent' (Britzman, 2000, p. 36). The two sides of a dichotomy are often conceptualised as major/minor, casting one side of the debate as dominant to the inferior other; male/female making a key example.

By way of an introduction to this attempt to analyse the means by which statements may do exclusionary work, the following excerpts are offered from

three popular scientific accounts of ADHD, each of them offering various 'messages' (Barthes, 1957, p. 109) upon *the ADHD child*:

> 'Kids with ADHD hate the world because they don't understand it' (Donnelly, 2005, p. 17)

> 'The core deficit that ADHD children experience is a thick barrier between themselves and life's consequences' (Gordon, 1991, p. 29)

> 'In some families the children are high-strung (like fox terriers or cocker spaniels), whereas in others the children are more placid (like basset hounds)' (Wender, 2000, p. 37)

That *ADHD* and *ADHD children* have undergone the process of naturalisation that Barthes described is evidenced by the assumptions that these excerpts are permitted to leave unsaid. The assumption that one can speak of an entire population of young people according to the essentialism *ADHD*, and the double-essentialism *ADHD children*. Once an essence has been produced, as in the first excerpt, one is permitted to speak with confidence about its relation to a world which it *hates* and doesn't *understand*. This essentialism in turn sows further myths of individualism and deficiency. The second excerpt, for example, mobilises a de-socialised notion of choice, whereby the consequences of our actions are mapped transparently out for us at the point at which we make a decision. The *ADHD child* is cast as one deficient in this future-perfect vision. By the final excerpt the various social myths have advanced far enough for families and children to be categorised according to the rather restricted array of subject positions available for dogs.

These three excerpts were chosen deliberately for their extremes of false representation, however, the unsaid is not always so obviously missing or easy to re-insert. Though seemingly extreme, these accounts display various typical features of much of this popular style of literature; in their personalised and condescending form of address for example. Nevertheless these images are out there among the narratives on ADHD, they were deemed fit for publication, they appear on search engines and book shelves; they are in the public domain.

Once subject positions have been limited in this way then it is possible to reduce a complex debate down to a dichotomous icon; *myth/reality*. Below are given two

excerpts from writers who explicitly place themselves on one or other side of this debate. Firstly, paediatrician Geoff Kewley's (1999) book, *ADHD: Recognition, reality and resolution,* the second, Thomas Armstrong's (1997) *The myth of the A.D.D. child*.

The title of Kewley's book is grounded in his aims; he believes in ADHD, wants to be able to see it better and wants it sorted. This is a pragmatic approach, borne out of his *holistic* clinician's view, 'which discusses the variability and complexity of ADHD and acknowledges the biological as well as the environmental and psycho-social components' (p. v). Nevertheless, 'ADHD is primarily a condition of brain dysfunction' (p. v). Kewley then draws on some less contestable, physiological problems, 'the problems of ADHD require treatment as much as other medical conditions such as diabetes or asthma' (p. vi). How much should one read into these particular choices of disease? Is it significant that they are both chronic, lifelong, manageable but not curable, significantly impairing for a number of ordinary daily activities, and likely to precipitate the eventual cause of death? Lastly, Kewley has the secure backing of medical perspectives as a, 'consultant paediatrician in Australia from the mid-1970s' (p. vi) and his own clinical experience in particular at the UK based Learning Assessment Centre, 'where the more internationally recognised approach of managing children with ADHD is practiced' (p. v). This 'internationally recognised approach' is fairly straightforward: medication as the first response, what Kewley refers to as 'adding a medical option to the management of hyperactive children' (p. vi).

On the other side of the fence, former special education teacher, Thomas Armstrong (1997), and his book, *The myth of the A.D.D. child.* Having labeled himself in this way, Armstrong's narrative abounds with what he claims are the *myths* and *mythologies* of a media savvy and power hungry *movement* of medical science. Armstrong re-brands ADD as 'America's new learning disease' (p. 3), opening his preface with a quote from the *Washington Post Magazine*:

> 'an entire subculture has grown up around A.D.D….a world where science and medicine have mingled so thoroughly with capitalism…that it's hard to tell where the boundaries are anymore'. (p. xiii)

In opening his argument in this manner, Armstrong has explicitly represented himself alongside the mass media, and through this he has represented 'science' and 'medicine' as in league with 'capitalism':

'this movement has developed a rich technomythology…science continues to feed this mythology with a number of studies suggesting that A.D.D. is a medical disorder having a genetic basis' (p. xiii).

Armstrong then lays out a vignette in his opening chapter; 'here, then, is the A.D.D. myth':

'A.D.D. is a neurologically based disorder, most probably of genetic origin…there is no known "cure" for A.D.D., but it can be successfully treated in most instances using psychoactive medication…children who suffer from A.D.D. can experience significant school problems, suffer from low self-esteem, have difficulty relating to peers, and encounter problems in complying with rules' (pp. 4-5).

To consider this statement from the 'Kewley perspective', it opens by claiming, not that the scientific literature and use of medication is contestable, but that it is a *myth*. The statement then goes on to label the individual's experience of distress a *myth.* In doing this Armstrong has reduced all parties, including himself, to representatives of simplistic icons. Compared to Kewley's *holistic* image, Armstrong appears to be making the more dogmatic exclusions. Added to this is the fact that in opening his argument Kewley has stuck to what he has *evidenced* from his own practice, and is seemingly concerned, not with political debate, but with the alleviation of suffering. Thus, through these kinds of statements, Kewley appears to be the one with the more *caring* view, the one with the individual's needs at heart, while Armstrong appears uncaring, unsupportive and his language rhetorical.

Having provided these heuristics of *mythology*, I will begin my own account. Like Armstrong I begin with the images of the mass media, however, I am specifically concerned not with putting my own view of ADHD across, but with drawing out the different means by which the various narratives on ADHD represent their subject.

One child in five 'mentally ill'[2]

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[2] BBC (1999). Retrieved 15/08/06, from http://news.bbc.co.uk

ADHD is becoming increasingly big news for the mass media. A search for the term through the years 2003-2007 in The Times[3] or The Guardian[4], for example, yields between 150 and 200 hits per paper; an average of around one article a month. More telling perhaps is the trend whereby in 2003 this was around one article every two months, which by 2007 had become once a fortnight. As frequency has increased so too have assumptions over audience knowledge. As evidenced by the Phelps example (see Chapter 1), ADHD, hyperactivity and Ritalin have become 'familiar territory' (Abrams, 2006). Requiring neither definition or context, they can 'slip surreptitiously' (Foucault, 1981a, p. 48) into public discourse.

Estimates of UK prevalence for ADHD in children vary greatly; one report in The Guardian suggests that around 3.3% of children under 10 have the disorder (Curtis, 2007), while The Daily Mirror figures have gone from around 1% of school-aged children in 2003 (Stoppard, 2003) to 7% in 2007 (Dunwell, 2006). Figures on prescription rates are more consistent: in 2006 around 55,000 children received drugs such as Ritalin (Stratton, 2007) at a cost of around £1.8m, four times the 2001 figure of £441,000 (Womersley, 2006). Some find these figures 'alarming' (BBC, 1999a), Ritalin has been described as the 'chemical cosh' (BBC, 2001), and ADHD as 'one of the great problems of modern childhood' (Barnes, 2007).

The conceptions and understandings of the disorder projected through the popular media vary both between and within individual newspapers. While medical models are the most frequently reinforced, they are not free from criticism; for example, increases in medication use will almost always attract criticism (BBC, 2003; Edwards, 2004; Purves, 2005). In terms of ADHD's aetiological status, an area hotly debated in the academic literature, the popular press more often than not presents medical understandings in a favourable light. Again, this is not always through an unquestioning acceptance of the medical theory, though the icon of the scientific or medical 'expert' is regularly used to establish authority (e.g. Byron, 2005; Henderson, 2004b; Stuttaford, 2006b).

Medical understandings usually concern what is frequently referred to as the dopamine theory of ADHD (Swanson, et al., 2000). This theory describes the transmission of the chemical dopamine within the brain and the effect which it is

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[3] www.timesonine.co.uk, search term "ADHD", retrieved 18/01/08
[4] www.guardian.co.uk, search term "ADHD", retrieved 18/01/08

believed to have on the behaviours associated with ADHD. 'Brain scans show it's not always easy to be good' reads a headline from The Times:

> 'children with attention deficit hyperactivity disorder, the controversial "bad behaviour" syndrome, are suffering from a medical condition linked to abnormal development of the brain, scientists said yesterday' (Henderson & Hawkes, 2004).

A headline published online the day before reads 'ADHD is a genuine ailment, new scientific study finds' (Henderson, 2004). Similarly in The Daily Mirror; 'brain scans of children with attention deficit disorder differ from those who don't have ADHD. So it is a true organic condition' (Stoppard, 2003).

The newspapers here have firstly reproduced the myth/reality dichotomy by basing their arguments around a question of whether or not ADHD exists. The implication of these headlines is that grounds do exist for calling ADHD a *true* medical condition, and that this can be ascertained with reference to brain scans, which are part of the domain of *scientific expertise*. Thus the newspapers in this example have enacted the dichotomy according to a major/minor orientation, supported rhetorically through derivative images of the scientific expert as truth teller. This account will now move to a fuller discussion of the prevalent science on ADHD.

All the rest is myth[5]

Prevalence

Where exactly the popular media gets its statistics from is not usually made explicit, and the question of precisely how many people have ADHD is not an easy one to judge, with different studies and methods producing very different figures. The National Institute of Health and Clinical Excellence (NICE), who published guidance on the diagnosis and treatment of ADHD in 2008, suggest a prevalence of between 3-9%, when estimated from population based studies (NICE, 2008). The more conservative of the newspaper statistics, above, roughly equate with the male figures from a large scale population study from 2003, which estimated that 3.62% of boys, and 0.85% girls of school age had the disorder (Ford, *et al.*,

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[5] Accardo, P., & Blondis, T. (2001:9). Invited Commentary: What's all the fuss about Ritalin? *The Journal of Pediatrics, 138*(1), 6-9. The sentence reads, 'this is the state of the art in scientific medicine, all the rest is myth'.

2003). Community studies often record higher figures, recent estimates have been in the region of 5% of all school-aged children (Sayal, 2007), and this matches the estimates of several influential medical commentators (e.g. Kutcher, et al., 2004). Assuming the same gender skew as in the population studies, this figure roughly equates to 10% of male and 2.5% of female schoolchildren. However clinical samples frequently record much higher prevalence and gender ratios; up to 18% of school-aged children, with as much as a 10:1 gender ratio (Rowland, et al., 2002).

Aetiology

Dopamine has been the chosen area of study for neurologists for some time, and many studies have sought to specify the hypothesis (e.g. Brookes, et al., 2006; DiMaio, et al., 2003; Madras, et al., 2005). Neurochemistry suggests that the brain is made up of millions of neurones (brain cells) which have branches which communicate with each other in order to regulate physical functions. The communication, or transmission, between neurones involves the release and take-up of chemical transmitters. This occurs at the junctions of the branches called synapses. One author describes this system of neurotransmission with the analogy of a telephone network: if there is a problem transmitting a certain chemical from one cell to another then it's as if the 'connection is broken' (Wender, 2000, p. 35). One such chemical is dopamine, which is a hormone the transmission of which connects with five receptors (D1-D5). Dopamine is thought to be important for a range of functions in the brain including roles in behaviour, cognition, motor control, sleep, mood, attention and motivation, sometimes referred to collectively as 'executive functions' (Arnsten & Li, 2005; A. E. Doyle, et al., 2005; Lawrence, et al., 2004). Executive functions are defined collectively as neurocognitive processes that maintain an appropriate problem solving set to attain a future goal (Welsh & Pennington, 1988).

The dopamine theory for ADHD was originally conceptualised on the basis of a specific treatment-response hypothesis (Kornetsky, 1970). Stimulants such as methylphenidate are believed to force dopamine molecules into the synaptic gap by making the dopamine transporters work in reverse. If stimulants act to inhibit re-uptake of dopamine and this results in a symptom improvement then there must have been a dysfunction somewhere in the dopiminergic system in the first place (Volkow, et al., 2002). Put differently, 'for a child to have a subdued and

culturally-approved reaction to a drug means that the drug is "treating" some form of ailment' (Rafalovich, 2001, p. 410).

This hypothesis has subsequently been advanced using various kinds of brain imaging, the first of which was carried out almost 20 years ago and suggested that several regions of the brain were smaller in individuals with ADHD (Hynd*, et al.*, 1990). Later studies suggested two areas of the brain which both contain a high density of dopamine receptors (Castellanos*, et al.*, 2002). More recently still, studies have suggested a more precise location for the hypoactivation of dopamine in the ventral prefrontal region, which is related to attentional networks (Durston*, et al.*, 2006), and it is thought to be in this region that stimulants take effect (Lee, et al., 2005).

This theory has also located a genetic path involving the dopamine transporter gene (DAT1) (Cook*, et al.*, 1995; Winsberg & Comings, 1999) and the dopamine receptor gene (DRD4) (LaHoste*, et al.*, 1996; Rowe*, et al.*, 1998; Swanson*, et al.*, 1998). The overall inheritability factor of this path is estimated to be 0.7-0.8 (Faraone*, et al.*, 2005). The DRD4 gene is responsible for the formation of the five types of dopamine receptors, while the DAT1 gene forms the dopamine transporter. Therefore, in the *ADHD brain,* there is a sort of genetic double bind, whereby dopamine is both over-produced and inefficiently transmitted, resulting in lots of dopamine with nowhere to go.

There is some optimism in the progressive model of science being put forward by these researchers. This is particularly so in the large number of secondary publications and reviews which appear at regular intervals to augment the primary data. Within the 'popular' genre of scientific literature we are told that:

> 'research into the genetics of ADHD is very intensive at present and there is no doubt that a large number of new 'ADHD genes' will be identified over the next few years. The exact role of these genes in normal brain functioning will also become apparent' (Selikowitz, 2004, p. 115).

This optimism has fed off 'expert' reports such as this from an 'international consensus statement' headed by one of the most productive supporters of the science of ADHD, Russell Barkley, and endorsed by around 90 countersignatures:

'the central psychological deficits in those with ADHD have now been linked through numerous studies using various scientific methods to several specific brain regions…most neurological studies find that as a group those with ADHD have less brain electrical activity and show less reactivity to stimulation in one or more of these regions. And neuro-imaging studies…also demonstrate relatively smaller areas of brain matter and less metabolic activity of this brain matter' (Barkley, 2002, p. 90).

In beginning to think about the kind of messages which this statement is attempting to convey, it is first of all worth considering the language of 'consensus statement', secondly one could speculate on the function performed by placing 'numerous', 'various' and 'several' at different points in the same sentence. Critics in this area are numerous and varied, yet there is a common thread implicit in questioning the rhetorical resources of a given statement. The next section moves to introduce these perspectives firstly through methodological critique.

Now you see it, now you don't[6]

The claim that ADHD is neurologically and genetically indicated is commonly used to justify the validity of the diagnosis and the medication of children (Barkley, 2006; Kewley, 1999; Wender, 2000). However, some critics have argued that the research is of limited utility due to methodological weakness in imprecise control and reporting (Baumeister & Hawkins, 2001; Leo & Cohen, 2003), and unjustified hypothetical assumption (Breggin, 1998; Stein, 2001).

Methodological weakness: imaging research

In a meta-review of over 30 brain-imaging studies, Giedd et al (2001) claim that the imaging studies they review 'consistently point to' (p. 33) the presence of organic anomalies in several related cerebral areas. However, a critique of this review by Leo and Cohen (2003) found methodological anomalies which question the assumptions on which this research was based. This concerned whether or not subjects had been previously treated with stimulants or other psychoactive medication prior to the study. Failure to control for this variable means that these imaging studies do not meet basic standards of validity, as judged by neurological research:

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[6] Armstrong, T. (1997:12)

'an astronomical number of experimental and clinical studies on animals and humans find that almost every studied psychotropic drug has been consistently shown to produce subtle or gross, transient or persistent effects on the functioning and structure of the central nervous system' (pp. 31-32)

Leo and Cohen (2003) re-examined the evidence from the original review. Of the studies using cerebral tomography (CT) scanning, only one reported medication history, and it reported 100% previously treated. It also reported no findings supporting the neuropathology of ADHD. With the studies using magnetic response imaging (MRI) scans, the authors found that of eleven studies reporting a mean 95% prior medication usage, 'only two studies actually discussed prior drug use but neither devoted more than two sentences to the topic' (p. 36).

Such a methodological weakness has broader implications: the starting hypothesis for this model of ADHD causality is based on the reaction of the brain to stimulant medication, and yet Leo and Cohen's (2003) review suggests a distinct lack of understanding concerning this reaction. However, this example also reflects a more general problematic. I have only been able to cite one example of a study containing any more than conjectural critique of this research, and Leo and Cohen (2003) cite only one other critical review (Baumeister & Hawkins, 2001). Yet the number of reviews which make increasingly assured claims as to the implications of neurological research are far more thickly spread (e.g. Bush*, et al.*, 2005; Faraone & Biederman, 2000; Giedd*, et al.*, 2001; Spencer*, et al.*, 2007; Swanson, Castellanos*, et al.*, 1998; Willcutt*, et al.*, 2005). Among other things this bias feeds into media reporting (Henderson, 2006; O. James, 2006; Stuttaford, 2006) and 'international consensus statements' (Barkley, 2002; Kutcher, et al., 2004).

More attention is now being paid to prior medication use as a confounding factor, and more studies are appearing which attempt to take prior medication use into account (Castellanos*, et al.*, 2002; Rubia*, et al.*, 2007). Castellanos et al (2002) was the first large scale study to have a medication-naïve control group, and its well publicised finding was that even within this group pre-frontal volume was significantly less in children with ADHD. As Cohen (2006) notes however, 'the unmedicated patients were on average 2.5 years younger, were shorter, and were lighter than the medicated patients' (p. 26) and these differences alone

could account for any difference in pre-frontal volume. Cohen (2006) also notes a report on the Castellanos study from the *Detroit News*, which read 'Ritalin is safe, and it works: Study finds it actually helps the brain grow' (p. 26). Here invalid scientific reporting has combined with an icon-bound mass media to produce complete mis-representation.

Genetics

That the neurological account can be criticised has consequences for the genetic account, which is of utility mainly in that it correlates well with the dopamine theory. Nor does the genetic account necessarily reflect the optimism cited above: effect sizes remain small (Bobb*, et al.*, 2005) and while other genes have been identified (Faraone*, et al.*, 2005) the principle argument still revolves around the DRD4 and DAT1, which each record only modest effect sizes. Studies have also said relatively little about gene-environment interactions, beyond stating their importance, and only recently has this area begun to be explored in any detail (Neuman*, et al.*, 2007; Todd & Neuman, 2007).

Genetic research plays a very persuasive role in the dominant model on ADHD, for the statements it makes about validity. Findings suggesting that ADHD is at least 50% heritable are well publicised (Bobb*, et al.*, 2005; Nadder*, et al.*, 1998; Rietveld*, et al.*, 2003; Stevenson 1992; Yeh*, et al.*, 2004), however, very few commentaries extend into explaining what the implications of this are (for exceptions see: Faraone*, et al.*, 2005; Swanson*, et al.*, 2000). Inheritance alone does not denote the existence of disease or even an increased risk of contracting disease: almost all of our physical attributes are at least 50% heritable, alone, this does not imply the need to diagnose. Just as in the neurological argument, this suggests that many of these researchers do not acknowledge that 'demonstrating the presence of an organic anomaly is not the same as demonstrating the instigating cause of an illness' (Tyson, 1991, p. 139). The neurological model plays a very central role in the polarising of ADHD mythology, encouraging the reduction of complex and conditional behaviour, and re-casting 'the brain as a cybernetic control system; and people with ADHD as prisoners' (Danforth & Kim, 2008, p. 49).

Without wishing to make an over-evaluation of truth, it appears that medical perspectives on ADHD are contestable. However, among those who have contested this position, particularly in the US, are claims that to dispute is to be

mis-represented, or simply rendered invisible, by the dominance of *reality* (Breggin, 1999; D. Cohen, 2006). Such a view suggests that the major/minor dichotomy at question here may be producing a certain political and moral economy, or what Foucault (1980b) called 'a regime of truth...a system of ordered procedures for the production, regulation, distribution, circulation and operation of statements' (p. 133). In moving into further critique of media representation now, it is important to consider the effect of assuming the truth of an argument according to where it has come from. According to this line of thought it is worth referring back to the point illustrated above by David Cohen's (2006) *Detroit News* story, that though the media may mis-represent, it does not necessarily have to invent to do so. Instead, the idea of a regime suggests that the perceived truthfulness of a given statement is conditioned by the manner in which related statements are ordered.

The perpetuation of myth and misinformation[7]

The brief, and often polemical nature of mass media reporting has a tendency to promote a superficial and dichotomised *debate* over the complex set of issues represented by ADHD (Norris & Lloyd, 2000). However, the *serious* research literature often plays into such a depiction through poorly evaluated and oppositional research reporting. The ideological assumptions reflected through the mass media also promotes bias; usually recasting the biological argument on ADHD in terms of *scientific expertise*, while criticism of the disorder is usually cast in terms of simplistic and reductionist theories whereby ADHD is *caused by television watching* or *invented by pharmaceuticals* (BBC, 2006; Deeley, 2007; Kealey, 2004; Stoppard, 2006). Such representation loops back into statements in the academic press casting social critics as purveyors of propaganda 'whose political agenda would have you and the public believe there is no real disorder here' (Barkley, 2002, p. 91). However, medical discourse is not immune to this kind of superficial representation. An article from 2006 in The Times, for example, first presents a quote from Eric Taylor (described as 'Britain's leading ADHD child psychiatrist') saying ADHD 'is a common, highly heritable neurodevelopmental disorder' (O. James, 2006). James (2006) then states that this is 'a gross misrepresentation of the scientific evidence' the evidence he presents for which is the findings from just one study of the possible effects of 'maternal anxiety' on the development of ADHD. Representing a debate on the basis of extreme and incompatible views contributes to the superficial and dichotomous understanding

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[7] Kewley, G. (1999:209)

of lived reality which ADHD mythology has produced. A situated example of this kind of mystification will now be discussed.

The mysterious case of the MTA study

An example of the *mythologizing* process in action can be found in the case of a large scale study of different treatments for ADHD (MTA Cooperative Group, 1999). This was a 14 month clinical trial of various treatment approaches for ADHD, sponsored by the US National Institute of Health, attempting to measure the comparative efficacy of pharmaceutical and behavioural interventions. What became the most well-known finding from the original trial was that medication alone was the most effective treatment for ADHD, even when compared to the combination of medication and behavioural interventions. This put non-drug interventions in a very unfavourable light, particularly as the behavioural intervention used in the study was better resourced, more intensive and delivered over a longer period of time than that available through national health services (Owens, et al., 2003).

Beyond this representative concern, the study was methodologically flawed: it was a medication trial and yet there was neither a placebo or a no-drug control group (Breggin, 2000), it was mostly reliant on the reports of teachers and parents and these respondents were not blind to the treatment (Leo, 2004), lastly, the behavioural outcomes were measured 4-6 months after the most intensive phase of the behavioural treatment, while the medication treatment was still active when its outcomes were measured (Hansen & Thomsen, 2005).

Regardless, as one of the MTA group researchers noted, headlines in the press read: "Medication makes the difference in ADHD kids," and "Psychosocial interventions of no benefit even when used with medication." (Pelham, 1999). In the academic press, the study's flaws were often either glossed over, or completely ignored. Articles in peer-reviewed journals reported it as a 'double-blind placebo trial' (A. Bennett*, et al.*, 2001), and evaluated it with claims such as, 'the MTA study has raised the standard for technical excellence in child treatment research' (Boyle & Jadad, 1999). As a result the trial accrued mythological status, becoming a frequently cited legitimation of increased prescribing practices both in the US and the UK (Barkley, 2006; Kewley, 1999; Kutcher*, et al.*, 2004). Some claim the influence of corporate pharmaceuticals reveals a political imperative beneath such inaccuracy in *scientific* reporting,

(Breggin, 2002; Leo, 2004). This is not to say that drug manufacturers necessarily *invent* diseases like ADHD, rather that scientific discourse is not immune to political and economic bias. In terms of political effects it is hard to disassociate this study from the huge increase in medication seen in its wake: UK Ritalin usage, for example, has more than quadrupled since this study was first published (Henderson, 2008).

In 2007 the latest follow-up of the MTA study reported that over a longer time medication offered no advantage compared to other treatments (Jensen, et al., 2007). Again, there are methodological reasons which make these findings difficult to interpret, including the fact that the study had no control over what treatments had been administered to participants in the intervening period. This point alone makes the study of questionable value, for if a child was on the behavioural intervention over the first 14 months, then switched to medication after the initial trial then it is not at all clear what is being measured at 2- and 3-year follow-ups. As parents are the usual gatekeepers for treatment decisions, then either parental choice is to be disciplined toward a certain viewpoint, or these follow-ups are to be conditioned according to the invisible work of parents' 'dosing dilemmas' (Singh, 2005, p. 1). The view expounded in the press is that a complete about turn has been recorded and that there is now nothing to justify the use of medication: 'Ritalin of no long-term benefit, study finds', reads one headline (Stratton, 2007).

Again this projects a dichotomous debate switching from one extreme position to the opposite extreme on the basis of one piece of superficially examined evidence. The production of ADHD mythology requires a reduction of both sides of the debate down to superficial icons – *myth* or *reality*. The reductive effects on debate of mythological thinking is added to by the fact that as with most dichotomies, there is a major and minor player. Through its minor position critical work is not only reduced to the *myth* icon, understood as a complete denial of the existence of ADHD, but further, is seen as dissenting, political or polemical as compared to *value-neutral* science.

The argument will now be made that such an appearance has been historically conditioned. In order to pursue this theme I will use some of the radical critique of medical and psychiatric enterprise which was instrumental in shifting practice in the 1960s and 70s and thus represents much of the *inheritance* (Derrida, 1997), that anyone seeking critique today is to some extent obliged to embody.

The death of radical critique

Medicalisation

During the 1970s, ideas about the medicalisation of everyday life became influential (e.g. Illich, 1976), with medicine's role as an institution of social control increasingly questioned (e.g. Zola, 1972). Medicalisation refers to the tendency for more and more aspects of everyday life to become described in medical terms, and to the increased weight given to medical explanations as a result. Within this thesis, Illich's (1976) theory of iatrogenisis has been influential. Iatrogenisis is defined as "doctor-made disease", and social and cultural iatrogenisis look at the growing influence of medicine from the sides of both production and consumption. Social iatrogenisis describes the production process, for example, doctors, protecting their own professional interests as well as reacting to the various structural pressures on them (government, pharmaceuticals), are encouraged to find the solution to more and more of the problems of daily life. Cultural iatrogenisis refers to the population's over consumption of this medical product, with a growing tendency to equate difference with disease. Illich argued that these joint trends were progressively eroding people's ability to deal with problems of daily life in an autonomous way.

Arguing from within this perspective, Peter Conrad wrote a succession of publications on the medicalisation of childhood deviant behaviour, with a focus on hyperkinesis, which is what ADHD was then called (Conrad, 1975, 1976; Conrad & Schneider, 1980). His theory was built around the idea that certain types of conduct, formerly considered deviant, were increasingly being described in medical terms and managed using medical interventions (Conrad & Schneider, 1980). Conrad argued that the *discovery* of hyperkinesis was in large part due to the availability of stimulant medication and the newly powerful pharmaceuticals (Conrad, 1975). Conrad is not alone in this particular line of critique; the huge increase in pharmacological preparations which had been witnessed through what is commonly termed the 'pharmacological revolution' in the 1950s and 60s has provided fertile ground for many social critics in this area (Healy, 2004; Hentoff, 1972; Mayes & Rafalovich, 2007; Silverman & Lee, 1974; Singh, 2002a).

Anti-psychiatry

Critique also drew influence from the view that medicine and psychiatry represented an unacknowledged form of social control (Scull, 1979; Szasz, 1961; Zola, 1972). Szasz (1961), for example, argued that modern medicine reflected the merging of traditional institutions of religion and law in the name of neutral science. Some of these authors were more keen to emphasise that this 'is not occurring through the political power physicians hold' (Zola, 1972, p. 487) but more through the acculturated process re-defining daily living in medical terms. However, others – notably Szasz – launched vehement attacks on the psychiatric profession and their *witch-hunt* practices, which, he claimed, resembled the hegemonic spread of the inquisition in Europe, centuries earlier (Szasz, 1970). Szasz uses graphic, iconic language, and represents his debate according to a dichotomised repression of rulers over ruled, he therefore appears reductive and polemical. Szasz (1961), was perhaps the first person to apply the term *myth* to the categories of psychiatry, thus anyone employing this term may be pre-judged as similarly reductive.

The term *myth* was taken up and applied to the discourse on behavioural disorder in two different critical commentaries during the 1970s (Schmitt, 1975; Schrag & Divoky, 1975). Schmitt (1975) directed his concern at the vagueness of the category of MBD, its lack of hard scientific evidence, and the notion of paediatrics meddling in school problems. Schrag and Divoky (1975) also focussed on educational practices, however, the school was merely the site of the interaction they observed between psychiatry and the law. Between 1971-1974 a total of 30 states in the US passed special education laws mandating the screening of all school children for behavioural disorders. This combined with the available pharmacological technology saw more than one million schoolchildren on psychoactive medication by 1975, prompting Shrag and Divoky (1975) to conclude that hyperactivity represented no more than medicated child control.

It should be noted that the anti-psychiatry critique of which Szasz was a part was not merely about polemicising over definitions of normality, but was about attempting to re-define broad social issues of power and government. Hard questions were posed of individual institutions (Goffman, 1968a), of restrictive epistemologies (Laing, 1960), and of the governance of problem populations through psychiatric discourse (Foucault, 1967). At this time the totalising psychiatric institutions were viewed as the most 'immediate struggle' (Foucault, 1982, p. 212), in that they represented the immediate or local conditions of the psychiatric subject, and radical critique was perceived to be an effective way in

which to achieve revolutions in this subjectivisation. These critiques gained huge popularity and in the *immediate* sense can be viewed as successful in making up a part of the generalised questioning and redefining of institutional thinking commonly associated with the 1960s.

There is a tendency to rose-tinted perspective when referring to the political mood of the 1960s, which goes beyond the popularised clichés of 'peace and love', into the ideals of even the most anti-idealist critics. Baudrillard (1981), for example, cites the 1968 student marches in Paris as the last vestige of meaningful symbolic exchange, in the form of *protest*, beyond which meaning has imploded and the social institutions are left, 'in ruins: nonfunctional in the social arenas of the market and employment, lacking cultural substance or an end purpose of knowledge' (p. 149). Yet this ruin seems exactly what the 1960s counter-culture envisaged; the idea was to destabilise knowledge and reconceive institutional functioning. At once capturing the prior hope and retrospective cynicism by which this time is often imagined, Mary Douglas (1970) states,

> 'the mood was to sweep away rituals, sweep away the institutions, and let the people be free to speak from the heart...as if they would automatically love each other if not prevented by institutional dead wood' (p. xii)

Whether or not one shares either hope or cynicism, it can be seen through the anti-psychiatry debate that *radical critique* and *social purpose* need not be divorced in the way that ADHD mythology now enforces. If such critique is today viewed as not socially *useful*, then this perhaps says something more about shifting political imperatives than the validity of the critiques themselves.

In order to evaluate such a shift I have drawn on critical theorist Nikolas Rose, who has carried some of this radical style of thinking forward since the 1970s. Rose (1998) has analysed what he calls the 'techniques of psy' for their role in 'inventing' certain ways of attempting to make human beings intelligible (p. 2). 'Invention' promises of radical critique, grounded in the deconstruction of naturalised ways of being. Alongside the critique of the 'psy' domains of knowledge, Rose brings the radical into the world of the everyday with a focus on the practices and choices through which we hope to actualise our selves according to these domains. This is part of a strategy to distance himself from some of the associations of what might be called the '1960s style' of radical critique, which he is nevertheless obviously greatly indebted to. What Rose

(1998) fears in the world of the radical is that in speaking in terms of 'invention' one is casting people as 'victims of a collective fiction or delusion' (p. 3). In an earlier work, Rose (1989) makes this repressive neurosis more explicit:

> 'The paranoid visions of some social analysts, who see in the expansion of the therapeutic a kind of extension of state surveillance and regulation throughout the social body, are profoundly misleading' (p. 261)

This excerpt is taken from *Governing the soul* (1989), a book which in its title alone, conjures up the kind of eschatological images from which its author apparently wishes to escape. The book also leans heavily on Foucault's (1991) concept of *governmentality*, which *is* concerned with the diffusion of a regulative and reproductive governance throughout the social body. Thus, Rose is forced to tread a narrow and ambivalent plane within the world of the radical. It could be posited that in this he is a victim to the very same forces he critiques; that the proliferation of inventions of the self, rather than actualising and autonomising the self, have individualised it, made it vulnerable to attack, and thus paranoid.

That ideas, actions and groups may develop an appearance of paranoia is discussed by Nancy Fraser (1997a), in her conception of the 'postsocialist condition'. Fraser posits three sub-conditions relating to this generalised one; the 'delegitimation' of socialism, the 'decentring' of cultural politics, and the 'resurgence of economic liberalism' (pp. 1-3). The first of these concerns socialist politics; radical politics; '60s' politics. Such chains of association blur fact and fiction, thus the dialectics of Marx become the dichotomised others of *Animal Farm* (1945)*.* The second concerns the proliferation of identity politics; politics seeking to legitimate and recognise a broadening array of *ways of being*. Conversely, these are politics which have de-socialised and territorialised identity; fusing narratives of *recognition* together with the *abjection* they surely sought to subvert. Lastly, the resurgence of the economy of *free choice* capitalism with its individualised illusions of the level playing field and *survival of the fittest* – an illusion, firstly, in the sense that it could more genuinely be called *death of the weakest*.

The postsocialist condition is an atomised state, fighting for the freedom to remain so and fearful of the rejection it reads in any suggestion at alternatives. I argue here that the production of a 'regime of truth' (Foucault, 1980b, p. 133) depends upon the prior inscription of a *territorial* mode of being and knowing a

subject. If critics of the ADHD industry feel excluded from debate then it seems that this fear has productive effects, making up 'an intellectual territoriality characterised by struggles over whose knowledge is of most worth' (Graham, 2007b, p. 12). Yet the manner in which a given statement is interpreted is conditioned according to its perceived place in an order of statements. In the above discussion I have drawn attention to some of the interpretive assumption when ordering a statement or subject position *mythical*. In the following section I will continue to describe the historical ordering of interpretive significance by returning to *reality* to look at some of the resources drawn on in order to produce *truth*. To begin, I will look at the atomising of medical research in the 1980s.

Reality as a *regime of truth*[8]

In the wake of the radical critiques of the 1960s and 70s the biological model of ADHD (or ADD as it would be named in 1980) underwent a resurgence. In this ADHD is just one example of many areas of medicine which were revolutionised by the advances of pharmacology, neurology and genetics from around the 1960s and 1970s. For medicalisation critic Jewson (1976), this shifting gaze completed the 'disappearance of the sick man' from medical technologies, objectifying new, anti-theoretical, and, in this example, literal, *microscopics of conduct* (Foucault, 1977).

Throughout the 1980s there was an explosion of studies seeking to further specify the action of stimulants on the brain and the neurology of ADHD. A simple search on the ISI Web of Science[9], for "attention deficit disorder" for the period 1980-1990 yields just under 400 hits. Apart from the occasional piece of correspondence questioning the validity of certain methods of identification or treatment (M. Cohen, 1986) there is almost nothing which seeks to criticise any aspect of the industry, with the exception of just three articles (Cantwell, 1983; Prior & Sanson, 1986; Rubinstein & Brown, 1984). None of these accounts delivers particularly radical criticism, focussing more on some of the difficulties in the technicalities of diagnosis. Even then two of the three papers subsequently received critical responses within the journals in which they were published (Borden*, et al.*, 1985; S. Taylor, 1988). Such quantitative bias in the literature, along with the weight of pharmaceuticals and powerful political lobbyists have

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[8] Foucault, M. (1980b)
[9] Retrieved 18/01/08. This database was chosen specifically for its relatively broad mix of medical, psychological and sociological literature

lent the biological discourse a hard-to-touch influence, particularly in the US, where critics bemoan the biological model as *beyond reproach* (Singh, 2002a).

The 're-biologizing' (A. Young, 1995, p. 267) of psychiatric accounts of ADHD from the late 1970s contains elements of both the over production and consumption of medicalised perspectives, described respectively as social and cultural iatrogenisis (Illich, 1976). The late 1960s saw the beginning of mass target marketing by pharmaceuticals (Silverman & Lee, 1974), and Ciba Geigy, later to become Novartis, promoted Ritalin through paid clinical research, advertising and direct sales strategies (Schrag & Divoky, 1975). While on the cultural side, Conrad & Schneider (1980) cite the example of the Association of Children with Learning Disabilities, which adopted a medical model of hyperkinesis and disseminated promotional information through schools and arranged regular conferences.

CHADD (Children and Adults with ADD) was set up during the 1980s, and has for some time been the largest support group associated with the disorder. That this organisation has received major funding from Ciba Geigy since 1992 and, concurrently, become one of the most powerful lobbyists for Ritalin use, has not gone unnoticed by critics (Breggin, 2002; DeGrandpre, 2000; Singh, 2002a), and was even the subject of criticism in a report by the International Narcotics Control Board of the United Nations (UN, 1995).

The discussion above on the neurology of ADHD pertains to a time after the *discovery* of brain imaging as a widely used research technique, even then the results have been problematic. Prior to this new genesis in research, even with the huge research capacity that was directed at the disorder during the 1980s, the conclusions that could be reached were indifferent, with one review stating that 'the large number of efficacious drugs do not support any single neurotransmitter defect hypothesis' (Zametkin & Rapoport, 1987, p. 676). Within this same review is a discussion of the then relatively undeveloped dopamine hypothesis:

> 'current models of dopamine dysfunction cannot account for the finding that methylphenidate and antipsychotic medications are additive and not antagonistic unless one hypothesizes that the true effect of stimulants is…autoreceptor inhibition of dopaminergic transmission' (p. 676).

The fact that research from the 1990s onwards worked from exactly this assumption implies that the hypothesis was switched, but if the effects of stimulants on the brain were so little known as to make hypothesising so malleable, questions must be asked of the justification that actually existed for their continued use.

Following the logic of Kuhn's (1962) theory of paradigmatic revolution, Foucault (1973) argued that this kind of diametric break in medical thought is the basis for new objects being created, which could then be *discovered* through clinical research and practice. Extending this hypothesis into the medical representation of children, Armstrong (1983) argues that the establishment of paediatrics created the idea of diseases *of* childhood, which through the application of population wide survey led to the profusion of categories and types:

> 'Nervous children, delicate children, neuropathic children, maladjusted children, difficult children, oversensitive children and unstable children were all essentially inventions of a new way of seeing childhood' (D. Armstrong, 1983, p. 15)

Paradigm shifts create new sets of questions, or else divert existing questions towards a new problem. Following Schon (1993), Haw (2006) describes such a shift within criminal pathways as a 'generative metaphor...providing the means to think and talk about an idea without the necessity of any one community completely adopting the perspective of the other' (p. 341). It is upon such metaphors that the diverse fields of paediatrics, mental health, social care, and education, though heterogeneous in their assumptions, are able to converge around an idea like ADHD. Within the science of ADHD, dopamine genes and executive functions offer similar means to alliance. To subvert differences in assumption is productive and collaborative, but also dangerous. Transplanting objects across communities without interrogating the context which gave them meaning leads to assumptions which may no longer be justifiable, becoming buried. The metaphor, divorced of 'its own history, its own geography, and its own set of functions' (p. 344) becomes *mythical*.

'Metaphor' and 'myth' should be understood here within the discursive construction of reality, not as implying falsehood or lies. The point of labelling something as 'myth', is to draw attention away from the object itself towards the processes through which it has emerged. The objective is partly to caution, where

there is metaphor there is a *displacement* and *resemblance* of meaning (Ricoeur, 1978), but the translation of one meaning to another is an interpretive process and should be made accountable. The objective is also to enable, to gain insight into the conditions of nature. Where there is myth there is unexamined contradiction; myth is, by definition, 'enigmatic', and assuming that something is inherently contradictory can leave that contradiction unexamined. A myth can be viewed as naturalising a set of contradictions, they are in this sense 'efficient', in integrating differentials of value and commitment: 'linking "felt" contradictions of individuals and "recognised" professional issues' (Haw, 2006, p. 345). Through this process the ideological basis of the myth itself is effaced, and the products of history attain the status of nature (Barthes, 1957).

Therefore what may have seemed paradoxical in the ADHD narratives described here: the increasing contestability of scientific objects acting to insulate them and increase their distribution, no longer appears so. In burying contradiction, ideology and assumption, professional mythmaking has offered these scientific objects a sense of immunity. ADHD narratives then become known according to the equation, *reality = truth*. Both the constitution and effects of this regime are illustrated by the problematic that:

> 'the ideology of ADHD behaviour as a brain based disorder is so strongly entrenched in the US, that any study that might deny or delay the use of medication in the above age 6 years age group might be seen as medically unethical' (Singh, 2002a, p. 579).

This statement must be considered in light of the acculturation of the beliefs and practices of medicine. If medical perspectives carry the weight of truth, then they are able to introduce ethical compulsions to act and administer, to do otherwise becomes the 'felt' contradiction (Haw, 2006) of the responsible practitioner. One of the ways in which medical perspectives have fashioned their 'value-neutral' position on ADHD is through critique of psycho-social theories which may seek explanation in social environments such as the family. As with the responsible practitioner, this fuses the parents of "problem" children to therapeutic demands (see Chapter 7). The narrative effect of this alignment is to set up a polar opposition between 'caring therapeutics' and 'unsupportive critics' and medical models need only the merest *indicator* to cast any critic as placing the blame firmly back within these environments.

A fitting account for the discussion of this idea is Richard DeGrandpre's (2000) book *Ritalin Nation*. DeGrandpre's key concern is that 'the rise of rapid fire culture in the twentieth century has transformed human consciousness' (p. 8). The mass proliferation of rapid-fire culture; technologies that above all value acceleration, nurture what DeGrandpre calls 'sensory addictions', which once acquired, motivate the constant pursuit of stimulating behaviours:

> 'Hyperactivity and the inability to attend to mundane activities exemplify the type of escape behaviour that the 'sensory addicted' child or adult uses in order to maintain his or her needed stream of stimulation' (p. 32)

This argument seeks to shift conceptions away from the internal *truth* of ADHD, and may therefore be recast as *myth*. There are several indicators of the accounts position outside the dominant regime and this has implications for the way the account may be popularly understood. DeGrandpre himself complains that his argument is too often reduced to merely suggesting that 'with years of television watching and countless hours of video game playing, children cannot endure the slowness of the unplugged world' (p. 10). However, he does concede that this is a key argument, and with the iconic status of the television within what may be called 'rapid fire' culture, one can see how his argument has been reduced so. Even without focusing on television alone, it is clear that the theory is guilty of some reductionism of its own. The idea, which is a recurrent feature of the book, that we have lost something from the past: the innocence of youth and the nurture of the family, is guilty of reducing both past and present to a number of stereotypes, such as the desirability of the privatised nuclear family, which mis-represents (through false historicity) and subjectivises (through ethnocentrism).

The notion that children are innocent and in need of protection from corruptible forces is based in the first place on the social production of the notion of childhood; a point noted in some detail twenty years earlier by Conrad and Schneider (1980):

> 'childhood is a social construction, an invention of the postmedieval period. Childhood, with its special rights and privileges, is no more than a few hundred years old' (p. 145).

The generalized indictment of pluralised family forms, falls into this same trap; *the family* is socially produced, changing forms of the family cannot be separated

from changing economic and cultural prerogatives; the nostalgic *ideal* of the 'privatised nuclear family' (M. Young & Wilmott, 1957) is to a large extent a Western middle class one. Presenting the argument in such a way also has the effect of playing into a charge of value-bias, which reinforces the notion that a rejection of the medical model implies parental blame.

In re-presenting certain stereotypes of child and family, DeGrandpre's (2000) account, far from tearing 'down the mythology and misunderstandings that enshroud ADD and its Ritalin solution' (p. 8), is actually guilty of reinforcing some cultural politics of ADHD, which some suggest reflect the enforcement of an oppressive culture of masculinity within competitive social environments (Kindlon & Thompson, 1999b; Pollack, 1998). For these authors it is not ADHD that represents the *myth* as such, but the images of masculinity against which boys are held and which delimit the notions of normality and success which feed into the academic market. In re-producing certain harmful stereotypes DeGrandpre 'indicates' himself to the dominant regime as an outcast, and can as a result see the more positive or innovative aspects of his argument ignored.

