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The Premise, Promise and Disillusion of the ADHD Categorization – Family Narrative about the Child's Broken School Trajectory

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Abstract

This study presents co-narrated school experiences of a young Finnish girl diagnosed with Attention Deficit Hyperactivity Disorder (ADHD) and those of her parents. The discourse analysis of the family interview focused on the discrepant ways family members gave meanings to and mobilized the ADHD categorization while narrating their broken school trajectory. The results showed that the ADHD diagnosis was laden with the promise of the whole family being recognized differently by the school. However, this cultural promise proved disillusioning as daughter's support needs and parents' expertise were not recognized nor did the diagnostic category emancipate from stigmatizing identities and blame. Interestingly, the parents leaned more on the diagnostic categorization while accounting for the disillusion of these promises, whereas the daughter aimed at distancing herself from the ADHD category and behaviour characteristics related to it. The discussion concludes by comparing the viewpoints of cure and care when catering to children's needs.

Keywords: Attention Deficit Hyperactivity Disorder (ADHD), Parent, Child, Discourse analysis

Introduction

In their book *the ADHD explosion: Myths, medication, money, and today's push for performance*, Stephen Hinshaw and Richard Scheffler (2014) present an alarming short story of Becky, a non-diagnosed high school drop-out, whose school and life trajectory is characterized by a lack of being understood, alcohol and drug abuse, damaging parents' and friend's cars, and self-harm, not to mention worried and irresolute parents. This story, the authors note, is “[r]epresentative of the more than two million girls with ADHD in the United States [...] illustrat[ing] a tragic but all-too-common phenomenon [...] of a child and then adolescent who has never received adequate evaluation or treatment” (Hinshaw and Scheffler 2014, 15-16). In this article, we present a story of Susan, a now adolescent Finnish high school drop-out, who unlike Becky, was diagnosed with ADHD at the age of seven when she was a 1st grader. Susan's compulsory school trajectory, which in Finland typically ends after 9th grade (ages 15-16), was interrupted, characterized by various school placements and a range of teachers, alternations between mainstream and special education (SE) classes, as well as several attempts to treat her ADHD with medication and various forms of therapies.

By portraying gloomy prospects for the future if ADHD is not identified and treated adequately, Hinshaw and Scheffler (2014) reproduce the contemporary master narrative of ADHD. It considers ADHD to be a valid and real neurobehavioral disorder of childhood appearing in hyperactivity, inattention and impulsivity (i.e., symptom descriptions) as well as in behavioural and academic problems (i.e., social outcomes) (see e.g. American Academy of Pediatrics 2011; Sharma and Couture 2014). Becky is thus portrayed as a vulnerable sufferer of an unidentified disorder that had affected her life choices. Similarly, we portray Susan as having suffered during her school path, however, not because of an undiagnosed disorder but rather despite her being diagnosed with ADHD.

This discourse study voices the narrated experiences of Susan and her parents and furthers our understanding of the complexity of the concept “living with ADHD”. Earlier research on how school and its requirements for providing support for learning are directed at diagnosing (e.g., Hinshaw and Scheffler 2014; Hjärne and Säljö 2014) has provided insight into understanding how the master narrative of ADHD attains its legitimacy in school practice. Further, as Pajo and Cohen (2013) point out, there has been a dearth of research focusing on the narrated experiences of those classified into the diagnostic category beyond the psycho-medical interpretative frame of analysis. Therefore, we discuss how Susan and her parents relate to the ADHD diagnosis and give meanings to it when narrating and making sense of various hardships and a range of problems encountered at school.

The supposition of ADHD as a disorder rooted in nature is controversial, as research has not found definitive biological markers or neuropsychological deficits to verify it (e.g., Nigg 2005; Thome et al. 2012). As regards the diagnosis, it is claimed to be a value-laden outcome of descriptions of behaviours experienced or deemed to be contextually problematic, thus placing the emphasis from an individual impairment on disabling social factors (e.g., Freedman and Honkasilta 2017). In this study, we approach ADHD from a disability studies perspective. This orientation makes a difference between the concepts of impairment and of disability. Impairment means any physical or psychological, medically-defined difference, defect or deficiency. In contrast, disability means the restriction of activity or exclusion from mainstream activities caused by a society, which is not able to take into consideration human variations that appear in a particular society (Oliver 1996; Scotch and Schriener 1997). The social interpretation applied in this article regards impairment and disability as relative constructs, and emphasises how they gain meanings and become realised in relation to normalcy–deviancy -division (Gabel 2009). This does not refute or downplay the potential experiences of difficult, impairing everyday challenges associated with ADHD as a

neuropsychiatric entity. On the contrary, the focus is on the contextual meanings of them, construed in social interaction.

