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'Staying in class so no-one can get to him': A case for the institutional reproduction of ADHD categories and behaviours

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Abstract

This paper focuses a sociological lens on what two early years Australian school boys labelled as having ADHD and an early years teacher have to say about social relations within informal play environments. The boys participated in separate semi-structured interviews where they predicted the likely outcomes of social interactions within informal play environments for a toy puppy who was exhibiting ADHD-like behaviours. The students forewarned that puppy should be 'staying in class so no-one can get to him', and that 'his friends will be cruel and tease him', making him into a 'bad' puppy. A follow up interview with one early years teacher confirms that the boys' predictions reflect their lived experiences as students labelled as ADHD in institutional play environments. A theoretical framework based on concepts of social power and control (Bernstein, 2000) is used to analyse the boys' and teacher's interview talk to explain how particular social discourses have the potential to trap students labelled as ADHD into this category and the difficulties one socially aware teacher faces as she tries to disrupt these dominant disabling discourses.

Introduction: Fields of inquiry

While the research on childhood behavioural disorders, such as ADHD, seem to be ubiquitous, a sweep of the international literature shows that since the 1980s, two interdependent fields of enquiry, medicine and psychology, have dominated the debate. The desired endpoint for each field of enquiry is the 'normalisation' of childhood behaviours, a concept that in reality is non-describable. The fields differ in that the medical research focuses on 'rebalancing' what is constructed as the 'abnormal' physical 'condition' of ADHD, that is the purported imbalance in brain chemistry. The burgeoning uptake of this aetiology has resulted in substantial populations of young children and adolescents in the USA, Canada and Australia being subjected to increasingly higher dosages of psycho-stimulant drugs over longer periods of time than ever before. Yet, the medical researchers themselves admit to not being able to agree that the 'condition' exists, how the stimulant drugs work, nor the long terms affects of regular drug taking (Kollins, Barkley & DuPaul, 2001; Hall & Gushee, 2002; Demaray et al, 2003). These factors alone should raise alarm and point to the obvious conclusion that the field of medical research has not made a constructive contribution to the ADHD debate.

In contrast, psychological researchers have adopted a multi-pronged foci: programs to promote the self-regulation of the 'disorderly' child; and programs for 'more effective' and 'assertive' parenting (Brown, 2000; Kollins, Barkley & DuPaul, 2001) and teaching (Edwards, 2002; Vereb & DiPerna, 2004). This cognitive-behavioural approach constructs the labelled children and their parents and teachers as needing to learn other ways of doing things, and also suggests that their way must also be somehow

deficit. Despite two decades of supporting such a viewpoint, refining therapy programs, and suspending and excluding record numbers of students from schools (see Allen, 2005a,b), no significantly effective change program seems to exist.

Both of these attempts to explain the aetiology, definition, diagnosis, treatment and management of ADHD behaviours fail to account for the increase in identification of children exhibiting ADHD behaviours in the primary school years. This paper introduces another field of enquiry to these debates, one that is epistemologically and ontologically disparate from that of medicine and psychology. It utilises the research paradigm of critical ethnography to analyse semi-structured interview data from one-off single participant interviews with two young boys labelled as having ADHD and one teacher as they talk about their understanding and experiences of institutional social relations for those so-labelled. The merit of the critical paradigm is in its examination of questions about the origins, causes and results of actors adopting certain interpretations of their actions and social life. The remainder of the paper reviews current schools of thought on the origins, diagnosis and management of ADHD behaviours for the purpose of situating the current literature and highlighting gaps and discrepancies in the medical and psychological fields of enquiry, introduces the case study research and research method, and examines the data through a sociological lens based upon Bernstein's (2000) theorisation of power and control and the distributive device of pedagogic discourse. The next section considers and critiques the current literature. Importantly it also argues for the need to cast a sociological lens onto the issue of 'inappropriate' behaviour in institutional contexts and through this process foreground the voices of the young people who live with the ADHD label and its associated realities.