The death of radical critique is perhaps best exampled through the writing of the physician Peter Breggin. Breggin's writing is provocative and graphic, though sometimes lacks in the evidence that might prevent him from being so easily cast out as *polemicist*. For Breggin (2002), ADHD does not exist as a disease entity, but only as a redress for the inadequacy of parents and incompetence of teachers: 'the ADHD diagnosis is nothing more than a list of all the behaviours that annoy teachers and require extra attention in the classroom' (p. 126). This kind of reductionism leads Breggin to the conclusion that the whole biological enterprise for ADHD is nothing more than power hungry doctors in cahoots with pharmaceuticals pushing drugs such as Ritalin on the fancy that there is a real problem. The subjective vehemence of Breggin's writing indicates him on a superficial level as *suspect* and allows him to be easily positioned as outcast, through images put forward in the medical literature of 'fringe doctors' with 'political agendas' (Barkley, 2002, p. 90). As with DeGrandpre, Breggin highlights areas of valid contestation, in seeking to question classroom practices for example, yet if he is positioned in terms of a 'political agenda', then he appears as one *opinion* against a weight of *evidence*, and his argument may be discredited. There is a rollover effect in this, in that anyone who takes on these same critiques, regardless of how they go about it, risks being similarly outcast.

In his desire to demonise medicine, in reproducing the notion of a single medical *establishment,* Breggin constitutes himself as other, reinforcing the dichotomy which keeps him in the minority that he himself bemoans. That he presents this self-contradiction in a graphic and oppositional manner, only aids in his even swifter othering: *What your doctor won't tell you about stimulant drugs,* for example; the provocative, yet reductive, sub line to *The Ritalin fact book* (Breggin, 2002).

Reinforcing the dichotomy helps preserve the associated notion that critics are trying to undermine the choices and actions of parents and teachers. The effect of this is to open further the divide between the dominant regime, which is understood as alleviating pain for children and families, and a social critique, which is seen as undermining the rationalities of those cast as most in need. Discussion will now move to recent attempts to inhabit this dichotomy of critique/support.

Inhabiting mythology[10]

> 'From one discourse to another the difference lies only in inhabiting the interior of a conceptuality already destined, or already submitted, to decay' (Derrida, 1967a, p. 85)

New directions in critical research have focused on the socio-cultural arenas within which a diagnosis may be produced and within which its consequences are lived out. One of the chief objectives of this research is to further understandings of the disorder through the knowledge of those affected by the disorder and their immediate socio-cultural surroundings.

Before looking at this work in more detail, it would first be useful to look briefly at what I am not including within it. Firstly, there are several hundred publications aimed at practical strategies for parents of children with ADHD (e.g. Munden & Arcelus, 1999; Parker, 2006; Zeigler Dendy, 2005). Though some may be attempting to offer alternatives to medication, the large majority of these accounts are written with an unquestioning acceptance of the diagnosis within its narrow medical terms. There is also a long history of publications grounded in the

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[10] I would like to acknowledge the genesis for this framework, which came through a thematic review published as, Bailey, S. (2008). Disordered experiences - beyond myth/reality. *British Educational Research Journal, 34*(1), 135-141.

relation of the disorder to the school. Among those excluded here are psychological studies of ADHD within the school, which tend to essentialise the individual deficit (e.g. Abikoff*, et al.*, 2002; Rabiner & Coie, 2000; Shaw & Lewis, 2005), and the many publications aimed at providing practical strategies for teachers (e.g. Cooper & O'Regan, 2001; Merell & Tymms, 2002; O'Regan, 2005); again while these have a worthy and pragmatic objective, they also have a tendency to augment the internal deficit.

Thus to be included here, work must combine a critical evaluation of the medical model of ADHD, with a situated exploration of the knowledge and experience of those most closely affected by it. There are relatively few names included within this paradigm, and yet a broad range of perspectives are encompassed. These include medical practitioners taking a critical look at their own practices and actively resisting medication (Diller, 1998; Timimi, 2007); educational researchers who critique ADHD according to critical theory and narratives of inclusion (Graham, 2007b, 2007c; Harwood, 2006; G Lloyd*, et al.*, 2006; Prosser, 2006a); and those who look at the everyday work of ADHD in families (J. Bennett, 2004; Carpenter & Austin, 2008; Singh, 2003, 2004, 2005).

While the list above represents a diverse range of perspectives and objectives, I argue here that they are united by the attempts they make to provide systematic critique without undermining the knowledge and experience of those they voice. This is perhaps the primary requirement of Singh's (2002b) 'integrated research agenda' (p. 365), which is attempted here, and it has implications not only for the arguments made but the way in which they are presented. Instead of the reductionism which I have argued exists in medical, social and popular conceptions, integrated research is designed to draw out the complexities that necessarily attend any social phenomena.

ADHD presents areas of valid contestation, however, disparities between the behaviour and actions of individuals and the functions of institutions present pragmatic issues of management. As one author states, 'whether a child is truly ADHD or whether ADHD truly exists has nothing to do with the school's responsibility to treat problem behaviours' (Reid, 1996). This may be so, but it poses further questions: how should we define 'problem' behaviours, and upon what should school's 'treatment' of them be based? Therefore, it is not entirely so that the validity or otherwise of disorders such as ADHD has no bearing at all on the responsibilities of management, at the very least it should influence decisions

whether or not to label and medicate and encourage a confrontation with the assumptions that attend an individualising discourse of deficiency. So, while Reid's comments draw our attention to the necessities of everyday management, I would like to retreat somewhat from the *ultra* pragmatism which he presents.

The objective then becomes finding:

> 'the balance between addressing the needs of the individual child in school, and critically examining the systems which are supporting and perpetuating increasing diagnosis of ADHD' (Stead*, et al.*, 2006).

The existence of the dominant regime of 'reality' and its association with some kind of naturalised 'truth' means that where exactly this balance is to be found is a very sensitive question. At the centre of this tension, and fundamental to whether this integrated research agenda is a tenable construct, is how far one can critically examine practices while projecting oneself as 'supportive'.

Critical support

The two questions to be discussed here are; how far can criticism go and still claim to be setting up a supportive dialogue? And, on the other side, how far can dominant practices be accepted in terms of a pragmatic attempt to find a solution? Within the accounts listed beneath this new agenda, there is much that is critical of dominant practices, and sometimes radically so.

In order to discuss these points I will extract from the writing of three researchers in the UK for whom this collaborative agenda is an explicit objective. The first of these is Gwynedd Lloyd, whose most significant contribution to this area came through her co-editing a collection of critical perspectives on ADHD (G Lloyd*, et al.*, 2006). Lloyd's (2006) own contributions to the collection present pragmatic accounts of opportunities for support and inclusion in school, and her rhetoric concerning the potential for constructive critique is optimistic, in acknowledging the social construction of the label and contesting the systems that produce it, while recognising and supporting the individual experience of distress. This optimism is perhaps most tested through some of the papers presented in the collection, which frequently indulge in radical critique. Evidence of this can be found in such statements as 'children labeled ADHD are the canaries in today's noxious climate, and are responding in a natural way to the social conditions of

the times' (T. Armstrong, 2006, p. 34), or 'neither schizophrenia nor ADHD nor any psychological suffering is a brain disorder' (Ongel, 2006, p. 115). Each of these accounts may have valid and helpful points to make, however, given the discussion above, it is easy to see how these comments, and therefore the account as a whole, could be cast out as *myth*.

Specifically this can be seen in the extent to which such accounts could be read as shifting blame onto one or other social group. In the narratives of ADHD this has led to cultures of *mother blame* (Singh, 2004). From this perspective, it is not necessarily that helpful to parents to have an account of biological determinism replaced with Ongel's (2006) somewhat deterministic account of the role of parenting styles in the production of ADHD. I criticised DeGrandpre's (2000) account in *Ritalin Nation* for its sentimental stereotyping of child and family but it has to be admitted that the question of the parental role in ADHD is an extremely sensitive one. In the US in particular, parental support and lobby groups have significant political muscle. Mentioned above is the UN report which was critical of the largest of these groups, CHADD. CHADD, along with the APA and Novartis, had a lawsuit brought against them by three parents who accused them of a fraudulent collusion over the information released to professionals, parents and schools about the effects of the drug and validity of the disorder (Hausman, 2000).

Lloyd (2006) states, 'we should not underestimate the capacity of parents and teachers to understand that ADHD is a contested idea, rooted in complexity' (p. 215). This should be true, and yet a greater holistic understanding of these concepts is required to make it necessarily so. Far from a parent not appreciating the contested nature of ADHD, they may have been fighting for some years to have school, doctor and support services 'recognise' the problems that such disorders can represent (Carpenter & Austin, 2008). As such, any critical literature may appear to them as a new undermining of their knowledge and experience and a new lack of support. This reinforces the narrowly medicalised conception of the disorder; not only is it this conception that offers categories which yield resources and interventions it is also seen as shifting the focus of responsibility. As Singh (2004) notes 'in this way a brain-blame narrative has become a primary means of absolution for parents of children with ADHD-type behaviours' (p. 1194). Whether or not parents of children with ADHD require 'absolution' is another question (see Chapter 7).

Ilina Singh is the second researcher whose arguments I will bring to bear on this new agenda, with her recommendation for an 'integration of biomedical and socio-cultural approaches' (2002b, p. 365) in ADHD research. In subsequent work, Singh (2003, 2004, 2005) has interrogated some of the problematic consequences of a diagnosis for the immediate social environment of the family and, more recently, for the children so diagnosed (Singh, 2007).

Singh's principle theoretical construct is what she terms the *culture of mother blame* that she posits as having emerged through psychotherapeutic productions of responsible mothering and which has played a key role in insinuating the perceived need for medical labels (Singh, 2002a). The critique element of Singh's writings is usually contained within the subjectivising consequences of a diagnosis and prescription for children and families and there is not the same antagonistic response to the validity question as in some of the accounts in Lloyd *et al* (2006). More recently, Singh (2007) has made what was perhaps always an implicit notion of her work more explicit, in stating that:

> 'because there is no biological marker for ADHD (as is the case for most psychiatric diseases), because of the ambiguity of symptoms, and because improved performance on drug treatment is not an indication of diagnostic accuracy, there is a distinct possibility that children will be incorrectly diagnosed and given drug treatment for ADHD' (p. 168).

Here, the validity critique has been tamed according to a general acceptance of ADHD as a 'psychiatric disease', subject to concerns expressed over its valid measurement and a potentially generous space for critique in the 'ambiguity of symptoms'. This perhaps exemplifies the attempt to re-present critique in a non-repressive and non-oppositional way. The hope is that the knee-jerk reaction may be similarly tamed.

The third author I wish to draw into this argument is social psychologist Paul Cooper, who made an early attempt in the UK to draw competing discourses on ADHD together (Cooper & Ideus, 1995). Casting the two polar extremes of this discourse as 'luddites' and 'evangelists', Cooper (1998a) prefaces the second edition of this account with some progressive rhetoric:

> 'Both groups share a common tendency to select the evidence that supports their arguments and to ignore evidence that challenges their

arguments. Both approaches are dangerous and counterproductive; neither of these approaches are likely to serve the interests of children with emotional, social and behavioural difficulties' (p. 3).

Beneath this rhetoric however there are various aspects of Cooper's narrative that arouse suspicion as to the extent to which he fully subscribes to such ideals. Firstly, it is not clear to me what is to be gained by exchanging one reduction (*myth/reality*) for another (*luddite/evangelist*). Secondly, in the collection of papers from which the preface, cited above, was taken, four of the medical contributors are staunch supporters of the *diagnose and medicate* model, with two in particular – Geoff Kewley and Russell Barkley – amongst the most vehement *ADHD evangelists*.

Beyond this, within Cooper's (1998b) own writing, many concerning elements of the dominant discourse are uncritically reinforced: the essentialising of the individual *emotional and behavioural deficit*, the application of prescriptive norms concerning the *desirability* of certain family forms, and, the notion that stigma is something that is produced by *alternative* rather than medical takes on ADHD. The notion that Cooper has moved much further over into the medical regime than most critics is corroborated by his writing on EBDs, into which he draws a broad array of psycho-social problems, anti-social and criminal behaviour (Cooper, 2001), and complains that psychologists and educationalists tend to play down the influence of 'within-child factors' (Cooper, 1999, p. 229).

Evidence that such tensions still reside in his discourse are illustrated by one of Cooper's more recent publications on ADHD (Hughes & Cooper, 2006). This is a teacher's manual co-written with one of his doctoral students which aims at a collaborative understanding and support for the disorder. Once again a progressive rhetoric and with the accounts of children, teachers and parents juxtaposed to often powerful effect. However, in contrast to the potential dangers that Lloyd *et al* (2006) may run into through sometimes adversarial critique, Hughes & Cooper choose to accept and support much of the dominant model.

This can be seen in their unquestioning acceptance of the clinical criteria for ADHD, as defined by the Diagnostic and Statistical Manual for Mental Disorder (DSM). Not only are the other commonly used and more rigorous criteria provided by the International Classification of Diseases ignored, but the authors go on to claim that:

> 'there is a growing consensus among medical professionals throughout the world that in making a diagnosis of ADHD children need to be assessed using the American Psychiatric Association's *DSM IV* (APA, 1994) diagnostic criteria' (Hughes & Cooper, 2006, p. 9)

This statement is not referenced by Hughes & Cooper and is contestable (see Chapter 4). Many practitioners, among them those associated with neurological conceptions of ADHD, have major concerns with this criteria (Jensen & Hoagwood, 1997; E. Taylor, et al., 1998), and among critics of the industry, which Cooper claims to be, the larger consensus concerns the need to overhaul the criteria altogether (Cooksey & Brown, 1998; Diller, 1998; Horwitz, 2002; Kirk & Kutchins, 1992; Stein, 2001).

What I have offered through this discussion is a problematisation of the *balance*, which is the stated aim of these *new* perspectives. What these approaches show is that there are costs associated with trying to drive a compromise between two polarities. Yet these costs are essentialised by the pre-existence of polarity. Thus the central myth, the myth/reality dichotomy itself, is one place to look for a more transformative narrative. The final section makes a proposal for the kind of transformative discourse that this project aspires to.

The central myth

Discussion is opened in this last section to a consideration of the epistemological roots implicated by a statement of either *myth* or *reality* in relation to a complex construct such as ADHD:

> 'What is being suggested here is that it is possible that the heart of this problem lies not with the disease entity ADHD in itself, but rather in precisely what we mean when we say that something is true' (Tait, 2006, p. 85)

Here, Tait seeks to question what is actually meant when one makes reference to the 'myth' or 'reality' of ADHD. For Tait, this is a question of perspective; the conclusions made being the result of the realist or anti-realist position adopted. What Tait suggests is that it is through a non-examination of the underlying

epistemologies at work that polarity can be produced. Put simply, saying something is *mythical* from these two standpoints is saying two different things.

Adopting a realist position, examining ADHD in terms of its scientific validity, and using very similar evaluative criteria, one can conclude that it is a valid scientific construct (Faraone, 2005), or one can conclude that it is not (Furman, 2005). This raises questions concerning the selection and weight of various forms of evidence, however, it seems that through the adoption of a realist position it is possible to make justifiable claims about multiple and conflicting realities; which is paradoxical. Thus to stay within a realist paradigm one must accept one over the other.

In contrast, by moving into the world which Tait may describe as anti-realism, radical critique can be offered through an undermining not of individuals but of the unquestioned assumptions which limit everyday choice and action through the legitimation and subjugation of certain ways of being (Foucault, 1981b). This is the point of departure for Valerie Harwood's (2006) account of conduct disorder. For Harwood, it is through the interrogation of the 'familiar and poorly known horizon' (Foucault, 1997, p. 144) of everyday subjectivisation that assumptions and misunderstandings can be overturned.

Frequently this involves bold statements; 'the disorderly subjectivity occurs via certain practices of subjection and practices that function through regimes of truth and relations of power' (Harwood, 2006, p. 33). Rather than being cast out as polemic, this could be treated as an invitation to reflect on the implications of certain practices and the possibility of thinking something *else*. Thus, to adopt an anti-realist position may not be in pursuit of a relative, even nihilistic position, merely to say that what *is* does not *have to be.* The empowering notion of this work is that such epistemological transformation yields the greatest opportunities for transformation in the regime which currently works to force one position over another and to diagnose and medicate more and more children.

The limits of either/or

I have argued that current ADHD narratives are constrained according to a myth/reality dualism. This dualism has productive effects: by conditioning a reduced response to a highly complex set of issues it limits the subject positions available for both supporters and critics of ADHD as well as limiting the

possibilities of those diagnosed with it. Several factors have been instrumental in producing and maintaining this dualism; the superficial representation of the mass media, the political ordering of social and psychiatric research and the intellectual inheritance of radical critique have all been discussed here. The last section was concerned with attempts made to acknowledge, inhabit and escape the critique/support dichotomy. Inhabiting the dichotomy requires the ability to take on board the valid arguments of both sides; on one side, the need for institutional responses to disorder and the therapeutic alleviation of suffering, on the other, the need to question all the concerns that have come with these institutional responses. The increases in diagnoses and prescription over the past two decades suggest that there is something more here than the scientific discovery of an existing ailment and it is therefore necessary to interrogate the means by which diagnosis is made and the consequences of doing so.

In terms of the conditioning of the possible, the equation provided by a binary is quite straightforward – there can be only two possible answers. To simply conclude this would be a great dis-service to all those who currently work with challenging behaviour with what must be believed to be benevolent intentions. However, as long as the available means of representation are so limited then there are only limited means of response, and in terms of institutional recognition a child can indeed only fit meaningfully into an either/or box.

This argument has been concerned with the either/or at a structural level; mass media, medical and social discourses, historically shifting epistemologies. Keeping with the either/or of categorisation as a point of critique, I will now move toward specification in some of the relations at work within ADHD discourse through a critique of the dominant means of recognising the *ADHD child*; the Diagnostic and Statistical Manual for Mental Disorder.

Chapter 4: The DSM and the dangerous school child[11]

The history of ADHD is in part a history of children who have not fitted in at school. Yet, traditionally, the school has come under far less interrogation than individual children. Through an analysis of the Diagnostic and Statistical Manual for Mental Disorder (DSM), the principle diagnostic guideline relating to ADHD, this chapter seeks to deconstruct some of the techniques and practices by which 'the truth of disorderly subjects' (Harwood, 2006, p. 32) is told within school. It will be argued that a focus on risk in early childhood promotes de-politicised notions of choice and responsibility feeding conclusions of individualised deficit. The emergence and influence of the DSM is offered here as illustrative of an alliance between the disciplines of medicine, psychology and education, which has encouraged the conflation of social and individual dysfunction, problematising notions of social inclusion.

In talking about 'social inclusion', this chapter works to the assumption that there exists a correspondence between subjectivisation in schooling and cultural differentiations of (ab)normality:

> 'Schooling is about the types of individuality that are possible in the society. The cultural practices of schooling fabricate sets of capabilities and capacities and normalise particular types of people' (Lindblad & Popkewitz, 2003, p. 13).

The critical point of departure comes in asking 'what kinds of cultural, social and pedagogical categories are formed to narrate a child, parent, teacher and family' (p. 15). I will begin with an introduction to "challenging behaviour" in school.

Situating the school

Within ADHD narratives, the question of the school's complicity in diagnostic trends has not been paid a great deal of attention. The school has not been completely ignored, for example, Schrag and Divoky (1975), argued that the interplay between education and law in the 1970s produced huge increases in the number of US school children diagnosed with hyperactivity. Critics who have

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sought explanations in social and cultural trends have frequently cited the school as a point of interest (Breggin, 2002; Diller, 1996; Southall, 2007; Timimi, 2005a), yet none of these have pursued the question in depth. Recent directions in critical ADHD work have sought to address this gap through policy critique, personal "drop-out" narratives and concrete visions of social inclusion (Graham, 2007c, 2008a; G Lloyd, et al., 2006; Prosser, 2006b). Here, I seek to further the supportive critique agenda (see Chapter 3) through a look at the American Psychiatric Association (APA) diagnostic handbook for mental disorder, the DSM.

First published over fifty years ago and now sold worldwide, a fifth edition of the DSM is currently being drafted. I argue that the manner in which this handbook produces its subject is closely related to the way in which children become known in school. The shared relations I focus on here are categorisation, developmental psychology and risk. My argument is not that the DSM itself can be found on any school teacher's desk, rather, that the 'mode of seeing' (Hall, 1997, p. 65) central to the production and use of the DSM is also central to the production of social order in early years schooling and beyond.

The DSM has been the subject of criticism in the past for the politics of its production (Caplan, 1995; Kirk & Kutchins, 1992) its limiting conceptions of normality (Crowe, 2000) and its conflation of individual and social dysfunctions (Cooksey & Brown, 1998; Jensen & Hoagwood, 1997). Additionally, critical work on ADHD has frequently cited problems concerning the DSM. Breggin (2002) uses the DSM-IV's admission of environmental effects to form his conclusion that 'ADHD is in large part a phenomenon that arises when adults aren't doing their jobs properly' (p. 131). Diller (1998) provides a more reflective clinician's view of the DSM with a focus mainly on the subjectivity of symptoms and the decontextualised focus of the manual. DeGrandpre (2000) attempts to swap the biological determinism of the DSM for his own theory of *sensory addiction*, in so doing providing the means to re-focus on external factors. Baughman & Hovey (2006) provide the most detailed analysis, with an attack on the language and vague underlying constructs of the DSM, arguing that the malleability of the symptoms of ADHD could potentially *include* almost any child.

I then bring the DSM into conversation with sociocultural theories of risk (Beck, 1992; Douglas, 1992; Lupton, 1999) and the conditions that *risk anxiety* (S. Jackson & Scott, 1999) produces within educational thinking. An individualised focus on people as threats allows for the regulation which lies obscured beneath

the de-politicised agenda of risk. A concrete vision of social inclusion must also have visions concerning the production of a social order; inclusive classrooms must, to some extent, be functional, ordered classrooms. The critique of risk here is not primarily for the role it plays in producing order, but for the manner in which order may be achieved through risk, and the possible by-products of such an achievement. I will take up the question of risk after a more detailed discussion of the DSM and the clinical criteria for ADHD.

The DSM

The DSM is a diagnostic guide for mental health clinicians; psychiatrists, paediatricians, clinical and educational psychologists and general practitioners. It offers definition of every psychiatric disease currently recognised by the APA in the form of situated behavioural descriptions. The DSM was first published in 1958 and is currently being reviewed for the seventh time. Since the birth of DSM-III in 1980 the manual has been taken up and used on mass and has now become the single most widely used text of its kind. It is the standard diagnostic text for the mental health professions in the US and Australia, and increasingly the UK and Europe also. In the past the UK and Europe have also used the guidance provided by the World Health Organisation's International Classification of Diseases (ICD). That the DSM has become the primary diagnostic reference for ADHD is illustrated by the ADHD acronym itself, which has almost entirely replaced the ICD nomenclature of Hyperkinetic Disorder (HKD).

The National Institute for Health and Clinical Excellence (NICE) in the UK describes ADHD and HKD as different points on the same spectrum, with HKD representing a particularly severe form of ADHD affecting roughly 5% of the ADHD population (NICE, 2008). As ADHD and HKD do not appear within the same guidance, the implication of this stance is that the DSM should be used in the vast majority of cases. The modern manual is the product of many years of scoping, review and discussion, with the final writing coming down to a select committee of the APA (Caplan, 1995). DSM-V is due to be published around 2010, and opinions on scoping documents and potential points of contention were already being sought in 2005.

The DSM is a categorical classificatory system, in which subjects are paired off against clusters of clinical criteria which are either present or absent, with the result that one either has a given disorder or one does not. In the face of the

complex and changing reality it seeks to pin down, descriptions are produced according to 'an ongoing process of definition and refinement' (Rapoport & Ismond, 1996, p. xvii). On the one hand, this rationale is essential to the attempt which such a classification makes, to reduce the complexity of a given reality to the symbolic level. The mind cannot be wholly reduced as such because it is dynamic, partially knowable and made up of an unstable and unpredictable complex of physical and social variables. If the phenomena being described is capable of change, then the description should be also (Hacking, 1995). On the other hand, a somewhat open remit is left as to what behaviour or symptoms may or may not be construed as reflecting mental illness: homosexuality, for example, was only removed from the DSM following a 1974 referendum (Cooksey & Brown, 1998).

This ambiguity is substantiated by the DSM's ill-defined concept of *mental disorder*; in the words of the creators of the most recent DSM:

> 'although this manual provides a classification of mental disorder, it must be admitted that no definition adequately specifies precise boundaries for the concept of 'mental disorder'' (APA, 2000, p. xxx).

In skirting a full conceptualisation of mental disorder in place of a set of categories which supposedly signify it, the DSM has sacrificed the attempt to theorise the mind, to abstract and model in a general way, for the ability to collect together and describe what it thinks of as situated applications of the mind. This could be likened to collecting together random pieces of a jigsaw puzzle without any knowledge of its overall appearance. The same attempt must be made by anyone wishing to carry out *exploratory* research, yet there must be some kind of conversation between the situated detail and what Marcus (1998) refers to as 'the imagination of the whole' (p. 32). Without the restraint of an overall picture of mental disorder then the DSM's approach allows for greater levels of diagnostic freedom and places few limits on any desire to draw an ever broadening array of conduct into the category of mental disorder.

Figure 1 below, provides the latest diagnostic criteria for ADHD.

Figure 1: DSM-IV-TR Criteria for ADHD

I. Either A or B:

A.   Six or more of the following symptoms of inattention have been present for at least 6 months to a point that is disruptive and inappropriate for developmental level:

Inattention

1.   Often does not give close attention to details or makes careless mistakes in schoolwork, work, or other activities.
2.   Often has trouble keeping attention on tasks or play activities.
3.   Often does not seem to listen when spoken to directly.
4.   Often does not follow instructions and fails to finish schoolwork, chores, or duties in the workplace (not due to oppositional behaviour or failure to understand instructions).
5.   Often has trouble organizing activities.
6.   Often avoids, dislikes, or doesn't want to do things that take a lot of mental effort for a long period of time (such as schoolwork or homework).
7.   Often loses things needed for tasks and activities (e.g. toys, school assignments, pencils, books, or tools).
8.   Is often easily distracted.
9.   Is often forgetful in daily activities.

B.   Six or more of the following symptoms of hyperactivity-impulsivity have been present for at least 6 months to an extent that is disruptive and inappropriate for developmental level:

Hyperactivity

1.   Often fidgets with hands or feet or squirms in seat.
2.   Often gets up from seat when remaining in seat is expected.
3.   Often runs about or climbs when and where it is not appropriate (adolescents or adults may feel very restless).
4.   Often has trouble playing or enjoying leisure activities quietly.
5.   Is often "on the go" or often acts as if "driven by a motor".
6.   Often talks excessively.

Impulsivity

1.   Often blurts out answers before questions have been finished.
2.   Often has trouble waiting one's turn.
3.   Often interrupts or intrudes on others (e.g., butts into conversations or games).

 II.   Some symptoms that cause impairment were present before age 7 years.
III.   Some impairment from the symptoms is present in two or more settings (e.g. at school/work and at home).
IV.   There must be clear evidence of significant impairment in social, school, or work functioning.
 V.   The symptoms do not happen only during the course of a Pervasive Developmental Disorder, Schizophrenia, or other Psychotic Disorder. The symptoms are not better accounted for by another mental disorder (e.g. Mood Disorder, Anxiety Disorder, Dissociative Disorder, or a Personality Disorder).

Source: APA (2000)[12]

A look at the vague language of the DSM provides an immediate point of contention; 'some' and 'often' are imprecise terms with no generalisable

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[12] Retrieved 22/05/06 from, http://www.cdc.gov/ncbddd/adhd/symptom.htm

standards, leaving the criteria open to (mis)interpretation. A common critique of any dichotomous system of classification is that people cannot be pigeon-holed in the manner which such a system demands. However, on the strength of the clinical criteria alone, pigeon-holing seems relatively straightforward; either a child displays six or more symptoms per axis or they do not. The vagueness of the language of the criteria and the absence of underlying theory then combine to make the achievement of a diagnosis a matter of some ease.

A prevalence of at least six symptoms in both categories is required for a diagnosis of combined-type ADHD to be made. In the past if this requisite was not met then a diagnosis would not have been possible, however, DSM-IV brought with it a new typology for ADHD, through which one may be diagnosed as "predominantly" inattentive, or hyperactive if symptoms are not present across both categories. Thus many who before would have been excluded from the diagnosis may now be included. This judgement has productive effects for inclusion and exclusion elsewhere, to be *included* within diagnostic thresholds is to be *excluded* from certain judgments of mental normality, for example.

The clinical criteria are densely clustered; the inattention criteria are all to do with an inability to focus on, organize, or carry through tasks; it is almost as though the same thing is being said in several slightly different ways, and logic would suggest that anyone who had trouble with one or more would probably have problems with all. On the strength of the clinical criteria alone it could be asserted that one may be hard pressed to find children who did not display these supposed symbols of mental disorder. The APA address this concern with the conditions listed beneath the correlates: 'impairment', 'pervasiveness', 'developmentally appropriate', and 'differential diagnosis'. The last of these conditions will be discussed first.

Differential diagnosis concerns the work of distinguishing one diagnostic category from another, which here means separating ADHD out from an array of other 'developmental' and 'mental disorders'. Within a system that has no overall impression of what *disorder* actually looks like, there seems something a little absurd in trying to distinguish one from the other. How, for example, would one know the difference between a child with Mood Disorder displaying symptoms of inattention and a child with ADHD displaying symptoms of Mood Disorder? Conduct Disorder, Oppositional Defiant Disorder and ADHD all have very similar features, yet the treatment for each one varies, with ADHD being the only one to

come with a pharmacological solution, therefore this kind of clinical guess work has important implications for those being diagnosed.

In setting out these conditions which must be present in addition to the clinical criteria, the APA is of course trying to reduce the *guess work* element and it is in these conditions that one may find clues to the *whole* of mental disorder that the DSM imagines. In the remaining three factors (impairment, pervasiveness, development) lies the major difference between the child who is naughty and the child who is pathologically so. The first factor I shall discuss is pervasiveness.

Pervasiveness refers to the diagnostic need for the clinical criteria to be observable across more than one context. If a child is seemingly content at home and disruptive at school, or vice versa, then their behaviour cannot be described with recourse to the ADHD construct; they are merely naughty, obstructive, disengaged, distanced etc. Though the DSM does apply this thinking, the parameters are flexible: as long as the requisite symptoms can be observed in one context (such as the school), only 'some' of the symptoms need to present in other contexts (such as the home). This is one of the ways in which the DSM's approach allows for more leeway than the ICD guidance, where symptoms and impairment sufficient to make the full diagnosis must be present across at least two contexts. In the everyday, this means that a diagnosis can be made much more easily with the DSM. In the ICD all symptoms must be present; the DSM's language of 'some' does not guide the uncertain any more than it limits the overly certain.

The effects of the DSM's anti-theory, 'definition and refinement' (Rapoport & Ismond, 1996) is illustrated by a study which screened the same sample of 8,258 children using DSM-III-R and DSM-IV; the later manual yielded over 30% more diagnoses (Wolraich*, et al.*, 1996). In order for these diagnoses to be considered fair representations, then our imagined conception of mental disorder must also grow by 30%, otherwise those so caught could not be represented as mentally disordered and could not remain caught. Therefore, though the DSM may claim to be anti-theoretical, such a position is not sustainable, as changes in the situated descriptions produce changes in population-wide incidence of mental disorder, which in turn changes the manner in which *mental disorder* is conceptualised and subject positions distributed.

The second factor under consideration is 'impairment', which refers to the severity of clinical criteria, though 'severity' is less context specific than impairment, which cannot be applied generally. For example, a broken leg could always be described as a severe injury, perhaps requiring surgery followed by several weeks in plaster and many more subsequent weeks of recovery. The extent to which someone may be impaired by a broken leg will depend on their particular social circumstances, where a traffic warden would be more greatly impaired by a broken leg than a data entry clerk. If a school child displayed every one of the clinical criteria but this did not impair their ability to complete their work then they could not be described as having ADHD. Equally, if a child presented only 1 or 2 of the criteria, but to a degree which did impair them in their ability to complete their school work, then according to the DSM they should not be diagnosed with ADHD. Beyond this inevitable insensitivity of the either/or requirement of categorisation, impairment has great significance for both defenders and critics of the DSM's concept of mental disorder.

Impairment provides a pragmatic opportunity to distinguish the naughty from the pathological by asking the question, "does this conduct have a significant and negative impact?" If the answer is no, then a straightforward exclusion: *"no impairment = no problem"*. This exclusion also has some face validity when applied to the imagined whole of mental disorder, which will not contain anybody whose conduct does not pose them significant problems.

A question remains as to what it is that should be negatively impacted for the conclusion of impairment to be reached. Primarily one imagines it is the person who is under the most immediate scrutiny; the child with suspected ADHD. If their conduct in school, for example, was bad enough to see them falling behind in class and excluded in the playground then they would appear to be impaired by their conduct. But what if their academic results were satisfactory and they had many friends, but their conduct was impacting upon the teacher's ability to teach and upon their fellow students' ability to learn? In this case the individual appears functional, unimpaired, but the social situation is suffering. The information listed above does not give any further guidance on how one should proceed, and defensible positions can be found on both sides of the argument. If mental *disorder* is the key, then conduct which disrupts the social order, even without impairing the individual, could be justifiably included. If such conduct is included then this implies that social as well as individual dysfunctions are important in diagnosis.

The overall picture of mental disorder becomes even more unknown as it now has to factor in the contingencies of a given social and cultural context. While it may be justifiable to intervene with a child who appears to be disrupting the entire class, at some point one may have to question the extent to which dysfunction may reside in the context as well as the individual. To do so would in any case be attempting to gain some empathetic understanding with the individual, which is a primary objective of the mental health professions (A. Clark, 2006). Yet, the rejection of certain cultures of schooling is read primarily in terms of individual deficit; one hears about *hyperactive* children with *attention* deficit, not *hypoactive* schools with *retention* deficit. Thus, along with the pragmatism of impairment comes its problematic application and the potential conflation of social and individual dysfunction.

The last condition concerns the extent to which the individual could be described as 'developmentally inappropriate'. Once again this has some sense for the overall picture of mental disorder, where an individual who is significantly delayed in comparison to their peers may be justifiably described as mentally disordered. Yet it scarcely does anything to reduce the ambiguity between the individual and the social, for the only two referents available for the weighing of the developmental are the individual's peers and statistical norms. For peer comparisons the critique of impairment also applies here. Given that statistical norms, particularly in early childhood, allow for such huge variation within what is described as the *normal* range, judgment according to 'the normal child' will also be problematic. Yet, from a pragmatic point of view, developmentalism does not have to do any epistemological work to be understood and deployed within education; it taps into an existing language. The next section will pursue this argument through a look at some of the epistemological roots of developmentalism.

Dangerous development

The clinical criteria for ADHD state the importance of developmental level to the use of the DSM. Prior to 'official othering' by the DSM, developmental levels must also have a role to play in the identification of individuals who may require further intervention. The identification of an anomaly can only happen in relation to a norm, which in turn is conditioned by a given social function; one must have a

sense of the correct and proper standard of conduct or ability, derived from the desired social function, and one must perceive a deviation from it.

Within education, developmentalism is commonly associated with the genetic epistemology of Jean Piaget. Through his stages of cognitive development, Piaget (1976) created our view of how children think in their early years. From *sensorimotor*, to *preoperational* through *concrete* to *formal* operational, Piaget constructed a matrix through which he claimed children learned to think conceptually and hypothetically.

What Piaget also constructed in this process was a normative and ordinal grid onto which children could be distributed according to their supposed powers of perception. The axis of this grid is a dual one in which children are subjected to 'not just iniquitous comparison with their peers…but also a constant evaluation against a 'gold standard' of the normal child' (Allison James*, et al.*, 1998, p. 19). In Graham's (2006, p. 6) terms (see Chapter 2) Piaget's work 'enunciates' the otherness into which 'disciplinary technologies' – individual education plans, nurture groups, psychiatric descriptions and psychoactive drugs – can intervene.

In constructing childhood as a set of developmental stages on the way to proper maturation, Piaget unwittingly cast children as inferior to and dependent on adults (S. Jackson & Scott, 1999; Allison James*, et al.*, 1998). In setting up a future ideal, against which the supposedly observable contents of a child's mind could be compared in the present, he also created the possibility of prediction. Part of the social *use value* of education (Skeggs, 2003) is as a means to future attainment and mobility, yet such outcomes are unstable, unpredictable, unequal, perhaps uncontrollable. Within such an unstable, unknown environment the power to predict creates the possibility of *taming chance* (Hacking, 1990), in better ordering the present toward the future goal. Such ideals appear benevolent, well intentioned, progressive, yet they are also *dangerous* (Foucault, 1984), as Hall (1997) cautions; 'the enemy is a mode of seeing which thinks it knows in advance' (p. 65).

In part due to this predictive function, and despite sociological critique, Piaget retains huge influence within the field of education. Walkerdine (1984) bemoaned the unquestioned acceptance of developmental norms in education, lending the discipline a taken-for-granted status. The fact that we are now witnessing significant rises in diagnostic levels across a range of so called psychological

disorders corroborates Gary Thomas' (2008) claim that attempts at inclusion battle against a generation of Piaget's behaviourism in teacher education. This, in turn, echoing the earlier sociological critique, that:

> 'Piaget's genetic epistemology has, through its measuring, grading, ranking and assessing of children, instilled a deep-seated positivism and rigid empiricism into our contemporary understandings of the child' (Allison James*, et al.*, 1998, p. 19).

Within what critics bemoan as the rise of the neo-liberal ideal in education (Apple, 2001; Ball*, et al.*, 1999; Gleeson & Husbands, 2001), lies the concern that schools and pupils are reduced to outcomes; qualifications and credentials. With outcome as the primary focus, prediction and differentiation have vital roles to play in producing success and accounting for failure; any system that shares these relations may be easily recognised by an education system which works to the same logic.

The continuing popularity of developmental psychology within education perhaps has something less to do with *therapy* and more to do with *efficiency*, in enabling one to look at a whole context through an ordinal grid; to imagine a set of future goals and prescribe a present function resulting from them. If the future goal is the neo-liberal ideal of the self-responsible economic provider (Popkewitz & Lindblad, 2004), developmentalism allows one to take this future ideal and trace back the steps to be taken in the requisition of it. Statistically speaking, the younger the subject, the broader the range of present conduct that may be allowable, on the basis that statistical prediction is weakened as time is increased; hence the broad *normal range* in early childhood. However, the extent to which the model sees the future ideal as primary, the less tolerant it may become to deviations in the present. The more sway that the future image holds in perceptions of desirability, and the more the production of this image is seen as a domain of the school, the more pressure there will be on schools and classrooms to know their deviants earlier.

Developmentalism allows one to discount the unknowable variance that makes any prediction problematic with the simple equation that what differs significantly in the present will likely lead into further deviation in the future; hence the political rhetoric, common to both education and mental health of *early identification* (DfES, 2001; NICE, 2008). Thus, *ideal* diagnostic age for ADHD is

between five and seven years old (APA, 2000), and teachers and parents alike are to become adept at *rating* preschoolers in terms of ADHD correlates (Brandau & Pretis, 2004; McGoey*, et al.*, 2007). In order to differentiate which present deviations are most important in the subversion of the future ideal, developmentalism requires the aid of a system by which deviations can be ordered safe from dangerous; this system is risk analysis.

Risky choices

Risk provides a future oriented perspective with which to interrogate social relations in the present, and through this has become an important tool for the management of social order. The previous chapter elaborated on the discursive plane of contested knowledge within ADHD narratives. Risk analysis becomes embedded on such a plane, breeding a dependency on those with the *right* knowledge and the ability to communicate it effectively into the language of everyday social action. Fraser (1997b) argues that our political environment is characterised by a mistrust of welfarism and lack of faith in collective action; an individualised state which furthers dependence on whatever is perceived to be authoritative knowledge. From a managerial perspective risk has an important truth-telling function; particular significance lying in its perceived powers of prediction. Fraser's (1997b) characterisation of neo-liberalism describes an individualised and competitive set of relations, where the power to predict may be the means to gaining advantage.

The negotiation of risk in the everyday implicates the notion of individual choice. Our daily lives are perforated by the constant injunction to make a choice; from the daily budgeting of time and resources to the long term management of work, family and education, to the often critical decisions regarding health. Choice is *free*, yet choices are never free of restrictive circumstances, never free of the opportunity cost of the choice we didn't make and never free of the necessity of making a choice. Choice is *informed*, yet the consequences attending the simplest of choices are so inter-related, so future-oriented and so conditional as to make them impossible to see. As Beck (1992) states,

> 'even where the word 'decisions' is too grandiose, because neither consciousness nor alternatives are present, the individual will have to "pay for" the consequences of decisions not taken' (p. 135).

As long as the notion of choice allows for such a reification of its conditional nature, then conduct will be accountable to choice.

The individualised notions of the construct ADHD implicates the child's conduct, which is deemed observable through choices made. These are then judged and acted upon through disciplinary procedures in school. What policy recommends as *early identification* (DfES, 2004) pays no heed to these false assumptions regarding choice and responsibility. Western cultural constructions of the child and adult-child authority, offer children little or no participation in the conditions of their action (Alanen & Mayall, 2001; Allison James*, et al.*, 1998), thus interrogating their actions through the de-politicised notion of risk conceals 'the falsity and rhetoric of "choice"' (Graham, 2008b, p. 4). ADHD becomes a particularly salient example within this false rhetoric, for among its so called deficits is an inability to make effective future-oriented choices. Glasser's (1999) *choice theory* offers some useful insights here. Glasser argues that behaviour is a function of choice, yet he is critical of *external control psychology*, for holding choice to account through blame and punishment. Lloyd (2005) argues a similar position in relation to EBDs;

> 'the 'well-behaved pupil', boy or girl, does not simply behave because of a visible system of rewards and sanctions; they choose to be 'well behaved' and they participate in processes that define and redefine acceptable actions' (p. 130)

Implicit in the choice to be well-behaved, is the reverse choice of choosing not to be well behaved, yet there is little evidence that making such a choice aids in the broader redefinition of acceptable action. Instead, a much narrower and pessimistic notion of choice is implicated by the internally *disordered* child, where one holds the rigid ideal of the future image and looks *backwards* and *inwards* in order to attain it. Enacting this model, whereby the future ideal is regulated according to the early identification of the developmentally inappropriate conduct in the present, demands what is statistically (and, it could be asserted, ethically) speaking the most inappropriate course of action, because at this stage the model *should* be tolerant to deviation.

This obligatorily blind negotiation of choice and consequence is an important aspect of *reflexive modernisation* (Giddens, 1991), which is the process by which we are confronted with and moulded by choice and is one of the principle means

by which self-regulating political subjects are produced. Symptomatic of Foucault's (1991) *governmentality*, risk and choice become diffuse, individualised means by which the social order is protected. In this way citizens are '*contracted to* a particular illusion of freedom that is consistent with the aspirations of government' (Graham, 2007a, p. 204 emphasis in original).

Within this reflexivity, every choice implicates the notion of risk, this places a high premium on the ability to calculate the danger value of a given choice. When risk is a primary and ever present consideration then we become anxious slaves to knowledge; it becomes the tool with which we can *search for certainty* (McWilliam & Singh, 2004) colonise the immediate threats and render them relatively danger free. If a domain of knowledge, such as developmentalism, proves persuasive in its account of risk management then that domain stands to gain alliance and influence, and what could in that case be seen is the inter-relation of knowledge and power (Foucault, 1980b).

The emergence of the dangerous *ADHD child* is made possible through the discursive practices justified by *risk consciousness* (McWilliam & Singh, 2004), whereby the child's choices are deemed dangerous. Yet danger is a product of the social imagination. The perceived threat of the "unruly child", "troubled community", "failing school"; all unified through the means by which they have been constructed (Fox, 1999); as individually dysfunctional for the attainment of a future image. Thus, risk shares relations with developmentalism and with the language of the DSM in offering the opportunity to individualise socially derived dysfunction; 'the risk factor opening up a space of future illness potential' (D. Armstrong, 1995, p. 400). Policy recommending early identification essentialises this relation at the point of the least statistical justification. Beyond statistics, such policy feeds into a much more pessimistic pedagogical ideal than that expressed by Vygotsky (1962) when he said that 'the only good kind of instruction is that which marches ahead of development and leads it' (p. 104). The "gaze" may reach further 'for children with special educational needs' (Allan, 1996, p. 222), however, expectations are thought to move in the opposite direction (Bines, 2000; Corbett, 2001; Slee, 2001).

The projection of an ideal image of citizenship, regulated through *technologies of performance* (Dean, 1999), punishes individual choices that appear to subvert it. Therefore, developmentalism, empowered by risk, 'makes examples of people and advocates action against a "target population"' (Foucault, 1988a, p. 161).

This charges the young individual with their own regulation, and introduces rational compulsions for the subjectivisation of deviation.