Meanings of the ADHD Label Given by Children Diagnosed with ADHD and Their Parents

The controversies among psycho-medically and sociologically oriented researchers over ADHD and its etiology seem to reflect in the parental heterogeneous beliefs about the causes of ADHD (Davis, Claudius, and Palinkas 2012; Wong et al. 2018). The range of beliefs vary from biological to psychological and developmental causes, or combinations of both biological and psychosocial causes (Wong et al. 2018). Furthermore, parents have reported challenges in differentiating between symptomatic behaviour and behaviour simply reflecting their child's personality traits (Davis et al. 2012). In general, however, parents have been found to be more likely to perceive ADHD in association with socio-environmental causes such as the demands of school settings, compared with professionals who are more likely to see ADHD as a medical condition (Dennis et al. 2008; see also Pham, Carlson, and Kosciulek 2010). This is logically consistent with the finding that parents of children with ADHD diagnosis preferred school-based interventions to parent or other interventions, whereas professionals and parents without a child diagnosed with ADHD preferred child or family centred interventions (Dryer, Kiernan, and Tyson 2012).

For parents, the demands of schooling and the expectation of teachers recognizing their child's pedagogical support needs, and seeing him or her as other than a nuisance factor, is one of the mainstays to seek in the diagnosis of their child (e.g., Emerald and Carpenter 2010; Honkasilta, Vehkakoski, and Vehmas 2015). In addition to empowering parents to call for instructional support for and recognition of their children, the diagnosis may also entail a psychological meaning for

parents. It is mobilized to absolve cultural blame of what may be seen as poor parenting, since asserting that a child “suffers” from a neurobiological disorder is not as delicate a matter as asserting that the child manifests unwanted ADHD-like symptoms in response to an unsteady home life (e.g., Frigerio and Montali 2016; Wong et al. 2018). Thus, for parents, an ADHD diagnosis functions as a means to normalize their child and themselves, establish their moral status as competent educators and receive emotional reprieve from guilt (Frigerio and Montali 2016; Schubert et al. 2009; Singh 2011; Wong et al. 2018). However, receiving an ADHD diagnosis does not necessarily remove the risk of experiencing stigma. Parents have reported having been stigmatized, isolated and discriminated owing to their child’s behaviour regardless of the diagnosis (dosReis et al. 2010; McIntyre and Hennessy 2012; Pajo and Cohen 2013; Wong et al. 2018). In addition, parents have experienced difficulties collaborating with health care and education systems and being blamed for their children’s behaviours by teachers and other professionals despite their child’s diagnosis (Frigerio, Montali, and Fine 2013; Pajo and Cohen 2013).

Similar to their parents, children and adolescents diagnosed with ADHD seem to have heterogeneous views of the causes of ADHD, varying from biological attributions to viewing ADHD only as a different way of thinking or as a part of their personality (Wong et al. 2018; Honkasilta, Vehmas, and Vehkakoski 2016; see also Nielsen 2017). Previous research shows that in general, children are aware of their behaviour and difficulties associated with ADHD (Klimkeit et al. 2006; Sciberras, Efron, and Iser 2011; Honkasilta, Vehmas, and Vehkakoski 2016), although what they regard as symptoms or symptomatic may differ from the views of their parents (Wiener et al. 2012). How these youth voice their experiences is likely to entail intertextuality with explanations of the teachers and mental health professionals they have direct or indirect access to. Therefore, earlier research results do not provide information about whether children make their

self-ratings on the basis of knowledge received from their teachers or parents, or whether they have observed these behaviours in themselves (Klimkeit et al. 2006).

The majority of children and adolescents diagnosed with ADHD considers their ADHD associated symptoms and problematic behaviour as uncontrollable due to internal causes (Wiener et al. 2012), although they mainly associate the symptoms with study and schooling (Liontou 2016; Singh 2013). In addition, research shows that children and adolescents may use exclusively neurobiological explanations for their challenging behaviour as an excuse not to demand self-control from themselves, as a means to explain and neutralize their past questionable behaviours, and to create a positive image of themselves by minimizing their own responsibility for their behaviour (Berger 2015; Honkasilta, Vehmas, and Vehkakoski 2016; Singh 2011; Travell and Visser 2006). Contrary to being exempted from liability, adolescents have also been perceived as internalizing their personal responsibility for their ADHD-labelled behaviours through moral self-condemnation by emphasizing their commitment to prevalent cultural norms and narrating their efforts to achieve personal growth (Honkasilta, Vehmas, and Vehkakoski 2016). In this case, distancing themselves from ADHD means separating the self from their brains and recognizing the opportunities to overcome and take control of it (Nielsen 2017).

