Reconstituting the ADHD girl:
Accomplishing exclusion and solidifying a biomedical identity in an ADHD class

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Abstract
In this study we explore what happens to young people labelled as having ADHD after they have been excluded from mainstream class and placed in a special class. More specifically, we focus on how a specific Disability identity is locally accomplished and ascribed to a girl placed in an ADHD class containing only boys. Data are drawn from the communication books that regularly passed between the parents and teachers, and on ethnographic work in a special class for children aged 7-12 years diagnosed with ADHD, during a period of one school year. We draw on ethnomethodology, especially membership categorization analysis (MCA), when investigating unfolding trajectories of shifting identifications during a school year. The detailed analysis reveals that the girl is accomplished as capable of managing her life in school at the beginning of the year, but by the end is constructed as disabled and identified as a typical ADHD girl in very subtle ways in the teacher’s communication with the parents. Furthermore, our analysis highlights how process of exclusion and social identification of the girl as a typical ADHD girl is mutually constructed and achieved across classroom activities in everyday schooling contexts.

Keywords: ADHD, gender, exclusion, special education, ethnomethodology, identity

Introduction
At present, the diagnosis ADHD (Attention Deficit Hyperactivity Disorder) is used widely in schools as a category for classifying students, explaining school failure and excluding students from mainstream classrooms (Mehan, 2013; Graham, 2010; Hjörne, 2006; Danforth & Kim, 2008). The number of children assigned with the diagnosis has increased, not only in Sweden but in many other countries as well. About “five million school-aged children” in the US are claimed to “have” ADHD, and three-fourths of them take stimulant medications (Rafalovich, 2005, p. 307). England has seen a “700 % increase rate in the diagnosis of ADHD in children during the past ten years” (Lloyd, Stead, Cohen, 2006, p. 3) and in Sweden about 5%-12% of children in school are estimated to “have” ADHD, and this is rapidly increasing (Socialstyrelsen, 2012; Ljungberg, 2008; Holmberg, 2009). From a gender perspective, it is worth noting that considerably more boys than girls receive this diagnosis. The relative proportion of boys to girls is four to one; that is, four times more boys than girls who receive the diagnosis (Kopp, 2010; Velasques, 2012). Part of the differences between the sexes could be related to the core of diagnosis consisting of a group of symptoms such as inattention, hyperactivity and impulsivity, which is are claimed to cause troublesome social skills, school performance and interpersonal relationships (Biederman, 2005; Holmberg, 2009; Hjörne, 2006). In addition, this disruptive school behaviour is argued to cause difficult relationships with family members and peers as well (Hoza, 2007; Holmberg, 2009). Since girls in
most cases are described as having fewer problems with conduct and oppositional behaviours, this could be an explanation of why more boys than girls are diagnosed in school (Socialstyrelsen, 2002). Boys tend to be disruptive, while girls are less likely to use such strategies in school. Rather, girls with the diagnosis are claimed to be introvert and passive (Velasques, 2012; Kopp, 2010). The finding that acting out behaviours are more common among boys while girls are often referred for internalizing disorders can be said to support a form of gender dualism mapping girls’ versus boys’ problematic behaviours into measurable contrastive gender categories by some general biomedical criterias, (over-) emphasizing gender differences (for a critique see Daniels et al., 1999; Evaldsson, 2014; Riddell, 1996). However, such a narrow focus on predefined measurable gender-contrary biomedical category features hardly manage to capture the intricate ways in which children’s problematic behaviours are made sense of and negotiated in specific contexts (see Hester, 2000; Hjörne & Säljö, 2004; Mehan, Hertweck, & Meihls, 1986). Researchers, such as Furman (2005; 2008), claim that this medical model for understanding school problems is a “simplified approach” and that the symptoms of the diagnosis could rather be seen as symptoms of “many underlying treatable medical, emotional, and psychosocial conditions affecting children” (Furman, 2008, p. 775). Despite widespread dispute (see for example Graham, 2007) and strong disagreement concerning whether the diagnosis is a “disease caused by biomedical factors” (Visser & Jehan, 2009, p. 127) or problems caused by social and environmental conditions or inefficient organizations (see for example Kihlbom, 2000; Graham, 2008a; Norris & Lloyd, 2000), the diagnosis continues to dominate the contemporary responses to failure in school. From an ethnomethodological perspective there remains a fundamental problem with the ways, for example, biomedical explanations predetermine the identities of particular individuals only in pathological and deficient terms (Renshaw, Choo & emerald, 2013 for a discussion). In this way, the categorizations are abstracted from the everyday practices in which participants themselves make sense of the very specific descriptive categories (Edwards, 1998). We will therefore explore a local categorization processes through which a young girl is described as a typical ADHD girl after having been excluded from mainstream schooling and placed in a special teaching group especially for students assigned with an ADHD diagnosis.

