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Prosser, B. (1999), Behaviour Management or Management Behaviour: a sociological study of ADHD in secondary schools in Australia and the United States.

Abstract

Behaviour Management or Management Behaviour: a sociological study of ADHD in secondary schools in Australia and the United States.

Intro

This article is an edited summary of a four year doctoral research project of the same title.

The project sought to answer four questions:

1. What are the major discourses influencing student understandings and educational institution responses to ADHD?
2. What can a sociological and particularly a critical perspective tell us about the legitimacy and effect of these discourses?
3. How do these discourses influence ADHD understanding and school responses in Australia compared with the United States?
4. How could the situation be improved?

It answers these questions by firstly, presenting an overview of secondary student perceptions of ADHD and schooling. Secondly, by taking a critical perspective, it aims to consider the impact of the popular and medical discourses around ADHD (which this dissertation has shown to be the most influential discourses in education institutions and Australian society generally) on schools. Finally, it posits ways forward.

Student Perceptions of ADHD & Schooling

In late 1998, the first major study on student perceptions of ADHD was published in the United Kingdom. This paper (Cooper & Shea, 1998), a preliminary investigation for a larger scale study in Canada and the UK, found that student responses to ADHD were highly complex, a point borne out in this dissertation. Further, the study found ADHD to be a real social (as well as physical) category to diagnosed students. Interestingly the study also noted the distinction made between ADHD (which is more stigmatising within the school) and ADD.

In comparison, the project on which this dissertation is based saw participants claiming that the label had no significant stigmatising effect on teachers or peers at school. While on occasions some teachers or peers would make comment in reference to medication use, the participants felt largely that they were treated according to their behaviour. However, many did express concern about the effect of the media on

perceptions, but explained that once people knew them it ceased to be a problem. Understandings of ADD and ADHD varied. Most referred to the condition as ADD in the form of a popular name, and when ADHD was referred to it was to emphasise the Hyperactivity in behaviour.

In the Cooper and Shea study, both the behaviours and the ADHD label were seen as sources of shame, while the actual diagnosis was welcomed because it rationalised problem behaviour and often was seen as a passport to more effective services and treatment. Again the label seemed to be of lesser importance to the participants. The study notes its significance to parents and teachers who felt some fear and concern over the impact of the label.

This project also clearly confirmed that parents and students saw diagnosis and treatment as an explanation of behaviour, a relief and a means to behavioural support through medication use. When I asked about other services participants were typically curious as to what other forms of support may be available beside medication.

The Cooper and Shea study also noted that students saw ADHD representing a serious personal flaw which pervades all aspects of their lives. Again, the participants in this project appeared to delineate between their personal flaws and ADHD. Most identified ADHD as a biological difference that caused problems, but did not see it as pervading all of their lives, the effect of ADHD was mainly felt in the school environment. Clearly, many of the barriers to the participation in significant life activities were social, and because they saw ADHD as a biological condition many did not associate the two.

Within the published study a common thread observed was the view of medication as means of control to serve either personal interests or that of teachers and parents. This project confirmed the perceptions of students, parents and many teachers of medication as a means to help a student conform to the expectations of schooling. I found as students became older they seemed to use medication more selectively as a tool to deal with stressful situations, while in their younger years (after initial reluctance amongst parents) it was used to help their child be happier and more controllable. Interestingly all the students in this project emphasised the role of medication in enabling them to think first and make a choice, rather than predetermining better behavioural and learning outcomes. Interestingly, a common

theme was the desire amongst students to do better at school even though they often were bitter and cynical from past experiences.

This finding is confirmed by the Cooper and Shea study which noted “A striking feature of these student interviews is the almost universally shared desire to behave in socially acceptable ways and succeed in school” (p. 46). Further, both their study and this project confirmed that ADHD diagnosis was seen as a means toward that end.

The emphasis on a biological determinist account of ADHD was clearly evident in the study, which Cooper and Shea suggest may be a result of the way students have been encouraged by adults and professionals to think about the condition. In many ways this view was pre-empted in this project by working only with those who had been diagnosed, and hence exposed to the medical model of ADHD. Those who had rejected the model or had found medication unsuccessful, theoretically should not have been included in the sample. Interestingly, however, in one site a student was recommended by the school, and the parents approved participation, even though he and the parent did not know what ADHD was, and he had not been diagnosed.