The ADHD diagnosis does not project a value-neutral self-image for those so-labelled. Several studies have indicated that children and adolescents diagnosed with ADHD perceive their diagnosis negatively (Moldavsky and Sayal 2013; Walker-Noack et al. 2013) and recall childhood memories of becoming mistreated, discriminated against, or misunderstood (Bussing and Mehta 2013; Shattell, Bartlett, and Rowe 2008; Walker-Noack et al. 2013; Honkasilta, Vehkakoski, and Vehmas 2016). The stigma is associated with the diagnosis (Walker-Noack et al. 2013; Wiener et al. 2012) and related “symptomatic” behaviours that draw negative attention from other people (Singh et al.

2010; Walker-Noack et al. 2013; Wiener et al. 2012). This negative feedback from the social environment may lead to self-stigma, so that children accept and internalize the negative views of others (Bussing and Mehta 2013) and describe themselves as abnormal or bad (Singh 2007; Walker-Noack et al. 2013). However, negative experiences are not identical among children diagnosed with ADHD. Some children have been reported as identifying themselves primarily as being “normal” (Honkasilta, Vehkakoski, and Vehmas 2016), to approach ADHD as an alternative and legitimate way of being human (Nielsen, 2017; Honkasilta, Vehkakoski, and Vehmas 2016) and to associate their diagnosis with positive features such as being creative (Sciberras, Efron, and Iser 2011)

Methods

Data and data collection

This paper stems from a broader piece of research, which analysed the meanings given to and built around ADHD in compulsory school experiences in Finland, narrated by families living ‘with’ the label (Honkasilta 2016). The study participants were recruited with the help of the ADHD Association in Finland. Thirteen families participated (25 parents and 13 teens aged 11–16 years). Parents and young people were interviewed separately, except for three occasions, one of which is the focus of this paper. Susan, 16 years old young diagnosed with ADHD, joined her parents’ interview carried out at their home on her own initiative upon arriving home. This family interview was selected for analysis based on intensity sampling (Patton, 2015), as it was information-rich and represented intensely the experiences living ‘with’ ADHD constructed by the participant families of the broader study. Also, the fact that family experiences were co-narrated provided an auspicious basis for analysing divergence in meaning making between the parents and their daughter.

The family interview was based on a loose, thematic interview outline concerning their experiences of Susan’s compulsory schooling. The interview was conducted by using narrative interview methods (see Hollway and Jefferson 2008) with the intention of enabling participants to make free,

intuitive associations and to talk about the experiences they considered relevant and were willing to share. For instance, the interview questions were not directed at eliciting the meanings given to ADHD, but the participants provided ADHD-related meanings of their experiences spontaneously without prompting by the interviewer. This spontaneity is important, as it illustrates important ways in which participants made sense of their experiences. The interview was audio-recorded and transcribed for analysis. It lasted for 218 minutes; Susan joined the interview 65 minutes after the start of the parent interview.

Finland provides an interesting study context for understanding the premises of the master narrative of ADHD in the context of schooling, because in respect of education policy, ADHD diagnosis is not predetermined as a defining characteristic of a student's school path; the diagnosis itself is not a requirement for receiving pedagogical support. Instead, diagnoses are necessary for receiving societal support (e.g., medication, therapies) and the school is obliged to collaborate with home and social and health services.

Analysis

The data analysis applied the discursive social psychology tradition, which highlights the situated, action-oriented and constructed nature of language: talk, texts and other means of communication are studied as functional social practice (Potter and Edwards 2001). The analytical reading of the transcribed interview consisted of analysing both the form (morphemes, word choices, phrases, other syntactic structures) and function (meaning or the communicative purpose a form carries out) of the text. Thus, the focus was on what the interviewees' expressions do in face-to-face interview interactions, and for what contextual purpose.

We started the analysis by coding only the utterances that family members explicitly associated with ADHD or with receiving the diagnosis. During this phase of analysis, it became evident that

the parents' motive to participate to research was to share Susan's broken school trajectory characterised by unmet positive expectations towards the diagnosis. We also noticed that the interrelated ways to negotiate with the diagnostic label and give meanings to Susan's adverse school experiences varied among family members. Therefore, we utilized systematic textual analysis to enable identification of divergent ways to construct ADHD and adhere to or detach from diagnostic explanations between family members. We especially focused on meanings given to the diagnosis (i.e., various forms of disillusioned promises), and how their function varied in relation to the chronological order of the family narrative (before and after the diagnosis). In addition, we focused on how different expectations (e.g., forms of recognition) assigned to meanings analysed varied during the narrative. We thus report the findings in the form of narrative timeline starting from the parents' premise for seeking to diagnose Susan and the related promises for better tomorrow the diagnostic category entailed for them. We then move on to discuss the discrepancy between the various ways both Susan and her parents' adhere to and detach form the diagnostic explanations.