**ADHD and the Swedish inclusive school system**

The official policy of the Swedish school system is that all children are included in mainstream class and that no child is placed in special classes or otherwise excluded. In addition, there are no official statistics showing how many children are assigned with different diagnoses such as ADHD. Furthermore, the Education Act, implemented in 2011 (Education Act, 2010:800), explicitly states that every child shall be included in mainstream class as far as possible, and only in exceptional cases be excluded and placed in a special teaching group. Still, special classes, or special teaching groups as they are called today, exist, and about 3.6% of the boys and 2.3% of the girls in Grade 9 attend special teaching groups (mainly ADHD groups), according to the Swedish National Agency for Education (2012).

Thus, the medical model is influential when it comes to explaining school difficulties (Hjörne & Säljö, 2004; Mehan, 2013) and an increasing number of children, especially boys, are diagnosed with ADHD and treated with stimulant medications (Furman, 2005; 2008). The medicalization of school problems and challenging school behaviour has led to a worldwide increase in the prescription of ADHD medications by 274 % (Graham, 2008a; 2010). Even though the children in many cases use medication, they are still excluded from mainstream class and placed in special
teaching groups for children with similar diagnoses (Hjörne 2006; Evaldsson, 2014). However, there are only a few studies concerning what happens with children who are placed in these specially arranged classes for children diagnosed with ADHD. There are some effect studies, performed in the US, which show that schools, when educating children diagnosed with ADHD, tend to emphasize interventions of behaviour control, which “while effective for reducing disruptive activity are rarely sufficient to address social and academic difficulties” (DuPaul & Weyandt, 2006, p. 171).

Some studies of teaching strategies developed in special classes organized for children diagnosed with ADHD have been undertaken in Sweden as well. For example, Evaldsson (2014) found in her study that teachers display their authority within such classrooms by invoking negative emotional states interacting with category predicates such as lack of emotional control or lack of control of impulses, all of which are associated with the category “boys with ADHD”. At the same time, the teachers ascribed agency and a Student identity to the boys in order to force them to take responsibility for their troubling classroom conduct. However, rather than responding passively the boys performed an oppositional Student identity.

In yet another Swedish study within special teaching groups for children having ADHD, the results show that the activity in the classroom mainly consists of maintaining the social order and teaching the students acceptable classroom behaviour. This is mainly accomplished in the interaction between teacher and students, where the diagnosis is sometimes explicitly used as a tool for correcting students and reminding them of their difficulties. In this manner the teachers make the students aware of their shortcomings and confirm their identities as disabled students (Hjörne, 2006, 2011). Furthermore, some ethnographic Swedish studies (for example Hellberg, 2007; Karlsson, 2007) show that the neuropsychiatric diagnosis per se was not experienced as labelling by the students; rather, the school’s way of organizing the special classes by physically marginalizing these classes in the school was experienced by the students as labelling. For example, placing the segregated smaller group at the edge of the school seems to signal exclusion and a lack of belonging to the mainstream school. In addition, the results show that the teachers put lower demands of knowledge on the students in these classrooms, which the students experienced as stigmatizing (Hellberg, 2007).

Thus, the diagnosis of ADHD in practice operates as a tool for excluding the children from mainstream class and for guiding the principles for organizing teaching and learning practices within special classes, but also for strengthening teacher authority and correcting classroom conduct, reminding students of their deficits and shortcomings, which over time eventually shapes the identity of the targeted children (Hjörne, 2006; Evaldsson, 2014). Of interest in this chapter is the ways identities ascribed to children in special teaching classes may develop and shift over time. For this purpose, we explore how the descriptions and social categorizations ascribed to one girl diagnosed with ADHD shifted during her first year in a special teaching group attended mainly by boys diagnosed with ADHD.

**Categorization work and the shaping of identities**

Drawing on ethnomethodological work on members’ understandings of social categories (MCA) as institutional and interactional accomplishments, the focus here is on the local social process through which identity categories are invoked and made use of in everyday schooling practices (Freebody & Freiburg, 2000; Hester & Francis, 2000; Hester & Eglin, 1992; Wortham, 2007).
Instead of viewing biomedical categories as natural, essential properties of individuals, we explore the everyday practices through which the participants constitute particular notions of ADHD and identities of the children diagnosed with it (cf. Rapley, Kiernan & Antaki, 1998). In one very basic sense, biomedical categories such as ADHD are already there, defining the particular children as belonging to the categories before they participate in everyday classroom interaction. However, as a social phenomenon – and it is as such that this identity category can be manifestly relevant for participants in everyday interactions – it has to be interactionally and institutionally accomplished in particular contexts of use (Evaldsson, 2014; Hjörne & Säljö, 2004, 2012; Hester, 2000; Wortham, 2007). Here, such categories are treated from an “anti-mentalist view as participants’ resources” for conducting the daily and institutional business at hand (Edwards, 1998).