The Cooper and Shea study concluded by arguing for a more balanced view of ADHD as a biological, psychological and social condition. Such a view would not only provide a broader understanding of what influenced ADHD, but also would have a positive effect on student self esteem, their sense of control over the condition, and ability to make choices over how they respond in various environments. It is a view that is strongly supported by the narratives presented within this dissertation.

This project has demonstrated that there are important social influences on students with ADHD. For instance, it found that among its participants there seemed to be two major groups: those diagnosed with ADHD around 7-9 years of age; and those diagnosed with ADHD around 13-14 years of age. Given the nature of schooling in Australia and the United States, it is not unreasonable to expect those diagnosed at the younger age to have been noticed due to their Hyperactivity. It follows then that those diagnosed at the latter age, either were not noticed in primary school or were able to compensate through giftedness, and were more likely to be from the inattentive subtype. This however was not the case.

The study showed that diagnosis, treatment and subtype were more closely linked to socio-economics than actual behaviours or difficulties at school. This was demonstrated

through a statistical review of medication use in Adelaide, which showed diagnosis and medical treatment to be greater in areas of lower income and higher unemployment. It was also demonstrated by the accounts offered by the participants, which revealed those from middle to higher socio-economic areas were more likely to exhibit behaviours associated with the inattentive subtype. Together this leads to a call for more research into the sociological aspects of ADHD, and for educators to foster a collaborative professional approach to addressing the significant social and contextual aspects of the condition.

Further, participant responses showed that the issues for teenagers with ADHD remained the same irrespective of medical diagnosis and treatment. This is due to ADHD being a social as well as biological issue, and solely medical treatments being inadequate to deal with social difficulties. However participants, due to a range of reasons, were found to only use medication to treat the condition. While this approach was effective in primary school to calm behaviours, it presented difficulties in the greater academic and social demands of secondary school.

The many young people not diagnosed with ADHD until later, were also able to compensate for difficulties in primary school because they were gifted or of above average intelligence. However, with the increased social demands of adolescence and academic demands of secondary school, they too found medical treatments or intellectual compensations were not enough. As students progressed through secondary school problems emerged, caused by the neglected social side of ADHD, that caused great concern and even prompted some to question the utility of the ADHD conception itself.

These secondary school problems were expressed in this study in many forms. The more notable included: anger, stress, drug use, depression, suicidal thoughts, violence, aggression, defiance, poor motivation, and resistance. It would be an error to argue that these are biologically determined or a product of the lack of early enough intervention with medication, as many proponents of the popular discourse would. These are issues that face all young people with ADHD and the success with which they are negotiated greatly depends on the support of their families, school communities and society as a whole.

At present many teenagers with ADHD are struggling with these issues in private because ADHD is defined as an individual biological condition to be treated with medication. As a consequence many participants do not see the link between their struggles

and the social implications of ADHD. They conceptualise their problems as their's alone. One of the powerful consequences of the group interviewing process in this was for students to realise that they were not alone in their struggles.

Primarily however, participants saw ADHD confirmed by response to medication and accepted it as a part of life.. This is a wide-spread misunderstanding of the impact of psychostimulants on children. Were it known that psychostimulant helped all children, and not just those with ADHD, it could go a long way toward undermining the ownership of ADHD by the medical profession and opening the door for more collaborative input from other professional groups like educators.

Thus, this study has found that the big losers are the young people with ADHD. Caught between condemnation from the sociological sceptics, and the neglect of their social needs in the medical model, they are attempting to forge their own path. These young people, showing an awareness to the sociological side of ADHD rarely shown by those who would speak on their behalf, are recreating the label, reforming identity, and resisting inequalities in school, with varying success.

For educators, this sensitivity to the pro-active and changing role of the young person is imperative. Despite behaviours often to the contrary, too often interventions are put in place that assume students to be passive receptors. Typically, students resent these interventions, see them as condescending, or resist them as a means of social control. Consideration of the individuality of students, as well as a joint student/teacher sensitivity to all the physical and social barriers to successful academic achievement, is imperative to successfully responding to ADHD. Consultation by teachers in relation to student needs has been evident on a minor level in this project and has shown success. Further, attempts in this area should not only be practically fruitful, but offer the potential for insights into ADHD not currently available within a great deal of the academic, popular, and advocacy discourses.