Results: The Premise, Promise and Disillusion of ADHD Categorization

Susan's institutional education trajectory from kindergarten throughout compulsory schooling is characterized by various school placements and alternations between mainstream and special education (SE) classes, as illustrated in Figure 1, as well as different attempts to "treat" her and her ADHD. Some of the changes are due to the transitions common for all children (e.g., transition from preschool to elementary school). On the other hand, some of the changes are grounded in parental school choices (e.g., Freinet school and being suspended from it) as well as the aim of the school system to provide special support for Susan (changes between special education classrooms and mainstream classrooms and related school changes). We will next describe the varying ways Susan and her parents adhere to the ADHD categorization while they make sense of Susan's complex school path.

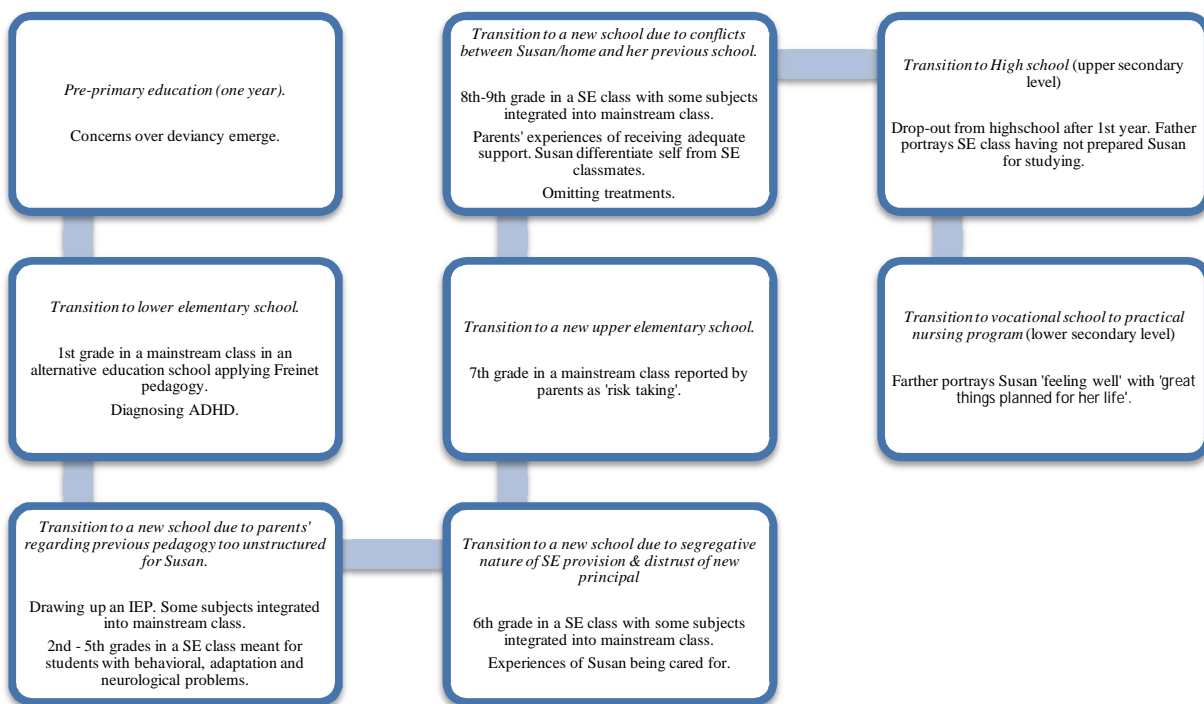


Figure 1. Susan's school trajectory presented in the family narrative.

The Premise of Attachment to the ADHD Categorization

Susan's parents' narration implies that they had to start the diagnosing process during Susan's first year at school due to negative feedback regarding her difficulties of adapting to school regulations. These difficulties appeared as a mismatch between Susan's behaviour at school and conventional expectations of normal school conduct as demonstrated through next two excerpts.

I clearly stuck out when the others stood up straight [laughter] like when they stood up straight like in a line I may have been like fifty metres somewhere beside the line talking to a friend or something, like I can't explain why I was such a different case; I always have been (Susan)

Since being little, Susan has always been restless and kind of lively and like in kindergarten and all the places like that we always received such

feedback that 'now she's going there and now she's climbing there'
(Mother)

As regards the metaphor of fitting square pegs into round holes presented by Gallichan and Curle (2008), the above extracts tell about the experience that Susan was the square peg who was expected but failed to adapt to the kindergarten and school life. Susan's deviance is constructed both through self-perceived descriptions (I was such a different case) and received feedback from other people (we always received such feedback). The attributes restless, lively, and different given about Susan are associated with ADHD. These attributions, along with the use of adverb always (I always have been; we always received such feedback), are linguistic devices to convince the listener about the permanence of Susan's condition and to strengthen Susan's eligibility for membership of the ADHD category. Thus, the family adheres to the diagnostic category of ADHD as a response to received feedback in order to portray Susan as disabled rather than deviant. As a consequence of this, Susan becomes recognizable as a schoolchild with a legitimate disorder.