In Sacks’ (1992) terms, membership categories are situated and contextually embedded classifications or social types used by members in of society to describe individuals in a certain manner (Antaki & Widdicombe, Hester & Egelin, 1997). For example, Hester (1998) demonstrates in his study of referral meetings Hester (1998) demonstrates how students are ascribed a range of different various identities, ranging from a Student with reading difficulties, a Student with behavioural problems, an immature Boy to a deviant Student identity. Members’ categories are also “inference rich”, which implies that “a great deal of knowledge that members of a society have about the society is stored in terms of these categories” (Sacks, 1992, p. 40). Thus, as Gill and Maynard (1995, p. 14) indicate in a study of labelling as an aspect of professional-lay conduct at a clinic for developmental disabilities, that categories or labels, as for example mental retardation, autism, emotional disabilities, learning disabilities, and related conditions are products of the social system rather than inherent deficiencies. Within educational settings categorizations such as ADHD, Autism, Slow learner, etcetera may transform an individual from being seen as a normal Student into Special within the schooling system, which also implies that the school has a recognizable category, i.e. special Student, and is thereby able to process the individual case in a regular way (Lipsky, 1980). In this sense, categories are part of an “institutional machinery” (Mehan, Hartweck & Meihls, 1986, p. 164) through which schools simultaneously (re)produce knowledge and coordinate its daily practices, for example creating special teaching groups for children described as having “special needs” (Hester, 2000) or ADHD (Hjörne, 2006). Thus, the processes of categorization have material implications, which have consequences for the social and personal identifications of people (Bowker & Star, 1999; Hjörne & Säljö, 2013; Evaldsson, 2014).

**Focusing on one girl in trajectories of identities across time**

In our analysis of a particular case we focus on the social categorizations ascribed to one ten-year-old girl, Annika, during one school year as she attended a special teaching group for children diagnosed with ADHD. The class, locally called “the ADHD group”, consisted of seven students, one girl and six boys all aged 9-12 years, with two teachers responsible for the class. This teaching group was integrated into a local comprehensive school located in a multiethnic low-income suburban area in Sweden (see Velasquez, 2012, for further ethnographic information). The everyday practices within the classroom were documented for a period of one school year by Adriana Velasquez, a former PhD student, as part of the research project “Boys in need of remedial support”, financed by the Swedish Research Council. The ethnographic study was based on participant observations, interviews and video-recorded classroom activities (20h), involving the interaction between teachers and students as well as between the peers in the ADHD group.
In this paper we use the broader ethnographic study as a background to retrospectively understand what happened to Annika during the school year, in which her school problems escalated, eventually resulting in a process of finding another school for her. We focus on selected trajectories of problematic identity ascriptions, drawing mainly on the communication books that passed between the parents and the teachers during the school year (cf. Renshaw, Choo & emerald, 2013). Similar to Renshaw et al. (2013), we analyse the messages and notes in the book written by the parents, mainly the mother, and the teachers to each other as a form of talk in interaction. There were two teachers in the group, but only one of them wrote the messages in the book. Renshaw et al. found that diverse disability identities were socially accomplished through the talk of teachers and parents as they communicated about everyday activities in school. In our study we will explore how a recognized disability category – ADHD – is gradually accomplished through an unfolding temporal process in the communication book that passed between the teacher and Annika’s parents. In addition, we have selected some instances from classroom interaction from the end of the period in which the teachers, Annika and the other students respectively construct Annika as a school problem. More specifically, we will trace how the Annika’s identity trajectory develops from being cast as a capable girl managing her life at school to being a problematic Student and a typical ADHD girl over the year.

In the analysis we draw on various detailed methods combining the ethnomethodological analytic focus on member categories with the concept of time scales from Lemke (2000) later developed by Wortham (2003, 2007) to explore the shifting identities constituted over time for Annika during the school year. From an ethnomethodological perspective, processes of social categorization both occur at particular instances and are charged with institutionalized identity categories circulating across time and space, neither of which can be reduced to the other. In addition, social identities develop and change over time and across space. As Wortham (2003) notes, different time scales are potentially relevant for understanding the identity adopted by, or imposed on, an individual or group across time and space. In order to explore the development of identities, we attend to patterns of social identification developed in everyday activities during the period of one school year. First, the analysis of the communication books shows that Annika originally was constructed as capable of managing her life at the beginning of the school year but over the school year she accumulated a record of negative category ascriptions identifying her as both a problematic Student and a typical ADHD girl. Secondly, in the analysis of classroom interaction we found that the teachers and students developed local understandings of Annika’s everyday school situation and routinely applied them to describe her identity. Thirdly, we use interviews with the teachers and Annika in order to show how a deviant identity was accomplished over time and eventually ascribed to her.