Current literature: Origin, diagnosis and management of ADHD behaviours

According to the American Psychiatric Association, ADHD is as a 'developmental disorder that may be characterised by socially disruptive behaviour, inappropriate levels of attention, impulsiveness, hyperactivity, or a combination thereof' (1994:78). Again, it should come as no surprise that a review of the literature indicates much uncertainty about the origin, diagnosis and management of ADHD behaviours. Researchers have proposed a variety of causal factors about the origins of ADHD behaviours. According to some, neurological, hereditary (Singh, 2003), pre- and post-natal factors, and toxic influence can all lead to the development of ADHD behaviours. Other researchers openly critique environmental factors, such as social expectations, inconsistent parenting and/or ineffective educational practices for exacerbating the symptoms (see Barkley, 1990; Hinshaw et al, 1997; Brown, 2000; Singh, 2003; Lorch et al, 2004; Antrop, Roeyers & De Baecke, 2005).

An equivalent amount of controversy exists over the diagnosis of ADHD. At an objective level, quite simply, there is not a reliable and definitive test for ADHD. Diagnosis is subjective in that it is more often than not dependent upon teachers' observations of students and responses to a behavioural checklist. These checklists are often filled out by teachers who are usually not trained in the field of behaviour diagnosis (Vereb & DiPerna, 2004). Contradictory empirical studies cast dispersions on the validity of checklists for the diagnosis of ADHD behaviours. For example, Antrop et al's (2005) empirical study stated that playtime did not affect students' level of hyperactive behaviour post-playtime. Yet Jarrett et al's (1998) study was adamant that children with ADHD behaviours were more quiet and cooperative after playtime. Methods of diagnosis among trained and licenced behavioural observers were also found to be suspect. Demaray, Schaefer and Delong's (2003, p. 593) national survey of 316 practicing school psychologists found that approximately 30 % reported using personality and projective measures, such as drawings, ink blots, and story telling, in their assessment of ADHD despite them being labelled as 'reliably discriminatory' (Gordon & Barkley, 1998) and of 'little predictive validity' (Barkley, 1998).

Other contestations in the literature revolve around the suggestion that ADHD is over- or mis-diagnosed. For example, Carle (2000) claims that Ritalin is being administered to children to stimulate their concentration in an attempt to artificially boost their academic performance. A more recent concern

relates to the diagnosis and management of gifted children with ADHD behaviours. There is limited evidence that some of the commonly recommended interventions for children with ADHD may make problems worse for gifted children who exhibit ADHD behaviours (see Moon, 2002; Neihart, 2003; Hartnett, Nelson & Rinn, 2004). Much of the literature states that ADHD is often misdiagnosed, that is a child's behaviours are attributed to ADHD when in actuality they are caused by or related to some other condition or trait. For example, Hartnett, Nelson and Rinn (2004) mount a convincing argument that gifted students often exhibit similar sets of behaviour to children labelled as having ADHD. In addition, Demaray et al's (2003, p. 593) research found that half of the 316 school psychologists who participated in their study failed to identify particular measures used to assess for comorbid disorders. Alarming, many children are assessed, diagnosed and treated for ADHD without undergoing multiple methods of assessment (see Brown, 2000).

These failings and shortfalls need urgent attention, as do the ways of looking at so-called inappropriate behaviour in childhood institutional settings. From a sociological perspective, the checklists themselves are enormously problematic in that they focus on the concept of difference, that is a focus on what is lacking or a deficit compared to an unquantifiable indescribable imaginary 'norm'. Deficit theories such as these fail to serve the interests of labelled student; rather they blame them, thereby holding them responsible for their difference. A deficit label implies that 'abnormal' students are lacking and must be more like the mythical 'normal' students if they are to seek social acceptance and be re-labelled as 'normal'. The consequences of acquiring labels of difference, deficit, deviant or 'other' are serious because once labelled, it is exceedingly difficult to recreate an identity from the labelled position. In lay terms its parallel is the adage about 'slung mud sticking'. This is an important point and one that will be explored in more detail when the children's and teacher's voices and perspectives are brought to bear on the discussion in the analysis section of this paper.