The Promise of ADHD Categorization

The actual process of diagnosing Susan was initiated by the parents: I think it was us who contacted [the family welfare clinic and inquired] whether Susan should be examined because of that restlessness and all that (Mother). Being assigned with the diagnosis is laden with promise that the whole family would be recognized differently at school. This promise, however, was expressed only by parents, not by Susan.

School personnel participated in that [meeting arranged by the family welfare clinic] and we got good back up from those people from the family welfare clinic at that time in the meeting, when they explained what this

diagnosis is about and what it entails and so forth, that this is not about an undisciplined ill-behaving kid (Father)

The ADHD category, as portrayed here, entails a four-fold promise for parents. Firstly, a diagnosis is expected to bring forth a recognition of Susan's impairment by clarifying what the condition and related behavioural and functional implications are about. Secondly, a diagnosis plays an important role for Susan's parents in terms of who their daughter is and how she should be met at school. As the problems experienced are given a medical name and explanation, the diagnosis is utilized to normalize Susan and thus protect her from being deemed undisciplined and ill behaving – the terms that also refer to poor disciplinary practices of parenting. Hence, and thirdly, adopting the diagnostic discourse functions as countering the moralizing talk for the parents, which not only portrays Susan as malicious but also calls their parenting into question. Finally, the fourth promise the category entails is that of promoting parent advocacy of their daughter's case. This can be illustrated by referring to the family welfare clinic backing them up at school meetings. In other words, parents' experiences of Susan's behaviour and their expectations for change in school practices have institutional ratification through experts with the authority to diagnose.

The Disillusion of the ADHD Category

The diagnosis assigned for Susan during the first grade and her SE placement from the second grade onwards are notable turning points in the family narrative. Ever since, the parents were without any satisfactory result made to run to all possible places (Mother) in hope of finding the philosopher's stone (--) which would've brought about (--) that long attention span for Susan (Father). Susan is thus portrayed as lacking agency over her own behaviour and this portrayal is connected to a compulsive condition. In addition, parents are positioned without agency in terms of satisfactory means of support for their daughter's schooling. The disillusionment

related to the promise of receiving the diagnosis for Susan culminates in the following four experiences.

Susan's Impairment is not Recognized

The ADHD diagnosis itself is expected to provide appropriate understanding of the medical characteristics of Susan's impairment. This is where discordance between home and school occurs. Although both parties are of one mind about Susan having difficulties in adapting to canonic school conduct, and in the assumption that these difficulties are reducible to individual characteristics, the refusal of school staff members to recognize the disorder characterises the family's school trajectory thoroughly.

Eventually no-one understood, not even after Susan received that diagnosis, no-one seemed to understand why she behaves like that, that she is not mean but it is part of this [ADHD] (--) of course if you don't have knowledge [about ADHD] then, like all that blaming of the child about everything was like you're mean and you're bad (--) they [teachers] should receive like more that kind of knowledge at school (Mother)

Let's say that Susan's school trajectory would have been easier if she had a clearly physically categorized impairment, visual, poor sight, she would've received help for that, or hearing or other physical impairment or something like that, but when we're in this kind of thing, it is not received (Father)

The extracts illustrate how the parents mobilize the promise of ADHD as a diagnostic category in order to renegotiate the ways their daughter is perceived and met at school. Adherence to the neurological explanations (why she behaves like that, that she is not mean, but it is

part of this) and adequate medical knowledge of ADHD, which the mother demands for (if you don't have knowledge; should receive (-) more that kind of knowledge (--)) at school), are viewed as a solution to change the identity of a troublemaker into one being in urgent need of remedial support. The diagnosis is thus expected to "project a value-neutral self-image; blame is reframed as pathological inheritance" (Bailey 2013, 99).

This expectation, however, fails. As Susan's father explained, the ADHD diagnosis did not self-evidently meet the criterion of becoming recognized and "treated" as a student with an impairment at school. Rather, behaviour associated with ADHD stigmatised Susan's identity as mean and bad, despite the diagnosis. This resonates with the concern Graham (2006) expresses about education discourses that recognise certain types of "disordered behaviour" and disregards others. Susan herself, however, does not view formal knowledge of ADHD as a solution to increase the understanding of her situation. Instead, she emphasizes the importance of empathic interaction and experience-based intuition by acknowledging that teachers are also individuals in their interaction styles, and if as a kid you've had difficulties in different things (--)) you will succeed better [as a teacher] than if you are just that kind of a person who has no idea' about such difficulties.