This warrants a questioning of what is meant by terms such as *inclusion* and where risk, developmentalism and the DSM might fit into such an understanding. A focus on possible futures and limitation of environments according to that possibility involves the delimitation of possibility. Once a risky future has emerged, the production of a developmentally appropriate social order requires it to be subverted. In the case of children's behaviour, this subversion happens through the application of authoritative domains of knowledge, psychology, psychiatry, pedagogy. If these domains are governed by assumptions of individual dysfunction and dichotomous categorisation, then it is unclear to what extent they could be considered 'inclusive' (Graham & Slee, 2007). Yet the individualised notions of choice interrogation leaves unchecked the social order from which the behaviour has emerged, consequently, *bad choosers* will continue to be excluded from *inclusive* settings (Graham, 2008b).

Becoming something

Through differentiation and developmentalism, the DSM and the 'performing school' (Gleeson & Husbands, 2001) can be placed in a discursive alliance, not one requiring conspiracy or malice, but one made possible and sustained by a cultural discourse of limitation which positions children in terms of *becomings* (A James, 2004). Once childhood is positioned as a 'generational condition' (Alanen, 2001, p. 129) it can be further differentiated into new conditions marking deviations from more specific sets of functions, all prescribed in the interests of *becoming something*.

The DSM offers a range of subject positions in the form of situated descriptions of undesirable conduct, which it classifies together in an ever broadening range of psychopathologies. In the interests of 'dynamic nominalism' (Hacking, 2002, p. 2) these descriptions shift and adapt to the changing face of reality, yet this also implicates shifting notions of what actually constitutes mental disorder. This implies that an anti-theoretical position is untenable, however this is not acknowledged by the DSM, which is judged purely on its ability to align subjectivity with a desirable future image. As an instrument of social delimitation the DSM obviously has great use, however it's status as a therapeutic device is questionable. Pilgrim & Rogers (2005) argue that this reflects recent trends in

mental health services in general, which have shifted from the therapeutic alleviation of suffering, to the efficient taming of disorder; Foucault (1967) argues that the seeds for such a shift were sown, with the establishment of *the madman* as a knowable social entity in the eighteenth century.

Developmentalism provides an important epistemological link between the DSM and classroom practice. Developmentalism provides a future norm and the means to order a social context in the pursuit of it. Risk provides the tool to regulate these norms in the early identification of deviation. The education system already functions to differentiate tangible outcomes and therefore already has the necessary relations in place for the effective deployment of risk and developmentalism.

In terms of the delimitation of the possible, the important ability appears to be the re-making of the social according to individual responsibility: the DSM and the focus on impairment; developmentalism and the normal child; risk and the accounting of choice. Once the conditional nature of conduct is reduced entirely to the rationality of individual choice then possibility can be shaped by intervening on these choices. The DSM provides a situated means of achieving this, yet alongside its vague constructs, what requires interrogation is the desirability of a given outcome and the means justified in the pursuit of it.

In moving now to the chapters which make up the fieldwork, I am moving to analyse some of the means employed in the attainment of *desirability*. In the first of these chapters, the notion of risk remains relevant in my analysis of routinisation and the work it does in producing a spatial/temporal account of danger.

Chapter 5: Routine conduct

ADHD is popularly understood to be a condition which resides in the person. In this scenario, the school is an innocent bystander, a container for the "maladjusted child". The school's complicity in the construction of the (dis)order has been introduced in Chapter 4, here, this argument is pursued empirically. The focus here is on micro-integrating practices of routinisation. These practices, through material manifestations of normative discourses of good behaviour and a medicalised episteme, include some children, while excluding others. Those who fail to conform to the norms are singled out for 'special' (education) treatment, one form of which is a diagnosis of ADHD. I will begin with an introduction to ADHD and education, my use of Foucault's (1977) *panopticism* and the context to the ethnographic work. I will then move to the enaction of the routine, which makes up the main argument[13].

ADHD & education

The ADHD construct is predicated according to a developmental model of childhood, which aligns it with the prevalent assumptions of both psychology and education. Developmentalism seeks to demarcate normative levels of acceptability according to age. Aspects of achievement, behaviour, cognitive skill, personality, speech or interaction are used as indicators of whether the child is appropriately advanced/delayed/normal for their age:

> 'Developmental psychology capitalizes, perhaps not artfully but certainly effectively, on two everyday assumptions: first, that children are natural rather then social phenomena; and secondly, that part of this naturalness extends to the inevitable process of maturation' (Allison James*, et al.*, 1998)

Chapter 4 introduced the notion of 'normal development', which is continued here with a focus on the productive, practical effects of such discourse. Thinking in

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[13] This chapter derives from a paper jointly written with my supervisor, Pat Thomson, and published as: "Bailey, S., & Thomson, P. (In Press). Routine (dis)order in an infant school. *Ethnography and Education, 4*(2)". Pat's contributions concerned the organisation and signposting of the argument and did not extend into substantive analysis. The design, fieldwork and data analysis were all conducted by me, which has justified the use of the personal pronoun throughout this chapter. However, I would like to acknowledge the value of Pat's contribution in focussing the argument and helping me to integrate it into the rest of the project. Where I have used any of Pat's contributions directly, I have referenced appropriately.

terms of a pre-ordained grid of normality creates what Jones *et al* (2008) refer to as 'constitutive circularity':

> 'child behaviours come to be read as signs of deviation from the normal path; yet the integrity of the normal path is consolidated by the identification of deviations' (p. 6)

Within school, the child with ADHD is one example of the *developmentally inappropriate* child. This psycho-cognitive description of the disordered child feeds into much of the guidance made available to schools and teachers (e.g. Cooper & O'Regan, 2001). In this literature, the presence of the internal *other* of ADHD is assumed and recommendations concern ways in which the afflicted child may be contained within *inclusive* educational settings.

Bringing Foucault to the classroom

This chapter mobilises Foucault's concepts of discourse and power to analyse and theorise the normative othering of children via classroom regimes. Foucault (1980b) understood power as not necessarily repressive, but as a generalised and productive relational force. This view attempts to move beyond binary oppositions between rulers and ruled, to instead view power as a 'complex strategical situation' coordinated through local 'tactics' (p. 93). Power circulates throughout all social situations (see also Chapter 2).

This strategy and these tactics are non-subjective, in that Foucault did not intend the interrogation of individual choice or decision. Instead power is to be analysed through the workings of discourses, which are 'the means of its exercise' (Foucault, 1981b, p. 32). Discourse is understood in its broadest sense as 'signifying practice' (Hall, 1997) and can be read through the *texts* which constitute it. Here, these texts include written text, talk, behaviour, policies, and the time/space distribution of bodies. Frequently in this analysis different texts *communicate* with, or partially form, one another.

Education and its associated institutions were explicitly drawn into Foucault's (1977) account of institutional knowledge and practices, unified by their shared objective of discipline. An institutional space is at all times governed according to the rules of hierarchical observation and normalising judgement; the examination being the ever-present possibility of the intersection of these two vectors.

Presupposing this state, and demarcating what could be understood through this observation and this judgement, is discourse, which refers not only to everyday signs, symbols, utterances and practices, but also the systems (epistemes) of knowledge by which such symbols are known and through which they gain referent (Foucault, 1972). The ideal state of discipline achieved through the examination thus requires a set of narratives articulated via discourse and the means with which to observe and limit subjectivity according to these narratives. Foucault (1977) uses the term *panopticism* to describe this state of perfect transparency and translatability; 'a domain of clear visibility' (p. 105), through which the process of subjectivisation may operate.

Previous critical accounts of behavioural disorder have been used in advancing this perspective here. Harwood's (2006) description of the *disorderly subjectivity* has influenced the focus here on the production of *diagnosable objects*. Following Graham (2006) it is argued that this production occurs according to the conditioning of enunciations and the specification of these enunciations at the disciplinary level. Here I analyse the disciplinary specification.

Conduct is adopted from a previous genealogy of ADHD which explored the term for its dual and interconnected use in the management of both individual *demeanour* and systemic *flow* (Laurence & McCallum, 1998). These focal points have been the subject of previous analyses of the spatial articulations of cultural norms which exclude children and young people deemed *other* by virtue of their appearance or actions (F. Armstrong, 2003; Fielding, 2000). Following Gore (1995) I analyse some of the everyday micro-processes of the classroom in order to develop a localised 'tactics of deconstruction' (Mac Naughton, 2005), for the analysis of classroom discourse, offering;

> 'tactics for deconstructing (pulling apart meanings of) classroom texts, including everyday 'teacher talk' within a local regime of truth, that point to their cracks, contradictions and relationship with power' (p. 76).

The intention is to disrupt the episteme of mis-behaviour as symptomatic of a physiological condition – ADHD – and to deconstruct the classroom discourses which articulate it.

Kilcott Infants

The study was situated in Kilcott Infant School, a village school in England's rural East Midlands. I spent ten weeks during the Autumn term 2005 as an unpaid teaching assistant, working primarily with two classes from Year One and Two. Kilcott schooled just over 100 children from the age of three till seven. The two classes that feature in this analysis each held around 25-30 children of between five and six (Year One) and six and seven (Year Two). Fully informed consent of all participants and their parents was obtained before commencing work in school. The data consists of daily ethnographic fieldnotes which contain descriptions, recorded speech, maps and reflection. This description forms the basis of the argument in this chapter.

Kilcott Infants was the school at which I had conducted the research for my MA dissertation, and had that not been the case or had that been a more fulfilling research experience I would not have undertaken this latter term's work. I first learned of the school through a colleague and made contact through the head teacher, Margaret, who introduced me to the deputy head, Sarah, who was head of foundation and whose class I would come to work in as a teaching assistant. Following my initial month at Kilcott, for my MA dissertation, I arranged a further term's work, to start from September 2006, which I planned as a pilot study for the more prolonged period of PhD research to be conducted at Alderley Primary. However, the Kilcott study became a formative part of the main body of the research according to some distinct features of its design and the strength of its analysis. To repeat the same work at Alderley appeared superfluous, however, the findings from Kilcott guided the design of the work at the subsequent site and through the routine construct, offered a point of departure for observations.

Part of my interest in Kilcott was based on some of the demographics of the school and immediate area, particularly the sort of characteristics often associated with a marginal social status. Kilcott served a small ex-coalfield community. The town had been built as a colliery village in the 1920s, and when the pit closed in 1994 it lost its central economic resource. This immediate economic circumstance is one shared by many communities in the local authority, county, and broader geographic area, which along with the North East of England and South Wales, is among the areas hardest hit by the mass pit closures in the UK since the late 1970s.

According to the office of national statistics (ONS)[14], Kilcott's local authority has higher than average unemployment as well as a higher than average *economically inactive* population, as Figure 2 shows:

Figure 2: Kilcott Economic activity as a percentage by local authority

	LA	District	UK
Economically active: unemployed	3.10	3.27	3.35
Economically inactive: sick/disabled	*5.73*	*5.29*	*5.30*

Almost 40% of those in full-time employment work in manufacturing or retail. In terms of socio-economic status, these industries feed mainly into what the ONS calls 'routine' or 'semi-routine' occupations; which has replaced the previous parlance of 'manual', 'unskilled' or 'semi-skilled', or, older still, 'working class'. It should be noted however that these are relatively marginal percentage differences. In terms of more qualitative economic experiences, the village of Kilcott is associated with considerable efforts at community regeneration, through various development projects such as former pit sites being turned into ecological centres.

Kilcott infants had 114 pupils enrolled between the ages of 3-7 when I worked in the school. According to the 2006 OFSTED[15] report, the pupil population entered foundation at below average attainment levels and with a higher than average rate of learning difficulties and disabilities. By Key Stage 1 OFSTED notes that achievement was 'broadly average' with average numeracy and slightly lower than average literacy levels at Year 2. The report goes on to note Kilcott's strong ethos towards personal, social and emotional development with creative approaches to curriculum and good opportunities for pupils to contribute to the school and wider community through pupil councils and mentoring schemes. Attendance rates, however, are described as only 'satisfactory' with a 'significant minority' recording 'well-below average' attendance. In all other areas the school is described as 'good' with particular mention made of 'strong leadership' and 'purposeful vision'.

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[14] All data gathered from http://neighbourhood.statistics.gov.uk
[15] http://www.ofsted.gov.uk/reports/

Though learning difficulties and disabilities were described by OFSTED as above average, very few children had statements of special educational need. The local authority has a reputation for being resistant to statementing, and has far fewer children with statements than neighbouring authorities. This means that there is a lack of resources available for special needs support in schools such as Kilcott. Extra support was minimal; one teaching assistant assigned to the Year 2 class, mainly to support 2 children with Downs Syndrome. There were no extra assistants assigned to the Year 1 group and assistants would only usually be brought in as cover. The Year One class that I worked in was made up of 26 children, 14 boys, 12 girls. Though no children had statements of special educational need, there were 6 who had individual education plans, which were designed to focus on particular areas of weakness. The deputy head, Sarah, was also the Year 1 class teacher. Though I had not previously worked in class with Sarah, she had been my main contact for the previous project and we were on good terms. She was very enthusiastic about my return to her class, not least because I would provide some valuable assistance to her. Beyond this she seemed to have a genuine concern with issues of behaviour and inclusion as well as my own development as a researcher.

Ethics

Before commencing research for the previous project I had adhered to accepted standards of informed consent. For this I provided detailed information for teachers and parents about my planned research and gave all participants the opportunity to withdraw at any time[16]. Upon commencement of the first project I also spoke to the children in the classes where I would be working, describing myself as someone who wrote stories about what goes on in classrooms. Once I had completed the first project, the planning and permission for the second project was relatively unproblematic. I provided parents with further information concerning my new role as acting classroom assistant, offering a new opportunity to withdraw if they wished. I was able to speak to staff within school individually. By the end of the first project I was also on good terms with many of the children, which meant they were more likely to ask questions about what I was doing and also meant I was better equipped to answer them.

My growing familiarity with both the assistant role and the children whom I was assisting offered the possibility of staying sensitive to issues which the children

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[16] See Appendix 1

may have had but found difficulty voicing. The fact that my role responsibilities matched my research interests meant that the children I got to know best were the ones I wrote most of my notes about. This meant I was given good opportunities to explore their impressions of what a researcher's job might be and what I might be looking for. The notion of informed consent with children this young is problematic because of the difficulty of explaining ideas and intentions in a meaningful way (Billington, 2006; Johnson, 2000). Even with these conversations, I am not sure if the children fully appreciated what I was doing there, but I did try to secure their willingness to appear in my stories – in fact this sometimes turned out to be an effective prompt to engage with an activity.

I fed my findings back on a regular basis with Sarah. Our frequent conversations gave both of us a chance to think and reflect on what was happening in the classroom. Sarah would often suggest individuals I might look out for and offered me ways of moving forward with my competence in the assistant role. In return I shared my thoughts and perceptions on both individual and structural aspects of my work. The dialogue was open, respectful and constructive. Though my note taking was privatised I was very open and honest about my impressions with Sarah, and she returned this with her own impressions as well as encouragement and support.

In the subsequent writing that has come out of this project I have anonymised all participants and have not provided information sufficient for people or places to be identified.

To move to more *situated* notions of ethical decision making (Simons & Usher, 2000), the role I took required me to adopt a different protocol of ethics than I would derive from personal or educational research resources. I became quite critical of the way in which the classroom effectiveness may only be supported by siphoning off a selection of children to the teaching assistant, and yet I was required to actively participate in this segregation.

The regular conversations I had with Sarah also presented some dilemmas. From the perspective of information gathering they were extremely useful. However, Sarah knowing my research interests and offering me 'ones to watch' and work with, may well have reinforced these children's marginal positioning. If it had not been for my presence in the classroom then there would have been no assistant there and so segregations occurred that may not have otherwise.

I acknowledge here that this was an artificial *effect* of the research, directly the result of my intervention on this social setting. Such effects are an inevitable product of naturalistic enquiry, the first step is to acknowledge them, the second to think about whether they threaten the validity or reliability of the analysis (Hammersley & Atkinson, 1983). Rather than thinking in the somewhat rigid terms of 'validity' and 'reliability', it may be better to think about an ethnographic research strategy 'in terms of what brings fieldworkers into a setting in the first place and whether they are well situated to observe what they hope to observe' (Wolcott, 2005, p. 81). Doing so brings meaning to the design of the work and justifies the artifice. Part of the objective with the research was to gain insight into the everyday work of schooling "challenging behaviour" in the context of a local authority with a low record on statementing. If there had been an assistant in class then there would have been less reason to pursue that classroom on the basis of under-resourcing. Additionally, schools and classrooms are highly structured environments where interactions are in part determined by systemic codes; thus, the fact that I enacted institutional codes which otherwise may have remained dormant does not alter the fact that those codes were and are available and their use quite acceptable and commonplace within that context.

From the perspective of personal ethics the most consistent abrasions for me were in the disciplining aspect of the role. There was so much that I didn't think warranted drawing specific attention to the children involved through verbal or physical reprimands and yet these were the only resources available to me. Thus, the adoption of a relative 'insider' role was in some ways empowering, particularly in terms of access and participation: I have never, before or since, been given the opportunity to work alone with "challenging" children on an individual or small group basis in school. In my interactions with other staff I found it much easier to adopt a 'learner' role. I was the one who had the skills to acquire, who lacked the necessary knowledge to do this, and so the one who needed guidance. This yielded more open and informative dialogue with other staff than can be easily produced when you are perceived to be either *expert* or *judge*.

Yet at the same time assuming a role meant that I was required to assume responsibilities regardless of my own ethics. A memorable example of this came about half-way through the term, Sarah was commenting on the behavioural improvement she had seen in a Year One boy, James, which she ascribed to him

having been put on Omega 3[17]. From this day onwards Sarah arranged for the whole class to be given Omega 3 supplements in the morning, and it became my job to sit at the head of an orderly line of 5 and 6 year olds spooning out the medicine one-by-one.

I was perhaps fortunate in never encountering any *crisis* incident that forced a clash between personal ethics and role commitments. In the most part I became adept at performing the disciplining role, and even with my own self-concept of inadequacy in the role, I cannot think of more than one or two occasions where I had to seek help. As I grew in confidence with the role so Sarah gave me more responsibility and I started to develop ways in which I might do my job in both an effective and personally satisfying way. This perhaps found its ultimate illustration in my work with the Year 2 class in their weekly drama sessions. I found both teacher and children inspirational; the teacher in particular illustrated ways in which one could try and discipline children through the fostering of a motivated self-regulation.

Settings

Figure 3: Aerial image of Kilcott Infant School

Front entrance

School offices

Assembly hall

Year 1/2

Foundation

Nursery

This image illustrates the relative inside/outside spaces at Kilcott. The main school was housed in a single building around an apex, with the foundation unit running across one end, school offices and assembly room at the other end and the Year 1 & 2 classrooms on either side. The nursery was housed in a separate plot within the grounds, with its own play area. All the outdoor space shown on this image belongs to Kilcott, with the exception of the area in the south east corner, which belongs to the neighbouring primary school. The paths and tree lines at the eastern borders of this image illustrates

children (Sinn

Kilcott took up one corner of a larger site taken up by a primary school, into which many of Kilcott's children fed (see Figure 3, above). The school was all based in one oblong, apexed building with individual classrooms curtained off from one another. The only exceptions to this was the foundation and nursery, which had windowed walls from the rest of the school at one end of the building, and the staff room and school offices at the other end. The small size of the school and this arrangement of classroom spaces gave Kilcott a very intimate feel which occasionally felt a little claustrophobic.

The library was one example of this, it was placed in the centre of the school partitioned from the three classrooms it bordered by curtains. It was to this room I was frequently sent with a small group of children from the Year 1 classroom, either to read or to use the computers housed there. The often disruptive and noisy behaviour of the children in the group I was given meant that frequently other teachers would look round the curtain to check that there was a supervising adult present. At different times I read this outside interest as reflecting the fact that my group had disrupted other classes and that others were concerned about me and the children in my care. My interpretation would depend on the circumstance and on the individuals involved, however, overall it fed the impression of Kilcott as a space where everyone needed to try to find a way of being very close to one another.

Three photos from Kilcott are shown below, the first shows the library, the second showing the Year One classroom where I was based, the third showing the playground and outdoor area. Figure 4, below, of the library, illustrates the compact layout at Kilcott. On the left of the picture are the rows of shelves housing the library books; the line made up by these shelves marks about the mid-point of the room, to the right of it are the five computers which serve the whole school. At the far end of the picture are the curtains separating the library from the Year Two classroom. The photo has been taken from the mirror-image of this partition; the entrance to the Year One classroom.

Figure 4: Kilcott Infants: library

The Year 1 classroom (Figure 5, below) where I spent most of my time was located in one corner of the main school just before the windowed wall to the foundation area. There was no partitioning wall at the other end of the classroom with two sets of draws marking the point at which the classroom became the throughway leading down to staffroom, offices and the front entrance.

Figure 5: Kilcott Infants: Year One Classroom

In Figure 5, above, the area directly in front of the portable whiteboard was where the whole class congregated for group activities. The picture has been taken from this area, which was also a communal thoroughfare, joining the foundation unit to the rest of the school. At the back of the room, next to the wall-mounted white board, is the smaller activity area used for longer term

projects, which at the time had been made up as a hair salon. The light cast by one of the exterior windows is visible behind the portable white board.

Figure 6: Kilcott Infants: outdoors

In contrast to the inside, Kilcott had a large outdoor space (Figure 6, above), with an area of quite thickly planted trees where children could quite easily escape the supervising gaze. The photo above is dominated by the Foundation play area, however the fence that is visible running across the centre of the photo, just beneath the skyline, shows the borders of the grassed area, giving an indication of its size (Figure 3, above).

Data generation

The decision to stay on at Kilcott had been a relatively spontaneous one, and was done with a view to my own professional development as well as to my research questions. I saw it as a pilot for the main data collection I would undertake the following year. I wanted to gain more familiarity with the early years classroom as well as identify points upon which I could base my subsequent research strategy, trying to develop a sense of what I might be looking for. At the time of commencing the work I did know it would become a formative piece of analysis.

As I had adopted a specific role within the classroom, my data was characterised by discussions of this role and my attempts to gain familiarity with it. I was required to know the timetable, to know which children should be where at what times, to know when was the appropriate time and place to move to new activities as well as the appropriate way in which to carry out each task. I was required to know what behaviour was deemed unacceptable and expected to apply an appropriate amount of discipline when infractions occurred. These were the tasks I wrote about, and my experience of trying to discipline both the children and myself into the routine of the school, lead directly into my adoption of 'routine' as an analytical framework.

Whenever I was in the Year 1 class I was answerable to Sarah and was expected to make myself available to any of the staff in school as and when required. This frequently meant being asked to help out with assembly, with playground duty, with lunch monitoring, and to offer help across a number of classes during teacher's out-of-class planning time. This provided invaluable access to different environments within the school and the different expectations and behavioural norms attending them. It also meant that as long as I was in school I would almost certainly be put to work. My notes therefore became very privatised. Occasionally I would sit in a secluded corner of an unoccupied classroom, more often I would go out to my car.

While my notes were reflective in that they were *always already* (Foucault, 1980a) after the event, they were also grounded primarily in the practical accomplishment of the school day for each of the three parties I observed; children, teachers, myself. Once I had made as comprehensive a description of actual events as I could, I moved on to further reflection in terms of speculating on how things might have been done differently and how I felt about the situation

as a whole. This became an important lesson in the primary ethnographic requirement of allowing a layer of descriptive writing, based in the practical accomplishment of daily life, to *breathe* (Marcus, 1998) ahead of any reflection, evaluation or theorisation[18].

The argument presented here should be understood within a specific socio-historic context. The recent history of the English state school is one of progressive commodification according to the market forces of competition and performative credentialism (Gerwitz*, et al.*, 1995; Gleeson & Husbands, 2001). This context has productive effects on the disciplinary practices adopted within schools, with the neo-liberal image of the self-responsible citizen an important heuristic (Davies & Saltmarsh, 2007; Francis, 2006; Komulainen & Sinisalo, 2006; Ruddick, 2007). Good schools are taken to equate with routinised orderly schools, according to a de-politicised 'rhetoric of discipline' (Slee, 1995, p. 4). The schools in this project served predominantly working class communities in ex-coalfield areas: because The New Labour government is particularly anxious to "raise standards" in its traditional heartlands, schools such as these are under pressure to *perform* (Ball, et al., 1999). This is manifest in an anxiety to ensure prescribed standards of *development* and integral to these is a press for order. As an infant school, Kilcott is expected to take a pastoral approach to schooling, historically positioned as *emotional*, *female* work (Skeggs, 2003; Walkerdine & Lucey, 1989). The head teacher, teachers and assistants at Kilcott were all female, which may be indicative of a *feminised* approach to schooling and behaviour management (J. Miller, 1993), however, such conceptions may reinforce existing masculine dominance and risk an over-simplification of *being* gendered (Skelton & Francis, 2005).

My initial objectives were based around gaining familiarity with the early education environment, from the perspective of the classroom assistant, a role I had previously observed as one preoccupied with managing the social order of the classroom. As a result of this approach, the production of fieldnotes was largely opportunistic, and somewhat privatised: break time in an empty classroom, lunchtimes sat outside in the car park; methods frequently encountered in ethnographies of educational settings (Walford, 1991).

The fieldnotes and discussion of them can be understood partly through the context of establishing familiarity in strange places (Agar, 1986). Here, I was

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[18] See Appendix IV & V for samples of fieldnotes from both schools

seeking to establish familiarity with the arena of the infant classroom, the role of the teaching assistant and the somewhat restrained nature of research relations. On reflection it is unsurprising that the lens of the routine emerged as the principle means through which this *strangeness* was negotiated; the data being the product of the reflexive re-interpretation of identities, emotions and experiences during fieldwork (Behar, 1996).

In investigating elements of what has been termed school's 'hidden curriculum' Jackson *et al* (1993) offer two categories that seek to govern moral life in the classroom: moral instruction and moral practice. This chapter takes up the notion of moral practice understood as the embodiment of certain moral subject positions through the regulatory activities of the classroom. These categories have recently been taken up ethnographically and applied to the moral inconsistencies of everyday school rules (Thornberg, 2007). I seek a prior discursive plane through an exploration of school routines, which function to distribute the subject positions which are enacted through regulative practices. For Thornberg (2007), 'everyday life is maintained by its manifestations in routines' (p. 403), here it is argued that, beyond 'maintenance', routine has a more productive function in shaping the conditions by which moral regulation is experienced.

Routine plays a central role in medical and pedagogical assumptions concerning the 'correct' schooling of children with ADHD (Bailey, 2007; Hjorne, 2006). While recognising that routine provides an integrative function essential to contemporary schooling, I wish to question the 'one size fits all' assumptions of this approach by highlighting its capacity to separate and *divide* (Copeland, 1997).

Normative routines

The study focused on the normative routines at work in the two classrooms where I was working. Normative routines are productive and essential. Ian Hunter (1994) argues that the pastoral power of schools is necessary for society and for individuals, but, through its ability to divide and exclude, it is also simultaneously dangerous and damaging to a minority, thus:

'to find routines in classroom life is expected: what is at issue is the kind and degree of normative/exclusionary/inclusionary work that they do' (Bailey & Thomson, 2009, p. 215).

Assumptions regarding the disciplinary function of school are ground deep within expectations as to how a "good teacher" may react to disruption in the class. The "good teacher" is expected to enact pastoral and punitive disciplinary structures within the school as well as communicate with others, both within the school (other teachers, the SENCO or head teacher), and outside (the parents, behavioural support teams). Far from unexpected, these activities constitute familiar everyday scenarios in schools.

The classrooms where I worked were dominated by routines. Routine prescribed a 'correct way' to enter the class in the morning, to leave in the afternoon, to wash hands before lunch and line up for assembly, to interact with other children, sit and listen to the teacher, speak in public, sit on chairs, use a pair of scissors or read a book. As the following song, which the year one children sang several times during a 'free moment', says:

"Only one can talk at a time; So what shall I do? Listen while you talk to me; And then talk back to you" (fn 21/9)

This *drill* was an instance of young children being taught to *do school* (Comber, 1999). Their bodies and speech were to conform to teacher and school determined rules of conduct. However more than simply regulating behaviour was involved.

Within these classrooms, a secure and consistent knowledge of "who I am" was contingent on a secure and consistent knowledge of "where I am", "what I am doing", and "how I am doing it". As Giddens (1991) suggests:

'the discipline of routine helps to constitute a 'formed framework' for existence by cultivating a sense of 'being', and its separation from 'non-being', which is elemental to ontological security' (p. 39).

However, routine does not just help one to constitute ones own 'formed framework'; routine is itself a *ready-formed framework* which also functions for others to know "where I am", "what I am doing", and "how I am doing it", thus

invoking a normative *order*. Authoritative others such as teachers and teaching assistants not only know "what I am doing" but are also in a position to say whether or not what is being done is satisfactory; thus producing the *norm*.

Routines were established through the setting up of infinite, normatively regulated, miniature orders which worked to create (il)legitimacy in the times, places, movements, and utterances of the school day. Routinisation emerged as the overarching 'strategy' of classroom management, 'designed to permit the possibility of certain things considered "natural" and "normal" to children' (Walkerdine, 1986). It was one of the 'general forms of domination' which create 'subjected and practiced bodies, "docile" bodies' (Foucault, 1977, p. 138).

The routines in the classrooms at Kilcott were marked by and through eight functions (listed below). Functions 1-5 are derived from a classroom observation study of power relations by Jenny Gore (1995), 6-7 from a study of discipline in the nursery by Chris Holligan (2000) and 8 emerged from the fieldnotes. The terms and definitions below are those used in the original publications, except where stated in discussion.

1. **Surveillance –** Supervising, closely observing, watching, threatening to watch, avoiding being watched;
2. **Distribution –** Dividing into parts, arranging, ranking bodies in space;
3. **Segregation –** Setting up enclosures, partitioning, creating functional sites;
4. **Differentiation –** Normative classification of ability and difference amongst individuals or groups;
5. **Self-regulation –** Regulative practices directed at the self;
6. **Examination –** Checking, recording, measuring and displaying ability or progress
7. **Docility –** Rendering bodies still and/or silent, invoking passivity;
8. **Authorising –** Legitimating an individual's authority, routinising an individual's presence

Analysis begins with each individual category before looking at some of the ways the categories overlap and communicate with each other.

Surveillance

Surveillance is a foundational routine and a component of all the others: for bodies to be acted upon they must first be made visible. One of the reasons to distribute, segregate and differentiate is to better survey.

I spent most of my fieldwork in a Year One class, and much time in conversation with the teacher, Sarah. Sarah knew my research interests in discipline and behaviour and offered me a list of 'ones to watch' (fn 14/9), which contained the names of six children, five of whom were boys. Such children were often the focus of conversation, for example on one day a teaching assistant (Clare) talked on two separate occasions about a child (Andrew) who she said came from a family where 'the men…were all quite aggressive and violent – and she saw this as a partial explanation for his behaviour problems' (fn 14/9). She saw this as the reason for his disruption: 'whilst on an outing to the forest…Sarah (said) "well you do know his background don't you?" (fn 14/9). There is a double surveillance at work here, both of the child's behaviour and the family circumstances. Such instances of surveillance were frequent, with the same operant 'discourse of derision' (Kenway, 1990) of child behaviour and family circumstance, persistently tied together.

Several instances of surveillance often came together in the teacher's conversation.

> *Christopher [a 'one to watch'] is the youngest child in the class…Sarah and I had a chat about him…Sarah described Rosa [Christopher's mother] as "carrying a lot of emotional baggage", saying that she had "broken down" during the meeting. Sarah clearly didn't think much of her as a parent and thought Christopher was probably spoilt* (fn 21/9).

Here developmentalism acted as a benchmark for surveillance, which then moved outside the classroom to the family. Sarah's evaluation of Christopher and Rosa was legitimated by the authoritative "gaze" which her position as teacher gave her.

These regular conversations about children marked a mutuality of surveillance between Sarah and me. Sometimes I would 'report back' to Sarah on the day's behaviour, which aided Sarah's surveillance. Frequently these same instances

allowed me to survey Sarah as part of my research agenda. Both my own and Sarah's descriptions: 'ones to watch' and 'on the look out for', provide two everyday examples of speech which become less innocent when viewed through the frame of surveillance.

The combined effects of surveillance in the classroom made an immediate impression on me; in only my second week at school I reflected that:

> *the amount of attention that becomes focused on individual children…is important…The more intensely you scrutinize something the more likely you are to find a problem with it. Andrew has people – peers, teachers, parents, head teachers – always on the look out for him to do something. He has reports written about him, IEPs [Individual Education Plans] written for him, regular interviews between teachers and parent. A file seems to grow on these children.* (fn 21/09)

Distribution

Like surveillance, distribution is a continuous and generalised practice within schools. If surveillance is the primary strategy, then distribution is the primary tactic for producing it. Children and teachers are both distributed within school into individual classrooms. Children are distributed at most times throughout their school lives according to age and subject. Within the classroom, children are distributed according to various different spatial arrangements; on small desks in group activity or all together on the communal carpet. Attention and assistance is also distributed, for example in group work, where the teacher circulates around tables. Such distributed assistance is also simultaneously the means of keeping watch on what children are doing. The surveilling function of an effective distribution is also noticeable in its absence;

> *if badgers [name of class grouping] were generally disruptive, rabbits were even worse – Marjorie [a teaching assistant] was called away to have her photo taken and two successive teachers then came and attempted to lead some sort of activity. The problem is that there is no routine to Wednesday afternoon, because of the PPA splitting into groups and having different teachers and moving rooms – all provides plenty of scope for disruption* (fn 21/9)

When teachers were distributed away from their routine places into the staffroom for their PPA[19] time, the disruption that this might cause had to some degree been predicted; classes had already been distributed into groups and each child was wearing a name badge. Additionally, extra staff had been drafted in to offer Drama and French classes. However, as noted, the routine distribution had been disrupted and this in turn produced more disruption. The proposed solution was as follows;

> *What has now been decided is that the teachers who come in to do French and Drama are going to have the whole group of badgers while rabbits are split between two classes and then swap over* (fn 21/9)

Where the ordinary means of distribution have not been effective, this new solution was proposed, based on a 'divide and rule' strategy, involving smaller groups of children split between more adults.

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[19] Preparation Planning & Assessment, under the National Agreement for raising standards, from September 2005 teachers were to be entitled to 10% of their timetabled teaching hours out of class planning

Segregation

Segregation shares strategy and tactic with distribution through the assignment of bodies to partitioned spaces. Gore (1995) uses the term 'space' to describe this, however in order to distinguish from the more generalised 'distribution' I use 'segregation' as a more individualised practice, in which a 'normal' and 'marginal' begin to emerge. Segregation carries a more immediate and recognisable degree of exclusion than distribution.

I found that my responsibilities as teaching assistant were frequently associated with practices of segregation; drawing out a small group of children to be partitioned away from the main group. With this came implicit notions about the segregated child's ability levels. Usually, though not always, this had a negative implication.

> *I alone stayed in assembly with Margaret [the head teacher]. I soon inherited Cameron [a year two boy] from Susan's class who requires pretty much non-stop attention and pays little notice to what's going on. Margaret also brought another disruptive influence to sit by me.* (fn 14/9)

Such segregating practice was commonly seen in activities involving large groups; individualised segregations were the result of a judgment having been made about the child's suitability for the main social group. The child was physically marginalised.

Segregation does not always come with such a socially visible connotation; it may be a way in which the teacher uses the resources available to offer variety and get the required work done:

> *This morning I've been doing mainly computer work again (with a small group), … in the library looking for pictures on the national portrait gallery website.* (fn 5/10)

The library was in the centre of the school, partitioned from the classes it adjoined by curtains. Even though segregation was present the activity was a relatively appealing one, it was certainly not a punishment. There was still some order maintenance going on in terms of the 'difficult' selection of children that Sarah had chosen.

As this scenario progressed, the library's relative seclusion from the classroom may well have worked to temporarily lower the net of surveillance on these children: the challenge of the task required me to guide children one-at-a-time, which caused disruption amongst those waiting their turn. My authority was also clearly not considered equivalent to Sarah's, which I discovered through the effective use of Sarah as a threat if good behaviour were not restored. Eventually I was forced to complete most of the task myself in order to 'get the job done' on time.

Differentiation

Performance and accountability in schooling (working towards Key Stages, examinations and inspections), makes a necessity of practices that differentiate children, teachers and schools from one another. The principle focus in this chapter on pedagogy should not eclipse the extent to which pedagogy has been re-defined by the curricular changes that have come about since the extension of market forces into schools (Gerwitz, et al., 1995; Gleeson & Husbands, 2001). In setting up a future image of the 'normal' or 'able' school child via a list of curricular achievements, the need to construct environments that are conducive to actualising this future image is also produced. 'Getting the job done' for the teacher is intimately tied up with mandated attainment and accountability, and forces the need to differentiate, this in line with The Primary National Strategy in England, which positively highlights the need for differentiation, interpreted as necessary for inclusion (DfES, 2003).

> *This morning I was assigned to helping each child in turn to design their 'special person badge' on the computer. Each week one child is chosen as the special person and they get to take the badger diary home and write about their week. Helping the children do this was great because I got them one-at-a-time to do something they enjoyed and the various tasks involved gave me some idea of the spread of 'ability levels'. Most of the children displayed good mouse control – which Sarah had asked me to take note of. When it came to writing their name using the keyboard, levels of ability were much more mixed. Lorraine, Laura and Gina were the most confident, Christopher and Leo were the only two who really struggled.* (fn 21/9)

Several differentiations were in operation here. The 'prize' of the 'special person award' for those judged as performing the best was not restricted to curricular achievement, but was about the ways in which they produced this achievement: conduct in class, involvement in group activities, helpfulness, politeness, sociability. The special person award thus encapsulated the image of the well-adjusted, 'uniform' school child (Meadmore & Symes, 1996).

In designing the badge children were further differentiated according to their 'fine motor skills'. This differentiation was made possible for me through the 'enjoyable' notion of having pupils segregated 'one-at-a-time' in order to assess their ability levels better. Tellingly, this was early in my time at school and such differentiation was one of the ways I sought to gain familiarity and 'know' certain things about certain children. I spontaneously embodied the differentiating discourse, when beyond the mouse control I had been asked to observe, I also ranked children according to their ability to use the keyboard. Given that my interest in behaviour only mirrors one of the most continuous everyday responsibilities of the teaching assistant, such differentiating opportunities are key to the ways in which TAs responsibilities are organised, according to 'ones to watch'.

In many instances, Sarah's prior knowledge of her class – the prior differentiations that she had made – guided her decisions regarding efficient distribution and segregation. Thus, Sarah would segregate a small group with me to attempt to raise these children's 'rating' on a particular task. On one occasion I had been able to successfully 're-enter' one child into the main group, which left just one child.

> *He really struggled with both the task itself and paying attention to it. His number understanding is seriously behind the majority – unable to identify individual numbers up to ten, let alone teens. The other major problem is his attention, which is, in Sarah's words, "that of a gnat".* (fn 5/10)

Here, the one-on-one segregation increased my authority and allowed me to confer further differentiation upon Christopher in which both his poor ability and Sarah's prior knowledge about his attention span were affirmed. The extent to which I was able to progress at all with the task was limited by Christopher's behaviour;

he was very bored…kept looking round, playing with things on the table and rocking his chair – to the extent that he knocked it over and ended up on the floor (fn 5/10).

Frustrated by this behaviour, I invoked my authority through a harsh statement:

"if you can't get this then you won't get anything else" which I was later appalled at really. (fn 5/10)

Here I came up against the reality of the low achieving, inattentive and fidgety child; a more and more frequent player on the classroom scene, if medical diagnostic rates are to be believed. This reality is important; I failed to 'get the job done' even under the 'ideal surveillance' of the one-on-one segregation. I interpreted this failure partly through a self-perception of relative non-expertise, before visiting my frustration on the child in what can be seen as a manipulative and deficit-ridden comment. What was it that appalled me more? That I had unreflectively been spoken by the discourses of the school of which I am most critical? Yes. But also, on reflection, the extent to which the continuous steps of differentiation through which the unruly child must become the literate pupil, gives the comment a discomforting resonance of 'truth'.

Examination

'Examination' plays an obvious and well acknowledged role within contemporary schooling. It also has a relatively obvious place within the discussion of the functions so far. The image of 'the examination room', for example, illustrates this. Under 'exam conditions' pupils are segregated from the rest of school, distributed on individual tables row by row, at all times under the surveilling gaze of both invigilator and clock, made docile by the requirement for silence and differentiated according to their performance.

In one lesson the children listened to a magic story, created their own spell inspired by it, wrote that spell down and then presented it to the rest of the class. In a 'typical' classroom strategy, Sarah distributed children into a number of groups informed by prior differentiations which allowed her to 'spread' ability levels. Previous examinations had indicated the need for some children to be taken out of class for extra work on literacy or numeracy. In such instances I was responsible for the 'pool' of children from which this segregation was taken. This

segregation allowed me to attempt to achieve the task's aims through a differentiation and delegation of this group. My own examination, namely what I was accountable for, was to 'get the job done' and this had particular challenges given the 'lower ability levels' and constantly changing personnel of this group.

> *I had a major breakthrough with Christopher, who having seemed characteristically detached and disinterested in the exercise so far, suddenly came out with a full two-line spell to write down. As this was such a major breakthrough I really wanted to get the whole group involved in writing it down and saying it together.* (fn 2/11)

Prior differentiations of Christopher had informed both my judgment of this 'breakthrough' and my desire for the group's 'successful' examination. Here I had given Christopher a dominant role in the group, however, Christopher was then removed from the group. Perceiving an impending 'failure' I manipulated group and task:

> *with or without the sentence written, we had to get it together to read the spell out. I went through it about ten times, but felt that it wasn't really going in with anyone except Anthony. So when it came to do it in front of everyone else I did it with them – whispering prompts where needed.* (fn 2/11)

The task was judged a success, but I was only able to fabricate this 'pass' (for myself and the group) on the basis of an implicit pre-failure of the children, whereby I judged them incapable of performing the task on their own.

Self-regulation

This category is the most problematic in terms of its distinction from others. In the examination example (above), I was attempting to regulate myself according to the position of authority I had been given, and the examination that this implied. However, I had only fabricated my self-improvement coercing the children through numerous instances of differentiation, segregation and examination, culminating in my implicit failure of them.

Self-regulation uses Gore's 'self' category which she reserved mainly for private self-directed reflection. Because of the reflexive relation between researcher and

object here the category has been given a more formative position. The new category offers the opportunity to introduce some distinction into the movements of regulation and normalisation so far discussed. In doing so hoping to develop some contrast to the negative implications of segregation and examination.

'Self-regulation' is generally preferable to external regimes of discipline. For Foucault (1977) external discipline is manifest in prisons and the asylum. In Iris Young's (1990) terms, it 'dominates' subjectivity to the extent that alternative conditions are not available. Heuristically speaking self-regulation provides opportunities for a motivated participation. Instead of 'dominating' it attempts to 'optimize' (Foucault, 1981b), though still according to 'given' definitions of acceptable conduct. In demarcating some space for self-regulation, my experience in a Year One and Two drama group is offered.

Drama was one of the subjects, along with French, which Kilcott introduced to provide some cover for teacher non-contact time. These subjects primary function was therefore to regulate through distribution; a strategy made clear after the first week's failure to maintain order, when Drama and French were used to divide and rule the most difficult groups. Within the drama group, Amy introduced a regulative technology which combined several of the functions already described. More than any other group, however, she also introduced opportunities for children to perform a motivated self-regulation.

For the first few weeks Amy, the drama teacher, would begin each session with a rundown of the rules which she hoped would ensure the smooth running of the drama and allow the class to complete the session in the relatively short time available. There were signals which denoted when a child should be sitting in a circle, freezing on the spot, or instantly silent. There were positive incentives for good behaviour in gold stars and a chance to hit the big metal gong which Amy would bring in at the end of the session. There was a traffic light system to sanction bad behaviour where after being given a 'sad face' and 'cloudy sad face' the third warning would be a trip to the 'sad chair', visibly excluded from the drama until told otherwise. Amy also had a tactic she used quite regularly to maintain low noise levels: she talked so quietly that were there any noise, her instructions would not be heard. So far, this seems little different to many other sanction/reward systems of regulation, with surveillance, segregation and docility all present. However, Amy would persistently refer to 'the drama' as the ultimate

rationale for good behaviour in so doing attempting to enact a motivated self-regulation.

As a subject which gives more freedom of movement and mind than is customary in other classroom activities, drama may present the teacher with more opportunities with which to enact a motivated self-regulation in children. However, there is also more scope for disruption, and if there is too much disruption, the product of the excitement provided by the situation, then the adventure of the drama also has the potential to comply in its own counter-productivity. Amy's response to this danger was to try and make something sacred from drama, to use the children's existing motivation for it to convince them that only through a 'well tempered' subjectivity (T. Miller, 1993) towards the drama would they extract the most from it. Amy also came armed with a 'technology of regulation' through which she attempted to achieve her aims. The first requirement was an internalisation of the objectives and rationale of 'the drama'; it constituted the social order of the situation, and it was one in which Amy wanted to get everybody invested. Through an assumption that the majority would want social order to be delivered, Amy was able to justify the use of sometimes exclusionary techniques of regulation for the maintenance of an order for which, compared to the typical classroom situations discussed here, the children had some relative ownership of the means of production.