In terms of managing ADHD behaviours, much of the literature explicitly promotes the uptake of a multi-component approach (see MTA Cooperative Group, 1999; Edwards, 2002). Yet surprisingly stimulant drug taking in isolation is still the most common choice of treatment (Kollins, Barkley, DuPaul, 2001). Qualitative data collected from a semi-structured interview study with young children labelled as having ADHD highlighted their steadfast belief that drug taking was the answer to the problem of rule-breaking behaviour (Exley, 2006) despite findings that it is at best 'potentially helpful' for children exhibiting ADHD behaviours (Kollins, Barkley, DuPaul, 2001) and will never cure them of the 'condition'. There is much to be concerned about when children take stimulant drugs over a period of time. One major concern is the range of side effects related to stimulant drug intake. These include debilitating side effects such as decreased appetite, anorexia, insomnia, stomach aches, headaches, irritability, growth problems, tic development, a significantly increased likelihood that the child will become a drug abuser in later life, increased blood pressure and/or 'the rebound effect' when stimulant drugs are suddenly withdrawn (Kollins, Barkley, DuPaul, 2001; Hall & Gushee, 2002). Another area of much concern is the lack of 'less than moderately active monitoring' of students on stimulant drugs, as revealed by Demaray et al's (2003, p. 593) national survey.

The psychological literature stresses the importance of managing children's ADHD behaviours via a multimodal approach, some of which focuses attention on the behaviour of other agents of socialization and the institutional systems in which they operate. Brown (2000, p. 6) supports the use of additional intervention directed at building requisite academic and social behaviour in so-labelled students. Other literature purports that increased parent management training (Kollins, Barkley & DuPaul, 2001) and collaboration between a child's parents, counsellor and teacher are crucial factors in helping children labelled as having ADHD to be 'successful' in the family and school environments (Edwards, 2002; Vereb & DiPerna, 2004). As has already been argued in this paper, these psychological approaches serve to point the finger of blame at the students themselves, and the supposedly non-collaborating adults while also failing to point to proven and sustainable options. Moreover, the literature on

appropriate school environments completely ignores institutionalised social discourses, focusing instead on the physical environment.

More recently, Tait's (2005) review of the research studies on ADHD, published in the *International Journal of Inclusive Education*, leads him to classify the field into five schools of thought: it is a condition which can be objectively diagnosed; its diagnosis is subjective; it is an invention of the pharmaceutical giants who are motivated by profit; ADHD behaviours are 'normal' childhood behaviours; and, ADHD is a form of social governance. These competing discourses lead Tait to the conclusion that ADHD is a theory that has yet to reach the status of 'established truth'. He justifies his findings on the basis that the scientific community itself cannot agree on any aspect of the disorder: 'its prevalence, its symptoms, its consequences, its treatment, its boundaries, its aetiology, its longevity, or its constituency' (Tait, 2005).

This scan through the literature suggests that there are more unanswered questions about ADHD than there are agreeable and uncontested established facts. Despite this, many young children in Australia and in other Western countries are being labelled as such and are being subjected to long-term drug taking. The dominance of medicalised discourses and the apparent ease of access to legalised drugs may keep involved parties from exploring more user-friendly interventions and the more difficult issue of alternative ways of looking at the 'problem' that acknowledges the social (re)constructedness of ADHD behaviours. Very little research has focused on hearing from the students themselves, their understandings of the 'condition' and their lived experiences. Children's own voices are crucial to any understanding of childhood behaviour. Following Armstrong (2006, p. 273), the experiences and perspectives of children offer insights which can be drawn on to unpack how hegemonic social order is enacted through institutional practices that demarcate groups of children. 'They also provide insight into the ways in which children make meaning of, and sometimes contest, the notion of normality and mechanisms of power that underpin it' (Armstrong, 2006, p. 273). It is thus timely to examine their voices and that of one socially-aware early years teacher. This article reports on the findings of one small scale study that draws on data generated in separate semi-structured interview based studies with two young Australian school boys and one teacher. More specifically it focuses on their understanding of particular forms of social relations within the informal play environments of schooling institutions and the lived experience of those labelled as ADHD. The following section introduces Bernsteinian (2000) theory pertinent to this analytical examination.

Pedagogic discourses: Rules for social group formation and communication

In his work on pedagogic relations, symbolic control and institutionalised identities, Bernstein (2000) theorises how social groups are formed, and the effects of forms of communications between them. More specifically, Bernstein draws on the concept of power to reveal how social groups are formed and what effects such classification might have. Bernstein also theorises the concept of control to explain the outcomes of particular ways of framing the communication between the social categories.