Susan's Identity Becomes Stigmatized

Not only did receiving the diagnosis fail to improve Susan's situation at school, but the very diagnostic label ADHD itself became problematic following Susan's narrative. We will elaborate on this negotiation process of the imposed identity further through next excerpt, in which Susan reflects on her behaviour associated with ADHD.

and teachers take it, just like everybody else does as well, like if you say that, that you have ADH, ADHD they take it like (--)) as a

negative thing they should turn it into a positive thing e.g.
teachers [could be like] 'ok ok if a kid who has ADHD comes here we
can try, we can try something new like let's do like this and this to
see how this works' (- -) I'm completely normal I just have little
problems with self-control and issues like that (- -) my parents
have suffered a lot that I can't stay still or couldn't stay still
when I was little (--) but also maybe because I've got ADHD, so if
you think of good things then I'm open, I am, I like, like, how
should I put it, I'm like really good in social relationships like
I'm not shy (Susan)

The parents' commitment to ADHD categorization entails the presumption of a positive disability group identity imposed on Susan. However, Susan portrays herself as being considered disorderly due to the label ADHD: teachers take it, just like everybody else does as well (--) as a negative thing. Therefore, the diagnosis so valuable for parents' advocacy has a different meaning for Susan. First, Susan describes how the diagnosis is used as a factual causality between the label and the person being labelled (if you say that, that you have ADH, ADHD they take it like (--) as a negative thing). Secondly, she argues that teachers and society as a whole (they) should recognize the abilities possessed by those being labelled as disabled, thus placing herself in the latter category. Thirdly, and most strikingly, she actively strives to avoid being identified as what could be called 'an ADHD student' through various linguistic means. For instance, she excludes herself from the ADHD category through general expressions rather than narrating her personal experience: if you say that, that you have ADH, ADHD; if a kid who has ADHD. In addition, she overtly categorises herself as normal and denies the pathological nature of conduct generally regarded as symptoms of ADHD by belittling these attributes (I'm completely normal I just have some problems with self-control and issues like

that). She also distances herself chronologically from such behaviour and thus juxtaposes the past disability with present ability (I couldn't stay still when I was little).

Finally, Susan expresses a counter-narrative to the stereotypical understanding of what it means to "have ADHD". Even though Susan now accepts the category membership (because I've got ADHD), she re-negotiates its meaning as one with valued behavioural traits – strengths even.

Therefore, whereas for parents the label ADHD served as a means of normalization, Susan strives to go beyond the label in order to normalize herself.

The Diagnosis Leads to Segregating Solutions

Susan's parents agreed on both the implementation of the Individualized Education Plan (IEP) for Susan and her transition to a special education (SE) class from second class onwards in the hope of receiving individualized support in learning. Nine years later, this decision was remembered with regret. Parents described the SE class as a hammer throw cage, a depository and a horrible Molotov cocktail which explodes only [sarcastic expression] four five times a school day (Father) with no expectations, nor prerequisites, for learning. This makes the parents worry about Susan's access to equal opportunities for further education.

It's a scary thought that [--] because ADHD (--) kind of goes away along with age, it kind of eases off in many cases (--) so we in fact always asked (-) to verify that Susan receives the same basic knowledge that some day when it is better she has a chance to return to studies (Mother).

For Susan, her life really started to be hell ever since, and according to her, she has never received anything positive out of it in any sense. With this she refers to bad relations with teachers as well as having experienced bullying by older adolescent male classmates when she was ten years old and the only girl in the class. Furthermore, she reports having experienced physical (SE class located in the basement), social (differentiated timetables for recess and lunchbreaks between mainstream and SE classes), emotional (stigma, experiences of being an outcast) and pedagogical exclusion due to the SE placement.

The afore-provided metaphors portraying a chaotic learning environment are not to be read as a unified description of one specific SE classroom per se, as Susan has been in several schools and classes during her schooling. Instead, they portray a shared family narrative in which the longed-for individualized pedagogical solutions to overcome ADHD-related difficulties are regarded as the actual threat itself. The pedagogical promise of ADHD categorization thus failed as it brought forth means of segregation and exclusion.

