Spatialising the contentious politics of ADHD: Networks and scalar strategies in health social movement activism

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ABSTRACT

This paper explores the spatial dynamics of health social movement activism in the context of a specific condition, Attention Deficit Hyperactivity Disorder (ADHD). Deploying qualitative research conducted with Irish ADHD organisations, it examines how place and space affect activist networks and the dilemmas that emerge when local 'mobilisations' converge at national and transnational levels. ADHD activism in Ireland has been predominantly localist in orientation, but certain organisations have shifted their activism to the European scale as a means of gaining further political and epistemic recognition for the condition. The paper suggests that health social movement studies would benefit from an engagement with the geographies of inter-scalar relations in analysing organisations' action repertoires.

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1. Introduction

In recent years, geographers have become increasingly concerned with applying a spatial analysis to social movement activism. The 'spatialities of contentious politics' (Leitner et al., 2008) have been shown to take multiple forms; battles over specific places, and place-based identities frequently form a basis for mobilisation, while the processes through which such activism operates are shaped by, and in turn shape, spatial contexts (Miller, 2000; Nicholls, 2007; Wolford, 2004). Nicholls (2009) for example, has explored how networks fostered by social movements are contingent upon ties fostered in the particularities of specific places, but how scaling up actions to national and trans-national contexts depends on the articulation of different types of networks to create a 'social movement space' (see also Routledge, 2003). Activist movements grounded in particular localities may project their actions on to a national, regional or global scale as a way of promoting their cause, but also utilise these transnational strategies to gain leverage at the local level in what della Porta and Caiani (2008, p. 3) refer to as 'boomerang effects' (see also Marx et al., 2012).

This paper seeks to draw on these ideas in the context of health social movements (Brown et al., 2004). Within the sociology of health and illness and science and technology studies, there is a growing literature which explores and characterises health-based activism (Epstein, 1995; Novas, 2006; Rabeharisoa, 2003), but little of this literature engages in any kind of spatial analysis. My focus in this paper is to explore the geographies of health activism in the context of a specific condition, ADHD. ADHD is a childhood disorder which is frequently contested, not least because of disputes over treatment strategies such as stimulant medication (Singh, 2004). The symptoms of ADHD include hyperactivity, impulsivity and inattentiveness, but diagnosis is not made on the basis of any definitive medical test; rather, it involves a clinical judgement about particular behaviours. For some sociologists, ADHD exemplifies the increasing medicalisation of society, where ever more dilemmas of (social) life are accorded a medical explanation or label (Conrad, 2007). Others are more circumspect about understanding the condition. Singh (2002) for example, discusses the need to understand ADHD in terms of 'biology in context': that is, while there are varying national social and cultural understandings ascribed to the disorder, the specific behaviours and embodied experience associated with ADHD cannot be ignored.

The last couple of decades have witnessed the emergence of organisations mobilising around ADHD as a 'cause', particularly within developed world nations. These organisations are predominantly made up of parents of children with the condition and have coalesced around the need to provide mutual support for parents and to raise awareness of ADHD as a legitimate medical disorder. In this paper, I draw on qualitative research conducted as part of a European Union funded project to explore the emergence of local ADHD organisations in Ireland, and the spatial strategies they have deployed in mobilising their cause. My focus is on how

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place and space affect the networks formed in the process of mobilisation and the dilemmas that emerge when the local place-based forms of activism seek to converge at national and transnational levels. In so doing, I consider what this example can tell us about the mobilisation of ADHD as an 'unsettled' condition, and the potential of spatial analysis for understanding the contentious politics of health.

2. Spatialising social movement activism: place, networks and the politics of scale

Geographers' engagement with social movements and collective action has brought a spatial infusion to the analysis of both the *causes* and *processes* underpinning grassroots political activism (Martin, 2003; Martin and Miller, 2003; Leitner et al., 2008). Social movements have been shown to utilise a number of place and space-based strategies in their action repertoires. For example, activists may mobilise on the basis of a localised place-based cause, but use multiscalar strategies to gain resources or exploit political opportunities and build networks. In this context, places (and indeed, 'scales') are not just territorial givens; they are sites of meaning-making for activists and may be constructed as a basis for political action designed to challenge, or reinforce, power relations (Martin, 2003). These ideas have begun to infuse health geographies and the geographies of disability. Kitchin and Wilton's (2003) analysis of the dynamics of disability activism in Ireland and Canada demonstrate the different ways in which disability organisations respond to, and organise around, different scalar strategies in pursuing their causes. Others have considered how health activism in the voluntary sector manifests itself in, and is in turn shaped by, different places (Skinner and Power, 2011), whilst Davidson and Parr's (2010) work has also drawn attention to the role of new technologies in the creation of virtual spaces as the basis for connexion and activism amongst people with particular disorders (including people with Autistic Spectrum Disorders and Anxiety Disorders).