Another of the fascinating insights of this study has been the response of different participants to this powerful popular conception. Some have accepted it willingly and re-narrated their lives accordingly. Some have accepted it cautiously and astutely negotiated its universal claims with an awareness of its social limitations. Some have taken the conception and the label and reformed it into something of their own. Few participants could recognise

or articulate this, but the narratives of the previous pages demonstrate a fascinating interplay between a dominant ideology and individual experience.

In summary then, three important insights for educators emerge out of observations on schooling by students diagnosed with ADHD. Firstly, the emphasis on the medical ADHD label is not only out of touch with school experience (which focuses on actual behaviour), but also acts to marginalise student and teacher expertise. Secondly, it would appear that students understand the full range of difficulties presented by ADHD better than many who would speak on their behalf. Finally, the neglect of social needs through an emphasis on medication in primary years, often sees their needs re-emerge as problems in secondary school.

Policy, Control and ADHD in Schools

To Australian education institutions the medical conception of ADHD is politically and economically expedient. A model that focuses on individual deficit, dovetails nicely with a similar trend within federal education policy toward providing additional funding on the grounds of individual deficit (Comber et al., 1997; Thomson, 1997). It is a situation only made more attractive by a conception of that deficit not being the responsibility of any group, but a faultless biological condition supported by medical research. As Australian schools shift further away from the principles of egalitarianism, public interest and social justice, and toward that of the market, individualism and vocationalism (Smyth et al., 1998), it is no surprise that ADHD continues to be defined as an individual issue and increasingly diagnosed.

It is a situation noted by Cooper (1994) when comparing the United States and United Kingdom. He argues that as education systems head toward efficiency through objectifying and standardising students, individuality becomes a problem. Characteristics like creativity are not compatible with conformity, and thus emerge as a cause of concern. Given that the United States is much further down the path toward educational objectification and standardisation, he argues it is no surprise to find rates of ADHD diagnosis higher in that nation.

The result of this trend in Australia is a growing burden on the family, who must find the resources to fund a multi-modal treatment regime for ADHD. However, given the

significant costs of consulting many professionals, the long waiting lists for government services, and current health policy which encourages medical treatments (Atkinson et al., 1997; Smelter et al., 1996), the multi-modal approach is only superficially used. Further, even if it was more widely available, it would still fail to address the larger sociological questions over ADHD, educational, political and cultural contexts.

In the Australian context, what assistance is provided by education departments is best described by the adage 'all that glitters is not gold'. The gold that is sold is a range of practical intervention strategies to help teachers deal with students within existing structures, most of which are based on a multi-modal approach hampered by the difficulties outlined above. Under the guise of ADHD being solely a medical condition, the input of educators in diagnosis and treatment is deferred to medical professionals and actively discouraged, despite the effects of ADHD being mostly keenly felt in the social environment of the classroom. Thus, the expertise of educators and the experience of students are marginalised, as both are made passive receptors of the recommended intervention strategies. By accepting the popular conception of ADHD, education institutions are able to frame the condition as an individual medical issue and never question the role of recent educational priorities or structures on the student experience.

The above situation is part of a broader Australian trend highlighted by Slee's (1994) exploration of the nature and impact of state interventions into student behaviour in schools. Slee expressed concern over the declining sensitivity to schooling as a contextual and politically problematic activity within Australian state and territory education departments. He observed:

...as the contexts of young people and the expectations for their schooling become more complex, the greater is their determination to establish explanations which locate the problem within individual aberrant students and the solution in therapeutic interventions of expert professionals (Slee, 1994, pp.147-8).

Further, he noted that as government policies called for higher retention rates, and pressures on teachers increased, discipline policies increasingly concealed ineffective schooling. In other words, a focus on school behaviour management, had increasingly drawn

attention away from school management behaviour. In the light of the findings of this dissertation, such observations have important implications for ADHD in the Australian context. Interestingly, Slee also directed his attention toward ADHD.