The Shadow over Good Parenting

Along with Susan's motives for her behaviour, (cf. maliciousness with disability), parents also report that their parenting skills and home life were questioned by school staff. The parents' responses to this are predominantly based on adversarial counter speech, as illustrated in the following excerpts.

if teachers had knowledge about ADHD their prejudice wouldn't be so harsh
'cause they would adopt a different attitude (--) because teacher's
initial stance is that there has to be something wrong with the family

because the child behaves like, kind of, hmm, how should I put it, in my opinion it just showed how much they lack knowledge (Mother)

it was quite a disappointment that they [teachers and principals] were of the opinion that this doesn't exist, ADHD doesn't exist, that only poorly behaving kids with behavioural disorders exist and it is caused by conditions at home (Father)

The excerpts above bring out the parents' unmet expectations of constructive, positive and equal parent-teacher partnership. The teachers' way of attributing Susan's difficulties to poor family circumstances is once again explained by their lack of knowledge. Instead, relying on the ADHD category provides parents with an expert position: their knowledge is superior to that of the school staff and asserts parents' rights to advocate for their child. Thus, since the school resists the neurological explanations for Susan's challenges, parenting becomes a "*project of parenting according to medically conceived truths of behavioural disorder*" (Bailey 2013, 99, original emphasis) due to struggling with agency and recognition in home-school collaboration.

Emancipation – Constructing Experience-based Agency over Expert Knowledge

Although parenting is constructed as being under watchful eye of institutionally recognized experts, the only matter over which the parents eventually construct self-blame is their prolonged confidence in the teaching profession as regards their expected knowledge of ADHD, and professionalism in general. In other words, what parents regret is having had blind trust on expert knowledge while disregarding their child's voice in deciding what is best for her and the whole family.

We trusted the teachers' expertise too much and then noticed that in the end teachers know as little about ADHD as our dog knows about space rockets and then this school principal can join the club (Father)

I wouldn't even negotiate [anymore] (--) I would fight tooth and nail against her being placed in a SE class (--) then we quit [therapy] (--) we would've had one more year left but I told no more (--) we're all dead so let's let that kid be in peace. (Mother)

In spite of all, the family narrative did not end in complete disappointment; instead, narrated misunderstandings seem to warrant the reclaiming of control, authority and agency – empowerment – as parents in their daughter's life through resistance of institutionally recognized expert knowledge and interventions. The ADHD category, on the other hand, is approached ambivalently. The parents emancipate Susan from being a deviant object of treatment and instead emphasize the importance of recognizing the individual behind the diagnostic label. One example of this process is presented in the excerpt below, in which Susan and her parents talk about their unsuccessful attempts to treat ADHD through medication.

Father: Then we tried that other [medicine] which was like, the idea of this first medicine was that it would help to persevere at school

Susan: It didn't help at all

Father: and then was this which kind of made you a soft cute poodle for the whole day [laughter] so the idea was that in case of adversity or something like that things wouldn't get out of hand so that that Matti Nykänen¹ phenomenon wouldn't happen, but it didn't work (--)

Mother: Then we stated that let's let it be that these [efforts] lead nowhere

¹ A famous Finnish ski jumper, referred to in the vernacular as 'having' ADHD to sympathize with his post-career social problems.

Father: Well they lead to spending the money that could pay for a vacation trip to the South [laughter] for real (--) [Mother: True] like it was roughly some kind of a drug recipe

Mother: But of course, it was good to try them, they work for some, right, that medicine but they didn't work for Susan, they brought no joy what so ever

Susan: I'm such a special case, nothing works [laughter]

The excerpt illustrates how the family members detach themselves from treating Susan with medication by questioning its nature (reference to drugs), costliness (comparison with the price of a vacation) and normalizing function (which kind of made you a soft cute poodle for the whole day). Despite the mother acknowledging the potential positive outcomes of medication use (but of course it was good to try them, they work for some), it is viewed most of all as an instrument of control imposing a threat to Susan's authentic way of being (see Honkasilta & Vehkakoski, 2017). What is earlier referred to as a manifestation of ADHD symptoms, such as things getting out of hand, now becomes viewed as something to be preserved instead of being controlled by medication use. This becomes clear in the way family members make jokes about Susan not fitting into societal norms of conduct. Thus, Susan being 'such a special case' becomes viewed as her being both her authentic and desirable self.

Discussion

This article explored the meanings given to ADHD categorization by Susan, an adolescent girl diagnosed with ADHD, and her parents in their co-narration of Susan's broken compulsory school trajectory. The family narrative illustrated what we call here the rise and fall of the promise of ADHD. At the beginning of the narrative, ADHD was portrayed as Susan's nature-rooted condition (see Gee 2000) that posed a threat for her development path or future if preventative, adequate means of treatments and support do not take place (e.g., medication, therapy, SE services). This

master narrative of ADHD was widely adopted into the parental discourse and positioned the one diagnosed – Susan – as vulnerable and at risk. In the end, however, the family emancipated themselves from the expert-based services viewed as forming a risk to family wellbeing.

