



# Self-pathologizing, self-condemning, self-liberating: Youths' accounts of their ADHD-related behavior



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## ABSTRACT

This study analyzes the discursive construction of attention deficit hyperactivity disorder (ADHD) and self in relation to a socioculturally shared understanding of moral norms. Thirteen Finnish youth aged 11 to 16 diagnosed with ADHD were interviewed during this discourse analysis study. The youth accounted for their culturally undesirable behavior, performance and traits through three different types of accounts: (1) externalizing personal responsibility due to a compelling medical condition, (2) internalizing personal responsibility through moral self-condemnation, and (3) distancing oneself from the socially imposed stereotypes and stigmas related to ADHD. This study challenges dominant understanding of young people with a diagnosis of ADHD and contributes to our understanding of how ADHD is constructed in their lives.

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## 1. Introduction

Attention deficit hyperactivity disorder (ADHD), a neurodevelopmental disorder manifesting core symptoms of inattentiveness, impulsiveness, and hyperactivity, is one of the most common and contested mental disorders diagnosed among young people (for an outline of the debate, see Barkley et al., 2002 and Timimi et al., 2004). Unwanted behavior and performance associated with ADHD is explained by the psychomedical model that ADHD can affect individuals across their lifespan in different spheres of life (education, social life, etc.) due to complex genetic (e.g., genes regulating neurotransmitter systems) and neurobiological (e.g., dopamine dysregulation) anomalies hindering self-regulation abilities (e.g., Mueller and Tomblin, 2012; Tarver et al., 2014).

As for these possible adverse trajectories and failure to meet the criteria of “good”, “well-behaved” citizens in contemporary society, the diagnosis of ADHD serves many functions. At the individual level, ADHD offers a legitimate “scapegoat”, especially in vernacular use, to absolve the individual (pupil, guardian, teacher) from

responsibility for troublesome conduct by locating the problem within brain activity (e.g., Bailey, 2014; Harwood, 2006; Schubert et al., 2009; Singh, 2011) – a child is viewed as a passive sufferer of a compulsive medical condition that subdues agency and moral responsibility. Simultaneously, ADHD label is laden with the promise of becoming socially understood, accepted, and supported (Emerald and Carpenter, 2010). Thus, social practices dominantly directed by the psychomedical discourse not only maintain the psychopathology of certain cognitive and behavioral traits that could be educationally intervened but also harness such psychopathology as means of moral normalization.

Thus far, the meaning of ADHD in the accounts of youth is still not fully understood. The internalization of discourses regarding ADHD is related to expert explanations youth are given (Brady, 2005). When complex social and educational problems are reduced to a psychomedical deficit by using the language of disorder and dysfunction, one may internalize problems as solely based in the individual (Graham, 2007; Harwood, 2006). In the light of our data it can be plausibly argued that the psychomedical discourse is oversimplifying and insufficient in furthering our understanding of what it means to “live with ADHD”. As Gee (2000–2001) has argued, when a child receives a diagnosis, caregivers and physicians have already recognized ADHD as the child's

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*nature-identity*, a state developed due to natural forces, and as the child's *institution-identity*, a position authorized by legitimate institutions and professionals. Along with the diagnosis, the child is exposed to various discourses of which the psychomedical model dominates (Danforth and Navarro, 2001; Norris and Lloyd, 2000). The question now becomes what kinds of *discourse-identities* (i.e., being recognized as a certain “kind of” person in authentic interaction situations) are made available to those diagnosed, other than “ADHD child/student” (Gee, 2000–2001). However, existing empirical research has drawn little attention to this idea. In this article, the discursive construction of ADHD and of self in relation to ADHD is analyzed in how thirteen diagnosed Finnish youth account for their behavior associated with ADHD.

## 2. Previous empirical research on young people's perspective on ADHD

The literature voicing children and youth diagnosed with ADHD has emphasized their experiences and perceptions of the disorder and self in relation to it. Young people are reported to associate ADHD with social and educational difficulties (e.g., Cooper and Shea, 1998; Kendall et al., 2003; Krueger and Kendall, 2001; Singh, 2011). Further, they have been found to view medication as valuable as it increases the ability to self-manage behavior and improves academic performance (Cooper and Shea, 1998; Kendall et al., 2003; Loe and Cuttino, 2008; Singh, 2013b; Singh et al., 2010). These findings suggest that children and youth perceive the authentic self as fundamentally bad, problematic, or incapable, and welcome medication as an empowering, normalizing and enabling factor (Singh, 2013a, 2013b; Loe and Cuttino, 2008).