Due to a shift in philosophy from punishment to treatment, Slee saw an unprecedented potential in schools to marginalise and disempower students through the ADHD label. His concern was that convincing young people to compliantly conform to school expectations through labels such as ADHD, was not going to improve their post-schooling options. Slee argued that what was needed was a shift away from the quick fix, and toward a notion of school discipline that was not orientated around control and compliance, but integrated with democracy, relevant curricula, and flexible pedagogy. It was a re-conceptualisation of school discipline to a broader form of educational orderliness or discipline. While he noted the complexity and difficulty of implementing such a notion, Slee argued that such an option (with its emphasis on the inclusion of student and parent voices, as well as interrogation of curriculum, pedagogy and schooling values) was an empowering and fruitful way forward.

Slee warns that the acceptance of the ADHD label in schools often acts as a means to co-opt parents by giving them a respectable status, and does not represent a democratic consideration of the issues involved. Further he argued, that labelling resulted in students becoming willing participants in their estrangement from mainstream school life.

In this project, what marginalisation did occur was informal but significant. Some students were frequently excluded from lessons, but most remained within mainstream classrooms. Perhaps this is due to a greater emphasis on integration and the support of ADHD through existing services in schools. Where students struggled was in obtaining the help they needed within conventional classrooms, and frequently they had difficulty building and maintaining relationships with their peers.

Slee also observed the devaluing of individuality, complexity and creativity as students came to define themselves according to the medical discourse. Clearly this was true for the participants in this study. Possibly this was the result of working with those already diagnosed, labelled and medicated. Interesting however, is that as participants entered adolescence important choices were made about ADHD. While some participants remained strong advocates of the dominant ADHD discourse, others openly questioned the relevance

of the label to their identity. Perhaps the most fascinating aspect of this project in relation to this issue is the manner in which most participants found space within (or even reformed) the dominant ADHD conceptualisation to assert their own individuality and identity.

Like Slee, I have come through this project to see the significant potential of ADHD to refine and extend the individualising and depoliticising of student difficulties in schools. On the one level, students openly acknowledge that problems with ADHD have to do with structures and priorities in schooling, while on another they affirm that due to economic imperatives and restrictions with schools, the responsibility to conform lies with the individual. In the classroom and home, parents, teachers and advocates are desperate to obtain assistance from schools to quickly alleviate difficulties and maximise potential for later educational attainment. As a consequence, many do not feel they have the time or luxury to pursue long-term strategies. Thus, in an institutional context where criteria for additional support focuses on individual deficit, many find themselves supporting a depoliticised and decontextualised concept of ADHD purely because it is pragmatic.

Those who do seek to raise broader issues around ADHD are often humbled by the intimidating medical model of ADHD. As Slee noted, many teacher's defer their expertise in the face of the expansion of professional interventions into schooling, with the result of further disempowerment and a narrowing of potential new pedagogy. This situation is of particular concern in the light of this project's finding that a significant proportion of secondary student needs are social, not medical, and are not being met by current initiatives in schools.

Like Slee, I have argued that what is needed is a sociological, political and contextualised perspective of ADHD in schools. I have emphasised the role of culture in the origin and growth of the medical and popular conception of ADHD, and questioned the grafting of the culturally specific American ADHD model on to multicultural Australia. I have explored how specific cultural, economic and political priorities in schooling have contributed greatly to the existence and growth of ADHD in Australia, as well as described how the model currently most influential on schools disempowers both students and education professionals. In response, I have noted that the key issue to helping young people is collaboration between students, parents and teachers, as well as different professional disciplines.

When taking a sociological perspective, as this dissertation has, it is important to note that an over-emphasis on a sociological approach is as dangerous as an over-emphasis on a medical approach to ADHD. As Cooper and Ideus (1995) note, the issues facing that of English educators in relation to ADHD may well be quite the opposite of those faced by Australian and American educators. Thus, it is toward a balanced goal of contextualised collaboration between professional groups and individuals that this dissertation turns, as it seeks to in the Australian context to undermine the cultural hegemony of the American popular and medical model of ADHD.

The Way Forward

The way forward is neither simple or unproblematic. Firstly, the current focus on control and compliance within discipline strategies sees the needs of many students with ADHD interpreted as behaviour management problems, and thus, responded to through a range of punitive strategies. As a consequence, by the time these students reach adolescence they often have long histories of conflict with social institutions. Not surprisingly, this failure to conform to norms, which is deemed as deficit and medicated as a child, often continues into deviance and criminality in adulthood. Perhaps most concerning within the dominant discourse, however, are the emerging claims that such deviant careers are biologically pre-determined by the presence of ADHD.