In this paper, I am particularly concerned with social movement *networks* and how these mobilise in the context of scale. In pursuing their cause(s), networks are vital to social movements as a way of sharing information and tactics and developing a collective political identity. With the spread of neo-liberal globalisation and global flows of finance and labour, there has been an increasing focus on how grassroots activist organisations are 'scaling up' their activities to the global level by developing trans-national networks (della Porta and Tarrow, 2005). Routledge's (2003) research on People's Global Action, an international network of anti-neoliberal globalisation organisations, demonstrates how a plurality of diverse organisations can come together to contest global political power structures out of a shared agenda driven by local struggles.

The scaling up of social movements is also an issue for Nicholls (2009), who brings together relational and territorial notions of place and scale to suggest how place-based networks coalesce in a 'social movement space'.[1] Drawing from Granovetter, Nicholls distinguishes between strong and weak ties (the former being cohesive trust relations, the latter described as 'loose acquaintances', which are used to distribute information more widely),

suggesting that specific places, through proximity of key activists and organisations, create opportunities for the development of 'strong ties' and social capital based around '*norms, trust, emotions and interpretive frames*' (Nicholls, 2009, p. 83, emphasis in text). Whilst such a conceptualisation suggests a territorial notion of place, he also argues that there exist within these places particular points of interaction or 'multiple contact points' which bring activists into frequent contact with different people and ideas. Such regular interactions, which may take the form of public meetings, protests or other types of events, facilitate the foundation of common interests between diverse groups, and break down, or indeed expand, boundaries of activism. When such place-based activism moves to connect beyond the locality, a 'social movement space' is created. The networks and dynamics shaping this space are however different from those constituting place-based activism, and often more unstable. Indeed, as Leitner et al. (2008) point out, there is a socio-spatial positionality inherent in social movement networks shaped by uneven power relations: when organisations converge, their social and geographical positioning and identities may clash with others.

Nicholls' (2007, 2009) conceptualisation of social movement networks and their relationship to geography is helpful insofar as it seeks to steer a middle way between territorial and relational notions of place, space and scale, or at least combine elements of both. A number of geographers have proposed that the discipline should abandon the territorial notion of scale, which suggests a vertical hierarchy from the global to the local (Marston et al., 2005). However, I would concur with Leitner et al. (2008) in stating that scale has very real consequences for activists insofar as they need to respond to the intermeshed scales of state activity and regulation (local, regional and national government). In borrowing from Nicholls (2009) to explore some of these processes in the context of ADHD activism in Ireland, then, I utilise an approach that acknowledges the territoriality of place, while also recognising the way in which more geographically extensive relations shape social movements' activism.

3. Mobilising ADHD: an embodied health movement?

Within the sociology of health and illness, there has been an increasing focus on conceptualising political movements and actions which are rooted in people's experiences of health and illness and healthcare systems (Rabeharisoa, 2003; Epstein, 1995; Novas, 2006; Brown et al., 2004; Klawiter, 1999). For Brown et al. (2004), Health Social Movements (HSMs) can be characterised into three 'ideal types': Health Access Movements which mobilise around calls for greater access to, and equity of, healthcare; Embodied Health Movements (EHMs) which 'address disease, disability or illness experience by challenging science on aetiology, diagnosis, treatment and prevention' (Brown et al., 2004, p. 52); and 'constituency-based health movements' which have their origins in particular groups and/or identities such as gender, ethnicity and class. Geographers in the arena of health and disability have also contributed to debates about the dynamics of health activism and activist 'careers'; for example, Milligan et al. (2011) have used narrative approaches to explore the autobiographies of mental health activists, drawing attention to the specificities of time and place in shaping people's activist trajectories and identities.

Little has been written about ADHD organisations as HSMs per se, although much literature exists on the controversies that surround the condition. Internationally, organisations that have formed around ADHD have put recognition of the condition at the forefront of their activities. Frequently established by parents of children with the condition, their concern has been to raise

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[1] Territorial interpretations suggest a bounded notion of place, in which particular territories have their own intrinsic systems, institutions and identities which mark them apart from other places. Relational understandings suggest that places are 'constituted by their connexions and relations to extensive flows of people, capital, cultures and power' (Beaumont and Nicholls, 2007, p. 2558), such that they cannot be separated from other places. Proponents of the relational view take issue with concepts such as 'scale' as they are seen to reify territorial notions of place.