In theoretical terms, **power** relations create, legitimise and re-produce boundaries between social categories, in the case of this study, between students labelled as having ADHD and students not labelled as having ADHD. These power relations operate to produce dislocations and punctuations in social space, thereby establishing legitimate relations of order for each group. The strength of insulation between these categories, and their likely effects can be examined by analysing the strength of the insulation. When insulation between categories is weak, the categories are thought to be more alike, and distinctiveness between categories is considered to be less important. In contrast, a strong insulation has sharp distinguishing features, explicit boundaries and a degree of specialisation. Thus strong classification can act powerfully to regulate what is considered to be desirable, or 'normal', and what is considered to be different, 'abnormal' or 'other' (see Rose, 1985).

The second part of Bernstein's (2000) framework analyses the communication between these social groups. In theoretical terms, **control** relations establish legitimate forms of communication within and between the different classifications. These control relations carry the boundary relations of power and attempt to socialise individuals into pre-constituted relationships. The power and control mechanisms established in institutionalised settings situate people to respond in particular ways, which in turn constructs particular identities and practices within and between social groups. The control relations are said to be weakly framed if the acquirer has more control within the social relationship. Weak framing means there exists a greater potential for the acquirer to take charge of, or change, the power relations. In the case of this study the acquirer group would be the students labelled as having ADHD. Control relations are described as strongly framed if non-acquirers explicitly regulate the distinguishing features of the social relations. Strong framing means the pre-existing power of social classification is maintained or even strengthened. In the case of this research that examines potential and actual social relations in informal play environments non-acquirers would be the students not labelled as having ADHD.

The classification of power and the framing of control are carried through pedagogic discourse. Pedagogic discourse, as defined by Bernstein (2000), is the systems of communication that create different meaningful episodes and objects. Pedagogic discourse has three interrelated rules that regulate the discourse, acting selectively on the meaning potential either to enhance or to restrict the realisation of forms of social group identity and communication between these. These rules are: the **distributive** rule (which distributes different forms of consciousness to different social groups); the **recontextualising** rule (which regulates how pedagogic discourses are either altered or maintained as they move from their original site); and the **evaluative** rule (which constructs pedagogic relationship by providing the criteria that is transmitted and acquired) (Bernstein, 2000). These rules provide a way to understand the generation, distribution and reproduction of dominant principles which regulate communication about the construction of ADHD identities and behaviours within social relations.

Pedagogic discourse becomes the symbolic ruler, ruling consciousness, and measuring legitimacy of institutionally constructed social categories (classification) and social communications (framing). All agents of socialisation within the institutional context struggle for ownership of the pedagogic device, that is a claim to the rules of discourse which structure the power of classifications, and hence the control of framing relations. Whichever group dominates the pedagogic device owns the means of perpetuating power and establishing its own ideological representations.

In summary, the theoretical tools that will be used to structure the analysis of the students' and teacher's accounts of pedagogic discourse will be the power of classification of social groups and the control of communication between these groups. These elements of power and control will be revealed through an analysis of who controls the forms of consciousness made available to the group of students labelled as having ADHD (the distributive rule of pedagogic discourse), its origins and the processes that transformed it to a new site (the recontextualising rule of pedagogic discourse), and what criteria is established for social group membership (the evaluative rule of pedagogic discourse). The next section introduces the research study site, the two child and one teacher participants and data generation method.

The research study: Stuart's Independent College

The data for this part of the study was collected via semi-structured interviews with two early years students labelled as having ADHD and one early years teacher from Stuart's Independent College (pseudonym), a co-educational school located in an outer lying suburb of a metropolitan city in Australia. The school caters for approximately 500 day students from Year 1 (five years of age) to Year 7 (twelve years of age). Parents of this school would be considered to be of a middle class socioeconomic status (*cf.* Connell, Dowsett, Kessler & Ashenden, 1982: 12). Stuart's Independent College boasts impressive results in inter-school academic, sporting and cultural activities. The school

comprises well-maintained buildings and gardens, and colourful, spacious and well-resourced classrooms. Parents of the students pay annual tuition fees and a 'voluntary' building fund contribution. Uniform requirements account for another large expense, with the college uniform consisting of a dress hat, a tie for both boys and girls, and specially monogrammed garments. The philosophical focus of school publications is on the delineation of those factors seen as integrally tied to the objectives and attainment of a 'successful' education. For Stuart's Independent College this is interpreted as measurable academic achievement, sporting prowess and a high level of participation in the visual arts and musical program.