However, above constructs of ADHD and selves do not testify to individual deficit outright. Instead, they testify to dominant deterministic discourses that social and behavioral issues associated to ADHD are reducible to individual biology (Cooper and Shea, 1998; Travell and Visser, 2007). Contrary to these discourses, young people are reported to attribute the severity of manifestation, and even the existence of the problems associated with ADHD, to environmental factors, especially teacher and peer conduct (e.g., Cooper and Shea, 1998; Gallichan and Curle, 2008), emphasizing the importance of classroom interaction over the diagnosis and its supposed value (Prosser, 2008). In addition, children and youth have reported downsides related to medical treatment, varying from unwanted side effects to the changes medication causes in one's authentic self (Cooper and Shea, 1998; Loe and Cuttino, 2008). As for the label, youth are aware of and concerned about the stigma of the label and their conduct (e.g., Cooper and Shea, 1998; Singh et al., 2010). Various studies have emphasized that children and youth view themselves as if something were fundamentally wrong in them (e.g., Brady, 2014; Cooper and Shea, 1998; Kendall et al., 2003; Singh, 2007; Travell and Visser, 2007), a view the label promotes due to children perceiving themselves as defective (Brady, 2005). Further, Krueger and Kendall (2001, p. 61) concluded that “an ADHD adolescent's sense of self is distorted” due to integrating one's identity with the disorder: “They were their ADHD and their ADHD was them” (p. 64). Alternatively, other researchers have proposed that children/youth “neither fully accept nor fully reject the medical definition of their experience but actively work to redefine the experience to make it meaningful to them” (Brady, 2014, pp. 225–226; Gajaria et al., 2011; Prosser, 2008).

The diverse findings call into question the simplistic perspective that reduces young people's behavior or performance regarded as symptomatic as derived solely from neurological dysfunction or impairment in cognitive processing. Kendall et al. (2003), Singh (2011), and Singh et al. (2010) reported young people accounting for their intentional fighting as a valid, justifiable, and unavoidable

act within the youth microculture (e.g., as a badge of honor). This finding is important because adults may interpret transgression in terms of diagnostic symptomology (e.g., impulsiveness). Similarly, youth may exploit the ADHD label as a scapegoat to excuse their actions (Kendall et al., 2003; Singh, 2011; Singh et al., 2010). Singh (2011, 2013a) pointed out that, among youth studied in the United Kingdom, the modal method of viewing ADHD was to associate it with bad conduct and that exploiting the label was common, whereas in the United States ADHD was associated with bad academic performance with a tendency to keep the label secret. Different (youth) cultures and cultural factors (race, socioeconomics, etc.) socialize individuals into varying norms of contextually valued beings. When students fail to fit in, it illustrates not only student traits but also the characteristics of their social environment (Gallichan and Curle, 2008)—its values, norms, and practices. These practices not only regulate one's conduct but also, at worst, emphasize an individual's powerlessness to do nothing but submit to the prevailing unfortunate social surroundings (e.g., bullying, stigma). This was demonstrated by Exley (2008), who gave children labeled as having ADHD instructions to create an imaginary story about what would happen to a puppy that exhibited ADHD-like behavior at school. Despite the opportunity to use their imagination, the children's experiences and sociocultural associations of ADHD directed their stories toward deficit discourse that victimized the individual – the puppy was forewarned to stay in class, in its haven.

## 3. Study frame

This study included thirteen Finnish youth, aged 11 to 16, diagnosed with ADHD. The study focused on the accounts the youth spontaneously provided in interviews of narrated behavior, performance and traits they related to ADHD. An *account*, in the tradition of linguistic discourse analysis, is conceptualized as a discursive practice that individuals use to view themselves as culturally acceptable in relation to others and social norms (e.g., Edwards and Potter, 1992; Garfinkel, 1967). The accounts protect the self-image from evaluative questioning about a supposedly undesirable act (Scott and Lyman, 1968; Sterponi, 2003) and are used in face-to-face interviews to negotiate (self-)acceptance along with a socioculturally shared understanding of moral norms and ADHD.

The discursive construction of ADHD and selves has yet drawn scant attention in previous literature voicing young people so-labeled. This study addresses this dearth of literature. Studying account giving in interview interaction allows us to study ADHD as a discursive entity and, thus, as a sociocultural construct. This paper is based on a discourse analytic understanding of youth as active meaning makers, who, while expressing personal experiences construct selves by drawing on cultural representations and discourses familiar to Western societies that afford and occlude certain moral opportunities and responsibilities (Danforth and Navarro, 2001; Norris and Lloyd, 2000). We treat language as a gateway to cultural values, norms, and expectations the narrator acknowledges and in relation to which constructs, deconstructs, or reconstructs his or her own social identities. Our aim is not to discredit the validity of experienced problems or the importance of taking such experiences into account in providing healthcare and education. Instead, we argue that studying the cultural constructs in young people's accounts is important to gain a comprehensive understanding of the meanings assigned to ADHD as a biopsychological and sociocultural phenomenon. Our research questions were as follows: (1) How do youth diagnosed with ADHD account for the ways of behaving, performing, and being they relate negatively to ADHD? (2) What kinds of preconditions of moral responsibility do these accounts meet?

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