**Reconstituting a typical ADHD girl in teacher-parent communication**

The communication book passed between the parents and teachers during the school year, with messages normally composed every day or every second day. The book consisted of a calendar divided into two pages for each week – one with the dates and one with empty lines that were gradually filled in by the teacher and parents. At the beginning of the school year, in the autumn (the first month), Annika was described in positive terms as a good Student, but as time went on (Oct, Nov, Dec) the teacher started to describe her behaviour as problematic. After Christmas break the term once more started with positive descriptions, reporting “good days for Annika”. For about six weeks the reports were positive, but later the reported problems began to escalate.
The communication book, the interviews with Annika and the teachers, and the recordings from classroom interaction offer evidence that the problems ascribed to Annika have become worse and she herself became increasingly depressed. Sometimes her parents comment on the teacher’s descriptions, explaining or pointing to the boys’ behaviour as disturbing and upsetting Annika. They also emphasized the gendered dimensions of the ADHD diagnosis, as an explanation for her increasing school problems. As we will demonstrate, the identity ascribed to Annika shifted over time from that of a good student to that of a typical ADHD girl (cf. Wortham, 2004).

Annika – a good Student who needs a peaceful environment

During the first month of school after the summer holiday, everything seemed to run smoothly for Annika. The book mainly consisted of short reports from the teacher of how well the school day proceeded. As Hall, Slembrouck and Sarangi (2006, p. 90) note in their analysis of category work in social welfare, “incompleteness and incoherence are intrinsic to case records, because by definition they are selective for the purpose of day-to-day management”. Short comments like “a good day” followed by a star were common in the book, and were sometimes followed by Annika’s parents accounting for particular school incidents as problematic. The first entries in the book by the teacher displayed a series of positive assessments indicating how well Annika is settling in at school.

Example 1

A good week for Annika; Today, everything has been just fine, she’s keeping it up; There are seven of us in the group right now so it’s not always completely quiet; A good day!; A good day as usual; A good day for Annika!

Another kind of written comment by the teacher during this entry period concerned the exchanges between teacher and parent about Annika’s medication:

Example 2

We only have three tablets left; Annika didn’t take her medication at home, which was obvious; hard to concentrate, after lunch better concentration.

As can be noted, the teacher’s references to Annika as having behavioural difficulties at school, for instance “hard to concentrate”, were used to justify the request that she took her medication at home. In response, in their entry comments in the book the parents on the other hand indirectly countered the teachers, reminding them of Annika’s need for a peaceful school environment.

Example 3

It’s of great importance that Kalle gives Annika peace at school (phoned you about this!). If she’s going to learn something she must have peace and quiet, I affirmed this last year.

With kind regards Monika P. (Annika’s mother)

The teacher immediately responds.

I have talked to Kalle.

In these very first entries, the teacher and parents established what they considered relevant to highlight in the book (Renshaw et.al, 2014). The written record provided few details from Annika’s
everyday school life. Instead, we were presented with shorthand formulations, including positive assessments, which made relevant issues of anticipated school behaviour. The teacher described in more general terms how well Annika was starting off her new school year, but at the same time complained about her conduct and lack of medication. The mother, on the other hand, countered with a more specific request in her entry message, appealing for a peaceful learning environment for her daughter. She justified her complaint by referring to both a specific boy in class as being offensive and a medical certificate she gave the teachers the year before. Two days after this message from the mother the teacher made a reference to Annika’s behavioural difficulties, reminding the parents of the girl’s dysfunction. By making use of the particular predicate of concentration problems tied to the category of an ADHD child, the social identity of the good Student is confirmed as a relevant manner of addressing this particular girl (Freebody and Freiberg, 2000; Hester, 1998).

**Developing the identity of an ADHD girl**

During the next months the messages from the teacher changed slightly, into more detailed accounts oriented towards Annika as having emotional and behavioural difficulties. The more detailed descriptions of Annika’s school problems allow the teacher to both reflect on her actions in emotional and physical terms, and take a moral stance toward the actions they describe.

Example 4

Annika suffered from a headache this morning, felt out of sorts, otherwise has been working well; Annika was sad this morning, she lay down on the sofa and wanted to sleep before everyone arrived. Then both Kalle and Noa came and screamed in her ear that she should wake up. Otherwise everything has been just fine when it comes to schoolwork;

Annika got sore and angry today because she lost a maths-game she was playing with Pernilla (Teacher). Unfortunately, she is often a sore loser.

This detailed description contained both a positive and a negative assessment of Annika. She was described on the one hand as doing well when it comes to schoolwork, but on the other as causing problems worth noting in the book in terms of “headache”, “felt out of sorts”, “sad” “wanted to sleep”, “sore and anger” “sore loser”. The teacher’s characterization of Annika’s emotional and physical states located the described problems in the individual rather than in the classroom situation. Interestingly, several of the emotional problems ascribed to Annika above fit the symptoms used to characterize girls described as having ADHD, according to medical research (Kopp, 2010; Velasques, 2012).

The mother immediately responded to the last comment about Annika being a sore loser.

Example 5

It’s because of her dysfunction that it’s difficult to put up with some things! If you have ADHD you are an emotional person! M.P. (Annika’s mother)

The teacher in turn made claims regarding already knowing about Annika’s problems.