This example is relatively clear in offering children the chance to regulate themselves according to something that they are motivated to be involved in, and yet, as the discussion suggests, even within such attempts there may be elements of exclusion, persuasion, coercion (Amy's disciplinary apparatus and her whispering tactic designed to produce 'docility'). The 'clearness' of this as an example of self-regulation can be seen in comparison to the French group which shared the 'divide and rule' of non-contact time. The French teacher's willingness to take on the bigger group resulting from this redistribution was to ensure that every child would have a chair, that dominant groups be split, that all children wear name badges and that there would be silence unless otherwise stated. Following Foucault, there is a sense therefore in which Amy's tactics are exonerated principally in comparison to those of the French teacher.

What makes self-regulation of this kind so difficult to distinguish is that the boundary between 'motivation' and 'coercion' may be difficult to draw, and is instead contingent on further contextual variables such as the extent to which the

children have been informed of and participated in the conditions by which the new social order ('the drama') has been fashioned. Motivation of the kind exemplified here needs to be distinguished from 'carrot and stick' type reward and response sequences where the child internalises only a self-referential desire for the reward offered, rather than a motivational rationale towards the task. Such external rewards are present in the gold stars and gongs, the cloud faces and sad chairs of Amy's disciplinary apparatus. These are available should the motivational rationale of 'the drama' fail.

Authorisation

Authorisation was used in Chapter 2 to refer to the way in which I attempted to gain authority in both the position of classroom assistant and ethnographer. The category is used here in a related sense, to describe the attempt made by those in authority to confer legitimate authority on others. Some commonplace examples are the use of pupil 'monitors' (responsible for the protection of a given task – library monitor, dinner monitor, book monitor, milk monitor) and 'mentors' (responsible for the protection of a given body, a new pupil for example). Here segregation is used in combination with authorisation to promote the 'norms' of good behaviour to which others must aspire. The 'protection' inherent in the attempt to legitimise another's authority is the social order of the classroom and school; the routine.

Awareness of authorising as a category arose from the unfamiliar role which I adopted in the classroom, that of the teaching assistant. The teaching assistant lacks the authority of the teacher, yet within class their presence and their authority must be seen as legitimate if they are to usefully participate in protecting the social order.

> *Margaret…had sent the kids out early, only to realise that there was no TA out there – so I was asked. As soon as I got outside I encountered an argument – Kilcott has a new set of tyres attached to the ground which the children play on. It is obviously highly popular as (unbeknown to me) only one group can use it at a time – so I initially worsened things by saying "Can't you all share it?"* (fn 14/9)

Only one group was authorised to use the equipment but the attempt to authorise me to cover a threat to routine functioning assumed knowledge which I did not possess - the strategy was thus counterproductive.

Sometimes the children's perception of me as 'non-authority' was a barrier, as in the example of the segregating library task, where I fell back on the legitimate authority of Sarah. In the example of 'the examination' I found the only way to project myself as 'authoritative' or 'adequate' was through coercion of the children.

The 'special person' on whom teachers confer particular responsibilities, awards or privileges is an example of an 'authorized' child, and stands in contrast to the abnormal child who has special 'needs'. Both are singled out and differentiated in relation to routines. Children who are 'delayed' or inappropriately behaved are authorized to undertake routine tasks in order to help them learn what is required. In this latter case, routine is assumed to have an 'integrative', even 'therapeutic' function. I suggest that in order to achieve this integrative aim the routine must first separate and differentiate.

Docility

Docility has been dealt with last of all, because more than any of the other categories docility is the desired 'effect' to which the 'causal' energy of all other functions is directed. Popular, proverbial assumptions regarding categories such as surveillance ('seen but not heard', 'out of sight out of mind') or distribution/segregation ('divide and rule'), reflect the rationale of the field of continuous visibility. The school day abounds with instances of the docile directive: 'shhh', 'be quiet', 'sit still', 'legs crossed arms folded', 'hands up before speaking', 'form an orderly queue', 'silence, I'm speaking'. The song which was cited at the beginning of this chapter illustrates this admirably:

> *"Only one can talk at a time; So what shall I do? Listen while you talk to me; And then talk back to you".* (fn 21/9)

This 'drill' not only contains abstract directives to make oneself docile, but also provides a concrete strategy by which docility can be produced. If a child fails to internalise these directives then they are made visible, once visible they are *recognizable* (Butler, 1997) according to particular knowledge epistemes.

Currently fashionable epistemes in early years schooling are those of child psychology and psychiatry (see Chapter 4).

Time/space routinisation

I have described the function of routine as bringing together bodies in a space, where it determines and polices *appropriate* conduct. Within this order maintenance, consistency over time is key; for the routine to appear rational and legitimate it must be enacted in the same way everyday. Routine has an acknowledged place as a therapeutic device in the schooling of EBDs (Bailey, 2007; Hjorne, 2006), where both equity and efficiency depend on the enactment of routine in a consistent, unchanging manner (Sellman, 2009). Through this temporal and situated rhythm (Lefebvre, 2004), the routine constructs a social order according to what ought to be happening in a given place at a given time and in a given way. In so doing, routine prescribes what becomes the classroom's naturalised ontology; transforming the conditional nature of reality into a predictable and knowable order; 'arrhythmia can be exciting, but it is inevitably abnormal' (Bailey & Thomson, In Press).

At Kilcott days generally had a regular and reoccurring pattern. Using my categories as interpretive frames, I present below a timetable (Figure 7), typical of a morning at Kilcott. Next to each activity's description is my interpretation of the strategic function which it fulfils.

The activities in the table illustrate the interaction between the categories and the contribution this makes to the docile functioning of the classroom.

Figure 7: Kilcott Infants: routine timetable

Time/Activity	Description	Function
8.45 – 9.00 "Arrival"	Hang up coat & store activity book; Write name on board; Sit on carpet with a book;	Surveillance, Differentiation, Self-regulation
9.00 – 9.30 "Registration"	'Silent' register; Line up for 'Omega 3' and toast; Take water bottle and own seat;	Docility, Distribution, Segregation
9.30 – 10.15 "Morning work"	Receive instructions as a group; Individual work with teacher help; Re-group for progress report;	Distribution, Segregation Examination,
10.15 – 10.45 "Break time"	Change shoes and take biscuit; Outdoor play – tyres & trees; Line up in playground; Door monitor for re-entry; Change shoes, sit with water bottle;	Docility, Differentiation, Distribution Authorising, Surveillance,
10.45 – 11.45 "Morning work"	Complete individual tasks; Those finished help others; Individual portfolio work with TA; Discuss/Present/Perform/Display;	Distribution, Differentiation, Segregation, Examination
11.45 – 1.15 "Lunch"	Group-at-a-time wash hands Rest of group singing activity; 'Sandwiches' and 'School meals' line up for dinner monitor; Eating, no noise or movement; Let out based on lunch 'performance'	Distribution, Segregation, Distribution, Authorising, Docility, Differentiation

The frequent appearance of "distribution" suggests that it plays an important role. Perhaps the reason why it appears so often is because it acts on/for/with a number of other functions, such as surveillance and docility. By creating legitimate and illegitimate spaces, distributing allows the entry of another frequently appearing function; differentiation. Differentiating ability to follow one's distributed order would frequently seem to be directly related to protecting the routine itself; if one is sitting well, then one's reward for sitting well is often to be the instigator or 'leader' of the next routinised stage; the first in line, the door monitor, the new child's mentor, the 'special person'.

There certainly seems to be nothing inherently productive about the ability to sit still, it may seem an odd skill for teachers to reward *for itself*. Perhaps what the teacher seeks is the child's ability to accept the classroom order and its rationale. Taking on this self-referential character would seem to detract from the routine's ability to foster self-regulation, for the only rationale for 'appropriate' behaviour is tied to the immediate ends of the routine itself.

In such instances the governance of routine hides behind the responsibility of the mentor or the accolade of the 'special person'. In its self-referential form routine acts to separate and mark as 'risky' those whom, for whatever reason, do not 'fit' the prescribed order. Routine thus acts to include and exclude and becomes the basis for some children coming to be noticed – and/or identified early:

> 'The individual child, it would appear, emerges via the disciplined, spatial implementation of the timetable which instils a regularity and a rhythm in all the activities and tasks of children, including control of the material body through the performance of duty and style of life' (Allison James*, et al.*, 1998, p. 55)

Producing the classroom subject 'ADHD'

This chapter has questioned the assumption implicit in education policies that it is children possessed of behavioural conditions who are the problem, suggesting that at least some of the behaviour in question is actually produced by the regimes of the school itself through the material workings of its taken for granted discourses and epistemes.

The purpose of encouraging children to 'do school' through routinisation can be seen as encouraging the production of the docile self-managing subject and to promote what Miller (1993) calls 'a sense of oneness among increasingly heterogeneous populations' (p. xii). However, as often than not, the self-referential nature of routine and reward produces a subject, to paraphrase Foucault (2004), who has little or no motivation to 'defend' the social order of the classroom. This lack of motivation, and failure to self-manage will likely be read in terms of deficit residing in the individual child and from here one may 'treat' according to an array of available techniques; from IEPs to nurture groups, Omega 3 to Ritalin. Yet what warrants interrogation are the systems by which children, teachers and schools alike are bound, and the conditions of possibility,

in terms of choice (coercion), motivation (self-regulation) and instrumentality (getting the job done) which they may afford to any party.

Chapter 4 made the point that the diagnostic criteria for ADHD leans heavily on the context of the school to give its descriptions meaning. The child with ADHD emerges through the analysis here as the anti-thesis of the routinised, orderly school child. The inattentive child, who; 'often does not seem to listen when spoken to directly...often loses things needed for tasks and activities...is often forgetful in daily activities' (APA, 2000), is made visible by the routine order just as readily as the hyperactive child, who; 'often gets up from seat when remaining in seat is expected' and the impulsive child who 'often has trouble waiting one's turn' (APA, 2000). The image created by these criteria point to the child who is incapable of regulating themselves in the manner demanded by the performing school. In mapping the production and maintenance of routine and describing its exclusive effects, I hope to have illustrated the misrepresentation involved in describing children according to an internal deficit, when their action has only become knowable as 'deficient' according to a set of spatial and temporal norms in which they may very well have no investment.

The maintenance and protection of a social order is essential for the requirements of mass schooling, and implicit in this is the notion that some children will not accept the order as it is offered to them. The beginning of school may represent the first time a child is expected to internalise the needs of others in their own decision making and while one would expect there to be variation in the ability to accept and adapt to the other, one may not expect it to be policed rigidly, nor concrete and internalised aspersions to be cast from such variance.

Thus, the questions posed here do not concern the complete abandonment of routine from every child's schooling; routines are productive and essential. What is questioned here is the extent to which authorities who enact the routine within school are aware of the divisions being made in the name of order and the individualised conclusions which are reached for one who rejects it.

In moving now to the work undertaken at Alderley Primary School, it is important to carry the position on routine schooling that I have outlined here. Through this analysis I have come to see *routine* as a metaphor for the discursive ordering of the school and classroom, in this instance embodying elements of Foucault's notion of *discipline.* I feel that this chapter serves this embodiment well at a

relatively broad, structural level. The next chapter attempts to get inside the broad notion of routine to analyse some of the power relations at work in the ability to routinise different bodies in different ways through an analysis of gendered positioning in two Key Stage 1 classrooms.

Chapter 6: Boys, boys, boys

Estimates suggest that males are between five and ten times more likely than females to be diagnosed with ADHD, however gender analyses within this area are notable for their absence. Within education one may seek a formula whereby *failing* boys (BBC, 2008) plus *feminised* primary schools (Parkin, 2007) equals an oppressed residue of young males whose particular brand of masculinity is deemed unacceptable, pathologised and drugged. This chapter seeks to understand some of the reasons why so many more young males than females are pathologised in this way. Yet while the formula above may be seen as a point of departure, the purpose of the chapter is to contest it. Placed within a gender equity framework several alternative conceptions on *failing boys* and *feminised* schools will be discussed through post-structuralist gender discourses and through observational and interview data on gendered positioning at 'Alderley Primary School'. The presentation of data follows and will illustrate the argument in three stages: 1. the normalised dominance of boys; 2. the allocation of risk and resources; 3. pathologisation and the new normalisation of deviance. Between them, these three stages produce a circularity of masculine dominance in the classroom; naturalised through conceptions of gender, essentialised through institutional responses and re-established through the special treatment derived from a psychiatric label.

Lloyd (2005) states that; 'The literature of 'EBD' is dominated by concern with disruptive boys and by male writers' (p. 130). Though I have tried to ground the following argument according to a gender equity discourse, my data does not contain the experiences of girls. I can partially account for this in methodological terms; I was *exploring* the script of the school and classroom, thus I was made aware of the *problem* of boys, who dominate everyday discourses of classroom disruption. Unfortunately I was not sufficiently *aware,* in the moment, to make the leap to the other side of this argument in questioning the invisibility of the girls. However, while I present the argument through the flip-side, my point of departure is also that expressed by Lloyd (2005); 'girls are less likely to be excluded or diagnosed with EBD *because they are not boys*' (p. 130).

I will begin this account by situating ADHD and gender, before relating this to conceptions of gender and education.

ADHD and gender

It has for some time been accepted within medical discourse that approximately five times as many boys as girls will be diagnosed with behavioural disorders such as ADHD (e.g. Jenkins, 1973). More often than not, this has been accepted unproblematically or simply assumed to be so. Paediatrician, Kewley (1999), for example, introduces his widely read guide to ADHD with a set of nine patient vignettes eight of whom are males. In an equally popular guide by another doctor, Paul Wender (2000), the opening case exhumes 'fidgety Phil' the subject of an 1863 poem written by a German physician. Wender credits Phil as the first recognition of ADHD before embarking on an account of the disorder littered almost exclusively with male pronouns.

The most common medical explanations for ADHD reside in an abnormal brain chemistry, yet, as Singh (2002a), notes, 'if ADHD is presented as a neurochemical problem, neurochemistry must explain the gender skew' (p. 589). Currently no such explanation exists; when medical discourse has taken up this line of investigation it has usually been to identify gender or sex differences in the aetiology, presentation and treatment of the disorder (e.g. Biederman, et al., 2002; Gaub & Carlson, 1997; Hartung, et al., 2002), which has further naturalised rather than problematised the terms of debate.

Outside psycho-medical discourse there are many accounts which seek alternative, 'inclusive' or 'holistic', understandings of behavioural disorder, (e.g. Gurian & Stevens, 2005; Hartmann, 2003; Kindlon & Thompson, 1999a; Pollack, 1998), yet these also tend to reproduce naturalised conceptions of sex and gender roles. The focus, as one critique puts it is 'on healing the emotional 'scars' of boyhood' (Frank*, et al.*, 2003, p. 119). Similar attempts can be read in many accounts which in other places present radical criticism of the ADHD construct (e.g. T. Armstrong, 1997; Walker, 1998). In *The hyperactivity hoax,* Walker (1998) states that:

> 'little boys tend to be more active, aggressive, and annoying than little girls, and in the current pro-Ritalin culture, any little boy who squirms in his seat, gets into scuffles on the playground, or clowns around in class is a target for a hyperactivity label and a pill' (p. 27).

Thus Walker achieves his critique only by re-inscribing existing gendered essentialisms. One significant exception to this pattern is critical child psychiatrist Sami Timimi (2005a), who draws attention to the effects of narcissistic Western cultural ideals in distributing limiting models of masculinity and creating social systems of winners and losers, where 'concern for social harmony contradicts the basic goal of the value system' (p. 102). Psychiatry thus becomes a 'cultural defence mechanism' (p. 107) for the outcasts of this disharmony.

A collection of papers edited by two mental health professionals, Quinn & Nadeau (2002), offers some evidence of a deeper interest in gender issues from within medical perspectives. While the primary concern is with the more efficient diagnostic targeting of females, this collection also generates some interesting questions. The observation in one chapter that 'almost everything that researchers, clinicians, and parents know about AD/HD is based on studies that exclusively studied boys' (Gershon, 2002, p. 23) presents a very obvious problematisation of the assumed skew in highlighting the fact that such figures are socially constructed. In applying this view to the classroom, both psychological and psychiatric literatures suggest that teachers tend to perceive a greater number and greater severity of ADHD symptoms in boys (Condry & Ross, 1985; Nolan, *et al.*, 2001). However, having found the terms on which contestation could be legitimately based, these accounts choose not to delve into the constitutive interplay of the classroom, leaving many questions unanswered, for example, 'why'? Through their conflation of *sex* and *gender,* Condry & Ross (1985) apparently suggest that there really is some natural phenomena within the minds of males which makes them of primary concern to teachers, researchers and clinicians. An alternative would be to suggest that the identification of *concerns* is the product of further social construction.

In considering the latter, the work of George Still (1902) could be cited. Still is commonly credited with the *discovery* of what is now called ADHD through his 1902 description of a "morbid passionateness" in young boys lacking moral discipline. As Laurence (2008) notes, patients only arrived in Still's clinic because their disobedience in school had deemed them 'backward' and in need of separation (p. 102).

Equally influential for contemporary ADHD practices were Charles Bradley's (1937) experiments with amphetamines, again conducted upon young boys and with 'striking' effects on school performance. Singh (2002a) argues that these

experiments were part of a vast movement at this time concerned with what was then called young boys' 'emotional disturbance'. At the centre of this problematic was 'the relationship between mothers and sons' (p. 599). Bradley's experiments aided the construction of an organic aetiology for this 'emotional disturbance', which was furthered through the mass experimentation the electroencephalogram (EEG) received through the Second World War, again, all subjects were male (Laurence & McCallum, 1998).

Therefore, each advance in medical perspectives was based on the availability of a male problem population upon which to drive the *natural* science through the imposition of various 'microscopic of conduct' (Foucault, 1977). In the case of the experiments and observations on young children, the primary concern was 'backward' and ill-disciplined performance in school. Though the precise terms have changed, this concern with boys' performance in school has remained. The next section will discuss contemporary fears around boys' schooling and their relation to the medicalised understanding of problem boys.

Bad, sad, stupid *and* mad

Contemporary moral panics concerning the education of young males bear a striking resemblance to the backwardness, disobedience and moral indiscipline that Still (1902) described over a century ago. The 'failing boys' rhetoric claims that boys are being disadvantaged by contemporary schooling as illustrated by their apparent underachievement, misbehaviour, exclusion and pathologisation. These concerns are also all represented within the ADHD construct, which appears through these panics as the *sum of all fears*.

Bad

Boys are understood to be *naturally* more boisterous, disruptive, aggressive and badly behaved than girls, with an 'instinctive need for activity and risk' (Palmer, 2007). Boys dominate data on school violence and vandalism, and the question of school discipline is seen almost exclusively as a 'male issue' (Slee, 1995, p. 107). Males also make up the large majority excluded from school (Osler & Vincent, 2003), from where potential pathways include further violence and criminality.

Bad behaviour is one of the key features of ADHD, which is one of the American Psychiatric Association's 'disruptive behaviour disorders of childhood' (APA,

2000). The 'hyperactive' and 'impulsive' sub-sections of the symptom profile best represent the 'bad' *ADHD child*, who leaves seat, runs, climbs, shouts, interrupts and often acts 'as if driven by a motor' (APA, 2000). Of the many co-morbidities that exist for ADHD, the strongest correlations are with Conduct Disorder and Oppositional Defiant Disorder, which are found in over 50% of children with ADHD (Biederman, 2005).

Sad

The image of the *hyper* child is the one which dominates popular perceptions of ADHD, and *sad* doesn't immediately match this image. The 'inattentive' strand is perhaps the place to look for the more withdrawn, disengaged and harder to spot *ADHD child*, and clinicians bemoan what they see as the under-recognition of this category, with conduct problems much more likely to elicit intervention (Sayal*, et al.*, 2002). In terms of what are described as some of the 'outcomes' of ADHD, we are told it is commonly associated with higher than average rates of depression (Able*, et al.*, 2007; Torgersen*, et al.*, 2006), drug abuse (Greene*, et al.*, 1997; Klein & Mannuza, 1991) and suicide (Brook & Boaz, 2005; Singer, 2006). While exclusion may lead down the 'bad' route described above, equally it could lead to the disaffection and withdrawal that these outcomes describe.

Stupid

'Failing boys' have been given a great deal of attention in the mass media (BBC, 2008; L. Clark, 2006; Henry, 2006; Parkin, 2007). The fall of boys at Key Stages 1-4 as compared to girls, even in *traditionally male* subjects, such as science and maths, has been widely publicised (Raphael Reed, 1999). Boys also make up the majority of school's remedial and special needs programs, with around the same 5:1 ratio as ADHD diagnoses (Raphael Reed, 1999).

ADHD leads many children into special needs education, though outside the US it is rarely associated with any specific source of educational funding (Graham, 2007b). In the past ADHD was considered to be primarily a learning disorder, and there is a debate for considering it a category of educational disability (Reid*, et al.*, 1993; E. Taylor, 1994). Children with ADHD score poorly on an array of task-oriented cognitive functions, known collectively by neuropsychologists as *executive functions* (Barkley, 1997). ADHD also correlates highly with learning difficulties such as dyslexia.

Mad

The UK Mental Health Foundation (MHF) suggests that as many as 20% of school aged children experience some form of 'mental disturbance' with an estimated 10% in need of professional help (BBC, 1999b). ADHD is the single most common diagnosis, however, similar increases in diagnoses have been recorded for many other psychopathologies, such as Autism and Bipolar disorder (Hershel & Kaye, 2003; Moreno, et al., 2007). Most of these pathologies are thought to relate to one another (APA, 2000), together representing a profusion of multiple and inter-related forms of psych-othering, yet lacking a cohesive underlying conception of 'mental disorder' (see chapter 4).

What supposedly separates ADHD and other pathological forms from *normal* bad, sad and stupid behaviour, is the *significant clinical impairment* (APA, 2000) that must present in addition to symptoms in order to demarcate mental illness. The view of ADHD as a brain based disease is perceived by some to be robustly backed up by correlations with neurochemical agents and genetic pathways and is used to justify the use of psychoactive medication (see Chapter 3).

To foreground the argument to come in the terms offered by the psychiatric and psychological literatures, there is evidence of the interaction between these four categories; *bad, sad, stupid, mad*. Abikoff *et al* (2002), for example, found, through classroom observation, that 'boys and girls with ADHD display similar inattentiveness' (p. 351). Combined with the evidence already cited concerning the gender bias in teachers perceptions of symptom count and severity (Condry & Ross, 1985; Nolan*, et al.*, 2001), comes the suggestion that "ADHD" is most readily imagined in terms of hyperactive, impulsive, disruptive behaviour. Lastly, psychologists suggest that behaviour has a significant impact on teachers judgements of academic skill (Bennett*, et al.*, 1993; Cole*, et al.*, 1998), thus the *bad* and the *stupid* talk each other into pedagogical concerns, leaving the *sad* in silence.

The next section moves on to look at some of the popular sociological explanations for so many boys being identified as bad, sad, stupid and mad, primarily focusing on the *feminisation* of primary schooling. That schools can be described as *feminised* is illustrative of a natural and essential concept of gender. Alongside this assumption lies the notion that if boys are receiving attention, intervention and resources for their poor conduct, then these are symbols of *their* oppression.

The feminisation of schooling?

Claims of the bad, sad, stupid and mad suggest that schools are witnessing some kind of *crisis of masculinity* (Lingard, 2003) at the centre of which sits (or squirms) *fidgety Phil*[20]:

> But fidgety Phil,
> He won't sit still;
> He wriggles
> and giggles,
> And then, I declare
> Swings backwards and forwards
> And tilts up his chair

The spectre of the failing, disruptive, drop-out male has driven theories concerning the feminisation of primary school. The substance of these theories lies primarily in the recent emphasis on literacy, which is seen as a more feminine

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[20] Retrieved from http://home.earthlink.net/~mishal/phil1.html 11/03/09

domain, and on the fact that the majority of primary school teachers are women. Yet when contextualised within a gender equity discourse, both crisis and reaction can be turned on their heads.

The widely publicised figures concerning failing boys as compared to girls tell an incomplete story. Further stratification by class and ethnicity tells of more complexity, where white middle class girls are narrowly ahead of white middle class boys at the top of the pile across all subjects (Raphael Reed, 1999). Conceiving the debate only in terms of gender eclipses the class dimension, rendering the relative struggles of working class boys and girls invisible, as well as those of some ethnic groups (Davis, 2001; Gillborn & Gipps, 1996). A narrow focus primarily on GCSE results also conceals the continued dominance of males in further and higher education (Elwood, 1995) and the substantial inequities of the division of labour, illustrated by 'female low pay, part-time work and continuing correlations of motherhood with childcare' (Arnot & Mac an Ghaill, 2006, p. 8).

While it may be the case that males and females are 'differently literate' (Millard, 1997, p. 31), it is also claimed that recent directions in school have favoured males, returning to teaching in 'more didactic and structured ways (phonics-based approaches to literacy; whole-class inculcation of mathematical rules etc.)' (Raphael Reed, 1999, p. 100). Further, Millard's (1997) research on literacy practices at home and in peer group settings suggests that statements about male or female propensities for a given subject are constructed through self/other perceptions and expectations and mediated by helpful or hindering environments. In other words, gender differences in literacy are socially constructed. This point could be transposed and repeated for any statement predicated upon the *natural* differences between males and females.

Claims about the feminisation of primary teaching based on crude figures concerning the number of male vs. female teachers tell nothing new as females have always made up the majority of this workforce (Skelton, 2002). Women may outnumber men in the classroom, but men are still proportionately over three times as likely to become a head teacher (Skelton, 2001). Attempts to 're-masculinise' the workforce through the employment of male teachers disregards the fact that it is the behavioural responsibilities of the (female) classroom assistant that sustains 'normal' classroom functions (Arnot & Miles, 2005). Nor does the crude statistic say anything about specific forms of femininity or

masculinity available to and employed by individual teachers (Francis, 2008; Raphael Reed, 1999). Skelton (2002) draws attention to the simplicity of the conception with the question: 'can only females 'do' femininity and males 'display' masculinity?' (p. 88), as does Francis (2008) in asking what it means to 'teach manfully' (p. 109). While conduct is not wholly determined by gender Millard's (1997) point above implies that there are heuristic, socially desirable and dominant forms of masculinity and femininity which may affect perceptions, actions and interpretations and aid the construction of *gendered matrices* of schooling (Butler, 1993). What the *feminisation* rhetoric masks is the fact that in early years schooling such matrices favour masculinities. The next section re-casts this debate in terms of the continued masculinisation of schooling.

The 're-masculinising' of primary school

Connell (1995) has offered the term *hegemonic masculinity* to describe heuristic, desirable and dominant forms of masculinity in a given social setting. Hegemonic masculinities operate through the deployment of:

'physical strength, adventurousness, emotional neutrality, certainty, control, assertiveness, self-reliance, individuality, competitiveness, instrumental skills, public knowledge, discipline, reason, objectivity and rationality' (Kenway & Fitzclarence, 1997, p. 121)

Several authors have noted the extent to which these positions are reflected in neo-liberal political discourse, which has distributed the masculinising forces of 'commercialization, commodification and rationalization' (Mac an Ghaill, 1994, p. 7) through schools over the last three decades. Examples cited include the gender blind Education Reform Act (Mac an Ghaill, 1994), hierarchical and autocratic management structures (Skelton, 2002), child-centered, psychologised and individualised pedagogies (Walkerdine, 1984), feeding into de-politicised 'standards' agendas (Raphael Reed, 1999) and classroom management 'predicated on control' (Meyenn & Parker, 2001, p. 174).

Perhaps the largest amount of research exists in relation to masculine violence and the heterosexual identity of schools. 'Assumptions of maleness, namely that maleness equals aggressiveness, competence with females, misogyny' (Haywood & Mac an Ghaill, 2006) dominate the cultural descriptions of masculinities made available within schools. Everyday gender oppressions and heterosexual abuse

are normalised within both secondary and primary school between male teachers and female pupils (Skelton, 1997), between male pupils and both female and male teachers (Epstein, 1997; Skelton, 1997) and within male peer groups (Mac an Ghaill, 1994; Nayak & Kehily, 2001; Renold, 2007; Skelton, 1996).

Viewed from a masculinities perspective, connections between the 'bad, sad, stupid and mad' begin to emerge. A young male who ascribes to an exaggerated distortion of hegemonic masculinity may well find himself on the 'bad' list, however, such a position may well be predicated upon a rejection of the learning values of the school (Mac an Ghaill, 1994; Willis, 1977), in which case he could be branded stupid in addition. Equally, a young male could reject certain aspects of hegemonic masculinity. The policing of masculinity in school suggests that he will have to keep this rejection well hidden and will likely face rejection by his peers (Mac an Ghaill, 1994; Nayak & Kehily, 2001). From here, withdrawal, disaffection, and rejection of the learning culture are all potential pathways.

I will now move to a description of 'Alderley Primary', the second research site in this project, which yielded the analysis in this Chapter and Chapter 8.

Alderley Primary

Alderley Primary was the school where I carried out the most prolonged period of research, my work there ran from September 2007 through to June 2008; one complete academic year. The first two terms I spent mainly in classroom observations in the Nursery, Foundation, Year One and Year Two and the nurture group. The third term was spent in part observing, in conversation and in arranging and conducting a total of six interviews with staff members.

Setting

Alderley Primary is located in the same county as Kilcott, but under a different local authority. The village of Alderley is older than Kilcott, and was not built specifically for industry. The village sits just outside a mid-sized town which is a historic site of considerable interest, dating back to Anglo-Saxon times. Until 1994 the town was also the centre of the local coal industry and home to one of the largest collieries in the area. Since the closure the town has attracted a reputation for drug use and anti-social behaviour, for which it is compared to much larger inner-city problem populations.

The ONS statistics on the authority are a little worse than those of Kilcott, as Figure 8, below, shows:

Figure 8: Alderley economic activity as a percentage by local authority

	LA	District	UK
Economically active: Unemployed	3.95	3.27	3.35
Economically inactive: sick/disabled	7.60	5.29	5.30

While the active unemployed figure is marginally more than Kilcott and higher than local and national rates, the figure that is striking is the economically inactive. The economically inactive figures have been included here because it is thought that within this figure are the long term unemployed of former industry closedowns.

There is also more variation within the employment figures. This time the 'routine' and 'semi-routine' occupations combine to make-up just under 25% of the local population. The biggest single active occupational group is 'lower managerial and professional' with just under 16%, which implies a more mixed demographic.

The indication from these figures is that though there are more people within the authority unemployed or economically inactive, there are also a greater proportion with more traditionally 'middle class' occupations. Interestingly, the village of Alderley offers a highly visual illustration of this inference. Alderley is very much a village of two halves, old and new. The old village is based around the main road which runs north from the nearby town. It has privately owned, period houses, a small church, several shops and pubs and a small (and exclusive) primary school. Tucked away in the north-west corner of the village is the 'new' estate. The estate houses a far larger population than the old village, it is over 70% council or housing association owned, and besides Alderley infants and a police station has very few amenities. Though it makes up most of the village population its marginal status is attested to by a recent aerial map of the area which did not include the estate as part of the village at all (see Fig 9 below).

Alderley Primary is located on the edge of the new estate and is the product of an amalgamation in 2004 of a primary and infant school. While I was working there the school housed 244 pupils between the ages of 3-11. In their 2007 report of Alderley, OFSTED refers to the 'economically disadvantaged' local population as well as to the 'well above average' number of children eligible for free school meals, with learning difficulties or disabilities, and, with statements of special educational need.

Figure 9: Satellite image of Alderley Village

'New' estate

Division of map

Alderley Primary

'Old' village centre
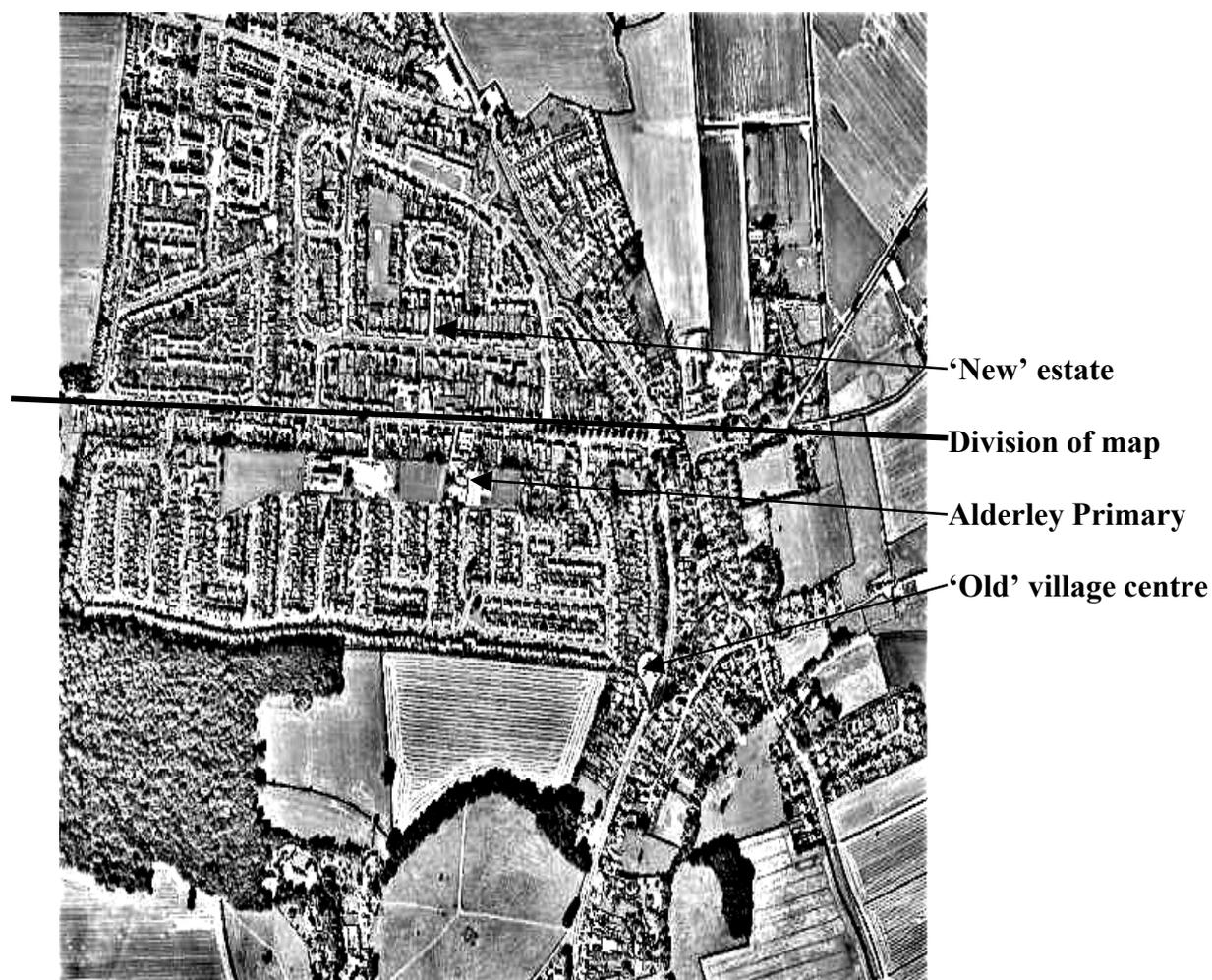
Anonymity prevents the reproduction of the exact aerial map in question, however, this image illustrates the point. The division across the centre of this image marks the boundaries of the map in question. At this point, the road which runs northward through the village changes from being 'Alderley High Street' to being named after the next major town, approximately 15 miles away. Alderley Primary School lies on the south side of the road which marks the division. The 'common' map of the area looks very similar to the above image and so it is not clear what source the 'divided' map has used. The 'village centre' is marked on the image above at the centre of the 'old' village. This image has been sourced from Google maps, which is where the 'village centre' point has come from; its placement reproduces some of the 'division'.

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The report goes on to talk about the recent turbulence, particularly among staff, following the amalgamation, producing what it calls 'inadequate achievement and exceptionally low standards'. The instalment of a new head teacher is reported to be improving on this situation and standards are up to 'satisfactory'. Personal, social and emotional development is commended, noting the Healthy Schools Award achieved the previous year. Particular mention is also made of the foundation stage which receives praise for its 'stimulating and safe' environment. However, teaching and learning, leadership and management, curriculum and care and support are all described as merely 'satisfactory'. The report did not announce either notice to improve or special measures to be applied to the school, however since this report the school has been put on the new 'hard to shift' list, which is made up of schools causing concern for their significant 'barriers to improvement'. Additionally, the head teacher who was praised within the OFSTED report has since left.

Ethics

Once again, I became aware of Alderley through a colleague, who put me in touch with the head teacher, Sue. I arranged to meet with her and discuss my plans as well as provide information for both staff and parents about my planned work. Once Sue had agreed to my working in the school I was introduced to the other staff with whom I would be working. At this time I also provided Sue with all participant information and withdrawal forms[21].

In preparation for my work in Year 1 and 2 I spoke to both the class teachers (Tina and Rachel) to make sure they were happy for me to observe their classrooms, and answer any questions they might have. I had been introduced by Sue on the basis of being interested in early identification, and I contextualised this by talking about an interest in challenging behaviour and inclusion. There was some hesitation from both teachers about what kind of scrutiny they would come under. I told them that I was interested in the classroom as a holistic space, and so while they would appear in my notes I would not be taking an individualised approach. I also reassured them that I was not there to judge their teaching practice in a monitoring and evaluation sense. Finally, I offered to share whatever notes I had made in their classroom with them, giving them the opportunity to

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[21] See Appendix 2

question my judgments and also giving them exclusion rights over anything they were not happy with. Following this they both agreed to participate.

Upon commencement of work in a classroom I would be introduced to the class by the teacher and again I would use storytelling notions to explain my work in the class. Again, initially none of the children had any questions for me, but as my work in each class progressed I would attract interest from many of the children, I was always happy to show them what I was writing and would always try and answer their questions. To the children I became an object of interest or amusement, they would find the speed and illegibility of my writing funny. On one occasion a Year 2 boy produced a stop-watch and challenged me to finish the page I was on before the time was up. These interactions were usually enjoyable for both parties and constructive in terms of developing good relationships. However, I had to be wary that I was not causing a significant disruption. There were one or two children who showed a repeated interest in me, often I felt on the basis of escaping work. On such occasions I would attempt to guide them back to what they should be doing rather than engage them in conversation, and I became quite adept at performing this.

Nevertheless, I felt the relaxed relationship I had with the children contributed to the uncertain view that the teachers in Year 1 and 2 seemed to take of me. In contrast to the experiences with staff at Kilcott, both Tina and Rachel seemed to view me as an outsider and as someone who was there to judge their performance. This can perhaps be understood through the notion of a "PhD researcher" having some standing within their field, and also within the school, but also through the fact that I had accessed the school via the head teacher (the only legitimate means), aiding the perception that I was there in a monitoring and evaluation role. I have described above how I attempted to gain the trust of both teachers before my work in their class commenced. This turned out to be only partially successful, and my experiences in each class compared and contrasted with each other in different ways.

I worked in Tina's Year 1 class for six weeks. Initially Tina seemed quite unnerved by my presence, so I did my best to not make myself more intimidating. I would always try and arrive early in the morning so that I could talk to her before the children arrived and we could discuss things I had observed and I could hear any concerns she may have. During my time in the classroom this seemed to develop into a good working relationship. I knew that she was very aware of my presence

in the classroom, and so I kept my note taking as discrete as I could. While she knew I was not in the class to help her out or assist there were occasions where I felt that it would be better if I combined my observation with an element of supervision. The only teaching assistant in the Year 1 classroom was a nearby high school student on a sporadic work-experience placement, and so when situations arose which were more problematic than usual for one person to handle alone, then I would help out. One example of this was when there was a division of activities between the indoor and outdoor spaces in the Year 1 classroom. It was simply impossible for Tina to be in both places at once and so I agreed to supervise one side. This was primarily to check that nothing was going seriously wrong and that children were safe and were not arguing or fighting. If anything serious had occurred I would have deferred straight to Tina, but it never did. Besides this, whenever the class were required to go from one place to another I would usually walk at the back of the line in order that I might survey the group for any problems. This was not something Tina asked me to do, I did it almost automatically, perhaps at these times my role as 'an adult' amongst young children was more powerful than my role as 'an outsider'. Most of the time however, interaction within class between Tina and I would be no more than occasional eye contact, or when she required me as a prop to a conversation or activity.

When the six weeks came to an end as promised I gave my notes to Tina, with the caution that she may be a little taken aback by the detail with which events had been recorded. She came to me very shortly afterwards having read the first week and feeling very upset by the poor light in which she felt I had portrayed her. She said that she felt 'betrayed' by some of the things I had written, and, she had also already spoken to Rachel, who now had serious misgivings about having me in her class. I explained to both that this was why I had agreed to show them the notes so that they could discuss any specific concerns. I said that if there was something they were particularly unhappy with then we could discuss it being taken out altogether. I also pointed out that nobody else would be reading these notes as they were. In separate conversation with Tina I encouraged her to continue reading, pointing out that the first week was really me trying to find my way around the place and made up very early and partially formed impressions, and that if she read on she may find that these impressions were open to change. In fact I could think of several places throughout the notes where I had considered the difficulties of Tina's role very carefully. Tina agreed to do this and was much happier after she had read the whole document. It

produced a very informative reflection between the two of us and Tina did not have anything that she wanted to dispute or exclude.

My work in Rachel's class produced more of these sort of problems and I did not feel they were resolved to the same satisfaction. The incident with Tina's notes had reinforced Rachel's view of me as monitoring her performance and though we held regular conversations in the same way as Tina and I did, they were much more guarded. Nor did Rachel ever seek my participation in the class, even in the small situated ways that Tina had, to the extent that we would barely even make eye contact. Adding to this was the fact that more of the children in Rachel's class took an interest in what I was doing, and more often in a search for distraction. This lead to Rachel frequently becoming frustrated with my presence in the room. I tried to become firmer with the children when I felt they were using me as a distraction and tried as much as possible to stay out of the way. Rachel had a large and quite disruptive class with a number of 'problem' children. One child had a teaching assistant every morning and the more relaxed norms governing his activities coupled with his frequent loud outbursts made the class very difficult to manage. During our conversations Rachel would often refer to the amount of time taken up with preparation rather than delivery – her biggest frustration being the 20 minutes she had to cut the last class by in order to prepare to go home.

Rachel shared Tina's initial misgivings about my notes when I presented them to her, however she had more sustained problems with them. She did not understand what the relevance of half of the things I had included were, nor did she like the fact that I had taken note of conversations we had conducted together. There were several occasions where our reading of events did not match, and while in some cases she was prepared to concede that this was down to differing perspective or lens, there were several items she asked me to take out, which I did. Nevertheless I felt that Rachel was not happy with having had me work in her class, and I have used the notes I gathered there very sparingly in my analysis.

During my work in Year 1 and 2, the importance of the school's nurture group had become apparent for its role in the management of 'problem' populations. During morning assembly the children from Year 2 who were to go to nurture were kept back in the Year 2 classroom. After a couple of weeks of attending assembly I decided to stay back in the classroom as well, and this was how I

came to know Clare and Andrea, the two teaching assistants who ran the nurture group. During one of our conversations on such a morning Clare suggested that I come and observe the group. My work in the nurture group required me to re-adopt the assistant role I had taken at Kilcott. The room in which the groups took place was quite small and there were already 2 adults for about 8 children. It was thus neither practically or ethically appropriate to sit, watch and write, and so I participated in activities instead, helping out where needed, talking to both the staff and children in the group, assisting break time supervisions, and working with the small amounts of literacy and numeracy work which the group would tackle. Andrea and Clare were both very aware of the 'vulnerable' position in which the children in the group found themselves and after I had been in the group for 6 weeks approached me with a view to bringing my work there to a close. Once again I showed my notes to Clare and Andrea, they were both very interested in what I had written and had plenty to add. I decided to conduct an interview with them in which I would use some of the observations I had made to explore their views further and to explore the philosophy of the groups, which turned out to be a very productive reflection for all three of us.