To protect the identity of the students the fictitious names of Anthony and Benjamin are used. Although the details of the students' family contexts are known, ethical considerations prevent the inclusion of this information in publications. The one-off interviews with the two boys occurred separately, both for reasons of confidentiality and to prevent them from echoing each others' responses. The two boys were in different classes and both of them have attended Stuart's Independent College since Year One.

At the parents' request, the interview with Benjamin, a year four student (nine years of age), took place in a classroom after school hours, and the interview with Anthony, a year three student (eight years of age), was conducted in the family room of his home during the school holidays. I conducted both interviews, audio-taping them and later transcribing them. To ease into the discussion about ADHD for these young boys, I introduced my toy puppy. Puppy is a soft cuddly toy, medium brown in colour, with long floppy ears. I involved them in a discussion about the fun times Puppy and I had together and then turned the discussion to Puppy's at-school behaviour. I said, 'Puppy has been getting into trouble at school. His teacher said he was calling out in class, not finishing his work, and fighting at playtime. I just don't know what to do with him'. I waited for any impromptu responses. In their separate interviews both boys told me that my Puppy had 'ADD' [sic]. Anthony said he was behaving in such a way 'because he's forgetting his tablets' (Exley, 2006, p. 8). Benjamin believed ADHD to be 'a bad disease' that was contagious and instructed me to ask '[Puppy's] Mum and Dad to give him four tablets', 'like a big tablet that will make him have self-control' (Exley, 2006, p. 9). The extracts of data from which these excerpts were drawn have been presented and analysed in Exley (2006). Alarming, the findings conclude that both Anthony and Benjamin believe drug taking to be the answer to the problem of rule-breaking behaviour. Benjamin understands ADD [sic] as a condition that can be made *better* or *made to go away* by drug taking (Exley, 2006, p.9). However, the amount of drugs that Benjamin is suggesting is in excess of the dose that he is presently taking as part of his 'management' of ADHD - two 10gram tablets each 24 hours. At one point Benjamin advises me that Puppy needs *four tablets* and then Benjamin suggests that Puppy needs *a big tablet*. These extracts are alarming for they give an insight into the importance both Anthony and Benjamin place on the need for Puppy to conform to normalised school child discourses, their insistence that drug taking is the answer, and their mis/understanding of the ADHD condition (Exley, 2006, p. 9).

Some follow-up questions that focused on social relations within the institutional context were as follows:

- **Defining behaviour** – If the teacher were to write a report about Puppy, what would it say about his behaviour? His group work? Play time? What would Puppy's friends say about his behaviour? What might Puppy's behaviour be like at home?
- **Social divisions** – Are there any student groups in this school? Would Puppy belong to any of these groups? Do you belong to any of these groups? What do you have in common with your group? What makes you different from other groups?
- **Power** – Can you tell me what the rules are at playtime? What happens if students break these rules? How do teachers know if students break these rules?

Before each interview commenced, the boy's mother and I engaged in social conversation. I had been a visiting teacher at the school for some time, and was known to both the students and the parents. At the

end of the interview both mothers asked 'how their child went' and I responded with general statements about their apparent level of comfort, openness and self-esteem.

A one-off single participant interview was conducted with an early years teacher from Stuart's Independent College, a teacher I've called Tessa. Tessa responded to my call for teachers to participate in the study. She was one of five teachers who did so but was the only teacher who spoke knowingly about the ADHD condition, its 'documented' history and her perspective that institutionalised social discourses re-produced ADHD behaviours in so-labelled students. The other four teachers, who attended a group interview together were still confounded by the two commonly assimilated acronyms of ADHD and ADD (Attention Deficit Disorder). Tessa's interview was conducted outside of school hours after all student interviews were completed so any reflection on our discussion could not be passed onto the students in her class or those she supervises during playtime. Tessa is a four year trained registered teacher with more than a decade's experience working with young children, the last five of which have been at Stuart's Independent College. The schedule of discussion starters for the interview with Tessa were as follows:

- How do you identify a student with an attention deficit?
- How does a teacher accommodate a student labelled as having ADHD in the classroom?
- What are the most significant problems for these students in the school environment? Classroom environment? Play? With peer relationships?