I know that too. But we are working on improving this.
The mother’s response could be seen as an open contestation of the view of Annika as “a sore loser” and the teacher’s identity ascription to her as a problem child. In her counter, the mother explicitly categorized Annika as an emotional person and said that due to the ADHD diagnosis she did have some shortcomings. Simultaneously, the reference to Annika as having behavioural difficulties casts her as not accountable or capable of self-managing such simple practical things as handling other students’ comments. One way to understand the shifting categorization process is that it is part of a negotiation between the mother, who is speaking for the rights of her child, and the teacher, who is representing the institutional agenda. As belonging to the category of a Mother, Annika’s mother was in the position of having certain entitlements and obligations (Sacks, 1992). In the case here, she had the right to speak for her daughter and question the interventions made in school. However, it is interesting to note that it is not the teacher but the mother who used the medical diagnosis to account for Annika’s school problems (cf. Mehan et. al, 1986).

**Touchy and behavioural difficulties in concentrating – a medical problem**

Medicine, or rather the lack thereof, becomes the topic of the communication books for some weeks at the end of autumn. During this period the parents do not write in the book at all while the teacher explained Annika and her school as conduct as problematic due to a lack of medication:

**Example 6**

sore at the boys; sad because she arrived too late for physical education (idracket) and didn’t get in as the first one; very annoyed with her peers, sometimes unnecessarily; angry with Kalle and throwing salt at him; A bit difficult concentrating; Been a bit too touchy today

As can be noted, the teacher’s descriptions of Annika’s school performances focused on what may be seen as problematic emotional conduct: “sore”, “sad”, “very annoyed...sometimes unnecessarily”, “angry”, “throwing salt”, “difficult concentrating”, “too touchy”. The list of negative emotional states ascribed to Annika made available a frame of reference for managing her disruptive conduct and for seeing the emotional disturbances as individual (cf. Buttny, 1993). The emotional disturbances ascribed to her can be seen as strengthening a view of her as being a typical ADHD girl with introvert symptoms. During this period there were several messages in which the teacher complained to the parents about the lack of medication.

**ADHD as a gendered category**

At the end of the autumn, the mother commented that there were no messages from the teacher in the communication book. Since the book had previously consisted of problematic descriptions of her daughter’s conduct, the mother may have been pleased with this. In response, she reported about Annika’s weekend in positive terms:

**Example 7**

Here there was nothing written this week. But now we’ve got the prescription and Annika received her medicine at the end of the week. Our weekend has been full and fun. Have a good next week, try to make the boys stop teasing Annika so much and it’s like this, her kind of disability makes it easy to get upset, typical for girls. Boys are more aggressive. 

W.B.W. (with best wishes) Monika Pettersson (Annika’s mother)
In addition, the mother informed the teachers of Annika’s medicine. An obligation tied to the category of parent, to use the words of Sachs (1992), is to consider the child’s very best, and to be concerned about the consequences of different interventions at school. Therefore, the mother may be seen as satisfied at having fulfilled the obligation of arranging more medicine for Annika. Now it is up to the school to fulfil its obligation to offer Annika a peaceful school environment by making the boys stop teasing her. It is again the parents who brought up the issue that the boys’ teasing negatively affects Annika and might explain her untoward school behaviour. Interestingly, the mother builds up her argumentation by highlighting what is typical of girls diagnosed with ADHD. The emotional conduct of the girl as “easy to get upset” is thereby explained by linking it to the biomedical category of girls with ADHD, which in turn is contrasted to the category of boys with ADHD as “aggressive”. Here the gender-contrary category components both provide an argument that the particular boys’ conduct is offensive and serve as grounds for not blaming Annika for her negative emotional responses.

Later, the teacher again wrote about Annika’s emotional conduct:

Example 8

A quite sore Annika today. Thought everyone was nasty today.

Immediately the mother answers:

And very nasty of you to point that out, makes one start to wonder if you know anything about disability at all!!! M.P. (Annika’s mother)

Again, the teacher complained about the girl’s emotional conduct, which here was both located in the individual and treated as an exaggerated and wilful reaction: “Thought everyone was nasty today”. The mother responded in an aggravated, emotional way. By using three exclamation marks and signing the note with only her initials, she displayed her annoyance at the teacher’s description. She also accused the teacher of being “nasty” herself. In this way she demonstrated that she expected the teacher to consider Annika’s disability as a mitigating condition and not blame Annika for her conduct. By repeating the words used by the teacher, “everyone was nasty today”, in her comeback “and very nasty of you”, the mother effectively emphasized her demands.

From a good Girl to an emotional Girl

When the new term starts, the reports from the teacher in the communication book were again written in shorthand formulations that were exclusively positive:

Example 9

A good day; A good day as usual; A good girl every day!; As usual good. Very good at dictation and the table test; Good girl who worked well the whole day

It is interesting to note that the new term in spring started in a similar way as the autumn term did, with mainly positive evaluations of Annika and with no comments about her emotional conduct or inner life, or anything that can be negatively evaluated. It was rather the opposite: Annika was a “Good girl”. Interestingly, the parents did not write anything in response. However, after a month the tone changed and the teacher once again started reporting about the lack of medicine and Annika’s emotional conduct as problematic:
Example 10

I have only half a tablet of Annika’s medicine left; A good day. She thinks the boys are tiresome now and then; You could notice today that Annika had not taken any medicine at home. Difficulty concentrating. Better after lunch when the medicine had taken effect; Annika got sore immediately in the morning. Got sore at P. because he was playing with his mobile phone before school started; Easily annoyed today as well.