The divergence between Susan's and her parents' adherence to the ADHD category is worth noting. The starting point of Susan's parents' adherence to it was an acknowledgment rewarded in the form of the diagnosis by members of distinguished professions for the good of the child. Thus, receiving the diagnosis, as Susan's parents expressed throughout the interview, was expected to provide recognition for Susan's so-called invisible disability and support needs as well as for parents' advocacy and expertise. Consequently, the diagnosis was expected to emancipate Susan from the identity of malicious, undisciplined student and, respectively, parents from being blamed for poor parenting. For parents, the membership thus provided legitimate absolution from the blame of "bad parenting" (e.g., Bailey 2013; Frigerio et al. 2013) and a more neutral, scientific approach to educating Susan. To protect the family members' identities from becoming constructed on non-valued traits, the parents advocated the medical model of disability that provided them and Susan with sympathy and understanding (e.g., Schubert et al. 2009; Frigerio & Montali 2016). In this light, the label was emancipatory and empowering.

For Susan, this was not the case. Instead, she was reluctant to build identity upon ADHD category membership. Contrary to previous research (e.g., Berger 2015; Honkasilta, Vehmas, and Vehkakoski 2016; Singh 2011), Susan did not mobilize the diagnosis to account for the problems experienced or excuse her own behaviour. Instead, she emphasized the importance of student-teacher relationships. Since she was not able to escape the category present in the family life, she admitted to "having" ADHD yet not "being" one. Instead of receiving the diagnosis Susan had a stigmatizing and non-neutral identity label imposed on her. When the parents strove to negotiate for

their daughter to be recognized as impaired for her own good, Susan herself strongly contrasted the disordered self with valued self. Thus, the category so important to the parents segregated Susan from 'normal' and partly disabled her by imposing the identity of "other".

Returning to issues of *cure* and *care* that have long been under discussion in the field of disability studies (e.g., Kittay 2011; Shakespeare 2000; Morris 2001), the two processes in which Susan is constructed as an object and subject of a certain kind are discussed. The first process is psychopathologization, in which Susan was portrayed as an individual *with an impairment*. As maintained in the master narrative of ADHD, the core assumption of this portrayal was that Susan has a neurobiological impairment that determines her life chances, thus, in order for her to be able to live as full, "normal" life as possible, she ought to be offered treatments (e.g., therapy), cures (e.g., medication) and services (e.g., SE placement). During this process, Susan became an object of attempts to cure her. The professionals outside the school had the main responsibility for these measures, whereas the school was reported as trying to cure Susan through increasing control and punishments.

The other process present in the family narrative was that of humanization. This becomes salient in the form of cry for recognition for Susan's integrity. In this process, Susan became portrayed as a *disabled individual* with an emphasis on disabling mechanisms of oppression that denied her from experiencing acceptance and belonging at school – all humane needs that cry out to be catered to in everyday school practice. Eventually, the family narrative presented here was not so much about Susan's impairment that ought to be cured, but about school practice that was expected to cater to her human needs and define Susan as an object of care. Concerning this, the parents leaned hard on the promises of the diagnosis, although at the same time, they expressed disappointment about its failure to guarantee care for Susan at school.

Limitations

Since the analysis was based on one family interview, it remains unknown whether family members would have participated differently if interviewed separately. Notice, however, that while Susan participated actively in the interview and co-narrated shared experiences with her parents, she did not mobilize ADHD diagnosis in similar fashion with them. Owing to the lack of teacher's/school's perspective, we emphasize that this study does not take a stand on actual school practice outside the talk-in-interaction. In future, it would also be important to obtain teachers' viewpoints, to gain a comprehensive understanding of the situation of children diagnosed with ADHD at school. ADHD in education is a much-debated multifaceted phenomenon. This study does not seek to establish or invalidate the 'truth' of any particular perspective in relation to another but to contribute to sociocultural approach to understanding ADHD through tradition of linguistic discourse analysis.

Conclusions

Education of a child is a process of caring. Adapting from Kittay (2011), care denotes labour (acts directed to cater to another's needs), attitude (positive, affective bond and investment in another's well-being) and/or virtue (genuine interest in catering to needs of others). In light of this ethics of care, diagnosing ADHD for a child can be regarded an act of caring – for parents undoubtedly one of virtue in which the labour of care is accompanied by the attitude of care. However, when this endeavour towards care becomes negatively experienced as paternalistic attempts to cure, it begs the fundamental question whether well-being and other needs of the cared for are negatively affected by means of these well-intentioned attempts. This study reminds us that mere labour of care without placing well-being and needs at the centre of all considerations will not be good care (Kittay 2011). Therefore, although the contemporary (special) needs ethos at school mainly builds upon the ideals of “normal” and reproduces categories of difference (e.g., Honkasilta 2017),

students' (and parents') voice in determining what constitutes *need* should be heard and taken into account. Students diagnosed with ADHD, deemed deviant and/or labelled special, share the same human needs as all students, such as friendship, acceptance, joy and respect. These, not diagnoses, ought to be at the central of all considerations.

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