The following section introduces significant extracts of data that recount both Anthony's and Benjamin's predictions of Puppy's social relations in informal play environments and Tessa's perspective that their predictions are accurate reflections of the lived experiences of students labelled as having ADHD in the informal school-based play environment. They are interesting extracts for the way that each participant has independently added to the thesis of the institutional reconstruction of ADHD behaviours in so-labelled students.

Social relations in informal play environments - Anthony's predictions for Puppy

In the interview with Anthony, we spoke about the sorts of activities and relationships Puppy might have at school and in the home environment. The first three extracts of interview talk between Anthony and me reveal his belief that Puppy will have negative social relations in the school context but will be able to have 'good' relations with a friend at the friend's home. In the first extract, my attempt to seek Anthony's perspective about the 'best part of school' for Puppy was met with a caution about the behaviour of others.

Extract one	
Researcher	<i>What's the best part for Puppy at school?</i>
Anthony	<i>Staying in class so no-one can get to him.</i>

Anthony's response did not provide a statement about the best part of school for Puppy; rather a blunt caution for Puppy to seek refuge away from others who might 'get to him'. However, staying away from the social network of others does not allow for social interaction and consequently positive social growth. Being excluded from informal play interactions with his peers would limit Puppy's knowledge and ability to interact within a particular social world, one where his skills were already deemed to be not up to 'standard'. Extract two, below, shows my attempt to focus on some of the others that Puppy might consider his friends. My question was met with descriptions of the 'cruel', 'mean', 'bad' and 'name calling' behaviour they might inflict upon Puppy and how this would provoke Puppy to mirror some of their 'inappropriate' behaviour.

Extract two	
Researcher	<i>When Puppy goes to school, how do you think his friends might treat him?</i>

Anthony	<i>Cruel. They treat him very bad.</i>
Researcher	<i>Cruel, how would they be cruel?</i>
Anthony	<i>They'd laugh at him.</i>
Researcher	<i>They'd laugh at him?</i>
Anthony	<i>Yep, and do mean stuff to him.</i>
Researcher	<i>....Where do you think Puppy would have the most problems, at home or at school?</i>
Anthony	<i>School.</i>
Researcher	<i>Why is that?</i>
Anthony	<i>Because they will be bad to him and he will be bad to them.</i>
Researcher	<i>The other kids?</i>
Anthony	<i>(nods).</i>
Researcher	<i>What do you mean they will be bad to him?</i>
Anthony	<i>They will call him names and he will call them names about stuff.</i>

Anthony's response confirms his belief that 'they', that is, 'the other kids' will instigate the 'bad' and 'name calling' behaviour and that such actions will provoke Puppy to take on board these same behaviours. Anthony's talk is very revealing for three reasons. First it suggests that he believes that the other kids establish the social relations in the informal play environment, that is the rules of criteria, or what Bernstein (2000) would term as the evaluative rules. Second it shows that Anthony believes that Puppy's rule-breaking behaviour will stem from negative social experiences within the institutional context. Third, Anthony's suggestion that Puppy will mirror the inappropriate behaviour of others, gives rise to his developing thesis that social relations in the institutional context re-produce ADHD behaviours. Put another way, Anthony's talk suggests that the social discourses used by 'the other kids' will be taken up by Puppy. Bernstein (2000) refers to this movement of discourse from one site, or one user, to another as recontextualisation. As Benjamin also makes similar claims, further discussion of this point will occur in the next section when Benjamin's interview extracts are analysed. Extract Three, below, adds to Anthony's argument that social relations within the institutional context are particular to that content. In the following extract he offers his prediction that Puppy's behaviour will be 'good' whilst visiting a friend's house.

Extract three	
Researcher	<i>What about Puppy's behaviour when he goes to friends' places? What do you think he's going to be like there?</i>
Anthony	<i>Good ... Yes because he's at a friend's place. They'll be good to him and they like each other.</i>

Anthony's claim that Puppy will exhibit different behaviours in this outside-of-school-environment is founded on his belief that different forms of communication will be established and that their discourse will carry different relations of control. Anthony is adamant that in this context the friends and Puppy will like each other. In theoretical terms, the weakening of classifications between the friends and Puppy and weakened framing of communication recontextualise the rules of distribution and evaluation for social groups. These weakened frames of communication create a greater potential for the acquirer, that is Puppy, to take charge of the power relations. In concert, these three extracts show that Anthony, who believes Puppy has ADD[sic], will be exposed to different social relations in the informal play environment of the school and at a friend's house. His talk suggests that he believes the exposure to particular discourses in the institutional context will lead to Puppy taking up different social relations with significant others. In other words, he is making a strong claim that the social relations that are established by dominant others will pre-dispose Puppy to behave in particular ways that will strengthen his ADHD identity.