This time the father first replied:

Same at home. Peter P.; A really good day. Calm and not so whining from Annika. A good day and not so whiney –

And then the mother: DON’T CRITICIZE. M.P. (Annika’s mother)

The teacher then wrote: The day was like that. Was pulling Kalle’s hair. It was a misunderstanding between them; A good day. Annika got annoyed with Amir, she thinks he is too loud.

After a month with a great deal of “good days”, the teacher again accounted for Annika’s emotional conduct as problematic in terms of “whining”, “annoyed”, “easily annoyed”, “sore”. By referring to Annika being “easily annoyed”, “whiney” and “thinks the boys are tiresome”, the teacher indirectly blamed Annika for her emotional conduct, indicating that she might be exaggerating and was not an innocent victim of the boys’ offences.

As demonstrated, the parents continued to take an opposite moral stance towards the teacher’s descriptions of Annika’s emotional conduct as problematic and blameworthy. This time the father provided a contrastive version in which he described Annika as “calm” and “not whining”. The mother aligned with the father, and in a very direct manner told the teacher to stop criticizing Annika. Thus, from the parents’ perspective Annika was accomplished as an ordinary girl with ADHD who should not be blamed for her emotional conduct, while the teacher oriented to her as more capable and self-aware. Still, they aligned with the parents’ description of Annika as a typical ADHD girl, who for the sake of not causing any harm needed to take her medication.

Solidifying a typical ADHD identity in everyday classroom interaction

As we have demonstrated so far, Annika’s identity gradually developed from that of a good Student into that of a disabled Student, through the descriptions in the communication book that passed between her parents and teachers over almost an entire school year (Aug-April). By the end of the spring, Annika’s identity as a disabled, emotional Student had more or less solidified. At this point, her teachers and classmates increasingly accepted the negative identity ascribed to her in everyday classroom interaction as well.

We will now analyse a classroom interaction that took place, between the teacher and Annika as well as between Annika and her peers, at the end of the school year. By this time the teachers and the boys in the class, as well as the parents, were offering their own arguments to support a labelling of Annika as a typical ADHD girl. In the extract below from a classroom event that took place in May, one of the boys complained to the teacher about Annika’s social conduct (Extract 1 line 1). As will be demonstrated, the teacher and the boys mutually constructed Annika as problematic, describing her conduct as a consequence of not having taken her medication. Thus, like in the communication book, the teacher oriented to the identity of a disabled student having
ADHD who may deviate from acceptable behaviour because of her disability and lack of medicine, which was expected to mitigate the symptoms (see also Renshaw et al. 2014):

**Extract 1**

1. Marcelo: When she came today she just said “move”
2. TEACHER 1: Annika?
3. Kalle: [Did Annika say that? It’s only cause-
4. Marcelo: [no
5. TEACHER 1: [no cause she’s not been taking her medicine and then
6. Kalle: Too bad, maybe one has to hit her (?) [so she’ll shut up
7. Kalle: that “fucking whore”
8. 9. TEACHER 1: [you have to take off
9. 10. your shoes ((to Marcelo)) take off your shoes
11. Kalle: Yes:: then me too I’ll go without my medicine
12. Marcelo: Me too, AND BE MORE BOSSY

Kalle immediately affiliated with the teacher’s statement and took a step further by suggesting a remedial action “maybe one has to hit her so she’ll shut up”. He also openly offended the girl by explicitly categorizing her as a “fucking whore”. However, the teacher ignored his insult and instead asked Marcelo to take off his shoes. The fact that the teacher changed the subject and thereby avoided correcting Kalle for his disrespectful comment can be seen as a sign that the problematic behaviour ascribed to Annika has come to be taken for granted. As demonstrated, the two boys in the group also aligned with the teacher’s categorization of Annika as “bossy” and transformed this into a playful commentary in which they collusively exploit and counterposed the medical recommendations of how to treat ADHD symptoms. Later, one of the boys, Kalle, again aligned with the teacher’s argument that Annika needed medicine in order to be less disruptive, see extract 2.

**Extract 2**

1. TEACHER 1: Annika is very-
2. Kalle: She’s disruptive, give her medicine
3. TEACHER 2: No, it’s a good thing that she’s a bit disruptive as everybody else
4. 5. TEACHER 1: You have to distribute one’s favour
6. TEACHER 2: Yes, exactly
7. Federico: Yeah, then you don’t have to tell us to be quiet either
At this time, Annika was present in the classroom as the teachers and the boys commented on her behaviour as problematic. Kalle accounted for it as disruptive, and suggests that the teacher gave her medicine. In response, the teacher defended Annika by echoing the boy’s comment, saying “she’s a bit disruptive”. In the interaction between the teachers and the boys, Annika was singled out as a student who was favoured in the classroom. In line with Annika’s presupposed identity, she was cast as different from the others and as a problematic Student, with a disability identity developed over the school year (cf. Wortham, 2003).