My final 6 weeks at Alderley were mainly spent with Heather, the SENCO, in conversation in the staff room. Though informal, these conversations were mutually informative. There was an unspoken acknowledgement that there existed some very difficult problems which did not have perfect answers. We would each seek each other's opinions on these challenges and we found much common ground as well as occasions where we were able to challenge each other's assumptions. As researcher-participant relations went it was ideal as to some extent these roles were dissolved. On occasion this meant that I had to really check that I was not having a hand in any intervention with any particular child. It would never be my place to advocate for a child, or for one particular approach to a child's schooling. One notable occasion when this came to a head was in one of our regular conversations concerning a Year 1 boy, Chris. Chris had already been diagnosed with ADHD and I knew from our previous conversations that neither Heather or I saw this as a particularly helpful diagnosis. Chris had a review approaching, a multi-disciplinary meeting in which child, parents and school met together with social worker, school nurse and educational psychologist. Heather asked if I would like to attend this meeting, and though my researcher's curiosity was taken with the thought, I felt that this was not appropriate. In fact even in reaching the point where I had been asked I wondered if I had been giving out the wrong impression to Heather, and from

here on I reigned in my opinion a little. Happily, this did not seem to detract from our continued constructive working relationship.

Figure 10: Aerial image of Alderley Primary School

— **Front entrance**

— **Assembly hall**

— **Nurture group**

— **Staff room**

— **Nursery**

— **Year 2**

— **Year 1**
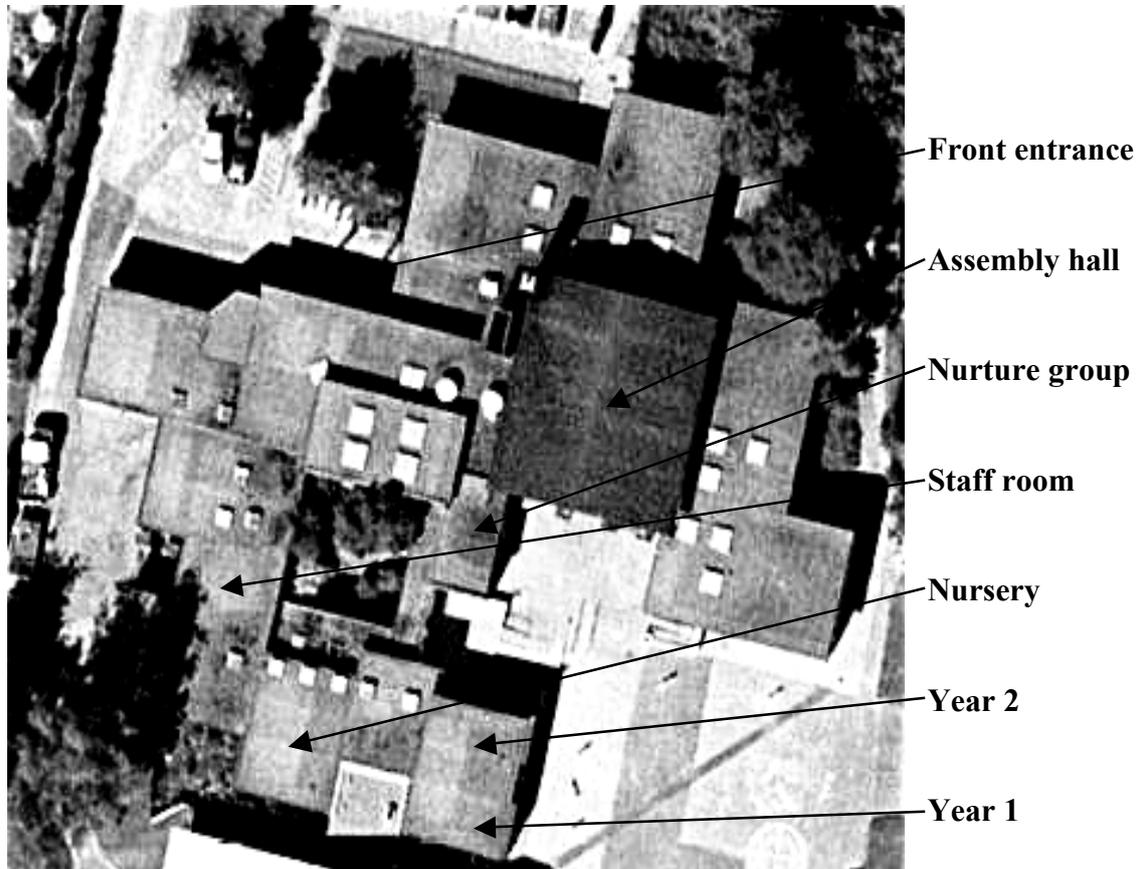
This image gives a good idea of the 'linear' layout of Alderley. The corner of the main car park is visible at the north edge of this image. The north and western windows of two of the senior classrooms overlook this, with a path way running around the more central of these to the front entrance. The central nest of buildings is made up of the assembly room, dominating the north east wing, to the left of this the dining room and school offices, the head's office protrudes out of the western side of the building and the nurture group is nestled between the assembly room, dining room and apex. Moving south down the west side of the apex is the IT suite, staff room and Year 3 classroom. Turning left along the south side of the apex leads to the foundation complex at the south end of the school. The nursery is approximately the same size as the combined Year 1 & 2 classrooms and has a large outdoor area around the south west corner. The Year 1 outdoor area borders this with the main school playground taking up the south east corner of this image. Additionally there are playing fields immediately beyond the east and west boundaries of this image.

Source: www.maps.google.co.uk retrieved 10/02/09

f buildings (see

gs led into the reception area which led directly into the dining room. Matching the feeling of the whole building, the dining room was very narrow and during most of the day did

not have any tables set out. Beyond the dining room was the small room used for the nurture group, the assembly hall and the Year 5 and 6 classrooms.

Turning away from the dining room led down a corridor bordering one side of the apex (see Figure 11 below). At the far end of this on the right hand side was the staffroom. Turning left along the bottom of the quad led to the Year 3 and 4 classrooms and beyond this the Foundation and Year 1 and 2 block.

Figure 11: Alderley Primary: apex

The building was surrounded on all sides by various outdoor areas. At the north end of the school this was a car park. Standing in the car park and facing the school one could go to the right which led first through a small playground which the nurture group used. This was fenced from the nursery playground which took up most of this side of the building. Beyond this towards the southern end of the main building was the Year one outdoor area. This was in turn fenced from the main playground and field which took up a large proportion of the Eastern side of the building (see Figure 12, below).

The elongated and linear arrangement of classrooms led to each one feeling quite disjointed from the other. This was particularly the case in the Key Stage 1 area which was separated from the rest of the school by a corridor and heavy door.

Figure 12: Alderley Primary: outdoors

This contrasted to the layout of Kilcott where the entire school was based in one square building with classrooms divided up often by curtain and with one large play area for everyone. My time at Alderley was split between three sites; the Key Stage 1 area, the nurture group and the staff room.

Data generation: Key Stage 1

The Key Stage 1 area consisted of a corridor about 70-100 feet in length with the Year 1 and 2 classrooms on the left, the nursery and toilets on the right and down the middle a small open area where a sub-group of the nursery met. The nursery (see Figure 13 below) was by far the biggest room of this group and was the one Sue showed me first.

Figure 13: Alderley Primary: nursery

The room was a large oblong with windows and windowed doors on two sides looking onto the large outdoor play area and a toilet and small staff room on the right hand wall. The room was divided using bookcases and coloured carpets into

different sections. The literacy and numeracy section had two tables with chairs round, this was next to the play area with a sandpit, sink, playhouse and boxes of toys. Moving around the room past the exterior doors was an open area where the whole class would congregate, the fourth section housed the library with small chairs and beanbags to sit on.

My data collection in the nursery was restricted to studying the school's take-up of the personal, social and emotional development curriculum which had recently been introduced under the *Every Child Matters* policy. I was also interested in the official procedure for those identified as 'problem' or 'at risk' while in nursery. Mary, the head of foundation and deputy head of the school, gave me access to the nursery's file of Individual Education Plans, which were the first step in this official process, and which guided my initial conversations with Heather.

The Year 1 classroom was at the South-East corner of the building. It was a square room about a 1/3 of the size of the nursery. It also had an outdoor area which was about the same size as the classroom, accessed through a door on the southern wall. The class contained four large sets of tables with a carpeted area at the head of the room where the class could congregate. Shelves, a computer desk, storage cupboards a sink and coat pegs lined most of the walls. There were windows lining the south and eastern wall, the latter also had a windowed door out onto the main playground.

I spent 6 weeks observing the Year 1 classroom. Using the routine construct as an initial guide to observations I would record the daily accomplishment of life in the classroom according to the normative expectations of the timetable and the tacit expectations of conduct. Both Year 1 & 2 worked from the same demarcations of time (see Figure 14, below).

Figure 14: Alderley Primary: Year 1 & 2 timetable

Time	*Activity*	*Location*
0845-0925	Arrival & Registration	Classroom
0925-1000	Assembly	Hall
1000-1100	Lesson	Classroom
1100-1115	Morning break	Outside
1115-1200	Lesson	Classroom

1200-1315	Lunch	Dining hall
1315-1415	Lesson	Classroom
1415-1430	Afternoon break	Outside
1430-1515	Lesson	Classroom
1515-1530	Departure	Classroom

Included in every school day was an hour each of literacy and numeracy activities, in line with UK government policy (DfES, 2003). This would usually proceed with Tina explaining an activity to the whole class on the carpet, perhaps offering some examples and asking a few questions. Then the class would be split up between tables to complete an activity based on Tina's instructions. Places at tables were another aspect of the classroom organisation which had been jointly agreed, though Tina reserved the right to move people around if they were causing disruption. During these work activities Tina would allow a certain level of 'conversational' noise, for which there was no precise meter, however my impression was that she applied her standards quite consistently, which was illustrated by my ability to accurately predict when she was about to quieten things down. Movement that was not related to the task in hand (i.e. fetching materials, checking something on the board, asking Tina something) was not allowed, again, Tina seemed to apply this standard consistently.

Once Tina had the class all sitting at tables and settled in an activity then the class did not seem unusual in its levels of disruption. Tina showed me through the children's work folders, as one would expect the standard of work produced varied between individuals, however, the vast majority completed the work to at least a "satisfactory" standard in the allotted times. There were a regular group of about 4 or 5 children who would require some extra help in completing this. Mostly they were boys, and this extra help would either be done by Tina in class or sometimes individuals would be taken out of class by one of the teaching assistants for extra work. The extra work usually employed what were called '5-minute boxes'. As the name suggests a box containing materials for a given set of tasks would be used for 5 minutes at-a-time with each child. These materials were either a bright red or yellow in colour and usually had a 'fun learning' emphasis.

Sometimes during, and frequently outside the structured activities, social order maintenance in the classroom was more problematic. There was a core group of about 6 disruptive boys, some though not all were the same ones who regularly

required 5-minute boxes. Their "regular disruption" as well as the sometimes rough manner in which they interacted with each other was a source of great concern to Tina. The boys' impact on the class was very noticeable. Within a week I was writing about the "usual" group of boys in my notes. Whole class activities would be punctuated with frequent admonishment for the regular infractions the boys would make; usually excessive noise or movement or some other breaching the routine norms. During structured activity time this kind of behaviour would sometimes force Tina to make routine dispensations to the norms; allowing the boys to choose their own activities, for example. This contrasted to whole-group activities where Tina was much more persistent in trying to internalise things like raising hands before speaking. Such admonishment would sometimes be so regular as to make the whole-group activities break down altogether. In moving from the more holistic impressions I gained at Kilcott and through the use of the routine lens to identify *others*, I developed a more individualised focus at Alderley, and I will now describe some of the individuals who were of interest to me.

Two of the core members of the dominant boys group who feature in this chapter, and chapter eight, were Greg and Kyle. If I were to pick one ringleader for the group of boys then it would be Greg. He was both older and bigger than most in the class. He was boisterous and loud, he answered back to adults with cocky comments and was very prone to shouting things out in whole-group activities without first raising his hand. Yet for all his boisterousness and disruption, he seemed good humoured. I did not observe him behaving in an openly malicious manner. On the occasions when I witnessed Tina having a more serious word with some of the boys about fighting or bullying then Greg was not usually involved. Thus, while on a typical day Greg's name would be amongst the most heard in anger, he did not have a particularly problematic status attached to him. He was understood to be a "little boy" who, like lots of little boys, liked to run and play and shout. My impression was often that he was perhaps over enthusiastic, but innocently so. I remember clearly a conversation with Tina after she had read my notes, she said that she shared this impression of Greg, and said that she tried very hard to include him in activities, but that his persistent failure to raise his hand before shouting something out made this very difficult. Significant perhaps in the management of this impression was the fact that when Greg could be persuaded to perform an activity in an acceptable manner then he displayed very competent levels of ability.

Kyle was another boy for whom the noise and movement restrictions of the classroom were clearly problematic, however, in contrast to Greg, he pushed the normative boundaries in ways which over time had acquired him a problematic status requiring specific interventions of various kinds. He was young for the class and smaller than most, however, he was known to lack patience and staff spoke of the "unpredictable" nature of his behaviour. Like Greg, he had failed so far to internalise various routine conduct norms. He was very active and fidgety and would frequently shout out. Like Greg, he would enjoy a cocky response to an adult, however, just as often as not, his outbursts would be entirely unrelated to the activity in hand. His speech was basic and delivered in a stuttering manner and his literacy and numeracy levels were well "below average". Within a problematic group of boys he had acquired a particularly "troubled" status, and if he was involved in some disruption then he was generally considered to be the root of it. Tina found Kyle very difficult to manage; she felt that if she allowed him some dispensations then he would push further, forcing her to either relax the rules further or admonish him. If she did the latter then he would often become petulant and non-participative.

One of Kyle's older brothers was two years ahead of him in school, was in a special class and had a diagnosis of ADHD. Kyle was suspected to be 'going down the same route', as was his younger sister who at that time was in the nursery. Each child's behaviour was understood to be a likely, even unavoidable, consequence of a 'difficult' family background. The term I started work in the Year 1 class, Kyle began attending the Year 1 & 2 nurture group. This intervention was targeted at his perceived 'emotional and behavioural difficulties' and required him to be out of the class for four mornings per week.

Separate from the main group of boys, and often from the rest of the class, was a third boy of interest to me, Chris. Chris was one of the youngest in the class, he was small and shy and in the whole time I was in the Year 1 class I did not hear more than a few fragments of barely audible speech from him. Like Kyle, Chris was understood to have a 'difficult' family background. Unbeknown to me at the start of my work in Year 1, Chris had a diagnosis of ADHD. He also attended the nurture group four mornings per week. When he was in the Year 1 classroom Chris was made immediately visible by the fact that none of the ordinary rules seemed to apply to him. He did not have to sit on the carpet with the whole group, nor did he have to join any activity. Instead he was allowed to roam freely, and as long as he was not causing any disturbance would probably be left

to his own devices. Chris would regularly demand attention from Tina in the form of physical contact; frequently he would be at her side, holding her hand, often he would request a hug. Chris's speech was the most obvious sign of his academic difficulties. His speech was very mumbly, often inaudible, and it was very unusual to observe him applying himself to any of the tasks the rest of the class were involved in. In some respects Chris seemed quite shy, he did not seem to like a lot of attention being focussed on him, and frequently he would find a table to hide under and play quietly while the rest of the class continued their work. Despite this seeming shyness, Chris also had a tendency to anger quickly if he did not get his way. He frequently lost his temper, sometimes lashing out at both children and adults. As a result of this adults tended to tread very carefully around Chris, and while he was in the mainstream classroom, as long as he did not seem to be disruptive, he would most likely be left to his own devices, mostly free of the learning agenda of the classroom.

The nature of Chris's difficulties with school were highly complex. Though he had a diagnosis of ADHD and took Ritalin three times a day, nobody really seemed to know under what circumstances this diagnosis had been made. Heather was meant to have copies of such documentation sent to her by the doctor, however in Chris's case this had not happened. Like Kyle, Chris's family, was considered to be a big part of Chris's problems, and there were several staff who thought that his mother had pushed for a diagnosis to make him more manageable at home. From my early impressions of Chris as shy and untalkative, I was surprised when I heard about the diagnosis. The more I observed and worked with Chris, the more I came to perceive the extent to which the medication he was on contributed to this mumbly, shy and non-participative child, though when he was off it, the effects could be even more discernable as he would run, shout, scream, disrupt and fight. I witnessed him hitting other children and members of staff on several occasions and without the medication it seemed he was too much for the school to handle. I will now move on to describe the Year 2 classroom.

The Year 2 classroom was slightly smaller in size than the Year 1 class and did not have its own outdoor area. Its appearance in most other respects was very similar, with the same arrangement of desks and carpet space, the same wall displays, the same timetable and the same rules of conduct. The Year 2 class was perceived around the school to be a "problem" year, mainly for the presence of three children with ADHD, one with and an additional diagnosis of Autism. These children did not make up a "gang" as in the Year 1 class, in fact one of the major

challenges associated with them was that they did not get along with one another to the extent that two of them were not to be put in the same classroom at the same time. Rachel also showed me the children's work folders. Again there were gaps between higher and lower abilities in various tasks. However, there were several children who had not completed what Rachel considered a satisfactory amount or standard of work amongst whom were the aforementioned pathologised children. Rachel also showed me examples of work from some of these children where they had ripped or scribbled over the entire page, which she found a disquieting illustration of underlying problems.

While I chose not to use much of the data that I collected in Rachel's class, for the reasons stated earlier, one of the "problem" boys whom I observed does make up part of the analysis in this Chapter. Ali was a big boy for his age, he was boisterous and at times very loud. He was not expected to obey the same rules of the class as everyone else, and he had his own very specific normative ideas, concerning 'his' space and 'his' things. He had a diagnosis of ADHD and Autism, for which he received statemented funding for one-on-one support five mornings per week. In the afternoon he joined the rest of the class. He seemed to be quite a 'bright' boy, with a good vocabulary and with the ability to be very mature for his age in his interactions with certain people. One such person was his classroom assistant, Anna, who at times tolerated all manner of shouting, swearing, throwing, punching and kicking in the interests of getting him focussed on his work. Frequently this paid off for Anna in the work that she was eventually able to motivate Ali to complete. Often I observed quite touching interactions between the two of them, where both parties would be proud of what they were achieving and some days, laughter was the more frequent sound to be heard from them. However, Anna was only there in the morning and in the afternoon, Ali's presence became more like Chris's in the Year 1 classroom. Persuading him into any kind of activity was an uphill task, and in the interests of the majority he was frequently left to his own devices. However, unlike Chris, more often than not Ali did want to get involved with activities, but on his terms, and this produced further problems for Rachel.

Ali was made highly visible in class by the fact that he had his own assistant, sat at a separate table away from the rest of the class and was given liberal reign on both noise and movement. The initial position I took up in the Year 2 class was on the opposite side of the room to Ali's table, yet my attention was frequently taken by one of his regular shouts, yelps and screams. Though some children seemed

to find it more of a distraction than others, it seemed at first that this noise was more normalised for the rest of the class than for me. However Ali was capable of making it extremely difficult to hear what Rachel or anyone else was saying, he was also prone to getting up from his seat and running round the classroom, or joining in with the mainstream activity and in these cases he could cause whole class disruption. In these ways his experience and those around him contrasted with two of the other three children in Year 2 with diagnosed behaviour disorders, who were removed from the classroom every morning to the nurture group.

The last of these children, Ross, who received neither assistance in class or an out-of-class intervention, is largely missing from my notes. Part of not wanting teachers to guide me too much according to their own preconceptions meant that I had not mentioned a particular interest in pathologised children and therefore Ross had not been pointed out to me. Ross had a diagnosis of ADHD, he was small for the class and had a knack of slipping away from notice. His name was very rarely heard for any reason and during structured activities he sat on a desk on the other side of the room, out of my field of vision. It was not until one of my conversations with Heather, towards the end of my time in the Year 2 classroom, that I was made aware of the concerns over Ross's schooling. What I had not observed in Ross was illustrative of his non-participative role at school. He had produced very little work and had very basic levels of literacy and numeracy. He did not seem to enjoy whole group activities or the collective nature of schooling in general. He had very few friends and his ability to 'wind other children up' was one of the reasons offered by both Rachel and Heather for the other two children with ADHD being removed from the class.

Nurture group

Nurture groups are an out-of-class intervention designed to help re-integrate children with EBDs into the mainstream. At Alderley there were two nurture groups, one was a Year 4 & 5 group which was staffed on a full-time basis by a teacher (the only male member of the academic staff) and an assistant. The other was a Year 1 & 2 group staffed four mornings per week by two teaching assistants, Andrea and Clare. The latter was the group I worked with. The group was regularly attended by about 6 children with 2 or 3 others who would sometimes attend. The regular group contained 3 children with ADHD: Chris from Year 1 as well as the two boys from Year 2, Paul and James. Not pathologised but

thought of as "at risk" of being so were Kyle from Year 1 and Lola from Year 2. The last regular member was another girl, Sam, from Year 1.

The theory and practice of the nurture group is discussed at length in Chapter 8, I have also used some data from the group in this Chapter, therefore I will give a brief outline here. Nurture groups are designed to provide a safe and supportive environment in which children can *nurture* their senses of *esteem* and *attachment*. Though there is a small amount of structured work time, the primary emphasis is on building up individual levels of self-confidence and on learning the kind of skills needed to work in the collective environment of the classroom. A typical day consisted of the group eating breakfast together during which they discussed their previous day at home, then each described how they were feeling and set themselves a target for the day. Following this were group activities such as cooking. The group then had an outdoor break before coming back to complete some work before lunch. In the afternoon each child returned to their class, with the exception of James, who only attended school in the morning.

Leading out of my work in the group which lasted 6 weeks, I conducted an interview with Andrea and Clare. Though I had enjoyed my time and felt I had observed some very important behaviour I was unsure of exactly where the groups might fit into my overall argument. I had already shown Andrea and Clare the notes that I had taken and through a discussion of the implications of some of the aspects I had noted, the interview took the form of a joint exploration of the possible place of nurture groups within the school, for individual children and within broader notions of inclusion and special needs, which has fed into the schema on which I have based Chapter 8.

Staff room

In the course of my day at Alderley I would use the staff room as a space where I could write up my notes as well as talk with the other members of staff. In addition to this, for the last 6 weeks I was at the school I spent the majority of my time there, in conversation with Heather or one of the other staff, it was also a good base for trying to arrange interviews. However, as an actual research site it was problematic. I certainly did not want to be seen as spy within the sanctuary that the staffroom represented. Thus, unless otherwise agreed, the regular conversations that I was a part of in the staffroom did not make it into my notes or my analysis. Nevertheless these conversations fed into my overall

understandings of the experience of working at Alderley as well as guiding my interests in some children. By far the most productive conversations I had were with Heather. The staffroom and the small room next to it were the nearest Heather had to her own office, and she was often to be found there during the school day. Our conversations started with my interest in individual children I had observed in Year 1 and 2 and the nurture group. Heather had been the school SENCO since the amalgamation two years earlier. In this time she had been on a series of professional development courses which she was in the process of combining into a Masters Degree. Prior to this she had been a teaching assistant at one of the pre-amalgamation schools, where she had organised her own nurture group. She was also a mother of a child with special needs who had gone through the local school system. This personal and professional experience had given Heather a unique and insightful perspective into the schooling of "problematic" children. She was committed to philosophies of inclusion and with her personal experience had much insight into the *other* side of the school-family discourse. This became a regular point of discussion for us, both of us acknowledging that it may represent a problematic for individual children, but also both critical of the fatalistic attitude towards change that it could so often produce.

Beyond these conversations I also tried to use the more relaxed atmosphere of the staffroom to prompt other staff to question me on my work, what I had been observing and what my opinion on certain children was. This led me into very interesting but potentially dangerous ground, as I had to be careful not to put my self in an overly-responsible position, as an advocate for a certain child or intervention. The productive conversations which I held in the staffroom aided my overall impressions, but did not feed directly into my analysis. They are mentioned here therefore only as an example of one of the many sites which, though not leading concretely into analysis, certainly aided in constructing the positions which I argue here and in Chapter 8.

Observing gendered positioning

There is a growing research literature on hegemonic masculine, violent and sexualised performances in the primary school (e.g. Epstein, 1997; Renold, 2007; Skelton, 2001). Yet studies of this nature within years one and two are few and far between (though see, Skelton, 1997, 2001). Existing research is also based primarily on interviews and collective biographical work. Here, in addition to

excerpts from interviews, observational data is presented to investigate the masculine and heteronormative 'relations of ruling' (D. Smith, 1987) that can be read in the everyday work of the year one and two classroom. A particular focus here will be on disciplinary practices and the implications that pathological forms such as ADHD bring to these practices. This focus will be pursued through three problematics: 1. the normalised dominance of boys; 2. the allocation of risk and resources; 3. pathologisation and the normalisation of deviance. I will begin by describing the setting and the manner in which I carried out my work there.

When I started work at Alderley it was commencing its third year since amalgamation with another school. The head teacher, Sue, was employed at the same time as the two schools joined:

> Sue *In terms of revelatory experiences, this has been the one to end them all because actually on the surface it looks like a really sort of well balanced community; it looks like a school with wonderful facilities; a lovely setting; has plenty of staff but actually the story is not like that at all.* (Interview, 21/3)

Sue's two priorities on joining Alderley were to build a team out of the *huge mistrust* (21/3) that existed between the two schools, and, to tackle the behaviour issue in a school where the children are very,

> Sue *emotionally brittle…they have very complex and various emotional need. They have very little in terms of life experiences* (21/3).

However, Sue also stated that,

> *what we can't do is use the children as the excuse for having low levels of achievement and that's traditionally what's been done.* (21/3)

The setting and recent history of Alderley Primary and Sue's discourse tell us that anything here said in relation to gender must be considered also in light of both social class, local politics and school-home expectations. These expectations have a tendency to govern interactions with parents as well as perceptions of children's behaviour as a natural consequence of a 'difficult' or 'disruptive' home environment. Yet Sue is firm in her rejection of any 'discourse of derision'

(Kenway, 1990) and keen to re-emphasize the achievement which should lie at the centre of teaching objectives.

I will now move to the main argument concerning the masculinised primary classroom. This argument will be presented in three different sections: firstly, the everyday, normalised and largely unacknowledged dominance of boys in the classroom; secondly, the essentialism of this dominance through the allocation of risk and resources; thirdly, the new normative space created by psychiatric labels and the categorical loop that this creates.

The normalised dominance of boys

The Year 1 classroom teacher Tina/Miss Chapel had particular concerns about a group of boys who not only demanded a lot of attention in class, but also displayed an inter-group violence which she found quite disturbing, particularly in children this young:

> *"In year six, I've had chairs thrown at me, I've been told to "F-off",I've never seen this amount of getting at each other."* (fn 4/10)

This disruptive group was made up of a core set of around six members, however most of the rest of the males in class were included peripherally and the dominance of the group and its values within the class did not leave any young male with a consistently positive *learner identity* (Renold, 2001).

The excerpt below is taken from a morning class where the activity is jewellery making. In addition to this activity, Tina has a spelling test to administer, for which she splits off small groups at a time while the rest are split into various stages of the jewellery making process: drawing designs, cutting out materials, writing descriptions and stringing or painting beads. The following scene is an excerpt from one of these splitting processes. All the boys mentioned are regular members of the core group:

> *11.34 The shaker is brought out to try and reduce noise levels a bit. Greg continues to shout out and is reminded of the shaker's purpose. However there is still too much noise especially from the writing table*

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Tina: "Umm boys? I was going to choose one of you, but now I'm not sure. It won't be you Jo".

Tina starts to choose people, but has to remind everyone that she won't choose anyone shouting 'me me me', and reprimanding the boys in the writing area for continuing rudeness.

11.35 Four children, including Andy and Ed, are chosen. Tina chooses some more, but some don't want to do it. She turns to me to comment on this when Jo pipes up "I do!". Despite having just told him that he wouldn't be, Tina capitulates with a weary sounding "Ok, you go paint beads" (fn 19/10).

Here the boys' behaviour has been marked as 'bad' according to the routine functioning of the classroom (see Chapter 5). The group of boys at the writing table have successfully manipulated the situation to produce a new and favourable group in a different activity. They disrupted sufficiently to make Tina's task of selecting groups more difficult. At first Tina admonished this disruption, but eventually gave in. The group painting beads ended up being made up almost entirely of boys. From here the group were able to dominate the attention of the female classroom assistant (Haley) and disrupt Tina's attempted spelling tests:

11.54 Tina and Haley both have to ask Lewis to forget what the spelling table are doing and return to his own chair. Alex is shouting and Tina reprimands. Then Haley has to 'shhh' the whole group of boys on the painting table.

11.57 Lewis persists in coming over to the spelling table to see what they're doing, much to Tina and Haley's annoyance.

Haley: "James! Put your bottom on a chair and leave Ben alone….Lewis!!"

Haley is now repeatedly 'shhhing' what is being called Ben's table although my impression is that Ben himself is working quite well.

11.59 Greg now decides he's had enough painting, takes off his apron and leaves the table. Haley admonishes him, telling him he hasn't finished yet

> Greg: *"No, I'm done"*

> Tina: *"Greg if you're finished then go and glue"* (fn 19/10).

In the above excerpt the dominance of the boys was sufficient to allow Greg to manipulate the ordinary rules of the classroom in his favour. For Tina, this special treatment appeared preferable to continued disruption from the group. However, as this scene drew to a close, Tina was forced to make further dispensations, when the boys made the transition to break time problematic:

> 12.25 *Haley is trying to make sure that once the children have left the carpet that they do actually get their coat and make it to the line by the door. Lewis is the first person she picks up not doing this. He says that he cannot find his coat. Tina enjoins those on the carpet to watch and listen and those lining up to be quiet.*

> Lewis: *"Miss Chapel! I can't find my coat!"*

> Haley: *"You're not looking!"*

> *Haley finds the coat almost straight away and gives it to Lewis*

> 12.27 *Three more children are chosen to line up. Ben is waiting by the door which he now opens and announces that he can see people already outside. He shouts this to Tina before running off*

> 12.28 *Tina doesn't notice this at first but then asks Haley where he is. "He just ran out" comes the answer. Tina raises her eyebrow but does nothing and tells the rest on the carpet to line up* (fn 19/10).

Once again disruption from one of the boys, Lewis, allowed Ben to disrupt the routine norms of the classroom by running out to break without first lining up. Tina was then faced with the choice of either deserting the rest of the class to chase up Ben, or to sanction his rule breaking. In a no-win situation, she chose the latter. The other thing worth noting from this scenario is that Haley was on a term's voluntary work placement at the school. This may mean that she was not 'authorised' in disciplinary terms (see previous chapter) in the same way as

permanent staff, allowing the boys extra leeway. However, had she not been there Tina would have had the same demands to negotiate on her own.

In the above examples the dominant group of boys have been able to undermine the female authorities in the classroom as well as marginalise the needs of the rest of the group. According to naturalised notions of gender, males are understood to be boisterous and females are understood to be passive. In the above examples such a conception has determined the subject positions taken, with the result that the dominant males are made visible in their ascendency, while the needs or wants of the females are ignored. These examples are just that – single, situated instances of a masculine dominance. However, the extent to which these instances become essentialised is determined by the manner in which the disciplinary structures responds to this dominance, which is the subject of the next section.

The allocation of risk and resources

One of the responsibilities of 'the performing school' (Gleeson & Husbands, 2001) is to enable children and young people to achieve academically in the form of results and qualifications. In order to try to maximise its output, schools are encouraged to survey and differentiate their populations; finite resources making the early identification of potential problems a priority. The collective nature of schooling demands social order; those made visible by the routine functioning of the classroom are perceived as threatening this social order and in need of intervention. By its very nature, the routine provides a patterned response to conduct, and that which it makes the most visible is not necessarily that which is most in need. These ideas will be examined through the responses made to the conduct of two Year One boys, Kyle and Ben.

Kyle

The normalised dominance of the group of boys created spaces into which greater levels of disruption could feed, and this was most clearly seen in two of the core group members, Ben and Kyle. Both boys were regularly disruptive, both boys had an acknowledged 'difficult' situation at home. Kyle attended the nurture group four mornings per week and had been seen by both the educational psychologist and paediatrician. It was 'suspected' that he had ADHD, but

according to Heather (the SENCO), the paediatrician did not wish to diagnose someone so young.

The first excerpt comes from a morning just before assembly, where Tina was having some difficulty controlling disruption:

> 8.53   *Sue came into the room about a minute ago and now sits at the front of the carpet and goes through some counting games with the children*

> 8.55   *Sue: "Kyle, look at me, I want to see your eyes!"*

> 8.56   *Sue uses some breathing exercises to try to regain some calm after the excitement of the number games*

> 8.58   *All are attentive to Sue as she takes them through the need for oxygen to feed their brains and make them work better. Kyle occasionally shouts something out*

> 9.00   *Sue moves on to talking about water but is interrupted by Kyle*

> *Sue: "No shouting out Kyle!"*

> 9.01   *Sue: "Kyle, put your hand up if you want to say something"*

> *Sue is asking children whether they have a plastic bottle of water in the classroom. Kyle is laughing about something and is given a firm "no thank you!" by Sue*

> 9.02   *Sue is now asking questions about the reasons why we need to eat vegetables*

> 9.03   *Kyle is shouting out again*

> *Sue: "practice something for me Kyle, put your hand up first"*

> *Kyle does so then says "you get big and strong on veg" and is commended for both his answer and putting his hand up to say it* (fn 19/10).

During a previous conversation in which Tina and I had been discussing mornings such as these, which were frequently overtaken with disruption, Tina said one of the worst things for her was on the occasions when Sue came in and had the class "eating out of her hand" (fn 4/10/06). Tina obviously felt under pressure when Sue was in the class, and her frustration at Sue's ability to calm the children implies she would seek some tactics from Sue's example.

However, in the above excerpt, although there was no serious admonishment, Kyle still managed to dominate Sue's attention and create his own normative space. Sue chose to try and uphold the classroom norms by not sanctioning his disruption. However, this meant she was required to attend to Kyle on five occasions in only ten minutes in the classroom. Kyle was then given a commendation at the end, despite having been disruptive all the way through.

This is a common *routine tactic* in interactions with "difficult" children, whereby they receive an abnormal amount of praise for completing tasks in a manner ordinarily expected of most. Though the intention is to encourage more of the same appropriate behaviour, there are also 'incidental effects' (Graham, 2006). Firstly, though it is a *routine* means of management, it contradicts routine classroom norms which are usually constructed along an *everyone is equal* philosophy. Secondly, for the child to whom it is directed, it implies a sanctioning of the inappropriate behaviour that went before it, conferring or reinforcing a *special* status. This is particularly so in the example above, where Kyle's 10 minutes of disruption are implicitly sanctioned when he finishes the session with a commendation.

Ben

Though the above example is relatively subtle, instances of Kyle or Ben's disruption were not always so. Frequently the whole class would be disrupted and several different adults' attention would be required. The following excerpt concerns an incident involving Ben:

11.02 Ben has had a bit of a tantrum and is now hiding beneath the table, much to the amusement of the others on the table, and distress of Haley. Tina has now gone over and is crouching next to him

11.08 Sub-table tantrum still going on. "just ignore him" says James. Ben now starts kicking the chairs and tables, Tina gives him a sharp "stop!", he doesn't

(…)

11.14 Mary [deputy head] comes in to aid the cause:

Mary: "maybe I'll come back in a minute and the room will be straight again, what do you think Ben?"

Tina is trying to concentrate on the rest of the class but is obviously distracted by what's going on

(…)

11.22 Ben has now half emerged from the table and is sitting with Mary. Now she tries to get him to move the furniture back, he doesn't want to, so she does it and then returns to him. I can't hear what is being said, but Ben is now verbally responding

11.28 Ben is now out after almost ½ hour under the table. Ben and Mary leave the room together

(…)

11.42 Ben is back in but heads straight for the corner where he stands facing the wall and refuses to move, so Mary takes him out again

(…)

11.51 Ben is now back in the room but has missed the entire lesson. (fn 11/10)

In contrast to Kyle, I often observed Ben to be relatively shy and quiet, and this matched the perceptions of many staff. This incident was one of several examples where this wasn't the case. Tina questioned me at the time for any pre-cursor to the 'tantrum' but I could offer nothing. There is whole class disruption, an abnormal amount of (female) adult attention given to one (male) child, with the male directing the interactions. However, in addition to these, Ben's incident brings a slightly different set of concerns with it. For the day or two following such an incident there may be more conversations about Ben amongst staff, and Tina would usually go out of her way to be positive and encouraging with him in class. Once Ben had gone back to his usual quiet, shy and non-participatory role, the concerned conversations and special treatment would stop until the next 'incident'.

Unlike Kyle, Ben did not have a consistent 'problem' discourse attached to him, and this appeared to be because on a day-to-day basis he did not threaten the social order to the extent that Kyle did. Both boys were towards the bottom of the class in terms of literacy and numeracy standards, yet, with the exception of what were seen as isolated incidents such as these, Ben slipped beneath the radar which Kyle repeatedly forced himself onto. The result is that while Kyle received all the attention, resources and interventions; IEPs, nurture groups, psychologists and paediatricians, Ben received nothing.

Out of the naturalised domination which the males are able to impose on the classroom, comes the focus on two problem boys; Kyle and Ben. In terms of what has been said so far about the routine functioning of the classroom, Kyle has been identified as the most immediately in need of intervention. This is because on a day-to-day basis, he threatens the social order to the greatest extent. According to a finite budget, the allocation of resources to Kyle denies them being allocated elsewhere. Resources are targeted within schools in the interests of creating more successful outcomes. Therefore, implicit in the institutional response to the domination of boys is that it will be responded to with resources in the interests of improving the outcomes of those who are most visible in risking their educational future.

This gendered allocation of resources produces circularity; Kyle will be represented in the ever increasing figures on problem boys, the larger this figure gets the more the male population are seen as failing, or failed by, the system and the more energy and resources will be devoted to better integrating them in

the future. As the next section argues, pathologisation provides a heuristic for this circularity, in demarcating distinct financial and normative spaces for "problem children" within school.

Pathology and the reproduction of dominance

One can take several critical perspectives towards special needs interventions, which may be exclusive, stigmatising, individualistic, medicalising, deficit ridden, and primarily interested in the *needs* of the social order. Kyle and Ben's contrasting stories reinforce this last notion, with the *benefits* of attention, resources and professional energies directed towards those who persistently disrupt the docile directive.

As noted at the beginning of this chapter, the ratio of boys to girls receiving special needs provision is estimated to be 5:1 (Raphael Reed, 1999). In light of the benefits of time and money, as well as any positive psychosocial change the intervention may promote, this ratio represents a significant dividend for the child in question, as well as a bolster for the statistics on "male problem populations". The fact that some males are able to manipulate this extra provision on the basis of a masculinised dominance in the classroom means that, following Connell (1995), this can be called a *patriarchal dividend*.

Within special needs provision, pathologisation might be seen as a "gold standard" dividend for both the school and child. For the child, a diagnosis may signify extra funding, more personal attention, fewer academic demands and above all, a new normative space affording greater freedom in their conduct. The school also benefits from any extra funding, and can be seen to be responding constructively to the challenges of disruptive behaviour.

For better or worse, a diagnosis and label intervenes in self/other perceptions. Alongside negative implications such as stigma and self-fulfilling prophecies, lies the greater support, understanding, patience and sympathy that may attend the child who is not simply bad, sad or stupid, but pathologically so. This has significant implications for the everyday maintenance of norms in the classroom, where teachers may now be required to make one rule for some and not for others on the basis that the pathologised child requires understanding and support rather than external discipline. Pathology thus takes an important place in the circularity introduced above. Through naturalised conceptions of gender,

males are allowed to disrupt classroom scenes and marginalise the teacher's ability to maintain control. The routine classroom functions to make those who threaten the social order the most visible, and the case is stated for intervention. Intervention essentialises the gender relation by providing resources and new subject positions for disruptive males to inhabit, thereby in part sanctioning the disruption. Pathologisation brings with it material changes in the division of labour in the form of resources and access to specialist discourses, it also effects a discursive change by offering a 'label of forgiveness' (Reid & Maag, 1997, p. 14), which frees the child of responsibility for their actions. This represents a unique subject position within the routine classroom, which separates in order to integrate; to responsibilise. This conditions the future response to disruptive males, thus, rather than signaling a gendered oppression against males, increasing numbers of them described in bad, sad, stupid and mad terms may signal a significant dividend.

This argument will be examined through observations of a year one boy, Chris, and a year two boy, Ali. Chris had been diagnosed with ADHD at the age of 5. He was prescribed Ritalin and he attended the nurture group four mornings per week. At other times he would join the mainstream group, if possible with an assistant (though no specific funding was available for this). Ali had a diagnosis of ADHD and Autism, but was not on any medication. His diagnoses gave the school sufficient funding to supply him with a teaching assistant in the morning, at other times he joined the rest of the class.

Chris

When I first started observing the Year One classroom I was not aware that Chris had a diagnosis of ADHD. He had his own rug to sit on when the group were altogether on the carpet, and he rarely participated any more than minimally in either whole class or individual activities. His free movement and occupation within the class was quite normalised, as long as he was not disruptive then he did not threaten the social order and would often be left to his own devices. His communication skills were very poor, with speech little more than a quiet mumble. Chris was the second youngest of five children in his family all of whom were being or had been schooled at Alderley. The derisive discourse that the family had accumulated drew not only from the school, but also from social services, who had carried out several home inspections unannounced. Chris's

behaviour was seen as an unsurprising, even inevitable consequence of these circumstances.

This view of the 'inevitable' tended to govern Chris's schooling regardless of his actual behaviour. If he 'kicked off' then three or four staff may have been called on to control him and his medication would be used liberally. If Chris was not disruptive then he would be untalkative and non-participatory and there would likely be no great concern about his almost non-existent academic output.

The following excerpts are taken from an afternoon where Chris was to be 'included' in the mainstream classroom:

> 1.24   *Chris is crawling around on the floor and refusing all attention*

> Tina   *[To Haley] "If he's crawling around leave him, but I need someone to keep an eye on him."*

> 1.26   *Chris has made it back to the carpet but is shuffling around on a chair and still not participating, and now is back to crawling under tables.*

> 1.30   *Chris is still under a table but playing quite contentedly by himself (fn 4/10).*

From this restless and non-participatory but not disruptive role, Tina, Haley and another assistant, Andrea, attempted to draw Chris into some activities:

> 1.37   *Haley has come over to the carpet with an eye on Chris. He emerges from under the table and then fetches his ball and starts chasing it round. This is confiscated and Chris sulks off…he is soon up looking for something to do and now lurks around the work tables. Haley can't interest him in drawing though. He wants a jigsaw now but they are on a shelf he cannot reach. He sits beneath the shelf and now seems occupied with something he's found on the floor. He seems quite content for now and Haley leaves him to it*

1.39 Andrea is now trying to get Chris to come and do some designing in her department but he is being unresponsive

1.40 Tina now tries to engage Chris, but he disappears angrily under a table again and is now throwing his shoes at Tina

1.41 Chris has now been coaxed out from under the table and persuaded to play with some beads (fn 4/10).

The pattern that can be observed here involved Chris attracting the attention of the (female) adults in the room through his non-participation. His disruption then appeared to increase relative to the attempts made to bring him back toward something productive. The task then became an attempt to minimise harm, as long as this objective was met, then the nature of activity that Chris pursued seemed relatively unimportant.

The observation whereby Chris's levels of disruption seemed to increase with the amount of attention given him was most clearly seen in the nurture group. Nurture groups are an increasingly popular means through which schools attempt to manage certain problem populations. Based on the assumption of emotional deficit within the child; the combined result of 'biological factors' (Cooper, 2001, p. 18) and 'developmental impoverishment' (Boxall, 2002, p. 3), they are small groups with increased individual attention and an emphasis on pastoral care. The group aims to provide a positive, relaxed and encouraging environment in which children might learn to express themselves better and gain some *emotional literacy* (Sharp, 2001, also see Chapter 8).

The Year One and Two nurture group was usually overseen by two female classroom assistants (Andrea and Clare) and regularly attended by about 6 children, 4 boys and 2 girls, with other *floating* members joining the group sporadically.

The smaller group had some observable positive effects on Chris, particularly in the improvement in his communication skills. However, the increased confidence he may have felt resulting from this, combined with the group's relative freedom from the constraints of the classroom and lack of academic agenda produced more disruptive and violent behaviour in Chris:

Everyone is encouraged to set their own targets for the following week…Clare suggests that Chris tries not to hit any staff. Apparently in the last week he has hit both Tina and Andrea. (fn 23/11)

Later that day, in conversation with Heather and Tina:

Tina is finding Chris' behaviour particularly upsetting. Yesterday he gave her a whack in the stomach which almost knocked her over. (fn 23/11)

The following week in the nurture group:

Chris is about as talkative as I think I've ever heard. When it's audible then his speech is basic but otherwise there's not much wrong with it. He is also pretty active today and the consensus amongst Andrea and Clare is that he hasn't had his medication

(…)

When the work activity is set, Chris refused to join in and instead went and sat on the cushions with a book….Clare tried to get Chris involved, he refused repeatedly, becoming increasingly angry at Clare's attempts which culminated in him hitting her and running into the corner…Clare continues to try and bring him back, he hits her again and storms out of the room. (fn 27/11)

Afterwards I was discussing this incident with Heather:

Just then someone else came into the staffroom announcing that Chris and Kyle had been in a fight and now Chris was on the rampage, lashing out freely. Heather went off to investigate this, returning back a few minutes later to say that he was up a tree and wouldn't come down. (fn 27/11)

When Chris was eventually coaxed down he was swiftly given more medication and then, while everyone else went to nativity rehearsal he stayed in the year one classroom playing on the computer and colonising the attention of the (female) classroom assistant who was attempting to take several other children through some extra literacy.