The next section turns to extracts of data generated from the interview with Benjamin, an early years students labelled as exhibiting ADHD.

Social relations in informal play environments – Benjamin’s predictions for Puppy

In his interview, Benjamin also predicts that Puppy’s friends with ‘tease’ him and make him ‘do all this bad stuff’. Like Anthony, he predicts that the friends will demonstrate ‘inappropriate’ behaviour towards Puppy and in this will affect Puppy’s public behaviour.

Extract four	
Researcher	<i>Do you think Puppy would tell his friends that he has ADD?</i>
Benjamin	<i>No.</i>
Researcher	<i>Why not?</i>
Benjamin	<i>... he wouldn't have told them because they would have teased him .</i>
Researcher	<i>Teased him? Would they really?</i>
Benjamin	<i>Uh uh (nods).</i>
Researcher	<i>How would they tease him?</i>
Benjamin	<i>Saying that your brother's got ADD [sic] and then make [Puppy] do all of this bad stuff like say, 'Pinch that little kid' and all of that. And then if [Puppy] didn't, they'd tease him and all of that.</i>

Benjamin predicts that the teasing from Puppy’s friends could involve public statements about Puppy’s brother having ‘ADD’ [sic]. This statement casts the ‘condition’ of ADHD as something most undesirable, an infliction that should generate shame. Also evident within Benjamin’s interview talk is his prediction that the ‘teasing’ behaviour of the friends is so controlling that it would make Puppy ‘do all of this bad stuff’. He too is suggesting that the dominant social relations of the informal play environment have the potential to re-produce ADHD behaviours in so-labelled students.

In his interview, Benjamin speaks about the affect the institutionally re-produced ADHD behaviours could have on Puppy’s life at home.

Extract five	
Researcher	<i>What sort of things would Puppy do at home?</i>
Benjamin	<i>Break things.</i>
Researcher	<i>Why?</i>
Benjamin	<i>Because [Puppy] may get out of control and all of that. Like he may be watching TV for a little while and when he starts getting hyper and starts breaking things, he imagines that someone is teasing him .</i>
Researcher	<i>What would make him so angry at home that he would want to break things?</i>
Benjamin	<i>His imagination. He might imagine that there are boys at school teasing him .</i>
Researcher	<i>In his imagination or he remembers?</i>
Benjamin	<i>In his imagination ... It makes him 'imagine' and makes him go hyper at home.</i>

In this extract of data, Benjamin uses ‘imagine’ and ‘imagination’, which suggests conjecture and the making of images or events which may not have occurred. The term ‘imagine’ is a contorted word, most likely meant to mean ‘use his imagination’. An analysis of Benjamin’s talk indicates that he is claiming that it is the social relations from the institutional context that re-produces ADHD behaviours of ‘breaking things’ and ‘going hyper’. In theoretical terms the recontextualising rule of pedagogic discourse permits one set of discourses to enter new contexts. Benjamin is making some serious claims about the possible institutional reproduction of ADHD behaviours in so-labelled students.

Benjamin and Anthony both talk about the other students and Puppy exhibiting what could be termed as inappropriate behaviour. If inappropriate behaviour is 'typical' behaviour for both student groups, then why is it viewed as such a problem when those labelled as having ADHD take it up? A Bernsteinian interpretation is that the strong insulation between student groups mean that those labelled as having ADHD do not share a 'normal' identity with the students not labelled as having ADHD. In other words, the strong classification of social categories means that doing some things the same does not mean that everyone belongs into the same category. Behaving like everyone else still locates students labelled as having ADHD in the 'other' category. According to Anthony's talk the criteria for what is determined as 'normal' behaviours seems to differ for each student group. The constitution of these differences is regulated through pedagogic discourse, that is, the social relations between the student groups, in particular, the distributive and evaluative rules. Being cast into an 'abnormal' identity where exhibiting 'normal' behaviour only serves to confirm the ADHD diagnosis cements the student labelled as ADHD into this 'abnormal' category. It seems that students labelled as ADHD have no avenue of response to contest the ADHD label, for demonstration of 'normal' behaviours only serve to promulgate the ADHD label.