Supporting a version of the girl as displaying a form of Otherness

A couple of weeks later, still in May, the class was having a lesson about what plants grow in the spring. This was performed outside, in the forest. While they were walking on a narrow pathway, Annika reported to the teacher that she has found a three-leaf clover. In what follows, an aggravated argument developed between the teachers and the boys on one hand and Annika on the other as to whether or not she had found a three-leaf cover (lines 1-11). The argument substantially escalated as Annika insisted about her finding and one boy, supported by the teacher, continued to claim that she was wrong (lines 12-30). Eventually, Annika walked away and left the group (lines 31-33).

Extract 3

1. Annika: I saw a three-leaf clover
2. Jonas: That’s not a three-leaf clover
3. Annika: Yes::: ((continues to walk))
4. Jonas: No (.) it’s something else, which you can eat. Mari ((Teacher 1)), is this a three-leaf clover?
5. Teacher 1: It’s sorrel
6. Jonas: YES (.) IT’S SORREL, ANNIKA ((to Annika, who is several meters ahead))
7. Annika: I think it’s a three-leaf clover
8. Teacher 1: This is sorrel
9. Jonas: It’s sorrel
10. Teacher 1: You can eat it
11. Annika: Still (.) it’s the same
12. Amir: No ((approaching Annika))
13. Teacher 1: No, it’s not at all the same
14. Annika: Ah:: ((is leaving))
15. Amir: It’s not at all the same ((following Annika))
16. Teacher 2: Little madam
17. Amir: No (.) it’s not
18. Annika: Da, da, da ((making noise so she cannot hear Amir))
Amir: No (.) you stupid

Annika: STOP

Amir: stupid

Annika: STOP

Amir: stupid

Annika: BUT STOP

Teacher 2: No (.) but

Amir: Stupid, you’re stupid today. You can’t see the difference between fern and three-leaf clover. What’s the matter with you? Is it a fern or is it a three-leaf clover? You have to learn that fern and three-leaf clover aren’t the same ((has caught up with her))

Annika: Now (.) I’m leaving ((leaves the forest path, walks into the forest))

Amir: Good (.) and don’t ever come back

Amir, who was not involved in the discussion from the start, persisted with an oppositional argument. But he talked about the finding being a fern (line 26) instead of sorrel, which was what the teacher and Jonas were claiming (lines 4, 5, 6). As the teacher aligned with Amir’s version on lines 13 and 16 and as Annika refused to listen (line 18), the initial argument suddenly shifted from a discussion about the finding into a negative personal depiction of Annika’s character whereby Amir accused her of being “stupid” (lines 19, 21, 23, 26). Although Annika asked him to stop several times (line 19, 22, 24), Amir continued to recycle the negative person depictions. The teacher also tried to interrupt him on line 25. Ultimately, Annika announced her departure, “now I’m leaving” (line 31-32), and walked away alone into the forest. Amir confirmed “good, and don’t ever come back” (line 33) and neither of the teachers tried to stop him or went after Annika.

As soon as Annika had left the group, the teacher started to talk to Amir about what has happened:

Extract 4

1. TEACHER 2: Did you make a lot of noise because Annika confronted you
2. Amir: What?
3. TEACHER 2: Did you make a lot of noise?
4. Amir: she- she- she started to fuss (.) you know (.) she’s always saying- ((bending down to pick up something))
5. TEACHER 2: Yeah I know (.) you only have to open your mouth and she starts. I’ll talk to Annika about it later
There seems to be a common agreement between the teacher and the boy in question about Annika and her behaviour being unacceptable. They mutually framed the current problem as having been caused by Annika, and the boy as not acting in a problematic manner (lines 4-7). In this case, the teacher described the boy as being someone who was often confronted by Annika: “you only have to open your mouth and she starts” (lines 6-7). Thus, the girl was accomplished in the interaction between the teacher and the boy as being accountable and provocative, and as a morally disruptive girl who the teachers need to talk to (cf. Wortham, 2003).