In the above excerpts, as Chris's behaviour became more violent the nurturing assumptions were not disrupted and attempts were made, in this case by Clare, to try to encourage him back. This was met with further violence. After this, and at the same time as he was being discussed in the staffroom, Chris's violence went up another level. At this point he had colonised the attention of a large proportion of the staff. 'Damage limitation' is sought in the further administration of medication and exclusion from the afternoon's activity.

From the 'developmentally impoverished' (Boxall, 2002, p. 3) assumption of the nurture group came the assumption that when something went wrong with Chris's behaviour it was due to disregard at home:

> *In the staff room this morning there was a great deal of congress going on about Chris. Apparently he had a bad day yesterday and again a lack of medication was blamed. More aspersions were cast as to the parent's ability to administer the medication correctly with someone claiming that they had heard that some parents kept back the dose intended for school to help them manage at home.* (fn 23/11)

In Chris's case the *dividend* which his diagnosis represents is a complex question, mediated by several further externalities. If he chose not to disrupt, then he was 'free' to behave in almost any other way he chose, free from the academic agenda of the school and free to choose whether or not to follow the encouragements of the staff around him. Perhaps Chris experienced the increased attention he was given in the nurture group as compromising this masculine privilege. He reacted in a hegemonic manner with violence. This violence attracted more attention and eventually the resource of medication was sought.

So, on the one hand, freedom, attention and resources were all on Chris's side. However, educationally he was offered no dividend regardless of his behaviour. If he did not disrupt then he was left to his own non-participatory and unproductive devices. If he did disrupt then he was made docile with medication and excluded from ordinary proceedings. The externalities of ADHD and the background which was presumed to have caused it were held as the inevitable and inescapable assumptions upon which his schooling was governed according to a fatalised, *laissez-faire* approach, leaving alternative explanations and solutions unexplored.

Ali

Ali's case contrasted to Chris's in several immediately obvious ways: Firstly, his combined diagnoses allowed the school to provide him with a classroom assistant (Anna) every morning, and this allowed him to be kept in the mainstream classroom without recourse to either nurture group or medication. Secondly, Ali's mother was on good terms with both Anna and the Year Two class teacher (Rachel), and I heard of no associations made between Ali's home situation and his behaviour.

Where Chris was a small, shy and often very quiet child, Ali was bigger and taller than most of the class and was frequently very loud. Though he went about it in different ways Ali also had a tendency to control and manipulate his interactions with the female adults around him and held his own very visible normative space within the classroom:

> *11.26 Group activities have been back on for about 4-5 minutes now, when Rachel has to stop them for noise levels. She says she knows Ali shouts out during work time, but that doesn't mean everyone can.* (fn 02/11)

This normative dispensation could often be observed physically:

> *9.50 Rachel starts to call out addition sums…Ali is wandering around with what looks like a plane made out of plastic cubes. Anna currently seems content to let him as he does a lap of the classroom*

> *9.52 Ali does another lap of the room and gets a cheery hello on the way through the rest of the children who are sitting on the carpet. He then starts to go on what looks like another lap, but Anna stops him to suggest a more constructive activity. Ali is now clambering over one of the desks and Anna prizes him away from this and leads him back to his work table.* (fn 06/11)

As well as his freedom of movement, Ali was relatively free with the amount of noise he could acceptably create. At times he and Anna had what seemed a good

natured and productive relationship, however, Anna was often directed by Ali's whim. He was the dominant force and frequently violent in his interactions:

> 10.12 Ali wants to use a crayon to write with but Anna would rather he used a pencil, he throws his pencil away and takes a green crayon. Anna takes the box of crayons away to a loud scream of "NO!!" from Ali. She manages to get him holding a pencil again by threatening to put a sad face in his book for his mother to see. Ali obviously doesn't like this idea but still won't write down the work given, he keeps swinging little plastic letters around and refusing to write anything. Now he has scribbled all over his paper. "The end" he says, "No" says Anna, "it's not the end". "The end! The end! The end!" screams Ali. He stands up, upending his chair and oblivious to Anna's gentle admonishment goes over to the group on the carpet. (fn 06/11)

As with Chris, it seemed that Anna's 'gentle' approach was based on damage limitation. For Chris, this approach continually sanctioned his lack of academic output, for Ali, it was his rude, violent and anti-social means of asserting himself that was sanctioned.

Nevertheless, there were considerable benefits to Anna's patient and gentle approach in what with time she could get Ali to do. The following excerpts are taken from a quite lengthy scene between the two of them (the demands of notation did not allow me to also record the time):

> Ali is still banging around and shouting "shut up!" at regular intervals….

> …Ali continues shouting various things at Anna…

> …It sounds like he wants to do some patterns, Anna asks him to do something and gets told to "shut up!" and again when she asks him to pick up his book, now he has left the table….

> …Ali has now scribbled on and ripped his book, Anna threatens to tell his mum. This causes even more consternation from Ali, but with no reasoning, he just responded with more "Shut up!"…

…Anna now takes the crayons to put them away which is greeted with another scream and he runs over to stop her…

…Anna introduces the idea of a lunchtime sanction but at the last minute he throws the book down again with a scream that he wants to do numbers not patterns. Finally Anna capitulates and agrees to let him do numbers, but Ali is still not happy…

…it sounds like he doesn't want to do numbers in the number book so Anna offers him the pattern book, "No patterns!" is the shouted response…

…Ali has thrown all his pencils away so now has nothing to write with, he tries to grab his book back but Anna persists and eventually she has Ali sitting on a seat and looking at the sums, which once he gets into he performs very competently. (fn 06/11)

Here Ali was being about as persistently difficult as he ever was, and yet Anna kept attempting to bring him back to the task in hand. She allowed him to shout and throw things without sanction, but in so doing managed to eventually re-capture Ali's attention and get him doing some work. As I observed at the end of this excerpt, he performed this competently. In fact Ali's literacy and numeracy levels were around average for the class. Ali therefore was not limited in the same way that Chris was by his social externalities. His problems were supported financially and were not seen as the inevitable product of a "disordered" upbringing.

However, in the afternoons when Anna was no longer in class, Rachel was expected to manage the class often without any help. In the following example one of the part time classroom assistants (Sheila) attempts to reason with Ali:

2.14 *Sheila is back in the room and trying to get Ali to read a book. "Just go away" is his response. Now he throws some pictures on the floor, tells Sheila to shut up, walks out of the room and slams the door. Sheila pursues him, though she is now back in the room without him, I think he may be using one of the computers outside* (fn 06/11)

Here, the pattern followed is much more similar to the approach taken with Chris. Ali no longer had Anna with whom he may be expected to be *relatively* co-

operative. As soon as he started showing any aggression or opposition the primary objective became attaining peace and quiet. This acted both to sanction the aggression through inaction and also to place the social order ahead of trying to provide a constructive activity for Ali.

A distinction thus emerged between Chris and Ali's schooling and between the time when Ali has the full-time attention of Anna and when he did not. Firstly, and most obviously, Ali was much more academically productive than Chris. The vast majority of this production took place when he was with Anna, and so she represents the clearest indication of the additional dividend that he received compared to Chris. When Anna was taken away, then interactions with Ali tended to take on a similar pattern to those with Chris, with the emphasis on *docility* (Foucault, 1977).

However, for over half the time Ali was in school, he had resources and attention directed at him not only to try and normalise his behaviour and protect the social order, but also to regulate his attention towards the needs of his schooling, from which he will likely reap future dividend. This distinction illustrates Foucault's (1981b) distinction between power that seeks to *discipline* through 'an *anatomo-politics of the human body*' (p. 139; emphasis in original); which is the *docility* approach taken with Chris; and, a power that seeks *regulatory control* through '*a bio-politics of the population*…a power whose highest function was…to invest life through and through' (p. 139; emphasis in original). One is a power that seeks to *control* by *domination*, the other seeks to *regulate* through *optimization*.

Dominance *and* dividend?

The perceived need to alleviate the struggles of boys in schools is inscribed through discourses of the bad, sad, stupid and mad. Yet these narratives mask the continued dominance of boys in school, which has been demonstrated here both through some of the existing research on school and gender and through ethnographic data.

This initial dominance opens up normative and resource driven spaces within schools. From the increased attention of teachers in class, to special needs interventions such as nurture groups and in some cases the resources of the psychiatric profession. The medical intervention distributes a new set of normative positions which encourage adults to further sanction hegemonic

masculine behaviours. This feeds a circular motion whereby male dominance breaches the routine order, creating spaces into which psychopathology can intervene to open up new normative space to allow for further dominance. The contrasted cases of Kyle and Ben imply that the mechanism by which the circular motion initially takes hold is the need for social order. Thus overtly hegemonic behaviour is required to attract resources and interventions.

Within an overall situation of dominance, some finer distinctions can be drawn out as to the extent to which psychopathology may represent a dividend. In Ali's case the dividend appeared relatively clear cut. He had his own normative and physical space in the classroom; his violent and dominating behaviour was sanctioned through this space and through the assignment of a teaching assistant to him; because of the sensitive and productive nature of this relationship Ali was often successfully integrated into the academic needs of schooling.

In contrast to this was Chris, whose label conspired with some naturalised assumptions regarding his family background to produce a bind which in some ways limited his available subject positions. Chris had been offered both the resources of the nurture group and Ritalin. However, he often seemed to enact a dichotomised ontology within school whereby he would either take up a non-disruptive and non-participative role and be left to his own unproductive devices, or he would take up an active, over-exuberant role in which case he would likely be dosed. Once again it could be argued that the presentation of violent masculine behaviours attracted resources and attention for Chris. But this was only in the questionable dividend represented by medicalisation and Ritalin.

The case of the children largely missing from my data; the inattentive, the *sad,* and the girls, is illustrative of more generalised problematic. Through his absence, Ross represents an extension of the problematic whereby masculine dominance will only be sanctioned and resourced if it threatens the social order. Like Chris, Ross's diagnosis has not forced a confrontation with his academic difficulties. Equally, if Ross did not disrupt then he remained invisible. For Chris and Ross the diagnosis has had something of the reverse dividend effect where the naturalised assumptions it produced guided a *laissez-faire* fatalism in their schooling.

The complexities of individual statements about the precise nature of dividend do not detract from being able to speak of a generalized dominance of males in the classrooms presented here, and this is testified to by the distinct lack of female

children in the analysis. The valorization of the social order seems to hold primary dominance however and this implies that individual males will be differently served or limited through their actions.

There seems little sense in which, on its own, psychiatric diagnosis generates significant dividend unless it is backed up by practical resources at the classroom level. Additionally, though I have posited the new normative space which it opens up for some children, and the overall sense in which this serves male domination, at the individual level this is to some extent an exclusionary space, predicated on the assumption of an internal, naturalised or developmental deficit in the child.

Through the next two chapters the issue of naturalisation and development will be probed further with gender remaining one of the primary frameworks for analysis. Chapter 7 moves away from the school and classroom to instead look at the conditioning of diagnostic possibilities through the narratives of two families. Within these two narratives, my focus also shifts from looking primarily at the child in question to look at the work required of parents of children with ADHD.

Chapter 7: Lost in translation

Sticking with the focus on issues of gender and family from the previous chapter, the analysis in this chapter moves away from the focus on "problem children" to explore individual accounts of what it means to be a parent of a child with ADHD. In the two cases presented here, the *condition* of parenting a child with ADHD (Carpenter & Austin, 2008) produced feelings of guilt and responsibility, which led to positions of advocacy being taken up by each parent on behalf of their children. Parents adopted this position in order to regain some agency in decision-making processes regarding their children, however the reverse effect was frequently experienced with each parent facing repeated subversion of their identity, leading them further into a *project* of parenting according to medically conceived truths of behavioural *disorder*. I will begin by introducing the different perspectives on the relation between the family and ADHD, before moving to the analysis of the interview data. These interviews occupied their own place in the research schedule and the two families who participated were not associated with the schools I conducted the rest of the research at.

Situating the family

As already argued, ADHD and the mass medication of young children is an area of some considerable contestation within professional, academic and popular media, which makes up 'an intellectual territoriality characterised by struggles over whose knowledge is of most worth' (Graham, 2007b, p. 12). Within this struggle, one of the most hotly debated topics is the question of aetiology – who or what is to blame for this disorder?

The attempt of this chapter is to inhabit the critique/support dichotomy introduced in Chapter Three. Social critique is often seen as unsupportive for those in families, schools and health services grappling with the *reality* of ADHD in their everyday work, in comparison to which medicine is able to project a *value-neutral* self-image. The contestation over the ADHD construct is important as it has bred a politically charged discourse, and this has repercussions for the everyday experience of the disorder for families.

It has been suggested that women are more vulnerable to discourses of responsibility and blame and to the belief that any problem with their children is their fault (Carpenter & Austin, 1999), and mothers have told stories of the

feelings of guilt, shame, responsibility and blame which may accompany the parenting of a child with ADHD (J. Bennett, 2004; Singh, 2004). Singh (2003) describes the conflicts created when parents hold different perspectives on notions of behaviour disorder, in which fathers may take on the *laissez-faire* 'boys will be boys' narrative, discussed in the previous chapter.

In the account given below, while the insinuation of guilt did seem to apply more to the mother, parental conflict was not in evidence. Different perceptions existed between parents as to their place in the disorder discourse and the responsibilities this implied, and these are separated out within the analysis. However, this has not been pursued through a gender lens, instead using the high involvement of one father to sketch a move from *motherwork* to *parentwork* (D. Smith, 2005). No assumptions regarding the potential generalisability of this move have been cast. I begin with a discussion of medical perspectives on ADHD and the family.

Psycho-medical perspectives

Within some of the more prevalent medical opinion on ADHD, it is suggested that the parental role in the production of behavioural problems in their children should be played down, in favour of neuropsychiatric and genetic discourse. As a recent 'international consensus statement' puts it;

> 'To publish stories that ADHD is a fictitious disorder or merely a conflict between today's Huckleberry Finns and their caregivers is tantamount to declaring the earth flat, the laws of gravity debatable, and the periodic table in chemistry a fraud' (Barkley, 2002, p. 90).

Things are not always quite as black and white as this suggests, however, as can be read on the same page of this same statement;

> 'This is not to say that the home environment, parental management abilities, stressful life events, or deviant peer relationships are unimportant or have no influence on individuals having this disorder, as they certainly do' (Barkley, 2002, p. 90)

Unless it could be shown that 'stressful life events' have some impact on 'the laws of gravity' then it seems that these two statements both employ a certain

reductionism. National health guidance for effective treatment of ADHD doesn't only promote stimulant medication, but also various psychosocial interventions such as family therapy and parent training (NICE, 2006; NIMH, 2006). This suggests that parents hold an ambiguous place within this field, with the desire to denigrate those who lay blame in the immediate society of the family tempered by the admission that this environment must mean *something*.

Further complicating this picture is what has been called the 'awkward alliance' (Graham, 2007b, p. 13) between several different medical and mental health discourses within prevalent understandings of ADHD. The definition is one made by the American Psychiatric Association, yet this definition is used not just by psychiatrists but paediatricians, general practitioners and clinical and educational psychologists and recognised by professionals across the spectrum of education and social care (SCIE, 2004). While professional boundaries are blurred and many individuals will not fit a neat discursive position, it could be claimed that psychiatric and paediatric responses to behaviour disorder reflect more of a biological developmental approach while the discourse of psychology, while still developmental, may emphasise alternative, "cognitive", "psychosocial" or "environmental" factors in their approach. This does not mean that attention to variables associated with the family are the sole province of one or the other discourse, merely that the family will be differently implicated in both the aetiology and projected response to the child's problems.

In terms of response this difference could be read in a doctor's recommendation that the child should be put on medication, while a psychological response may recommend a more behavioural therapeutic approach. The psychological response carries the most obvious responsibilities for parents in terms of behaviour modification techniques, which in turn carries a fairly obvious indictment of their current and past behaviour in relation to their children. However, one should not ignore the somewhat more invisible work of parenthood with regards medication (Singh, 2004, 2005) which will be returned to in the analysis below.

From the more biological developmental perspective, various aspects of pre- and post-natal physical development implicate the actions of the mother in the presentation of behaviour. Frequently cited, though inconclusively evidenced, is the effect of gestational exposure to cigarettes or alcohol (Bhatara*, et al.*, 2006; Rodriguez & Bohlin, 2005).

Within the psycho-social developmental perspective the importance of mother-child *attachment* (Halasz*, et al.*, 2002), maternal *attributions* (Collett & Gimpel, 2004), maternal *psychopathology* (Banks*, et al.*, 2008; Harvey*, et al.*, 2003) and, most recently, maternal *obesity* (Rodriguez*, et al.*, 2008) are all implicated in the production of the child's behavioural anomalies: "Fat mums link to hyper kids" reads the Daily Mirror (Cook, 2007).

These approaches are epitomized in the desire of one group of psychologists to re-brand ADHD as 'attachment-deficit-hyper-reactivity disorder' (Halasz, et al., 2002). This alternative translation of ADHD is offered most forcefully through the hypothesized impact of post-natal depression on children's behaviour:

> 'In those earliest interactions, the infant of a depressed mother will mirror the mother's difficulties both with facial expressions as well as with measurable changes in brain activity' (p. 4)

This leads to the 'conceptually creative hypothesis' (p. 4) that:

> 'the traumatic experience for the infant who is not held in his mother's mind due to his mother's depression displays symptoms of early trauma characterized by hyper-vigilance and difficulty focusing on anything other than the threatening situation. Over time, the picture that emerges resembles ADHD' (p. 4)

This theory takes what could be judged a 'natural' response to the accumulation of work and emotion associated with the post-natal lifeworld and labels it 'depression'. It then assumes that this 'depression' will not only represent the child as having no place in 'his' mother's mind, but that this fact will be read consistently by the child and reacted to in a consistent manner. The formula is complete with the convenient 'resemblance' to ADHD.

These excerpts illustrate a somewhat more complex picture of professional perspectives on ADHD than is evidenced in Barkley's (2002) claim that the indictment of the family in the account of ADHD is solely the province of 'the wholly unscientific views of some social critics in periodic media accounts' (p. 89). For here is an account, in the 'scientific' language that neuropsychiatrist Barkley may recognise as allied with his own, which places mother and son at the very centre of a judgmental and reductive hypothesis.

Images of blame

Far from being *conceptually creative* the attachment hypothesis of Halasz *et al* (2002) appears practically unchanged from past psychoanalytic theories of psychopathologies such as schizophrenia caused by the "frigid mother". Singh (2002a) traces the "schizophrenogenic mother" to the immediate post-war period and the moral panic over boys' *emotional disturbance*. Here, Singh (2002a) quotes a psychoanalyst from this period, Frieda Fromm Reichmann:

> 'The schizophrenic is painfully distrustful and resentful of other people due to the severe early warp and rejection he encountered in important people in his infancy and childhood, as a rule mainly the schizophrenogenic mother' (p. 583)

Almost every element of this argument, right up to the two-way gender indictment of mother and son, is reproduced in the attachment hypothesis of Halasz *et al* (2002) over 50 years later.

Singh (2002a) argues that texts such as these, along with more populist writing such as Dr Spock's *Baby and childcare,* created the detachment of which they spoke in the relation between mothers and sons. The shared assumptions over a child's "adjustment" or "pre-delinquent" states; 'combining psychoanalytic premises with biomedical understandings of disease prevention' (p. 582) could be read from the mental hygiene movement, through Spock's manual, down to the articles in popular women's magazines of the same period.

Where Singh (2002a) cited Dr Spock, today there are hundreds of books and publications aimed at parental guidance regarding ADHD which invoke the same detachment and vulnerability. As one such book opens:

> 'Do you feel that you can no longer cope with your child's behaviour, that you and his school have done everything possible for him and that he is beyond redemption?' (Train, 2005, p. 11)

Concerning images abound; the gendering of his, him and he: the aberrant child in need of 'redemption' for *his* sin; and the manipulative condescension of the personalised style of address: this is an account about 'you and your ADD child',

to borrow the title of another such text (Wallace, 1999). Train's (2005) account continues:

> 'You may deeply resent him because his behaviour has turned you into a physical and nervous wreck, destroyed your career or your marriage, caused friends to desert you and neighbours to shun you. In your eyes he may have become the embodiment of everything you hate in yourself and others. In essence, you may feel that he has made your life a misery and that you have had enough.' (p. 11)

Having opened up this essence of exclusion, helplessness and loathing, the account moves in for the reassuring kill; 'you should not feel guilty about this' (p. 11), before launching into whatever miracle cure it has for the *helpless* mother and *demonic* child.

The deployment of this personalised and emotive language, marks passages such as these in using 'words that perform in that they evoke images that increase the effect of the statement' (Graham, 2007c, p. 11). This *performance* only serves to bring attention to the attempt which this genre represents, to manipulate 'the active engagement of individuals in the promotion of their own bodily efficiency' (Rose, 1989).

The representations of parents, children and families that can be found in these texts can be read as what Donzelot (1979) referred to as 'the regulation of images' (p. 169) in which he describes the diffusion of the methods of psychoanalysis throughout the social body. Fragments of this *medico-psycho-pedagogical center* (hereafter; *psy-med-ped*) are found throughout social institutions and discursive planes;

> 'in a discrete room of the divorce courts, in the services for the protection of mothers and children, in the birth-planning centers, and in the sex-education organizations' (p. 169)

To this list one could add, 'in the *support* literature for parents of children with ADHD'.

Cultures of blame

Through her analysis of the mental-hygiene movement, cited above, as well as through empirical work with parents and children, Ilina Singh has critiqued what she calls a *culture of mother blame* within ADHD discourse. The proliferation of images of inadequacy based on *naturalised* conceptions of maternal relations produces such cultures, within which 'mothering with Ritalin' (Singh, 2004, p. 1193) becomes a similarly *natural* response to the work of parenting the behaviourally disordered child. Due to their position of mediation between the public worlds of medical and educational discourse and the private sphere of the family, parents 'occupy space in most positions within the web of blame' leading to the claim that 'parent blame is both specific and scattered, both highly visible and diffuse' (p. 1194).

For Singh (2004), parents seek absolution from their self-images of blame and inadequacy, through psycho-medical discourse, in which neuro-genetics and Ritalin become panaceas; currencies by which to make the exchange; 'mother-blame-brain-blame' (p. 1194). As Donzelot's (1979) *psy-med-ped* triad reminds us, however, this is also a pedagogical discourse, one by which parents are expected to regulate themselves, *learn* about themselves and conceptualise parenting as a *project* or, to borrow Foucault's (1988b) term, a *technology*.

The social relations established here, of blame and absolution constituted through attachment theory and the popular representations contained in parent *support* texts, provide the conditions limiting the possibilities of parentwork. Parenting becomes a technical process, the steps ascribed by external, therapeutic narratives. I argue here that re-imagining parenting on this basis involves the effacement of a personally meaningful narrative of responsibility in favour of therapeutic 'mechanisms of obligation' (Dermott, 2005, p. 93).

In developing this analysis I have drawn on Dorothy Smith's (1987) *institutional ethnography*. Having introduced this approach in Chapter 2, I will focus here on the specific aspect of *invisible work* which is of particular importance to this analysis.

Invisible parentwork

Institutional ethnography makes people's everyday worlds the point of departure and proceeds by exploring 'the social relations individuals bring into being in and through their actual practices' (D. Smith, 1987, p. 160). The method was first advanced by Smith to bring attention to the many forms of women's work which

dominant sociological paradigms tended to conceal; 'in this literature mothers appear in a peculiar way as necessary links in a causal process, but without agency (pp. 163-164). The objective is to pursue this *invisible work* through the action, intention and rationale of the individual within the context of the social relations, which connect the individual world to institutional ideologies and discursive *relations of ruling*. In such a way research of this kind aims to cut through the forms of social knowledge in which mother's work, 'their thinking, the effort and time they have put in, and the varying material conditions under which their work is done do not appear' (D. Smith, 1987, p. 164)

While institutional ethnography was originally conceived as a 'sociology for women' (p. 49), its aim 'to find the objective correlates of what had seemed a private experience of oppression' (p. 154) does not limit it only to this group. More recently Smith's (2005) concerns have broadened, stating that the method, 'has to work for both women and men. It has to be a sociology for people' (p. 1). This last point is important for this study where though the mother's voice is often the dominant one, and where it is the mother who is perhaps more tightly regulated by *naturalised* images, it is also a story of fathers and their related *responsibilisation* (Rose, 1999).

Accessing families

In some ways my interview work with families was amongst the most challenging aspect of the project. This was first felt in relation to research design. My initial designs had not envisaged moving outside the school, where my main research tool was observation. However, in terms of my initial research objectives, which were to do with the production of a diagnostic case, there was only a very slight possibility that I would be present in school while an individual child was actually going through such a process, and even if I was there, my access to such sensitive and confidential environments would have been ethically and practically problematic. Therefore I envisaged my work with families on the basis of exploring individual diagnostic cases. Ideally this would involve talking to families who were currently going through the diagnostic process or had recently done so. I also saw it as a good opportunity to think about home-school relations. By the time I came to plan my interview work I had completed my project at Kilcott and so I knew something of the school's perspective on what it meant to be a "good parent". I did not wish to contact families through the same school in which I was conducting the main part of my research. This was partly because I did not want to be viewed by parents as a representative of the school. I felt that approaching parents in such a way could not only reproduce whatever existing relations were present between the home and school, but could also make unnecessary implications about their children's negative school experiences.

Secondly, challenges arose out of the potentially sensitive nature of the material and the far more individualised and potentially invasive context of the interview. I have discussed the notion of 'distance' in relation to my work in schools in Chapter 2. In comparison to how I envisaged and eventually experienced the work with families, this 'distance' became a buffer, a comfort, which I would now be denied. Where my work in school consisted of negotiating some kind of closeness to my participants, just the mere task of trying to contact families with a view to entering their lives and putting them under scrutiny made me feel uncomfortably, inappropriately, close from the outset.

Thirdly, there was a representative challenge, given my own association with ADHD. This presents a challenge to many aspects of this project, however, here I felt particularly limited by the potential interaction of my personal and research world. I was diagnosed at a time when the disorder was not well known at all, and my mother was instrumental in the achievement of my diagnosis. I did not

feel I had any need for a psychiatric diagnosis and in the immediate sense I did not feel I had grown or developed through this description being made of me. Therefore, perhaps there is a sense in which I would rather I was never diagnosed. Does this mean I *blame* my mother for my diagnosis? If I represent mothers critically in this project do I compound this sense of *blame*, and in that case, does my own *positioned rationality* (Haraway, 1988) threaten the trustworthiness of my account? Since I first posed the former question to myself I have been quite instinctively sure that the answer is 'no', as well as being resentful of the fact that I could allow myself to be positioned according to these binary oppositions. Yet the second question appeared to still be relevant. One result of having 'confessed' as I did in my introduction to this project, has been to create 'something' that may conceivably have an impact on my representations. Thus the second question remains uncomfortable because, regardless of its status as truth, I am required to position myself in relation to it. I hoped that this discomfort could be turned to a more responsible and trustworthy representation, yet prior to actually doing the work, it resulted mainly in apprehension.

I was able to contact potential participants using contacts at NICE. I arranged to have an e-mail sent out on my behalf by the administrator of a national ADHD parental support group, inviting respondents who would be willing to participate in a series of interviews discussing their experiences of diagnosis. Initially, those interested were invited to reply to the support group who then notified me and I would send out more detailed participant information.[22] Included in this information was my contact details so that those who were still interested in proceeding could contact me directly to make arrangements. A total of three families were identified through this process, of these three I managed to arrange interviews with two families.

The information I provided to families contained a similar brief about my research interests that I provided to schools, with the same opt-out and the same proofing and exclusion rights that I offered to teachers. In addition I provided more detailed information about what kind of questions I would be asking, including examples. I cautioned about the sensitive nature of the subject matter and the potentially upsetting memories or circumstances which may be brought up. I also offered some details of my own background and my personal association with the topic. I did this for a couple of reasons, which I will now discuss.

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[22] See Appendix 3

Firstly, as with my work in schools, my work with families aspired to a notion of *active* interviewing (Holstein & Gubrium, 1995), in which there is an attempt to break down the binary of authorised interviewer questioning vulnerable respondent, acknowledging instead the active co-construction of reality in the interview context. I felt that sharing some personal information from the start may pave the way for this more participatory style of research.

Secondly, I was attempting to manage my presentation of self. There are some pervasive misconceptions in the various narratives on ADHD, that to be someone who questions the diagnosis is to be someone who lays blame in the environment of the family. This notion is discussed and critiqued here as well as in Chapter One and Three, and I wanted to make sure that each of my participants did not perceive me as casting judgment on them in this way. What I perhaps did not acknowledge fully at this time, was the extent to which I may have been implying the opposite position, that I was there to advocate for them, and in one interview in particular I got the distinct impression that this was expected. Given that it was never my intention to take such a position, the fact that I may have unwittingly created the impression made me feel as though I had used my personal associations as a manipulative device with which to ingratiate myself to my participants. This threw my interview experience into some disarray, seeming to enact the issues, described above, that had made me apprehensive about conducting interviews in the first place. Through this analysis I have attempted to inhabit a dichotomy of judge and advocate, in which I enact neither, instead attempting what might be called *critical consciousness raising* (D. Smith, 1987). I think it important to highlight here the extent to which this eventual position may have been conditioned by the manner in which I initially made contact with each family.

Settings

The two families whom I was able to arrange interviews with were located in different parts of the country to each other and to the schools I worked in. Yet they shared some features which I have posited as contextually important. Below I introduce each family, first with some demographic details.

Family 1

Family 1 is made up of mother and father, Louise & Mike Bartlett and their three sons. Middle son, Liam, was 7 years old at date of interview (30th November 2006) and had been diagnosed with ADHD aged 5. At this time Liam was in a special class at school and his parents were waiting upon a decision about his statementing allowance. When I met them neither parent was working in order to make time for child care.

The Bartlett's lived in 'Kenard', a suburb of a large town in South Wales. Once again pit closures have had a major economic impact on this area. Since 1984 the area has seen 23 pits closed, leaving just one active colliery. In a minority of cases pits have been successfully transformed into reserves and museums. Figure 14, below, shows the ONS statistics for the Bartlett's local authority against the national averages.

Figure 15: Kenard Economic Activity as a percentage by Local Authority

	LA	District	UK
Economically active: unemployed	6.64	3.94	3.35
Economically inactive: sick/disabled	12.41	7.89	5.39

Figure 3 shows the district in which the Bartlett's live to be economically less active than the national average, and that the Bartlett's local authority is significantly lower than this. Furthermore, these figures go well beyond the marginal percentages recorded for the two schools above. In terms of the ONS socio-economic classifications, only 9% are employed in lower managerial occupations, with routine and semi-routine occupations making up over 35%.

The Bartletts lived on a large housing estate, which Louise described as 'working class' stating that most of the houses there were council owned. The Bartletts had plenty to say in favour of the local area however, they had extended family in the area who helped them with childcare and they were very happy with the local services, not just schools but also their local general practitioner and child and adolescent mental health services (CAMHS), from whom they received multi-agency interventions for Liam.

Family 2

Family 2 is made up of mother and father, Sian & Neil Hyland and two sons. Eldest son Charlie had been diagnosed with ADHD at the age of 7, but had subsequently progressed to secondary school and by the date of interview (14th March 2007) was approaching his GCSE exams. The Hylands lived in a village, near a small town, 'Cooksam', in a predominantly rural part of Eastern England. Sian had not worked since prior to Charlie's diagnosis, though Neil was in full-time employment.

Economically, the area as a whole compares favourably to the other areas so far discussed as Figure 16 shows:

Figure 16: Cooksam Economic activity as a percentage by local authority

	LA	District	UK
Economically active: unemployed	3.23	2.60	3.35
Economically inactive: sick/disabled	4.32	2.91	5.39

As Figure 16, above, shows both the unemployed and the sick or disabled figures, though above the local average, are below the national average. The socioeconomic status also reflected greater economic affluence, with over 20% in the lower managerial class, with routine and semi-routine occupations making up just under 20% between them. Sian considered both herself and the area to be broadly middle class. However, in contrast to the Bartletts praise for the local area, Sian felt extremely cut-off from most of her family, she had also had many years of what she considered to be inefficient services from schools, GPs and CAMHS.

Data generation

I originally intended to conduct at least 2 interviews with each family, with a possible third interview in which to work with the children. While I was keen to keep the interview open and be directed by respondents as far as possible, I had broad directions in which I envisaged each interview. These were as follows:

Interview 1

The first interview was to be conducted with parents or principal carer(s) to explore the different stages through which a diagnosis was eventually produced. Starting from the time when first a problem was suspected, I wanted to know:

• What observable problems were causing/continued to cause concern;
• where and who first raised concerns;
• the attitudes of those around the child – teachers, friends, relations;
• responses that were developed in order to try and progress, and success/failure of these;
• at what point a professional was brought in, which profession;
• experience of meetings with professionals; what recommendations were made and how did these fit with parental beliefs about their child and concept of psychopathology;
• the length of time it took to get the diagnosis, and what treatment recommendations were made.

Interview 2

For the second interview, in addition to principal carer(s), partner/significant other would be encouraged to participate. The interview would explore joint perspectives on the experience since a diagnosis and treatment schedule were made:

• what observable changes in the child have resulted, and how their experience of family and school life have changed;
• a description of the everyday work required to try and keep to a routine;
• what has been learned about triggers to bad behaviour, situations to be wary of and strategies developed to combat potential problems;
• what the involvement of professionals, carers, teachers, family members and other significant had been since diagnosis;
• how change is perceived individually and as a family as a result of the diagnosis.

Interview 3

I also had an outline for a third interview, where, if possible I wanted to involve the child in order to explore as fully as possible their perspective on the process of diagnosis and treatment:

- how being given a label had liberated/constrained them socially and how it had altered their self-concepts;
- what their changing relationships have been, within family, school etc;
- what their experience with mental health professions has been like;
- to what extent have they been involved in decision making processes.

In addition to these interviews I also wanted to collect any documents related to the diagnostic process which the families were prepared to share. These may have been in the form of letters between home, school and doctor, medical or psychological reports, individual education plans, report cards, disciplinary procedures, etc.

I envisaged each interview lasting for about 1 hour. However, the actual experiences of interviewing only partially followed this outline. Eventually I conducted two interviews with the Bartlett's and one with Sian Hyland, and I was not able to conduct interviews with either of the children. I will explore the other departures I was required to make from this outline through a short narrative of each interview.

Interview 1 & 2: Louise & Mike Bartlett

As the title of this first narrative suggests, both parents were present at the first interview. Both parents had given up work and as they were both at home, it seemed to go unsaid that they would both be involved. I did nothing to question this, and in analysis some interesting dynamics emerged in having both parents there. While they usually presented a unified voice, it was clear even in the moment that they had differences in perspective and approach, different ways of conceptualising difficult or hurtful situations and different proposals for managing them. There were also several times when Mike was out of the room either fetching refreshments or attending to their youngest son who was also at home. One such occasion sticks in my mind very clearly for the emotional discomfort which my questioning had just happened to probe. Louise had until this point presented herself as a strong and determined mother who was prepared to do whatever it took to gain the recognition she sought for her son. In this one moment this guard came down a little and she talked of the hopelessness she felt in the face of what she saw as a lifetime of suffering that Liam faced for his differences.

The second point of departure was in the material covered. As I was asking very open questions and trying to base follow-up questions from within the answers I was offered I had not intended any great control over the material, instead hoping that there would be some significance in the fact that each parent had chosen to share a particular piece of information. This combined with the fact that I had not predicted how much each participant may have to say about a given topic. Louise and Mike were both very keen to open up and share all they could, and they both had a perspective to offer on everything I asked of them. Originally planned for 1 hour, this first interview lasted well over this in which time most of the ground outlined in the first two interviews, and more, had already been covered.

This left me feeling very positive about the experience, but also unsure about where to go next. I decided to conduct the second interview, along the lines of reflecting on what had already been said and updating on the intervening experience. This was prescient in the Bartlett's case because at the time of the first interview they were waiting with guarded optimism upon a statementing decision for Liam they hoped would allow him to move back to the mainstream classroom with an assistant.

However, by the time I returned for the second interview Louise & Mike knew that they had not been awarded sufficient funding. This seemed to set the tone for the second interview experience, which was beset by further problems. Firstly, I had sent copies of the transcript from the first interview along with some brief comments and reflections. When I asked, neither parent had anything to add, in fact, Louise said she had not read beyond the first couple of pages. This, of course, was entirely their choice, however, it did not feed the discussion I had hoped for. Thirdly, about two minutes into our conversation, my digital recorder malfunctioned and could not be recovered. This meant that on top of the usual practical demands of the interview, I was required to notate as fully as I could. Essentially I found this an impossible task, and I have only a 5 page, impressionistic report for the second interview compared to the 25 page transcript from the first.

The positive upshot from this was that with much of my attention devoted to noting what I could of their answers, Louise & Mike used the empty space to ask me questions about my experiences with the disorder, my schooling and what strategies I had developed to cope with the various deficits. Most of the questions

asked that day moved in the reverse direction; I became the respondent, offering what I could from my experience that may be valuable. It is extremely unfortunate that I do not have an accurate transcript of what was the most *active* interview I have managed to conduct, or, perhaps in this case, be conducted by. It seems surprising to me now that at this time I had not thought at length about the things that Louise and Mike were asking me, however they have been frequent objects of reflection since. I had no more than vague plans over the place my own experience may take in the project, and so this otherwise unproductive interview retains significance for me in providing a catalyst to more detailed formulations.

Lastly, Louise felt that Liam was too young to be put in the interview context, however informal I may have made it. Though this was disappointing I respected Louise's wishes, and in fact did still get a chance to chat to Liam as on both occasions Mike offered to drive me back to the railway station on the way to which he would pick Liam up from school. Each time our conversation lasted no more than 5 or 10 minutes, yet the difference in familiarity between the first and second encounter encouraged me for future possibilities in engaging younger respondents.

Interview 3: Sian Hyland

Again, the title illustrates two departures from the interview schedule. Only one interview was conducted and this was just with Sian, as Neil was at work. I was also unable to arrange an interview with Charlie. Sian had in fact been quite keen for me to talk to Charlie, he was approaching his GCSE's and she felt sure that he would have some interesting reflections to make. Unfortunately the practical problems of time and place which beset any work with the Hylands foreclosed this possibility.

When I first made contact with Sian the family were about to move house and before this were going on holiday, so Sian requested that I wait until they were settled in the new place before conducting the interviews. Initially happy with this arrangement, as time elapsed and I did not hear from Sian I became concerned. I left what I felt to be a respectful period of 3 months from our last contact and then sent Sian an e-mail asking if she was still interested in participating. She was, but though they had not moved far it had taken her longer than she had envisaged and she suggested that I come down the following month. This put the

interview at around the time that I was finishing my fieldwork and so I realised I would probably only have time to interview Sian once and possibly return to interview Charlie another time. As it turned out, the 6 hour journey to the Hyland's remote village in the East corner of the country, combined with the fact that Charlie was preparing for his GCSE examinations meant that I was only able to conduct one interview.

In terms of covering the material this once again did not matter at all. Sian had prepared for the interview by looking out every document she could that was connected to Charlie's diagnosis. This process had involved continuous battles between Sian, various schools, GPs and specialist services, and I took home three large box-files full of information. Unsurprisingly with all she had been through, Sian had no shortage of things to say and the interview ran over two hours.

The sense in which both Louise & Mike and Sian all saw their place in the world of ADHD as one of continuous struggle perhaps has something to do with the way I designed and set up the interviews through a support group. Membership of such a group implies a certain position regarding collective activism and one would perhaps not join such a group if there was not a prior perception of struggle or mis-representation. These positions of struggle and advocacy have fed directly into the 'active parent' icon that I adopt below.

Membership of support networks implies an active role in the everyday work of parenting a child with ADHD. The experiences detailed below explore what this advocacy role meant for each parent in the implications it had for the way they were viewed and viewed themselves as parents. In terms of self-image, I offer *active* as a distancing from the images of the *inadequate* mother; 'characterized by her lack of sufficient care, positive emotion, knowledge, insight and action' (Singh, 2004, p. 1196).

Active parenting

For each family, the active work of parenting started with the attention to and identification of behaviours in their children which they deemed problematic or abnormal. For Louise (L) and Mike (M) the initial basis for abnormality was in Liam's divergence from both his brother's behaviour and an external standard of expected young-child behaviour;

L	*About three years ago I started looking into it because I knew my child was different to my older child then. From three months old we knew that he was completely different; even just sitting in the bouncer. He was sat in the bouncer but he was just constantly on the go…He wouldn't sit and watch the telly. He has never ever played with a toy. I'm not saying that if there was a baby sat here now with a car he would get the car and push it up the room but then that's it. You know, he's never done something and it's lasted for an hour.*

M	*And the concentration level has been no more than seconds*

From this basis of over-activity and inattention Louise recalls typing 'hyperactivity' into an internet search engine, which is where she first learned about ADHD. Once this conclusion over the nature of Liam's problems had been reached the work of parenting became one of actively seeking support;

L	*from about eighteen months I was taking him down the Health Clinic asking the health visitors, doctors, to sort him out and they just said that he was coming up to the 'terrible two's' and when he was two it was the same and when he was past two it was – no he's still got the 'terrible two's'. Well he had the 'terrible two's' for about two or three years. So, like we said, two years ago we went down to the doctors and said that we were not happy with this – this child is different to other children and we pushed and pushed and pushed to see a paediatrician first.*

What the medical label of "ADHD" offered to Louise was the chance to think of her son's problems as something *other*, something which was separable from *him*; an internal 'evil agent' (Hacking, 1999, p. 113) which acts upon *him* and which could be *treated* as such. In the above comment, the institutional response that she received, which was one of *ordinary* deviance encapsulated in the 'terrible two's' image, was unhelpful for Louise as it offered no means to re-normalize the family environment according to an external abnormality over which they had no control. What this frustration led to is the active role of 'pushing' in order to try to essentialise and encapsulate Liam's difference as outside *ordinary boyishness*.

A similar story was also told by Sian (S) in relation to Charlie, who at 3 years old was;

S   *Very physically aggressive; he would attack me and thump, kick, bite; trash the house; pull curtains off the walls; broke toys; ripped clothes. We'd have huge tantrums that would last for two or three hours at a time where he would be inconsolable. You couldn't reason with him at all.*

As Sian did not have other children of her own to compare Charlie to, it was not until he reached school that she was able to start thinking of his behaviour as something *other*;

S   *being the oldest child you always think that it is you being a bad parent who can't cope with the way they are and that sort of thing. It's only when you start talking to other parents and all the things you've tried have worked on other children but they don't on your own. Like taking toys away and stopping them watching telly and that sort of thing. Whatever you've tried to control his behaviour has not worked whereas on their children it worked*

From this perception of abnormality, in comparison to other children for whom *normal* behavioural controls were sufficient, Sian encountered various media through which she came to the conclusion of ADHD;

S   *I'd actually seen a programme on telly about a young girl and I thought: 'That's what he does!' So I rang up the NHS help line and they sent an inset pack out that came from MIND and they suggested a book in there to read and I went and bought this book and virtually every page I turned over was about him.*

Res   *What book was that?*

S   *Dr Green: 'Understanding ADHD'. And I could highlight virtually on every page and it was him.*

Like Louise and Mike, Sian also received what she perceived to be unhelpful responses from outside agencies;

S   *I was referred to [local mental health services] and they came back and they said that they couldn't see him because he wasn't suicidal. So I was referred to another clinic and they said that perhaps I should go on a behaviour management course and that it was a parent issue and not a child issue.*

With the same frustration for this as an explanation, Sian took on a more 'active' role in gaining the responses she sought;

S   *So I spoke to [a parental support agent] and she suggested that there was a [specialist clinic] and perhaps we could go down there. So I spoke to the GP and he said that he would refer us and that the local authority would fund him to go down and he said that it would take about a week to get through and six weeks later we still hadn't heard so I rang him up and asked him what was going on and he said that he hadn't heard but he'd ring again and I said: 'No, I'll ring. Give me the number'. So I rang up the Health Authority and they agreed to fund him to go down for an initial assessment and they've been paying ever since.*

Though details differ, both accounts so far have followed a similar pattern whereby a perception of abnormality led parents into contact with professional discourses who did not always provide the responses they required in order to initiate the blame exchange that they sought. What this meant is that in order to help their children, parenting had to become active *self-help* (Giddens, 1991) through which parents attempted to re-appropriate specialist information according to their own knowledge and experience of their children. The next section will go on to discuss what some of the consequences of making oneself such an active agent may be.