To such concerns Slee (1994) responds that we need to consider a more democratic, equitable, inclusive and empowering model of schooling and discipline. Practically, this would appear difficult given the current economic rationalist philosophy within Australian education that sees class sizes growing, effective support declining, and important social and political issues ignored. With greater pressure on schools as a means to counter unemployment through greater retention rates and training toward specific employer demands, it is not surprising to find that as more students struggle, schools out of necessity persist with decontextualised behaviour management strategies orientated around control.

Secondly, the focus on converging vocational goals in general education, and narrow cognitive aims in special education, is also presenting problems for many students with ADHD. Typically, these students describe special education intervention as patronising or

condescending. This is a result of a focus on remedial learning and not the social barriers to learning. Again, school interventions are missing their mark.

To this Reid et. al (1998) would recommend the early intervention with an approach focussed on careful assessment and intervention based in the functional learning needs of the student in their educational environments. Unfortunately however, within Australia additional special educational assistance and funding is largely orientated around disability or disorder categories not educational function. Currently, Australian and American educators do not have the legal authority or resources to implement strategies specifically targeted at all barriers to education. Further, parents and advocates are then left with the choice between lobbying for support under existing structures, accepting the current individualistic special education interventions, or continuing without additional support.

Finally, the focus on an ethnocentric and reductionist medical label sees the social concern of many professionals and the social needs identified by the participants in this project largely ignored or dismissed. Interestingly, as students enter their teenage years, they are presented with a difficult decision. Sensitive to the inadequacy of the label they inherit, many find the ADHD label and treatment with medication to be increasingly irrelevant and express concern over the potential stigmatisation of both. To the concern of many parents, some adolescents decide to try life without medication. Their response to this experiment is important in their subsequent direction they take.

Those who do not cope well without medication delineate between social and physical problems and in the process re-affirm and re-advocate the utility of the ADHD label and medication to treat difficult aspects of life. Thus, the lack of impact of medication on social difficulties is dealt with by the disassociation of ADHD from those parts of their lives. For those who find the absence of medication to have little effect (or have learnt strategies with which to deal with the social side of ADHD), the label fades away, and they describe themselves as having grown out of ADHD.

To this Ideus' (1994) introduces a model of ADHD that is both social and physical, and highlights the way a reductionist medical label perpetuates such responses with a resulting polarisation of views around ADHD. For Ideus, the way forward is to move away from the ethnocentric decontextualised model of ADHD and explore the meaning and utility of the label in its full sociological context. Unfortunately this view, which would foster a

wider range of effective treatment and prompt reassessment of priorities in schooling, continues to be silenced by dominant popular and medical discourses around ADHD.

Thus this dissertation, has argued that the claim, that government policy and educational priorities have catalysed the recent growth in ADHD diagnosis and medication use in Australia and the United States, may not be as strange as it may first seem. It argues that decontextualised behaviour management strategies orientated around control, individualistic special education interventions orientated around remedial and narrow cognitive aims, and an ethnocentric reductionist label that disempowers students and educators, may come together to be the most important barrier to future educational success for teenagers with ADHD.

In response, this dissertation posits that educators and advocates should seriously consider the recommendations of Ideus (1994), Slee (1994) and Reid et. al. (1998). It also argues that students and parents must ensure that they have access to multi-modal treatment, that these socially sensitive strategies be implemented at an early age, and most importantly place great emphasis on the perceptions and insights of those diagnosed. Further, it contends that if these recommendations could be implemented not only would it help struggling students diagnosed with ADHD, but may even see the label decline due to lack of utility and relevance in the future.

The central pillar of this effort has been an attempt to turn the common question of “how do students with ADHD fail society?” on its head, and in the process highlight current priorities in Australian schools, Australian and American society, and pre-Millennial western civilisation. It is not, however, all a forecast of doom and gloom. With the expertise of students (drawn on in the collective and critical narratives of this dissertation), as well as the way they negotiate the inadequacies of the dominant ADHD model, there is hope.

It is this glimmer or glitter that is gold.