The next day, the teacher also talked with Annika about what happened in the forest:

**Extract 5**

1. TEACHER 2: So, what are we going to do? [I got worried]
2. Annika: [but, I mean- do you know- do you know- I said can you stop being that nasty to me, and he just continues, and continues, I said so ((talking fast, while crying))
3. TEACHER 2: No, but you just disappeared. Amir has been doing [exactly as we told him]
4. Annika: [but- but- but] do you know what he said (?) “good, don’t ever come back”
5. TEACHER 2: That was mean, I understand that [but you-
6. Annika: [I don’t want to be here anymore]
7. TEACHER 2: Why didn’t you come to me and tell me? Cause I feel like this, Annika, as soon as Amir opens his mouth, you say Amir has done this, you kind of exaggerate things [it gets that big]
8. Annika: [but, I mean, I mean he comes-
9. TEACHER 2: No, but you’re leaving
10. (…)
11. TEACHER 2: It’s like this, you get stuck at- as soon as he- the very least he does you feel- and that’s [wrong, Annika]
12. Annika: [but he’s always so mean ((crying))
13. TEACHER 2: No, you shouldn’t say that

When the teacher asked Annika what to do about the incident, Annika immediately started to defend her actions by referring to what Amir did to her. Annika’s fast talk and crying signalled the affective intensity of her defensive moves (lines 2-5). However, the teacher did not display any empathy with Annika. Instead, she blamed her for running away and defended Amir by saying “Amir has been doing [exactly as we told him]” (lines 6-7). Furthermore, the teacher accused
Annika of exaggerating what Amir has done (lines 15-16, 21-22). Annika, on the other hand, raised further objections and persistently tried to defend herself by insisting that Amir was always mean to her as she continued crying (line 23). Both the teacher and Annika used extreme case formulation as a rhetorical technique to emphasize their different arguments (Pomerantz, 1996). For example, the teacher claimed that “as soon as Amir opens his mouth, you say Amir has done this, you kind of exaggerate things” and that Amir “has been doing [exactly as we told him]”. Annika, on the other hand, claimed “he’s always so mean” (line 23). By doing this, they both justified their arguments in order to convince the other person about their version. During the talk, Annika also displayed her subordinate position by telling the teacher “I don’t want to be here anymore” as she continued crying and seemed to be very pressed. The next day the mother phoned the teacher and told her Annika wanted to commit suicide. This ultimately started the process of finding an alternative group at school for Annika.

**Concluding discussion**

At present, a psychological-medical mode of explaining school failure is dominant and students are diagnosed as “having”, for example, attention deficit hyperactivity disorder (ADHD). These explanations place the problem inside the child’s mind or brain (Mehan, 2013; Mehan et al., 1986; Hjörne & Säljö, 2004). In addition, the category is also used as a practical tool for solving the problems at hand and organizing daily activities at school. Furthermore, the diagnosis has obvious gender dimensions, as considerably more boys than girls are accounted as “having bad behaviour” (Slee, 2010) and receive diagnosis, although the number of girls being diagnosed is increasing (see for example Graham, 2008b).

In this study we have explored the shifting identities ascribed to a girl who was asserted to have school problems and thereby excluded from mainstream class and placed in a special class. In order to trace the development of Annika’s social identity, we focused on the months-long time scale along which routine patterns of social identification developed over time through different school activities, such as the written record (the communication book) in which her parents and teachers wrote messages, and the interaction in the classroom between the teachers and the girl as well as between the girl and her peers. The detailed analysis showed that the girl was accomplished as capable of managing her life at school at the beginning of the year, but by the end was constructed as disabled and identified as a typical ADHD girl in very subtle ways in the teachers’ communication with the parents. The negative emotional states ascribed to this particular girl make available a frame of reference for managing her disruptive conduct, including medicalization, and for seeing her emotional disturbances as individual. Simultaneously, the reference to the girl as having emotional difficulties casts her as not accountable or capable of self-managing such simple practical things as handling the boys’ provocations. Furthermore, the set of emotional disturbances ascribed to the girl strengthens the view of her as an ADHD girl with typical introvert symptoms (Kopp, 2010; Velasques, 2012). By referring to the diagnosis and effect of medicalization over time, Annika’s situation at school and possible difficulties were gradually made invisible.

The results further show that within the school class Annika’s school problems was mutually constructed by the teachers, parents and students through repeated ascriptions of emotional problems, and the categorizations accumulated over time (Wortham, 2003; 2008). Thus, across a trajectory of school events an “inference-rich” pattern of disabled behaviours contribute to the development of the girl’s disability identity. The particular disability identity was here materialized
as a particular category membership of an ADHD girl, which comes to identify her (Sacks, 1992). By the end of the school year the teachers and parents, and the teachers and classmates, have mutually constructed the negative identities ascribed to the girl in everyday classroom interaction. Furthermore, Annika herself has internalized the negative identities and deviant behaviours recurrently ascribed to her, identifying herself as a girl without friends and a problematic Student who does not belong anywhere.

Our paper highlights how processes of exclusion and social identifications of a girl as a typical ADHD girl were mutually constructed and achieved across classroom activities in everyday schooling contexts. The girl in this case was excluded from mainstream class and placed in a special class containing only boys diagnosed with ADHD, in which all ascribed some form of incompetence, deviance and otherness to Annika (cf. Evaldsson and Karlsson 2011; Hjörne and Säljö 2012; Wortham, 2004). The fact that the only girl in the ADHD class in a sense became excluded from an already excluded environment will most certainly affect her future life and educational career. The question to be raised is whether an alternative school career in an inclusive environment or placement in a class with more girls would have made a difference.

References


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