The next section provides extracts from the interview with Tessa, one socially aware early years teacher who has taught students labelled as ADHD in her current school.

Social relations in informal play environments - Tessa's accounts

Three extracts of talk from Tessa, an early years teacher at Stuart's Independent College, sheds more light on her understandings of the origins of ADHD behaviours, and also add support to Anthony's and Benjamin's supposition that ADHD behaviours are a response to social relations in informal play contexts in an institutional context.

Extract six

Tessa	<i>I have seen children in other grades who are diagnosed correctly as ADD [sic] but they have a chip on their shoulder, they have a really bad attitude towards adults and other children sometimes and it's all because they've been given those negative attitudes from people's responses. [People's] responses are due to the fact they don't understand what ADD [sic] is and where it comes from....It's a genetic and environmental condition. It's a condition signified by over-activity, inability to concentrate for a period of time. Well, that's where the trouble starts. Associated with that usually comes some behaviour problems because of the treatment [the students labelled as having ADHD] have had and the responses they've had from parents, teachers or peers because of their behaviour. So it's sort of a vicious cycle.</i>
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In this extract, Tessa states what many believe to be fact: Students labelled as ADHD 'have a chip on their shoulder, they have a really bad attitude towards adults and other children sometimes', however like Anthony and Benjamin before her, she too exemplifies how particular social relations from significant others re-produce ADHD behaviours in so-labelled students. She overtly states her belief that responses from 'others', including 'parents, teachers or peers' give 'negative attitudes' to students labelled as having ADHD. Her understandings are consistent with the claim that power and control mechanisms established in an organised setting force people to respond in predetermined ways. This is particularly the case when individuals lack access to the evaluative rules of pedagogic discourse. The responses of others force a particular type of organisational structure to prevail, thus denying students labelled as ADHD any avenue of response, or any way out of the ADHD label loop or what Tessa calls 'a vicious cycle'. In the following extract, Tessa talks about her attempts to interrupt these cycles as they impact upon students labelled as having ADHD.

Extract seven

Tessa

I had hell's own job trying to get the children from saying, 'He's naughty, he's naughty!' They were very down on him.

Tessa sees the students' response to the student labelled as ADHD as being of significance. In particular, she views their 'being down on him' and saying that 'he's naughty' as problematic. In theoretical terms, Tessa attempted to disrupt the reproduction of ADHD identities by controlling the distribution of explicit evaluative rules made public by the other children. She tried to get the other children to not describe a student labelled as exhibiting ADHD behaviours as 'naughty'. As the teacher, she is able to exercise some control over the framing of relations between herself and the students and the relations of communication between student groups. Her description of the task as 'hell's own job' makes an emphatic statement about the difficultness of the task despite her being in a more powerful position than the other students. Thus, this realisation points to the difficulties or near impossibilities students labelled as having ADHD would have in reforming social relations as well as their own identities, given their lack of dominance in controlling pedagogic discourse. If a socially aware teacher finds disrupting disabling dominant discourses so difficult, what chance has the 'othered' student got? To overtly attempt to dominate the dominant group would be seen to exhibit inappropriate behaviour and thus merely confirm the original status of 'student with ADHD'.

Discussion:

The research data reveals a strong classification between students labelled as having ADHD and others and the effects of this. As the framing of pedagogic discourse regulates what counts as legitimate communication and legitimate practices, the strong classification serves to re-produce these categories and the behaviours that constitute them. It is little wonder that one socially aware teacher faced so many difficulties as she attempted to disrupt these dominant discourses. These findings should be of immediate concern to those responsible for the care and well-being of students labelled as having ADHD, either as parents, teachers or school administrators. It is timely to consider alternative ways and means of disrupting such disabling discourses and the effects of these alternative measures. Quite possibly, doing so may be easier said than done. As Tessa's comments showed, it is very difficult for those in a position of power to effect change. Yet, it is clearly important that young children are caught in a system where they have little power and control and moreover are trapped by a cycle of discourse that re-produce particular and further disabling identities for them.

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