Struggling for agency

The struggle has started with the everyday work of ADHD for each of these parents, in the active role taken in terms of gaining some recognition and support for their children. Now, I explore how this attempt brought parents up against institutional knowledge beneath which their agency was frequently undermined and their knowledge subjugated.

This relation was frequently enacted through dealings with the school, as Louise says in relation to trying to get Liam assessed for learning difficulties:

L   *Yes, he's going for a test for dyslexia now. Again I've been telling the school that he's dyslexic. Alright I'm no professional but I am a mother and I know when he is struggling. So I've talked to the SENCO for over a year to try and get an assessment for dyslexia but they said: 'No, no, no, there's nothing wrong with him'.*

This assertion of the legitimacy of her knowledge as a mother is testament to the agency that Louise felt she needed in decisions being made about Liam, which she was being denied, she continued:

L   *with a statement we wrote the letter ourselves and sent it off to them ourselves. The school was going to do it but we got in there first so I wanted to refer Liam myself but she said that I couldn't do it.*

For Louise, the institutional ideology of the school has denied her the agency to influence decisions both regarding the specialist assessments Liam receives in school and his statement. The frustration both Louise and Mike felt in terms of the unresponsiveness of the school was well illustrated by Mike's comment that;

M   *Up to now we've had two years of education where nothing has happened at all. Basically we've had enough, haven't we? Come August we said that we can't cope with this anymore. We've had two years of going back and forth between the school trying to solve this; trying to solve that; going to the psychiatrist once a month and nothing was getting done. So really we took it in our own hands and said that we weren't having it anymore. We're not going to allow it to happen.*

Mike's statement makes clear reference to the difficult position of mediation in which these parents found themselves, 'at the junction between the private world of the family and the public world outside' (Vincent, 2000, p. 27). The 'public worlds' that they encounter are those of education and psychiatry, yet what they perceive as their duty; what they will not 'allow to happen' in terms of Liam's

future, has been introduced to them through discursive means which, to some extent, undermine the public/private dualism.

Where once it may have been useful to consider the *particularistic* family feeding into the *universal* values of school (Parsons, 1961), what can be read through these accounts is that new universalisms proliferated through *psy-med-ped* discourse (Donzelot, 1979) have re-formed the social body according to much more diffuse distinctions. Ready-formed norms of behavioural development, which are conceived as acting 'regardless of culture' (Barkley, 2002, p. 89), and complete with a set of 'outcomes' by which the future can be known and subverted, are one example of this invasion. This has lead to a 'technologising' of families in which,

> 'parenting has shifted imperceptibly away from something that is 'natural' towards something that has to be learned and that can be perfected, or at least improved' (Vincent, 2000, pp. 22-23).

The *natural* parenting role within this account was predicated according to the Western *cultural* model of child psychiatry. This was an active role whereby parents encouraged others to become literate in the same behavioural discourses they had. That biological inference is deemed *genuine causality* testifies to the *reality = truth* equation posited in Chapter 3, as does the seeming ease with which Barkley (2002) can brush 'culture' aside. That Barkley's quote, above, was taken from an 'international consensus statement' and counter-signed by around 90 other mental health 'experts' only serves to reinforce the point.

Such buried assumptions gives biology a claim to the *rhetoric of naturalness*, which parents are expected to undertake *repair work* in line with (Murphy, 1999), producing and sustaining the image of the self-improving "good parent". Re-inserting culture would require *natural* to be re-termed *normal* according to whichever social knowledge is most desired. *Normal* draws greater attention to the arbitrariness of the apparently self-evident: the political production of scientific knowledge, the socio-economic production of the family, and the cultural regulation of parental imagery.

Sian experienced a similar regulation to Louise, firstly through the loss of personal agency in an exchange with her GP:

S   *So I had to go back to the GP and explain it to him that we needed the pure Ritalin but he said that he wasn't prepared to give me that prescription and he asked why I needed the pure Ritalin. You almost feel like…I actually said to them: 'Well I'll tell you what I'll do. I'll bring my son in when he's off medication and you can keep him here for a week if you like'.*

Through further investigation Sian found out that this refusal by the GP was the product of a correspondence between the school and the GP about Charlie's medication, which had been conducted without Sian ever being contacted; she was, quite literally, *effaced*:

S   *But I thought: hang on a minute! You have nothing to do with him. You've never seen him and you can't judge from the outside. And it was only because I went to the GP that I found out about this letter and it had been openly discussed at a teacher's meeting with outside teaching advisors there and everything and nobody had asked permission. So I sent a copy of the letter to [Charlie's paediatric specialist] and he got very stroppy and wrote straight back saying that this child has been under our care since he was eight and that the school weren't qualified to comment on medical conditions.*

In both these excerpts from Sian's interview a similar mechanism can be seen at work, in which her knowledge and agency regarding Charlie was undermined and each time she responded with a reinforcement of Charlie's problems. In the first excerpt this came in the form of asserting her own everyday work in managing these problems, in the second it was to the greater expertise of Charlie's specialist that she turned. In each case Sian experienced a threat to her legitimacy as a claimant in her son's affairs, and to each threat she responded by reinforcing his deficits.

This raises the question of why it might be that either Sian or Louise were required to assert the legitimacy of their claim to a stake in decisions regarding their children. Each parent's perception of their responsibility for their child was reinforced through the subversion of their identity beneath the ideology of the school. This introduced a 'mechanism of obligation' (Dermott, 2005, p. 93) whereby they advocated for their children in order to gain the *correct* support and escape images of inadequacy. As detailed above, this responsibility was firstly felt

in relation to the initial presentation of disorder. Insinuated by professional and popular discourses of guilt and blame, this fed a responsibility to fight for whatever support and recognition was available.

The spectres of the 'aberrant child' and 'bad parent' were sufficiently influential for both parents to be motivated to find an alternative set of descriptions for their children's behaviour, however they did not always find comfort in these 'enclosures of expertise' (Rose & Miller, 1992, p. 188), and as such were forced to take on progressively more active roles, each time resulting in a reinforcement of the child's deficit and the family's dependence on specialist information. Against insinuations of the inadequate, an active role was taken here. This required parents to conceptualise parenting as a project; a normatively structured process of learning and improvement.

A relation has emerged here between the technologising of individuals and the formation of psychiatric objects. One of the ways this formation may take place is through what Hacking (1995) calls *the looping effect of human kinds*, which starts with a subject becoming conscious of a description about them and by which they must then modify their action. Whether or not they see the description as fitting, consciousness of it demands them to place themselves in relation to it. However the description is not always as dynamic as experience, so 'what was known about people of a kind may become false because people of that kind have changed in virtue of what they believe about themselves' (Hacking, 1999, p. 34).

The story told here began with parents becoming conscious of their position in a discourse, making themselves active in relation to that discourse and in relation to what they believed about themselves. An attempt is made to falsify that discourse about them, encouraging the means by which their action may loop 'back to force changes in the classifications and knowledge about them' (p. 105). However, what this story so far tells is that this is a dangerous position to adopt, and that 'the current mode of being' (p. 121) a parent of a child with ADHD is a severely limiting position.

I argued above that the relations articulated through psycho-medical and popular representations constitute a discourse of blame and absolution, which limits the possibilities of parentwork in relation to behavioural problems. In seeking absolution through falsification of the blame rhetoric, parents in this account have made themselves progressively more dependent on specialist narratives, creating

a loop through which 'blame is reconstituted rather than abolished' (Singh, 2004, p. 1194). Thus the child is governed through the *pedagogicalisation* of the parent (Popkewitz, 2003).

This governance can firstly be read in each parent's attempted self-improvement, through the acquisition of specialist discourses of behavioural development. Here, Sian's frustration at the "common sense" explanations she received from early referrals illustrate this:

S   *We tried everything: star charts; money in a jar; taking toys away; stop him watching the telly. But none of it worked. He just shrugged his shoulders…we found it wasn't a good idea to send him up to his room because he would trash it. So we sat him down on the bottom step of the front door because that was the only place where he couldn't do any damage but then he went through a period of banging his head on the wall.*

This comment echoed similar experiences in Louise's story:

L   *you know, we've done all the positive parenting classes even before we had the diagnosis…even those really you can push out of the window – the positive parenting classes – because with ADHD, you know, a lot of it doesn't really work.*

Res   *Where did you do that?*

L   *I did one in the crèche and I did one up in the nursery when he was in state nursery.*

Res   *And they were telling you the fairly generic...*

L   *Yeah, pick a chart…praise the good when they are being good and ignore the bad. You just can't do it, you know. Like I said when Liam is being bad he can be bad for five hours if we don't stop him. You tell me where he gets the strength to pick up things and throw it and I've got to ignore that and say: 'Don't do that Liam'. You know…when he is off on one, as we call it, he don't care who he hits. Whoever is in his path will get it.*

Again, what can be seen in both mother's responses was a battle for legitimacy, citing examples of the failure of *normal* approaches to parenting, as if in defence; *I'm a good parent, but it doesn't work*. This outsider status was reinforced with every perceived lack of support, again this reinforcement happened through a re-assertion of the child's difference.

Sian, unhappy with the "problem parent" explanation sought advice from a support group through which she was able to contact the specialist who would become both the means to Charlie's treatment and to Sian's ability to make the *blame exchange* (Singh, 2004). Louise went a stage further and after consulting a parental support group, set one up herself. For Sian it was the medical discourse that offered her the opportunity to reject this culture, but it is not always so clear cut, as Mike's response to his *responsibilities* will now illustrate.

Enacting blame

While Louise and Sian both enacted their responsibilities through advocacy, Mike seemed to conceive of his responsibilities in terms of a personal project. Both share an implicit acceptance of responsibility, however for Louise & Sian the means to blame exchange was in changing the perceptions and practices of others. This was not necessarily so for Mike, who seemed to enact a more personalised responsibilisation of "the good parent".

In response to a question about his and Louise's use of the term "anxiety" to describe Liam's state of mind, Mike stated:

M   *it probably comes through the way we've looked at it and the way that we've been taught ourselves because with this [specialist] assessment it's as much about parents as it is about children, you know. The whole assessment about Liam is also about us as parents and it's for us to be able to understand each stage that Liam is going through.*

So, for Mike, part of receiving specialist intervention has been to take on board certain responsibilities in relation to his own assumptions and practices as a parent. Modifying one's behaviour in terms of a professional discourse has implications for thinking about one's position in relation to that discourse:

M   *But, again, it's about us being positive as parents. Because we are*
        now positive and we know what's happening with the hospital and
        so on and that has an impact on how we deal with Liam. Ultimately
        if you are feeling negative about it then that negativity will come
        through you into Liam.

The job of parenting a child with ADHD is understood here by Mike as a project of self-improvement, whereby, it is them as parents who have to acquire specialist discourses not only to describe their children's abnormality, but also to interrogate themselves, an embodiment of Giddens' (1991) *reflexive modernisation* in which individuals react to feelings of powerlessness through an attempted appropriation of specialist discourses. Yet actors may become *engulfed* within these discourses. Searching, whether for certainty or absolution, takes them into choices whereby they must either abandon the search for support or submit entirely to the authority of specialism and relinquish the agency they desired in the first place. As Mike states in relation to the decision whether or not to medicate Liam;

M   *Because [the specialist assessment] have said that he needs*
        medication but, of course, it's us as parents who have to ultimately
        make that decision and it's a difficult one to make. He's a child of
        six coming on seven and to commit him to long term stimulants is
        a big ask of parents.

What Mike struck with this comment, is central to the paradox that operated through these attempts at empowerment through specialist discourse; in which it was this specialism that required parents to constantly check their own agency, their own actions and behaviour: 'it's us being positive as parents', 'it's us as parents who ultimately have to make that decision', 'it's as much about us as parents as it is about children'. The notion that Mike's narrative draws near is that one cannot appropriate a specialist discourse without becoming an object of it.

Both parents have sought a responsibilisation according to naturalised expectations of "the good parent"; yet the meaning of "good parenting" is socially prescribed. In distancing themselves from images of blame and inadequacy, these parents found themselves obliged to accept responsibility in a different manner, which effaced their own agency entirely. Thus, reflected in the loss of autonomy

the child experiences according to their *internal agent* is the loss of agency experienced by the *responsible* parent.

Taking responsibility for their children

From the image of the bad parent in relation to their child's behaviour, parents sought an active and supportive role; a 'good parenting' role, in establishing support and recognition. Within this role they were regulated according to further derogatory imagery; from 'bad' parents to 'pushy' parents. In this struggle for recognition parents faced a double bind, which is encapsulated in the phrase *taking responsibility for* their children. Either they must accept a discourse which holds them responsible for the production of the disorder in the first place or, in rejecting this discourse, they must take responsibility for the 'correct' recognition of their child, which will involve the submission of the subjectivity they sought and the implicit acceptance of the illegitimacy of their own knowledge and experience. Either way, the deficit resides in the child and the responsibility lies with the parents.

The image of naturalness is held against parents of children with ADHD, defining their responsibility for their children's aberrance, however, once parents make themselves vulnerable to the social knowledge of therapeutics, they sacrifice personal agency and autonomy and face threats to their knowledge as parents.

Louise's narrative illustrated notions of subjugated mother-knowledge: 'I'm no professional, but I am a mother and I know when he is struggling'. Linked through the popular representations discussed above, this subjugation creates 'an imaginary line of what is unacceptable and acceptable in motherhood by having a child whose behaviour does not conform' (Carpenter & Austin, 2008, p. 38).

Once this obligating mechanism had been introduced the task for each parent was in responsibilising themselves in relation to it. However the therapeutic discourse which fashioned the image of the *natural*, *caring*, "good parent" also made it unattainable, thus parents faced the permanent frustration of the very *naturalness* they strove for in the first place. Additionally, what this story tells us is that it is not the repressive therapeutic state forcing its labels through institutions such as the school upon the powerless parent. Therapeutic discourse supplies the descriptions and makes the insinuations, but it is each parent that must take up these descriptions and then fight to have them accepted. Rather

than make a re-appropriation of expertise through this advocacy, each parent was complicit in constructing the means by which they themselves faced appropriation.

Parents in this account were held responsible for the behaviour of their children, and according to this they sacrificed control over some of the means by which their children were encouraged to develop; psycho stimulants being one example. Yet, their parenting retained legitimacy; they were still responsible for the everyday work of parenting, they were not *held irresponsible*. The next chapter will connect these images of mothering and responsibility back to the classroom, to discuss the further substitution that parents may face in relation to their children's development implied by the rise of 'the nurturing school' (Doyle, 2003, p. 252).

Chapter 8: Safe as milk?

Nurture groups have proliferated rapidly recently in early years education in response to what is seen as the equivalent proliferation of EBDs in young children. They have been consistently supported by the Government since 1997 as central to a school's inclusion policy and there are Behaviour Support Teams around the country offering in-service training and good practice guides. The 'emotional literacy' (Rudd, 1998, p. 5) which they aim to foster meshes with cognitive psychology as well as policies such as *Every Child Matters* (DfES, 2004), and the social and emotional developmental components of the *Birth to Eight* curriculum. Beyond the confines of individual groups, some authors suggest that good early years schools are 'nurturing schools' (Doyle, 2003, p. 252).

Nurture groups can also be placed at the centre of many of the aspects of schooling so far discussed in this project. They made no appearance in my original research design, and my work in them was opportunistically schematised around emergent themes. Yet here they have become a vehicle upon which I shall discuss many of the problematics of early years schooling and care that I have so far raised. After contextualising the groups within both project and policy, the implications of this particular style of intervention will be discussed.

Nurture groups join a set of languages and practices in schools aimed at fostering emotional *growth* (Colwell & O'Connor, 2003) and contributing to the *therapeutic turn* in education (Hyland, 2006). In contrast to the rhetoric of *growth,* Ecclestone

& Hayes (2008) attack therapeutic ideals as contributing to the 'diminished self', through the creation of 'fragile identities' (p. xi), which *demoralise* the *actualisation* which should lie at the heart of educational ideals (Ecclestone, 2004). Ian Hunter (1994) provides a challenge to this rhetoric of actualisation, and through his work one can see the regulative, administrative and governmental ideals which nurture could be understood as aspiring to.

The nature binds of the previous chapter will be further pursued through a discussion of the paradox implicated by the notion that emotional and behavioural disorder, the product of deficiency in *natural* maternal relations require the supplement of *nurture* groups in school. At issue here is the entrenchment of naturalist assumptions for particular marginalised groups and the governmental aims that can be accomplished through the deployment of a discourse of *nature*.

The nurturing formula

Nurture groups were first seen in English schools in the Inner London Education Authority in the early 1970s, where, it is claimed, they were 'ahead of their time' (Cline, 2002). The dissolution of this organisation some years later brought an end to the groups as well. Recently, educational practice has seen a return of the nurture group, to the extent that they are now an integral part of many infant and primary schools. The 'classic' model of the nurture group is known as the Boxall nurture group, reflecting the wisdom of Marjorie Boxall, whose original project in the East End of London in the late 1960s has spawned this intervention, and whose related publications (Bennathan & Boxall, 1998, 2000; Boxall, 2002) represent the heuristic against which the groups and their pupils must measure.

Beginning with what are seen as the problematic action and enunciations of the EBD child in school, Boxhall's (2002) theory moves to the *dysfunctions* of family and community:

> 'Nurture Groups had their origin in the 1960s in an area of East London that was in a state of massive social upheaval. Families had been resettled there following slum clearance, migrants from other parts of the UK had moved in, and there was a large recently arrived multicultural immigrant population' (p. x)

Where social conditions such as these exist, what also exists, it is claimed, is a deficit of the natural nurture normally associated with the formation of *the child*; in other words, "bad parenting". Therefore what is needed is a school based restorative, in the form of the nurture group. The *social conditions* that were understood to be creating this deficit in the East London of the 1960s were relative deprivation and social exclusion. These broad and generalisable conditions have also been theorised in connection with the inequitable distribution of labour through the de-industrialisation of national economies and resurgence of free-market capitalism (Fraser, 1997b); the shifting ethics of the cultural move towards consumerism (Bauman, 2005); or the assimilative force of the increasingly global territoriality of individualism (Giddens, 1990). If these conditions are thought to feed the need for nurture, then the resurgence of the nurture group in school is perhaps unsurprising: 'systems and policymakers are troubled by these things and want to find ways to end the troubles' (Thomson, 2002, p. 42). Indeed, it is arguable that broader socio-cultural processes and the apparent need for nurture in schools are mutually constitutive. In drawing these particular conditions out here, my aim is to foreground the argument that socio-economic imperatives may underlie the new *will* to nurture.

Thus, we have a *nurturing formula*, whereby social change creates "troubled communities" producing "dysfunctional families" who feed "maladjusted children" into "stressed schools". Into these *troubled places* (Thomson, 2002), nurture seeks to provide its formula to substitute the naturalised deficits of community and family, through therapeutic intervention on the overt behaviour of the individual child. The assumptions of this formula: that social change produces dysfunctions of nature in community and family, that these can be read in the overt behaviour of children, and, that therapeutic individualism is required to mould these children into the new order of school and society, are some of the contentions against which the practice of nurture groups must be held.

The re-insertion of nurture groups into the educational agenda has also been conditioned by the increasingly popular language of *emotional intelligence* (Goleman, 1996). Couched in the language of cognitive psychology, Goleman wishes to supplant older means of psychological administration, such as IQ, with a new emotional differentiation. Similar to Boxall's (2002) 'social upheaval', Goleman's imagination of the need to administer the emotions is grounded in contemporary images of youth violence, crime and disorder. Through the fostering of emotional intelligence, Goleman aims to replace disorder with self-

motivation, delayed gratification, empathy and hope. Pedagogical narratives that seek to translate these ideals into a schooling agenda have coined the term 'emotional literacy' (Sharp, 2001), defined as 'the ability to recognise, understand, handle, and appropriately express emotions' (p. 1).

The nurture group at Alderley

The data I present here is drawn from my time spent participating in the nurture group at Alderley, including observational and interview material. In addition to this I attended three 'good practice' nurture group meetings which were held at Alderley and which included speakers from other schools as well as from the local behaviour support teams.

I first heard of nurture groups during an interview with an infant school teacher in the Summer of 2005. Then, they were referred to as one of the key ways in which the school approached the inclusion of children with variously described EBDs; an approach consistently supported in the literature (Bennathan & Boxall, 2000; Boxall, 2002; Cooper & Tiknaz, 2005; O'Connor & Colwell, 2002). In the two groups I worked with there were several children with diagnoses of ADHD, Conduct Disorder or Autism. Those that hadn't yet embarked on this discursive journey were almost without exception considered by staff in the school to be suitable for it. Thus, if not already diagnosed as *disorderly* these children were considered *at risk* of being so (Harwood, 2006). The groups had not been part of my original research strategy, however, they had established a central role in the management of such risky populations, and the *ordinary* functioning of the mainstream classroom was heavily reliant on them.

After my 12 weeks in the mainstream classroom I had identified a number of children who I would like to follow in more detail and most of them attended the nurture group. I was also on good terms with the two teaching assistants who usually ran the Year One and Two group; Andrea and Clare. So, when Clare suggested that I join the group I did so. It would not have been appropriate for me to adopt the role I had taken in the mainstream class, which had been that of the relatively detached observer, so, I acted as assistant; joining in the with group activities, aiding with work, supervising during play. The role was similar to the one I had taken on at Kilcott and this combined with my familiarity with some of the children and Andrea and Clare's support made it a very valuable and enjoyable time.

The emphasis on communication in the group was also very helpful to me. I was able to talk to children on a much more open basis than in the classroom. Through this experience I learned, for example, that Chris (see Chapter 6) had much better communicative ability than my mainstream experience had suggested. In this respect I could see this particular nurture group as a great success in accessing skills and characteristics that may have remained unseen in the mainstream class; hopefully building the individual child's confidence as a result. However the group sometimes seemed to suffer by its own openness and could frequently fall into disorder (see Chapter 6).

Implicit in this *success* is an acknowledgement of one of the functions of nurture groups in school; social order. In the sense that children were removed from the mainstream class and had a special status attached to them, the groups could be seen as enacting deficit and exclusion. However, the point was made in Chapter 5 that the routine works to separate and divide certain bodies, labelling them as inappropriate. If these same bodies were then removed from that routine and placed in a different one, then this could be read as the school remaining sensitive to the needs of those who do not appear to *fit in* the mainstream. If the routine works as I have suggested, then remaining in the classroom may in some cases be a more exclusive experience than being removed from it. Additionally, nurture groups are seen by many as a positive advance from the traditionally more vacuous and punitive disciplinary actions that one may associate with the term *exclusion* (Colwell & O'Connor, 2003; Cooper*, et al.*, 2000; Cooper & Tiknaz, 2005; Doyle, 2003).

Setting

The Year One and Two nurture group was located between the communal areas of the dining room and the sports/assembly room, accessed by a door on the right, walking from the former to the latter. The room was relatively small; its previous function had been as a store cupboard, and it was still used as such. This meant that one side of the wall was full of boxes of tambourines, shakers, maracas and wood blocks, which the occasional teacher or assistant or pupil would interrupt the group to locate. I never observed any of this equipment being used by the nurture group. This wall of shelves and boxes was on the opposite room to the door, which opened into a small area with coat pegs just before entering the main room. The main area was roughly square with a low set of

tables and chairs in the centre and floor cushions in one corner with a large wall display called a 'feelings tree', to the right of the entrance. To the left was a wall sized window onto the senior playground; all the walls were lined with tables, sets of draws and cupboards, all containing materials for the group, on one of these was a fish tank with about 4 goldfish in it. The different areas of the room all had names according to the activities to be pursued there: 'breakfast bar', 'tree house' and 'brain box'. A timetable of events for the nurture group is given in Figure 17, below.

Figure 17: Alderley Primary: nurture group timetable

Time	Activity	Location
9.30 – 9.45	Feelings Tree	Tree House
9.45 – 10.15	Breakfast	Breakfast Bar
10.15 – 10.30	Jobs/Choosing time	Breakfast Bar
10.30 – 10.45	Show & tell	Tree House
10.45 – 11.15	Numeracy/Literacy	Brain Box
11.15 – 11.30	Playtime	Outside
11.30 – 11.45	Choosing time	All
11.45 – 12.00	Tidy-up	All
12.00 – 12.15	Nominations/Targets	Tree House

The activities on offer were a mixture of more flexible, choice-led equivalents to mainstream work. Where work was expected (numeracy/literacy, show & tell), expectations of output were set low and encouragement was in plentiful supply. There was space for relatively unstructured activity time (choosing time, playtime), often used as an incentive to finish work, and some 'managed' interactive time (feelings tree, breakfast), where children were encouraged to talk about their thoughts and feelings, out-of-school activities and home life. The guiding rationale for these activities could be characterised as 'learning to learn' (Sanders, 2007, p. 56). The assumption was firstly that these children did not fit into the early years mainstream because they were not ready for it yet. Secondly, that what they primarily lacked was not academic ability but social skills in large group environments. Thirdly, that these skills could be acquired through growth and acquisition; if they were not currently held by the children, then they could be *nurtured.*

The nurturing school

The recent shift towards good practice suggestions of the 'nurturing school' (Doyle, 2003, p. 252) implies that some essence of the nurturing formula is seen as beneficial, not only to the aforementioned risky populations, but to the young school child in general. The first way in which I would like to explore this idea is through a look at the way in which many of the aspects of schooling so far discussed in this project are centrally manifested in the nurturing formula.

The analysis looks first at the ordering of nurture groups according to routine functioning (see Chapter 5). The nurturing formula shares the assumption of the penal system, that those seemingly incapable of integrating themselves into the routines of ordinary society require an intensification of routine structuring. As in Chapter 5, the routine functions to produce the ideals of surveillance and confession. The second part of the analysis moves from the structure of the routine to the subjectivisation which lies beneath it, in the everyday work of the group.

Routine

The chief objective of the nurture group is to provide a structured experience of *attachment and support*, which it does, as Boxall (2002) suggests, through the use of a consistent and unbending routine:

> 'Procedures vary from school to school, but whatever the variant the same routine is followed in the same way, every day, in the school concerned and, except for unavoidable events, the same familiar people are in the same expected place, every day.' (p. 24).

The rationale for this is that it counters the effects of the poor organization, inattentiveness and high anxiety which it is claimed these children have inherited from their *disturbed* upbringings. At the level of everyday action the routine can be seen to operate in both overt and normative ways.

Firstly, the overt structural and temporal guide of the timetable (Figure 17, above). Short demarcations of time seek security for all, leaving no period of time ungoverned and open to disorder. At the second level, for each one of the activities on this timetable exists a sub-level of routinisation, in the norms and

expectations; the correct procedure, by which each task should be carried out, each piece of interaction performed, and by which each person should conduct themselves (see Figure 18, below).

This is routine regulation in the ordinary classroom (see Chapter 5), however, 'for pupils with special educational needs the gaze reaches further' (Allan, 1996, p. 222), thus, there is an intensification of routine functioning and it is the perceived deficit in these skills, and what this may imply, that is under particular scrutiny.

Figure 18: Some Nurturing Norms

➢ Saying you're sorry**:**
✓ Look at the person
✓ Use a nice voice
✓ Say why you are sorry

➢ Ways to calm down:
✓ Tell yourself to stop
✓ Give your thinking brain time
✓ Count backwards from 10, 20, 100
✓ Walk away

➢ Traffic light system:
✓ Green – A good level, everyone is able to work
    KEEP IT UP!
✓ Amber – Noise levels are rising
    ACT NOW TO RETURN TO GREEN!
✓ Red – The noise level is too high
    ARE YOU ABOUT TO GET A WARNING?
    (fn, 05/03)

Enunciation & Confession

Leading out of the routine norms, there are specific ways of speaking and specific forms of speech that are considered appropriate by the nurturing formula. In

order to develop appropriate enunciation, nurturing practice must first draw out confessions of all considered damaging. By way of example, we can look at activities such as the *feelings tree*, where each child in turn will choose from a given list of physical/emotional states to describe how they are feeling today and then describe why. There is something worthy in the attempt to encourage young children to reflect on and express their experiences and feelings in this way, for participation and empowerment may be read in it. However, through the interpretation that the adults around them are empowered to impose on the content of their speech, this attempt is one which ultimately may cast the child as more vulnerable. The following excerpt is from an interview with Andrea (A) and Clare (C), two of the nurture group assistants at Alderley:

A: *It's like Paul isn't it, with Uncle Pete, except that he's not Uncle Pete, he's his dad. And now Uncle Pete is in prison. But unless you do some digging we don't find out.* (Interview, 28/02)

In this excerpt, Andrea used the family circumstances of a year two boy, Paul, to illustrate the task of 'digging' which her and Clare felt they were required to do in the group. The groups were built around encouraging children to open up and share their thoughts and feelings, and numerous opportunities for participation of this sort were integral to many of the daily activities. In the following excerpt, Clare details the response of a Year 2 girl, Lola, to a task involving descriptions of after-school activities:

C: *she wrote, 'I go home from school and I go to bed' and we were saying, 'oh no, we don't do that – we have our tea when we get home from school' – but not Lola. She goes to bed. That's her day. Now that's awful. So what she does now is she will copy off the person next to her so if they had sausages then so will she or if they had pizza she'll have pizza.* (Interview, 28/02)

Here, the activity requiring children to give descriptions of their lives outside school, has given the opportunity of some more digging. The effects of the surveilling routine can be seen here in Lola's desire to *hide* certain details of her home life, in order to be *seen* as *normal*. In line with the task, Lola has confessed to going straight to bed after school, however this confession cannot be made *intelligible* (Britzman, 2000) within the institutional order. The result of this is that

Lola is cast into a position of vulnerability sufficient to make her want to lie in her responses to subsequent tasks. The excerpt continues:

C: *And she will sleep on the settee. If we ask her where she has slept last night we will get all sorts of stories: on the settee; in the playpen…*

R: *And we've had 'on the floor' before now. But mostly it's on the settee. I mean you shouldn't let your child of seven sleep on the settee. It's just basic parenting skills that are needed.* (Interview, 28/02)

The conclusion that is reached here reflects one of the central assumptions of nurture; that it is the perceived dysfunctions of the home situation that causes the overt disorder at school. That Lola has felt forced into lying in her subsequent confessions challenges the notion of emotional *growth* that is desired through this intervention, though perhaps Lola has gained some *resilience* through the experience.

This example partially fits Rose's (1989) description of the therapeutic confessional as a *technology of autonomy*. Rose claims that an overt shift has occurred from technologies which yield security of state to those that are seen to secure the self. The confessional, cast in *displaced* images of Christian rituals, becomes one of the principle means through which the self is contracted to a notion of actualisation. In seeking to downplay an emphasis on top-down repression, Rose emphasised the voluntary and cathartic action of the confessional encounter. Yet such an encounter cast Lola into a position of greater vulnerability, perhaps due to her relative powerlessness within the *appropriate* relations in school between adults and children (Cannella & Viruru, 2004).

The question of what is culturally appropriate within adult-child interaction, brings power relations into play. I was able to offer my confession (Chapter 1), on the basis of a personal exemplification of some of the ideas I wanted to introduce in this project. I was aware of the dangers involved and I made an informed choice, fully aware that I was regulating myself according to a governmental ideal; it was, therefore, active, voluntary and participatory, based on my awareness, and at least partial control, over *the conditions of my actions* (I. M. Young, 1990, p. 38).

Lola, however, is not free in the extent to which she participates in these conditions; they are hidden from her by the *acceptable* dominance of the surveilling institution, she confesses unknowingly therefore, unsighted to the drives and consequences of her expression. Thus Lola's actualisation through therapeutic technologies recasts and reinforces the *neurosis* it was designed to alleviate (Ecclestone & Hayes, 2008; Furedi, 2003). While I can partially enact Rose's (1989) anti-repressive position in holding on to the voluntary and cathartic elements of my confessional, Lola's position seems to lack even this relative autonomisation, appearing by comparison *oppressive* (I. M. Young, 1990) and *neuroticising* (Rose, 1989, p. 244).

Lola's experience also draws out distinction within the rhetoric of emotional literacy, undercutting its ability to be transformative, instead appearing to restrict Lola's possible expression according to what is deemed *appropriate*. This echoes Burman's (2009) critique of emotional literacy as,

> 'the suppression of variation (in emotional response) which endorses conformity and consensus and denies actual struggles/conflicts of interest' (p. 142).

Family & gender

Routine and *confession* are both linked here to the internal *ordering* (Foucault, 1981a) of the discourse of nurture groups. Now analysis moves to some of the *effects* of this working in terms of the truths told about particular groups through the nurturing formula. The family comes under persistent interrogation here according to Boxall's (2002) indictment of the 'developmental impoverishment' (p. 3) of the child's home situation. The task of 'digging' that the nurture assistant pursues is thus given this particular focus. Below is an example of Boxhall's (2002) heuristic of the family in need of substitution:

> 'Typically such children have grown up in circumstances of stress and adversity sufficiently severe to limit or disturb the nurturing process of the earliest years' (p. 1)

From this heuristic, comes good nurturing practice in school:

Res   *And was there anything about the specific nurturing principle that attracted you?*

A   *I think a lot of children that come here aren't cared for. They don't have the basic care that others have. They're not fed; they're not clean; they're tired...*

C   *The ethos behind the Nurture group makes sense to us.*

A   *They can't function, can they? You sit them on the carpet to do, say, their times table and they don't really know how to put two words together. Everything goes over their heads.* (Interview, 28/02)

This excerpt draws out the relation between emotional literacy and responsibility. However, here, though the literacy of children in school has been criticised, it is the lack of responsibility at home that is thought to be the cause. Burman (2009) criticises such emphasis on responsibilising the emotions with the implication that 'emotional literacy begins at home' (p. 145). This is made explicit in this excerpt in which emotional literacy is perceived to have failed at home, and requires a school based restorative. Once in the home, further means of gender regulation are readily available.

In terms of gender, nurture groups share relations with the infant classroom, in which the majority of the time disruptive males are attended to by female teaching assistants (Arnot & Miles, 2005, also see Chapter 6). Such practices find their immediate derivative in the assumptions of the nurturing formula and the supposed deficits in early childhood experiences at home on 'mother's lap' and 'mother's knee' (Boxall, 2002, p. 6). Boxhall's account includes an author's note, which explains the almost exclusive equation of nurture staff with female pronouns and nurture children with male ones, firstly, by saying that this reflects reality, secondly by claiming that it aids the ease of reading. Any reading that sustains and reproduces existing stereotypes may be *easy* but is certainly also *dangerous* (Foucault, 1984); here Boxall betrays naive assumptions, disregarding the extent to which *reflection* should be recast as *constitution*. The equally persistent equation of 'mothers & sons' is not addressed. Thus Boxhall's nurturing formula enacts the historical equation of *emotional work* as *female work* (Walkerdine & Lucey, 1989). Embedding this relation in the masculine oriented school extends the institutional *use value* of emotion (Skeggs, 2003), resulting in

a culturally approved relation; *troubled boys* being *mothered* by female teaching assistants. Thus the nurturing formula contributes to the more generalised *feminisation* rhetoric in early years schooling (see Chapter 6).

Such a delimitation also undercuts the autonomy of the nurture group teaching assistant. In the previous Chapter, mothers of pathologised children found their agency effaced. If the nurture group produces a surrogate mother in the teaching assistant then this is in part due to the conditions for similarly limiting their action already being in place.

The first illustration I will present of this concerns the question of which children should enter and leave the nurture group, which at Alderley was not governed by any set policy or procedure. The first excerpt concerns a brother and sister, James & Emma, 6 and 5 years old respectively. James has diagnoses of ADHD and Oppositional Defiant Disorder and only attends school in the morning, most of which he spends in the nurture group.

> *I was also chatting to Andrea and Clare about James and Emma, who are brother and sister – they don't like the two of them being together in nurture group as all the problems which Emma encounters being a younger sister to James at home are repeated at school – he bullies her, answers for her and gives mum a full report of any misbehaviour – which A and C feel is largely reaction to his dominating behaviour. However, him and Ross together is too much for the already difficult year two group. Both A and C feel that Emma would benefit from the nurture group but that she is not really at the moment – however they don't have any input on who ends up in there.* (fn, 27/11)

In this example, there are two significant gendered effects. It is claimed that the potential effectiveness of the nurture group is at stake with Emma because of James' dominance of her. Andrea and Clare do not feel that the group is the right place for James to be. However, despite the everyday work of the groups being theirs, their voice is not heard. Their work and their agency is effaced and Emma is left in the dominating presence of her brother.

There is also a local politics which is seen as relevant here. James is from what is perceived throughout the school to be a very "problematic" Year Two group,

particularly for a group of 3 boys with diagnoses of ADHD (see Chapter 6). James and the other boy mentioned in the excerpt, Ross, are a particular inter-personal concern, and this governs James' placement in the nurture group. Thus the behavioural discourse that surrounds this group of boys, and particularly James, is given primacy over the lived experience of the people in the group which is felt in Andrea and Clare's sense of powerlessness.

The most obvious manifestation of Andrea and Clare's truncated sense of ownership could be seen whenever one of the children started behaving particularly aggressively or violently. In the following excerpt a Year One boy, Chris, has hit Andrea twice and stormed out of the group into the unoccupied assembly room next door:

> *Chris is now in the assembly hall again and the group door is open so if he comes back through they will see him. So Clare suggests leaving him to it, but after a couple of minutes another teacher comes along to say that he is messing around on the stage and she is worried he'll hurt himself. There are some problematic complications here as well – neither Andrea or Clare are trained to physically intervene with Chris – even though they are responsible for him four mornings a week…so for now Chris is left cavorting around in the hall and Andrea and Clare feel a little helpless because of their lack of training. Clare also commented to the effect that they feel a negative implication when teachers alert their attention to what Chris is doing, as though when he is in nurture he stops being so hard to deal with.* (fn 27/11)

There is a paradox at work here: the behavioural discourse surrounding the children placed in the group holds a great deal of influence within the school, determining their placement outside the mainstream. I have noted above how with the three boys with ADHD in Year Two, this behavioural discourse subsumes the needs of the group as a whole beneath the need for order in the mainstream. Thus Andrea and Clare were expected to take on the care of several children who's *disorderly subjectivity* (Harwood, 2006) was believed to carry the likelihood of aggressive and violent behaviour, yet they were not sufficiently trained to deal with this likelihood. Thus, apparently, the rationale for outside placement evaporates and Andrea and Clare are left powerless to the behavioural discourse of the school, the violent actions of the (male) children and the aspersions of other teachers.

This instance illustrates the contradictory assumptions around nature/nurture which the philosophy and practice of nurture groups project. The nurture group is deemed necessary to assuage the *natural* deficits of Chris' EBDs. This implies that nature is to some extent *nurturable*. Andrea and Clare became frustrated by the negative implications they felt from other teachers who assumed that Chris would be better behaved while in the nurture group. Yet this is precisely what the group is supposed to do. Thus, while Andrea and Clare stated above that they subscribe to the 'ethos' of the groups this illustrates a limit to this subscription, whereby *nurture* may not be able to make up for certain *natural* (internal) deficits. This testifies to the entrenchment of a fatalised view of Chris's *pathology* as well as bearing witness to the inconsistencies of the school's behavioural discourse and the ambiguities produced by the contradictory assumptions of the group.

Risk & class

Extending the *emotion equation* that nurture enacts with regards gender can allow social class to become visible as well. Class could be conceived as lying *prior* to gendering within the nurture formula, for the model describes a process whereby inappropriate (working class) mothering can be neutralised by the appropriate (middle class) values of the school.

Enacting class on the basis of a formula of 'cultural deficiency' (Fairclough, 2000, p. 61) allows one to frame political discourse according to dichotomous understandings of *outcomes*, order/disorder, which can be managed through the language of risk (see Chapter 4). What this produces in the nurturing formula is the *at-risk EBD child*, the *at-risk adverse upbringing* and the *at-risk conditions of class and community*. To draw once again on Boxhall's (2002) heuristic:

> 'From the beginning the work that developed [into the nurture group] was an attempt to ameliorate a desperate situation in schools and to help the large number of children who were facing a disastrous future' (p. viii).

Placing nurturing theory within the future-bound language of risk allows it to be easily transposed onto current early years policy as represented by *Every Child Matters* (DfES, 2004), and related publications aimed at building *brighter futures* (DCSF, 2008) through *community cohesion* (DCSF, 2007).

Every Child Matters is built around what it refers to as 5 'outcomes'. These are to 'be healthy', 'stay safe', 'enjoy & achieve', 'make a positive contribution', and, 'achieve economic well-being' (DfES, 2006). While these are all labelled 'outcomes' there is an implicit linear temporal assumption whereby achieving one will lead into the fulfilment of the next. Such that 'being healthy' and 'staying safe' become fundamental factors in determining future states of 'achievement' and 'economic well-being'. Listed with these outcomes are the 'responsibilities' that are considered important for the attainment of them, each of which are conceptualised in terms of the duties of 'children and young people's parents, carers and families' (DfES, 2006). Illustrative of the trend whereby the department for education has re-branded itself to emphasise individuals and families[23], the *Every Child Matters* framework sets up a system in which there are understood to be risky ('unhealthy and unsafe') children whose families duty it is to promote their better well-being in order to successfully integrate them into economic society. In this document a political naturalisation occurs where the school, the classroom and the structures, systems and practices therein are conceived as neutral vessels in which this individual 'responsibilisation' takes place.

The nurturing formula therefore meshes with this policy, seeming to offer amelioration to the *Every child matters* drop-out: the working class child and family who are considered irresponsible, incapable of attaining these outcomes without supplement.

This discussion has focussed so far on the limiting relations required and reinforced by the nurturing formula. A spatial/temporal means of surveillance is provided by routinised norms. Confession is similarly routinised, drawing out inappropriate enunciation and attempting to stabilise emotional responses. Existing gender relations in school and at home allow children, parents and teaching assistants little room for autonomous thought or action, rather they become instrumental, yet lacking participatory rights, a narrowly defined political rhetoric is able to flow through their action with little possible resistance. Thus, in contradiction to the rhetoric of growth, in both the nurturing formula and the wider discourse of emotional literacy, the groups appear through this analysis instead as limiting and levelling. Emotions are acknowledged, interrogated and transformed, and this has emancipatory potential, however, actualisation is

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[23] This refers to the 2008 change to the departmental nomenclature from 'Department for Education and Skills' to 'Department for Children, Schools and Families'.

restricted according to an individualised neutralisation: children are to be taught to 'understand, handle and appropriately express emotions' (Sharp, 2001, p. 1), according to the needs of economic integration. This depoliticises emotions, denying the social dysfunction from which a valid and angry emotional response may have arisen, replacing it with a therapeutic discourse of detachment and containment, where 'no leakage from the personal to the impersonal is permitted' (D. Smith, 1975, p. 9).

Through this routine commitment to therapeutic orthodoxies, the nurturing formula appears to offer limited means for actualisation (Ecclestone & Hayes, 2008), offering only actualisation according to an integrative ideal, presumed by *Every child matters* to be an economic one. This ideal will now be discussed in relation to Ian Hunter's (1994) application of *governmentality* (Foucault, 1991) to school's pastoral power.

From routine to ritual

Ian Hunter's (1994) description of the school as 'an improvised technology for living' (p. xvii), can help to make sense of schooling as a means to economic and state security. For Hunter (1994), actualisation, which Ecclestone & Hayes (2008) suggest cannot be fulfilled by recourse to the *dangerous* language of therapeutics, has never played a primary role in anything but the rhetoric of educational values. Instead, Hunter suggests, that as a system established through Christian doctrines of ascetic self-governance, education's primary role is in the production of the self-responsible subject.

Hunter's (1994) description of pastoral discipline and the 'articulation of surveillance and self-examination, obedience and self-regulation' (p. xxi) would seem to fit the analysis of nurture groups provided here. Drawing on Weber (1930) and the affinity he theorised between pastoral discipline and the rise of capitalism, Hunter (1994) suggests that educational ideals, shaped around the productive economic subject, have become part of the state's means of enhancing collective wealth and security, 'and *thereby* the well-being of its citizens' (p. 39). Within this model the supposed educational ideals of actualisation, empowerment and autonomy are secondary to the 'survival and security of the state' (p. 40). This is the model Foucault (1991) dubbed *governmentality*, 'a plurality of forms of government and their immanence to the state' (p. 91). One of the tasks of this new 'art of government' was the establishment of a 'downwards continuity…which

transmits to individual behaviour and the running of the family the same principles as the good government of the state' (p. 32).

The assumptions of nurturing formula reproduces this downwards continuity, with the future image of the economically productive subject tied to the present responsibilities of family and child. Yet the effect of the distanced governance that Foucault's (1991) model implies, is to produce continuities which break a linear 'downward' movement and circulate on the back of the naturalised discursive forms which have been discussed here. Thus, the school takes up a governmental position within the valorized notion of social order. Government is diffused further within school according to the interaction of inequitably distributed social forms: gender and family, mother and teaching assistant. This diffusion is only made possible by the burying of the contradictory nature-nurture-normal assumption, which is managed on an individual level through the proliferation of techniques such as risk. Risk is re-inserted into the political order through the threat of future economic dependence; perpetual motion is thus produced where this feeds back into the reinforcement of ideals such as free market liberalism which distributes new inequitable positions producing the new perceived *need* for nurture.

The consistent replication of the routine on a day-to-day and week-to-week basis offers the means to achieving naturalisation (see Chapter 5). Here, routine norms combine with confession and various other subjectivising relations (gender, class and family) to make up a ritualised approach to schooling. With the routine argument a progressive distinction was introduced whereby the routine could be judged according to its ability to autonomise the self through a motivated contraction to the immediate value of social order. Having established a certain relation between the nurture discourse and Christian doctrines here, an allied distinction drawn by Mary Douglas (1970) is enacted:

> 'I am told that ritual conformity is not a valid form of personal commitment and is not compatible with the full development of the personality; also that the replacement of ritual conformity with rational commitment will give greater meaning to the lives of Christians.' (p. 4)

The subjectivisation that the nurture formula enacts now becomes of some significance for its potential to either progress into the fostering of 'rational commitment' or fall back into 'ritual conformity'. On the one hand the nurture formula seems predicated upon at least a rhetorical commitment to alternative

approaches to the external disciplinary structures of schooling. It allies itself with the emotional content which is at the heart of many progressive models of education: the *social pedagogue* (Cameron, 2007), or the *pedagogy of the emotions* (Kenway*, et al.*, 1997) which seek active and participatory routes to growth and inclusion. Yet some of the truths told by the nurture formula within this analysis implies that this growth is not always being achieved. This is because it conforms to a masculinised therapeutic rhetoric of 'emotional neutrality, certainty, control, assertiveness, self-reliance' (Kenway & Fitzclarence, 1997, p. 121). This illustrates the extent to which nurture and emotional literacy hold only a 'superficial convergence with a feminist commitment to acknowledge and interrogate emotions' (Burman, 2009, p. 138), instead seeking to responsibilise the inappropriate emotional response, the adversarial and angry, defiant and oppositional, which are defined as *poisons* to be drawn out and contained with *poisonous pedagogies* (Kenway*, et al.*, 1997). Blind to the subjectivisation that it obliquely creates, the nurturing ritual can continue to hold fast to the notion that it produces passage into psychological adjustment, and thus its *functions* become the stuff of school-wide recommendation and it loses its ability to actively re-interpret the dominant discourses of the school, instead re-inscribing them, turning children, teaching assistants and mothers into 'cause and effect metaphors for educational change' (Kenway*, et al.*, 1997, p. xii).

In contracting itself to the discursive relations governing schools and in turn to the governmental aspirations of bureaucratic administration, the nurturing ritual at once reinforces and destabilises the governmentality rationale. The capacity to distribute limiting subject positions along accepted boundaries leads to the nurture formula's own objectification as a governmental artifice. Yet through the same subjectivisation the formula complies in its own failure to live up to this objectification. If the subject produced through therapeutic individualism is vulnerable, dependant, anxious and neurotic (Ecclestone & Hayes, 2008), then this would appear unbecoming the steely image of the upright and dependable *self-managing citizen*.

Thus, in discursive terms, rather than working together, the social governance of categories such as 'EBD' and 'ADHD' may not be served best by the nurturing formula. Jenny Laurence (2008) argues this position through the *executive functions* which are believed to be the associative neuro-cognitive deficits of ADHD: 'self-directed covert actions that assist with self-regulation' (Barkley, 2003, p. 79).

Laurence's (2008) adaptation of the governmentality model uses the contemporary valorization of *information processing*, and its production of desirable social forms interacting with the dominant understanding of individuals in terms of bio-pathology: 'the figure of the 'business woman' acts to translate a particular kind of workspace onto psycho-biological space' (p. 108). The contrast between the upright and dependable image of the executive and the emotional deficiency model described here, implies for Laurence (2008) that:

> 'both 'attention' and 'hyperactivity' may be approaching redundancy, given that they no longer seem to describe 'the primary problem'. A science of 'executive function disorder' may much better translate onto an enterprising administration's need to know'. (p. 109)

Such a change would be liberatory in the relative sense in which the new nomenclature would draw near the means by which governance is deployed and the meaning of the actions which are being encouraged in the name of self-responsibility. As argued at several points in this project, under the governmentality model, *relative liberation* may be the most that can be hoped for, with distinction required as to the extent to which governmental relations may be entered into in a knowing and participatory manner.

Nurture nature normal

The nurture formula is centrally placed within school and Governmental 'inclusion' policies. Yet once again what can more readily be observed is integration, according to theories and practices of deficit, pathology and regulation.

The central tenet of nurture groups, it is claimed, is their focus on 'growth, not pathology' (Boxall, 2002, p. 10). However, this 'growth' is conceptualised according to *normal development*, *normal parenting*, *normal learning experiences* a *normal educational continuum*, and the role each can play in averting the 'disastrous future' (Boxall, 2002, p. ix) which these children would otherwise necessarily/supposedly face. Thus despite the claims of non-pathology, this conception of the need for nurture in the face of dysfunctional families and future disaster is illustrative of nurture's adoption of the naturalised language of risk and governmentality, and a therapeutic dualism of the normal/pathological (see Chapter 4).

Hunter's (1994) use of this model encourages us to look beyond daily practices to some of the mundane and administrative ideals which the education system may be aspiring to. Yet neither his ideas, Ecclestone & Hayes' (2008) critique or the writing of Boxhall (2002) leave us in any kind of comfortable position as to notions of inclusion. If 'inclusion' means the efficiency of a system in bringing an individual back within a pre-ordained notion of citizenship, then such schooling may be described as inclusive, yet 'integration' would seem to fit this description more closely. According to this model inclusion can perhaps only be glimpsed in *momentary* fashion, in a child's participation in the means of their integration, for example, or temporary re-negotiation of some structure to better fit their character, ideal, or action.

Chapter 9: Producing ADHD

In forming some tentative conclusions from the arguments made in this project it is first necessary to summarise these arguments. The work of evaluating the argument will begin with relating it to my original objectives before looking at the project's 'blank and blind spots' (Wagner, 1993, p. 15). This is intended to not only seek what I may have done differently in this project, but also to take a forward look at possible future research directions. Keeping with this future bound perspective discussion will then move to some of the implications of the arguments made for the future means by which practice may be conceptualised in the areas discussed.

Conditioning ADHD

Using the overarching theme of 'conditions of possibility' (Foucault, 1974, p. 89) I have produced an account of some of the institutional and individual co-ordinates that make the ascription of a diagnosis possible. In general terms, I have argued for the need for alternative conceptions of childhood which move away from the binaries and internal deficiencies represented by the ADHD construct. I have pursued this argument through the complexities encountered in my research sites, which contrasts to the cookbooks of psychiatric discourse. I have presented the argument according to nine chapters which each do different but related work in achieving the de-naturalisation of ADHD, and all its associated social co-ordinates, which I argue the need for.

In terms of the stated objectives of plotting some of the conditions which make the ascription of a diagnosis possible then each chapter can be seen as contributing a set of clues. If there were to be one take-home message for each chapter, then my own criteria for the production of ADHD may look something like this:

A diagnosis rests on the prior ability to:

1. Group people and represent them holistically according to a set of essentialisms;
2. Objectify knowledge by making invisible the means by which that knowledge was produced;

3. Make 'truth' statements based upon binary separations between 'real' and 'non-real';

4. Individualise and rationalise 'choice';

5. Remove individuals from their historical and immediate senses of space and place;

6. Examine and differentiate individuals according to an institutional order;

7. Enact naturalised conceptions of social groups to reinforce existing inequalities;

8. Cast obligations based upon notions of blame and responsibility;

9. Situate naturalised essentialisms within a cultural context and make them articulable.

The most consistent themes across these points are naturalisation and binary and de-historicised thinking. These styles of thinking link together in various ways: naturalisation links with binary thinking to produce categories such as male/female. Naturalisation acts paradigmatically, in that once the assumption of naturalness is in place then further assumptions become logical imperatives. Perhaps the most recurrent example of this process in action here is in the naturalisation of the social order, which distributes governmental ideals upon which individual subject positions should proceed. Thus, routine, gender, family, class and risk all become naturalised categories according to which the *good-citizen-in-the-making* (Graham, 2007a) will align themselves. Further binaries are distributed to adjudicate such a performance, respectively; order/disorder, male/female, functional/dysfunctional, working/middle, safe/dangerous. Each binary in turn implies domains of knowledge through which one can interpret the action of the individual so placed and new categories are spawned: EBD, pushy parent, developmentally impoverished, hard to shift, ADHD.

To denaturalise the social order implies bringing subjects into close contact with the means by which their everyday action is known. To de-naturalise a category such as ADHD first requires the de-naturalisation of all the conditioning categories around it – those related to individuals (choice, risk) and groups (gender, class), those related to institutions (school, family) and those related to knowledge epistemes (pedagogy, psychiatry).

For each of these the process of de-naturalisation requires one to interrogate fully the reason why they may be performing a certain action or pursuing a certain goal in a certain way and the rationale and implications of doing so.

In arguing for the need for ways of seeing which seek to get inside the conditional nature of existence, the very first thing it is necessary to say is that nothing can be said 'regardless of culture':

> 'Various approaches have been used to establish whether a condition rises to the level of a valid medical or psychiatric disorder. A very useful one stipulates that there must be scientifically established evidence that those suffering the condition have a serious deficiency in or failure of a physical or psychological process that is universal to humans. That is, all humans normally would be expected, regardless of culture, to have developed that mental ability' (Barkley, 2002, p. 89)

The mis-representation of culture within this passage is first attested to by the notion that one can 'normally' be expected to do something 'regardless of culture'. Culture and norm imply one another; without cultural notions of order and society and what is acceptable to each there would be no norm.

To delve further into the contradictions contained in the passage: 'psychiatric and medical conditions' are derived here from the Western cultural discourse of child and adolescent psychiatry, part of the Western cultural discourse of medicine. Even within the occident this discourse attains nothing like universal status, with its differential treatment of ethnicities, genders and ages. The notion of there being a 'valid' condition within these discourses draws on more culturally derived notions of what 'validity' is. Once again these derive from Western scientific and philosophical discourses about epistemology and methodology which concern the ways in which we come to know something as an object of knowledge. One of the guiding assumptions of Western philosophical thought which has particular relevance within the Western cultural discourse of medicine is in the ontological separation of body and mind.

Lastly, is the notion of the 'universal'. I wonder if Barkley and his 88 counter-signatories can provide any examples of a 'condition' or 'deficiency' or 'physical or psychological process' that is 'universal to all humans'. I can think of only one such category; culture, and within this 'universal' category is to be found infinite variety, particularity and pluralism.

'Culture' is perhaps the ultimate 'discourse' when it comes to human beings. It is what defines the limits of knowledge and the means with which to extend those limits. It is our daily practices, the means by which we might make meaning of those practices and the means by which we might seek something else. It cannot be disassociated from anything we do, say, think, feel or experience:

> 'culture is not a power, something to which social events, behaviors, institutions, or processes can be causally attributed; it is a context, something within which they can be intelligibly - that is, thickly - described...[the exotic is] a device for displacing the dulling sense of familiarity with which the mysteriousness of our own ability to relate perceptively to one another is concealed from us...understanding a people's culture exposes their normalness without reducing their particularity.' (Geertz, 1973)

Thus, when something is said 'regardless of culture' it is said *regardless of everything that made it meaningful*. Yet, in Barkley's (2002) 'consensus statement' culture seems to be implicated as something which may threaten or falsify the *truths* of biological doctrines.

When Foucault critiqued truth he was saying neither that there was no truth, nor that there was no need for truth. Instead he said that what is considered true in any given space and time is contingent upon who is being addressed and the means and resources by which the address is made. Thus what is considered true does not have to be so and the task of re-ordering and making a *new politics of truth* (Foucault, 2000) should be the ultimate task of the critic.

What Harwood (2006) calls 'the truth of the disorderly child' has been told within this account through the ready availability of *enunciations* and *technologies* (Graham, 2007b) both holding some status in the 'play of the true and false' (Foucault, 1996a) in schools. The neuro-genetic account of ADHD; the Diagnostic & Statistical Manual; the orderly school child; the responsible parent; the nurturing school, are all prescient examples of things held against subject positions with the status of truth. So too 'boys will be boys', yet the wistful fatalism should by now strike a discord as the truth subsides and infinite others are left, where what 'boys' (or any other such category) *may* be is only dependent on the economic, cultural and linguistic means available to them (Fraser & Honneth, 2003). Thus to say that ADHD plays no necessary part in

constructions of self and society is not to throw out all means of recognition or all the needs of social order, it is merely to try to re-define them on more transparent, participatory and socially just terms.

The system that I have explored is not one which necessarily produces the effects I have posited. Human agency decrees that nothing is necessarily so, and in this there is promise. However, diagnostic rates are rising and more such categories are appearing. Therefore I hope that the arguments I have brought to bear on this object of study might prompt pause for reflection and resistance. The need for an orderly society is not in dispute, merely the means by which one might attain this. This all rings high and lofty and doesn't really seem to mean much at the level of everyday action, yet an interrogation of one's own everyday positions in terms of what seemed an abstract critique brings it down to the level of the concrete.

Resistance requires both opportunity and motivation in order to carry any effect. Expectations reside around children, teachers, parents and medical practitioners, thus it takes something *out of the ordinary* to think and do something contrary to what has become acceptable, competent, recommended, "good" practice. Yet this statement is true in a double sense, if we add *from* just before *out of the ordinary*, then the role of culture is brought back into play and the conclusion may be reached that the extraordinary, the radical, the different, the challenging and the resistant is borne out of that which is most familiar; it is in the recognition of it as familiar, habitual, default, automatic that may derive the conscious and constant effort to make it strange again so that the assumptions upon which a situation, event, utterance or description attained the status of *truth* may be better known.

In Chapter 5, I argued that conduct in school is organised and maintained according to the routine. Within this argument, *the routine* acted partly as a situated construct for the action Foucault (1977) described as *discipline*. Through this enaction the routine argument took a constitutive place in the progression of the argument into subsequent chapters; in Chapter 6 some of the effects of routine divisions between males and females in school were posited in terms of their constitutive effects on the ascription of labels such as "ADHD", as well as the effect of diagnosis on future routine thinking. In Chapter 8 routine logic is expressed and intensified through the nurture group, the *nurturing school* then becoming a metaphor for the ritualised hierarchies of gender and class and the

reification of risk and choice enacted in the everyday of early years schooling. The routine enters again now for its material status within the culture of early years classrooms, and for the promise within it for instituting change.

The routine offers a very straightforward critique of mass schooling in making visible the notion that one size does not necessarily fit all. This notion is fundamental to the critique presented here, for implied by the diagnosis of ADHD and the very notion of pathology is a size into which everyone *should* fit. A routine is designed to govern a body towards a particular function, if contemporary schooling is marked by the prescription of routine then one of its primary functions appears to be governance. The greater the prescription the greater the justification for describing this as a form of oppression (I. M. Young, 1990). This is emotive language, yet in this statement is both the extent and limit of the routine argument. The culture of schooling works to routines, the culture of the routine may be more or less prescriptively enacted, in the relative degree of prescription lies a relative degree of dominance. Thus routines, like everything else, are 'dangerous' (Foucault, 1984, p. 343), yet distinction is required in the precise enaction of routine logic within the means by which the work of the classroom is accomplished.

At a discursive level, if routine logic works to efficiently draw a group of bodies towards a function, then it is worth spending some prior time considering *the function*. At several points in this project, I have used Foucault's (1991) term *governmentality* in order to describe schools in terms of a partially sighted internalisation of self (and therefore social) governance. Putting aside relative questions over whether or not this function is desirable, at an absolute level, the governing function of schools can be critiqued according to the manner in which it is *not* presented. That is to say that if school is to contribute to social governance then it should do so in an open and participatory manner. To do otherwise is to admit irrationality somewhere; either the cause of governance is irrational and needs hiding from people on this basis, or the cause of governance is a rational one and people are too irrational to be shown it.

Part of the routine argument of Chapter 5 was a sketched example of the enaction of self-regulation through the weekly drama class. This was still governed by a routine, which distributed a set of norms, indeed for the first few weeks I observed the group I was critical of the amount of time the teacher spent explaining the rules and the need for them. After about six weeks the rules were

internalised and I concluded that the children were now 'integrated' into the regime of the drama. What I have only come to acknowledge latterly, is that this internalization happened according to the approach of Amy, the drama teacher, whereby she explained the means by which she wanted to govern the class. At no point did she pretend that she was not in authority, or that she did not expect orderly behaviour. However, in making clear the rules and the need for them in keeping 'the drama' alive, Amy had exposed the rationale of the system to those who were to be systematised. In order to keep the rationale as it had been explained, Amy did have recourse to disciplinary technologies which in the moment struck me as divisive, exclusionary, visible; all the things I critiqued according to routine logic. Yet, working on the assumption that 'the drama' was a good motivational rationale and making the workings of the system visible to its subjects, Amy was able to restrict the construction of 'others', for those who had transgressed were only othered in the immediate sense that they had apparently chosen not to follow the rationale. In this they were not necessarily bad, sad, stupid or mad, they were just those who had chosen in the moment not to follow the rationale, and routine logic was then enacted to try and persuade them back in. Additionally, judging by the fact that most if not all were 'integrated' after about six weeks, Amy achieved a motivated *responsibilisation* (Rose, 1999) to the drama. Therefore, in this example, a participatory *ethics of the self* (Foucault, 1990) becomes something achievable within the early years classroom.

Drama is not a typical subject, and this is not meant to be a blueprint for participatory schooling. It was nothing more than the occasional instance which, in retrospect, appears to have enacted the routine in a more participatory manner. The notion of there not being a size to fit all means that there are no blueprints. Yet, while the attempt may have to some extent been conditioned by the activity, the relations that Amy enacted were not only bound to the potential fun-ness of the drama, they were also bound to the more generalisable ideals of participation, motivation and openness in the pursuit of a *rational* self-governance.

Offering this kind of recommendation, to get inside, to know and understand and be aware of the limits to action, on the basis of ethnographic work into the 'conditioning of possibility' (Foucault, 1974, p. 89) involves a degree of *constitutive circularity* (Jones, et al., 2008), the same objection has been levelled at Foucault's critique of modernity (Habermas, 1981). Yet, all of these critics share in the notion that the manner in which we look at something conditions the

conclusions we can draw from it. The ethnographic method and the frame of the infant classroom are the things which lend my argument distinction. My *contribution* to the ADHD narrative has been to describe the complexity; the individual, social, discursive, complexities that attend a so-called *behavioural* phenomena. I do not believe it is possible to make sense of behaviour with a construct like ADHD; it is efficient, it may "work" in the immediate context of the family and classroom but it holds no explanatory power. It offers no understanding of self and other and therefore cannot enrich the means by which we may come to knowledge of ourselves; it offers no understanding of the conditional nature of choice and accountability, and therefore offers no means to emancipation; and, it plays far too transparently into the dominant discourses of differentiation, development and the dichotomised fear of order/disorder that clouds the future bound pessimism of the classroom performance. To this performance it offers its alleviation, its exoneration, and it is in the acceptance of the *label of forgiveness* (G Lloyd & Norris, 1999) that the cycle of blame and responsibilisation is set, the *alleviation* of the label appears more to me as a world weary fatalism, a conclusion, a resignation.

The very great privilege that doing an ethnography in these settings has represented to me, at once fills me with optimism for the promise of plural interpretation, *textual heteroglossia* (Clifford, 1983) that could be anybody's to make, and at the same time, despondency, for the actual opportunities that exist in a performative culture for participation in the *conditions of one's action* (I. M. Young, 1990).

There is a sense in which I feel humbled by my own perceptions of the teacher's role in school. I have not elaborated the teacher position in any great degree because to some extent, out of all the action of the classroom, the teacher position was one obscured from me, by some of the discourses of the school and broader notions of adult-child relations, and by the threat which I felt I represented in the teacher's perceptions of me. Therefore, in talking about the teacher position, I realise I have stepped back from the immediate ethnographic moment, and discussed the manner in which they *have become positioned* discursively, rather than attempting to critically position them myself. Thus, the *performative culture* becomes a context, a frame which I understand as conditioning the action that was made accessible to me, but a frame that for its very existence I have not been able to witness and describe without it appearing overbearing, over determining; a *fait accompli*. Thus the teacher's invisibility in

my own discourse, teaches me the dangers of 'a mode of seeing that thinks it knows in advance' (Hall, 1997, p. 65).

In thinking that I knew that the classrooms I encountered would be "high-pressure" places, and that the teacher would be constrained within this environment, constrained by the notion of me as an evaluator and constrained by the cultural appropriation of "the child" which defines adult-child relations in school (Cannella & Viruru, 2004), I believed that I was doing necessary preparatory work, in planning my positionings, in tempering my judgement, in seeking a responsible interpretation. I still believe this to be so, and believe it to have been a necessary move, yet I feel in retrospect that my relations with teachers, besides the tension and the nervous laughter, was sympathetic, which is to admit that I was not able to disturb the existing power relations in the manner I feel I have with some of the children and parents who feature in this project. Yet, paradoxically, it is with the teacher as *reflective practitioner* as *action researcher* as *participatory motivator* that I believe change could be instigated in the interpretation and response to *challenging behaviour*. Yet the structural conditions in schools, reflected in both the conditional limits of this project and the disciplinary specification of teachers, leave me feeling mute to describe concretely how this might happen.

Unsurprisingly therefore, I argue the need to become more aware of the structural conditions which have made this disciplinary specification. In using the term 'structural' I do not wish to cast people as transparently reflecting institutional dogma. However, I find myself caught between two positions, whereby all good intentions are leading towards more and more diagnoses, thus I consider intentions to be too easily subverted according to disciplinary specification. This is because, though I talk of 'structural' conditions, the rationale that emerges on an individual level for the embodiment of institutional discourse, lays waste to all but analytic distinction between structure and action. Additionally, I talk about 'structural' conditions in reference to the undeniably *always already there* (Foucault, 1980a) of existing means of interpretation, existing institutional objectives, and existing means of inter-relation; subjects are *inaugurated* into speech, not the other way round (Butler, 1997).

Of most immediate relevance to this account and to this indistinction is the notion of *blame*. Young (1990) states that, 'blame is a backward looking concept' (p. 151), it does not allow one to progress towards change, only to hold back to

account; and in so doing forces certain relations between people, based on subjectivising assumptions about individual responsibility; the pushy mother, the performing teacher, the pathological child. I have critiqued the notion that choice and responsibility is individualised, yet this critique holds only according to the present structural conditioning of possibility:

> 'The 'well-behaved pupil', boy or girl, does not simply behave because of a visible system of rewards and sanctions; they choose to be 'well behaved' and they participate in processes that define and redefine acceptable actions' (G Lloyd, 2005, p. 130)

This statement is positive, optimistic and potentially empowering. Yet, for it to hold true, for it to not instead be co-opted into further subjectivisation, requires there to be a prior re-imagination of the conditioning of choice and the interpretations made of choices. Under present conditions, I would feel extremely nervous about stating that the individual child with ADHD *chooses* to behave badly, not because I believe them to have no agented control, but because those present conditions imply that following such a conclusion, the individual child will become more tightly regulated according to a failure at the individual and structural level to understand the complexities, the plural meanings, of that choice.

I remember very clearly the experience of being questioned upon my rationale for disturbing the norms of the classroom in the manner I repeatedly did. I remember never offering any more than a shrug, or an "I dunno, just felt like it". In the past these very distinctly felt memories have made me disconsolate about the opportunities that may exist for drawing children into a more active participation in their schooling, they have made me despondent over the chance that any professional, no matter how committed, caring and supportive, will be able to "get through" to some children, because, what I wanted more than anything was just to not have to answer any more of these questions. Yet, I am able to see that though I could not rationalise my own choices, I was aware, most of the time, of having made a choice. I was also aware, most of the time, of the immediate consequences of that choice; the disciplinary sanction. On one occasion I even sought the institutional backlash in actively trying to get myself expelled. This was because the regime I was offered through the school at that point in time, was not one that was personally meaningful to me. I did not wish to internalise the norms of obedience and community, so I chose not to. More often

than not, in certain subjects, I did not wish to acquire the knowledge they offered and therefore saw no reason to apply the considerable energy it would have taken to do so. What I chose instead was to resist, to challenge the authority around me; to transgress. The almost indescribable sense of elation that was tied up with the experience of transgression for me, meant that it became a purpose in itself:

> 'transgression does not transcend limits, since that would be to end being, nor transform individuals, rather it provides an unstable space where limits are forced...transgression allows individuals to peer over the edge of their limits, but also confirms the impossibility of removing them...it allows individuals to shape their own identities, by subverting the norms which compel them to repeatedly perform, for example, as gendered or disabled subjects' (Allan, 1999, p. 48).

Here, following in Foucault's footsteps, Julie Allan makes a statement that I find personally and professionally meaningful. If one was made more aware of the conditioning of possibility, then perhaps one could read another's transgression as a rejection of those immediate conditions. Perhaps one could reach the conclusion that if a child is misbehaving, and they are doing so because they have chosen to, then perhaps, rather than recourse to a discourse of irrational internal deficiency that renders the child powerless, one could consider their transgression a rational opposition to the immediate limitations of their existence.

The existence of a range of responses to apparent deviance, implies that some of this thinking already goes on, yet, the proliferation of internalised explanations for socially derived phenomena implies that this thought is not being taken far enough. The response to transgression should not, for example, involve blame, but it should perhaps involve responsibility. Foucault's (1991) *governmentality* offers a distinctive account of responsibility, which provides specification to the notions of a *social contract* (Rousseau, 1762) or an *invisible hand* (A. Smith, 1776), by drawing out the individually meaningful, but structurally obscured, manner in which people make themselves governable. It is in this obscurity that responsibility, as a collective notion, is lost, for what rationale exists for someone who does not perceive purpose in their own action? Yet this is the assumption of the diagnosis of ADHD; it represents a child denied a purpose, their action is not made meaningful by the diagnosis, their purposes for misbehaviour are denied, buried beneath a language of biological determinism.

Therefore in the interests of *reducing ignorance* (Wagner, 1993) in relation to children's behaviour, I argue for the need to try and re-imagine that behaviour according to a discourse of purpose, and use the multiple purposes that can be thought in relation to a given phenomena to make systems and structures adaptable to people, rather than only the other way round.

I will move now to address my own *ignorance* in relation to the present objects of study.

Evaluation

My pursuit of this particular analysis, though grounded in that which I encountered along the way, required me to exclude other positions and possibilities which may otherwise have provided just as fruitful ground. Additionally, within the choices and approaches I took, there are things that I could have seen differently had I acted, looked or thought differently in the moment. In approaching this evaluation I have drawn on Wagner's (1993) distinction of *blank spots* and *blind spots*.

Wagner argues that research should be characterised as a position of ignorance, upon which the researcher fills in various 'blank' and 'blind' spots. Blank spots appear in places where 'we know enough to question but not to answer' (p. 16). I use it here to talk about the things which I might have seen or analysed but didn't. Blind spots refer to that which was excluded as a result of the methodological or theoretical approach taken.
Blank spots

In terms of my original ideals I have not been able to describe the construction of an individual diagnostic case. This can be partly ascribed to methodological choices, which will be detailed below. Within the method chosen there were some elements of my individual approach which may have also conditioned this absence.

Firstly, my principal source of data was the school. This approach was chosen on the basis of firstly identifying the ways in which a social order differentiates individuals. By choosing schools with theoretically relevant demographics I gave

myself a good chance of encountering individuals with a diagnosis. However, the initial focus was social not individual.

Secondly, I approached the work in an unstructured and exploratory manner. I did not want the data to be over-conditioned by pre-conceptions so I gave only general areas of interest, such as 'inclusion' or 'challenging behaviour'. If I had been more explicit I could have had individual children indicated to me at an earlier stage, which may have enabled me to pursue a more case-oriented approach.

There were institutional restrictions I encountered which may have disrupted such an approach in any case. During most of my research period I was not able to organise any group or individual work with children and our interactions were limited to those afforded within an ordinary lesson.

Blind spots

The choice of ethnographic methods and within this the choice of classroom observation as my main source of data has the most obvious limitations in terms of generalisability. I have problematised the idea of representation throughout this project, and I acknowledge that what I have produced are a set of descriptions which derive from brief moments of action in one of the three settings in which I based my work. While I make no claims to authenticity, it is important to acknowledge the micro-level at which the data here works, and the different styles of analysis that may have been afforded within an 'ethnographic' project. If I had started from the family interview, for example, I may have been able to follow the individual case approach more closely.

Within the particular way I carried out my work, particularly in school, there were decisions made as part of the work of accessing classrooms that informed the particular data I would gather and the analysis I would apply to it. The most productive of these was the extent to which I was required to make my work more visible to the teachers in class. I felt that they were not comfortable with the idea of having me in their class and so I tried to make everything as transparent as I could. This has left 'the teacher' an under theorised space within much of my work as I did not feel comfortable situating them individually within the analysis. The unease that I felt around the teachers I worked with, and the extent to which I felt they viewed me as a threat has passed over into a

reluctance on my part to talk about pedagogy or teacher practice or professional development. I may have never intended to make 'recommendations' but a look at the extent to which I have been able to explore the parental position in comparison to my relative silence regarding teachers illustrates the distance experienced.

Future directions

Leading out of the blanks and blinds noted here, as well as those noted elsewhere as part of the transparent way in which I have tried to present the argument, are future research possibilities.

The individual case study approach to the process of diagnosis. Beginning from the kind of work I have done here with families, this approach could start from the point of the individual as they attempt to negotiate the relevant 'diagnostic' relations and systems around them. The systems and organisations that I would talk about would enter the analysis only relative to their importance within the organisation of the 'diagnostic lifeworld'. Access may well be problematic, perhaps only possible through health services, rightly characterised by confidentiality needs and difficult to access.

Sticking within an observational approach within school, my time as a teaching assistant indicated what opportunities may be afforded the 'insider' within school. Instead of retreating from the teacher perspective, as I have done, a collective approach between researcher/classroom assistant and teacher could be taken to the work of observing and reflecting within class. The necessity of contacting schools through the head teacher would have the potential to produce the same power relations between researcher and teacher as I experienced, and these would have to be openly negotiated at the point of access. The strategies that I used to make 'my' work more visible to 'them' would be relevant, but the attempt would be towards breaking the researcher/participant binary to a much greater extent.

Much could lead from this more open position, including the opportunity to include the children's voice more extensively. Work with children as young as the ideal of 'pre-diagnostic' implies is problematic in terms of conception, design, access, ethics and delivery. Any work done would have to be conducted over an extensive period of time in order to negotiate these obstacles. Within school, data

would always be conditioned by the power relations that exist between adults and children in the school environment. Yet it is to exactly these kind of assumptions that the research would be attempting to delve.

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<u>Investigating inclusion in an infant classroom</u>

<u>Information for participants and parents</u>

This research focuses on inclusive school practice, particularly; the contribution that language use and classroom social practice makes to experiences of inclusion; the strategies that different teachers employ to accommodate all pupils, and; the way the whole school organises itself in relation to the implementation of government policies on inclusion. I hope that from this study I may learn valuable practical and methodological lessons, which will aid my planned doctoral research in this area.

I will observe one infant class, for a period of one week. In addition to my observations I will place a tape recorder in the class while I am there, which I will subsequently use for language analysis. I will also carry out supplementary interviews with the class teacher and the head of the school.

The research has the potential to provide valuable insight for anyone who works with the reality of inclusion in schools – teachers and pupils alike. Given this school's strong inclusive ethic, I hope that my research will also provide those involved with a chance to reflect on and enrich their own practice, and allow me to learn valuable lessons concerning the practical challenges associated with inclusion which I could take forward to the benefit of others.

The research is both teacher and child focussed, and the children therefore have a significant role, however; the study will be based wholly on observations and recordings of classroom practice, and I will not be asking them to do anything outside their usual routine. I will make notes from my observations concerning; the spatial and temporal layout and organisation of the classroom; children's interactions with each other and with the teacher; and the ways in which the teacher organises and manages the class. These notes will be developed to create a holistic picture of classroom practices. I will also have a tape recorder running the whole time I am in the classroom, from which I will subsequently develop an analysis in terms of language use and speech acts in the classroom.

To supplement my classroom observation, I will also interview the head of the school and the class teacher involved; both to gain insight into their own views on inclusion and to provide me with an opportunity to reflect on what I have observed.

I learnt of the school through a personal communication with one of the teachers, who described the school as a mainstream infant school with a strong inclusive ethos and high intake of children presenting challenging behaviour. I subsequently spoke to the head of the school and briefly described my research interests. I have permission from the head to conduct research in the school. Anything I learn from my research will be fed back through the head or class teacher. I am also happy to provide written feedback on any aspect of the research.

Confidentiality and anonymity will be protected for all participants throughout; by changing the name of the school, the head and the class teacher; by not using any child's name, nor providing personal description of any individual sufficient for them to be identified. Initially the findings of this research will be reported as part of a post-graduate dissertation, and as such will not be seen by anyone beyond my supervisor and examiner. If in future I publish any work containing findings from this study, I shall ensure confidentiality and anonymity as described above.

Participation in this research is entirely voluntary and participants are at liberty to withdraw for any or no reason, at any time, without prejudice or negative consequences. If you do not wish your child to participate in this research please fill out and return the attached consent withdrawal form.

All research will adhere strictly to the British Educational Research Association's and the British Sociological Association's ethical guidelines for educational and social research. This includes strict observation of Articles 3 and 12 of the United Nations Convention on the Rights of the Child and compliance in relation to the storage and use of personal data as set down by the Data Protection Act (1998). Copies of both these sets of guidelines, along with any other information concerning the research are available on request.

Investigating inclusion in an infant classroom

Information for participants and parents

I am a research student in the School of Education at the University of Nottingham. As part of my doctoral studies I would like to spend a term in Alderley Primary School and would like to take this opportunity to inform all those affected of my objectives, and give each person the chance to withdraw if they so wish.

This research focuses on inclusive school practice, particularly; the contributions that the use of classroom space and time makes to experiences of inclusion; the strategies that different teachers employ to accommodate all pupils, and; the way the whole school organises itself in relation to the implementation of government policies on inclusion. In combination with work in other schools, this research will provide the empirical basis for my doctorate, which is due to be completed in 2008.

For the main part of the research I would like to observe two classes from nursery to year two. In addition to my observations I may sometimes find it useful to make audio recordings, though I would seek permission for use of this from any individuals concerned at the time.

As the chief participants in my research the children have a vital role to play and representation of their point of view is a major objective of the research. I will make notes based on observations and conversations concerning; the spatial and temporal layout and organisation of the classroom; children's interactions with each other and with the teacher; and the ways in which the teacher organises and manages the class. My presence in the classroom is likely to cause some distraction to children and I will do my best to minimise this impact, and try and always stay sensitive to the needs and perspectives of both children and teachers.

Ideally I would like to be able to some pictorial work around the school with some of the children – this would involve me asking children to show, describe and take pictures of places and spaces around the school which have some significance for

them. I realise of course that this may well not be possible, and along with any other work I wish to do in the classroom I shall always take the direction of the relevant authority.

Anything I learn from my research will be fed back through the head or class teacher. I am also happy to provide written feedback on any aspect of the research.   Confidentiality and anonymity will be protected for all participants throughout; by changing the name of the school, the head and the class teacher; by not using any child's name, nor providing personal description of any individual sufficient for them to be identified. As well as being included in my doctoral dissertation, I may use data in publications for academic journals or conferences; I shall ensure confidentiality and anonymity in any such work as described above.

Participation in this research is entirely voluntary and participants are at liberty to withdraw for any or no reason, at any time, without prejudice or negative consequences. If you do not wish your child to participate in this research please fill out and return the attached consent withdrawal form.

All research will adhere strictly to the British Educational Research Association's and the British Sociological Association's ethical guidelines for educational and social research. This includes strict observation of Articles 3 and 12 of the United Nations Convention on the Rights of the Child and compliance in relation to the storage and use of personal data as set down by the Data Protection Act (1998). Copies of both these sets of guidelines, along with any other information concerning the research are available on request. I provide below contact details for myself and my supervisor, if you have any questions, concerns or interests concerning this work please feel free to contact either of us at any time.

Investigating families of children with ADHD

Information for participating families

This letter contains information concerning an intended research project. You have been sent this letter by your support group in response to my request for any family who has a child with ADHD to be given the opportunity to participate. As such, no personal details or other confidential information has been divulged to me.

I am a research student in the School of Education at the University of Nottingham, and as part of my doctorate I would like to investigate different family's experiences with ADHD. I would like to conduct the study over a period of three to four months, in which time I would conduct three interviews and also ask you to keep a research diary. One of my main concerns is to represent the everyday experience of ADHD in the words of those most immediately affected by the diagnosis, and as such I would hope that this research would be a positive and empowering experience for all concerned.

My interest in ADHD has both personal and academic roots; I found myself referred to educational specialists several times throughout my early childhood and I eventually received a diagnosis of ADHD in 1990, aged 12. After dropping out of school four years later I returned five years ago, and through my studies I have developed an understanding of the disorder grounded in both social theory and this personal experience.

I have several interests which I would like to pursue through your experience of the disorder. I would like to trace back with you the path which eventually led to the diagnosis; I would like to know about the everyday work associated with ADHD, the routines and strategies developed to manage it and the role that others play and have played in your experiences, and the relations that exist between you and your child's school.

Much of this work will lead us into private and possibly sensitive aspects of your life and I ask you to consider this carefully before making a decision. However, I am keen to be directed as far as possible in our interviews by you, and you would

be free to decide the nature and extent of the experiences that you share. It would also be extremely useful to me to have access to medical notes and reports, but of course this would only be with the permission of all concerned.

All research will be conducted in accordance with the ethical guidance provided by the British Sociological Association, British Educational Research Association and the Social Care Institute of Excellence, copies of which are available to you should you wish to consult them. Anonymity and confidentiality will be strictly maintained in any publication arising from the research. You will have the opportunity to review and remove personal data before any publication, and you are free to withdraw from the research at any time for any or no reason.

Below is a consent form, which I would ask you to complete and return to me as soon as possible. I have also included below both my own contact details and those of my supervisor, should you wish to contact either of us at any time for any reason, please do not hesitate. I hope that you will consider my proposal carefully and I look forward to hearing from you.

Appendix 4: Sample of fieldnotes from Kilcott Infants

14th September 2006

Chatting to Sarah this morning, who was talking about the PPA time which they are introducing this term. This is going to involve all the teachers being in the staff room for most of the afternoon, so two cover staff are being brought in and TAs to make up the rest. In order to organise this better the year 1 and 2 classes are being split into groups – badgers and rabbits, which is their class animal. Sarah said she wanted to pursue this theme with some classroom decoration and name badges. This meant that much of the rest of my morning was spent searching the net for info on badgers, Sally sent in two children for me to show what I'd found and I think she's going to do this for the rest of the class from next week.

Once I had some info and pictures, Sarah gave me a box of metal discs, and lots of circular pieces of paper with each children's names on them. She pointed me through to the room next to the library where there was a badge press on the table. The machine was straightforward, but this took most of the rest of the

lesson. By the time I came back to the classroom the class were getting together for assembly.

Sarah led the class into assembly and I followed at the back of the line. Other classes appeared in similar fashion.

I alone stayed in assembly with Margaret. I soon inherited Cameron from Susan's class who requires pretty much non-stop attention and pays little notice to what's going on. Margaret also brought another disruptive influence to sit by me

I had expected Margaret to command some respect from the children, because she's the head, but they were very fidgety and restless, kept looking round the room, out of the window, talking to each other and not paying any attention to the moral story that Margaret was telling them. I don't think it helped that one side of the room had double doors leading out onto the large outdoor area, where the sun was shining and where after a while some younger looking children could be seen playing. I think assembly had started a bit late, and these must have been foundation children starting their break or something.

I guess realising that this was too much distraction, Margaret let the children out of assembly. However, Margaret had sent the kids out early, only to realise that there was no TA out there – so I was asked. As soon as I got outside I encountered an argument Kilcott has a new set of tyres attached to the ground which the children play on. It is obviously highly popular as (unbeknown to me) only one group can use it at a time. So I initially worsened things by saying 'can't you all use it together'. The other noteworthy incident was some kind of argument which led to two year 2 girls coming over to me, one with a cut knee. Not knowing either of these girls, and feeling a bit lost for useful words, I sent them down to the school office.

Back in class after break time, I was introduced to one of the TAs, Marjorie, who didn't ordinarily work in year one, but who Sarah had asked to come and help for the PPA in the afternoon. We were talking generally about the school and some of the children in the year 1 class. One of those we talked about was Andrew. She said that she knew the family quite well and that the men in it were all quite aggressive and violent, and she saw this as a partial explanation for his behaviour problems. I commented that in my first visit I had been surprised by how tame

much of Andrew's behaviour was, she immediately replied that this was because I was a man and so understood better.

The exact nature of this comment did not materialise in the conversation, but clearly everyone is always just waiting for poor Andrew to slip up at any time.

Towards the end of lunch I came back into the year one classroom from my car where I had been writing a fieldnote. Sarah was alone in the classroom, and we had a chat about the morning's work and about my experience so far. Sarah gave me a list of 'ones to watch' who she thought I may be interested in following.

Appendix 5: Sample of fieldnotes from Alderley Primary

Year One, day four 18th October 2006

In the staff meeting this morning there was talk of a child protection training day which might be interesting. Also a springboard meeting on the 1st Nov, when I'm in school anyway, and Sue said that I would find that interesting. Sue closed the meeting by saying that she had decided to sack off the sheer amount of bureaucracy she was facing and be spending more time in the classroom – she acknowledged that she could get in serious trouble about this but seemed serious about her intentions – some of the staff seemed less than enthusiastic about the idea of Sue hanging around classrooms, but….

8.55 in class. Registration and sandwich and dinners went by with few minor disruptions. It's assembly with parents of special mentions and pe this morning so interesting to watch Ben and how he gets on. Heather is currently in the class, supporting Chris.

Sitting beautifully is James, who is asked to hold the door open. Jane and Lisa register and Kyle to walk hand in hand with Miss Chapel (MC), who has a quiet word with Kyle that I do not hear. MC enjoins all children to walk in silence looking smart and keeping a smart line.

Assembly is the usual, Sue stands at the front and presents the special mentions, everyone sings a song and everyone troops out again. Sue gave everyone in Key Stage 1 a little congratulations at the end of assembly for being so much better behaved in assembly. On the way out Kyle is messing around, by spinning around and making himself giddy, and earns a little talk from Sue.

9.30 back in class. Andrea comes in and removes Kyle, Chris and Sam to go to Mrs Archer to do pottery making – the rest of the class will be doing this this afternoon. There is much more restlessness and noise in class now. Lewis has brought in some kind of flashing key ring and some cars, which are causing distraction and disruption, Marcus looks upset and tells MC that he is very tired after not much sleep – know how he feels, I was awoken at 5.30 by the squawkings of the parrot next door…

9.35 Everyone should now be getting changed for pe, and this causes some excitement – Daniel is brought up for running around and not getting changed. Lewis was also messing around I think with Josh and has ripped his pe bag – "oh! me pe bag's ruined…MC, me pe bags ruined, I need a new pe bag!." Meanwhile Andrew and Greg are on the carpet messing around – they are reprimanded on the end of a general request for quiet from MC.

9.37 Andrew, Marcus, Chris and Josh are all now messing about on the carpet in various states of undress. Robert sits quietly next to them fully changed and ready – he is the only boy who is in this state, though Jane and a couple of the girls are ready. Maggie has been sat in the corner of the carpet – on MC's chair telling various boys off for their disruption, but now Lewis has managed to engage her with his flashing keyring.

9.39 Ben seems to be getting changed without incident, I've not heard his name mentioned in anger at all. MC is alerted to the disruption over on the carpet and gives a sharp "boys!" and threatens to confiscate the cars and keyrings if they cause further distraction. MC now goes back to Daniel who she has started counting down from ten for each item of clothing to try and speed him up. Greg is still fully dressed and doesn't seem to be doing pe today.

9.41 Andrew and Ben come over to me – Andrew does his usual "hello Mr Bailey" he's quite proud that he's remembered my name all the way from last week – I try to look suitably impressed. I say something to Ben and he is shocked that I know his name – "I know everything" is my response.

9.44 Sc asks me to put Lewis' shoes on – I fail miserably and MC has to do it (apparently I can't do laces from the other side!)

9.45 Predictably enough, the cars are confiscated – "other boys just can't leave them alone!" MC says, then starts going over the meaning of the whistle once the pe session starts.

9.46 MC "we're still fussing, we've already taken 15 minutes, Lewis! Come and sit over here and James and Liam open the door, Richard take the basket, Josh take two hoops, Ben take the other two.

9.47 Still talking, Tom and Spence. The class files out.