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KAREN-LIS KRISTENSEN & LINE LERCHE MØRCK

**ADHD medication and social self-understanding
Social Practice Research with a first grade in a Danish Primary School**

To be printed in *European Journal of Psychology in Education*

Abstract

This paper addresses some of the contradictions, dilemmas and struggles in a Danish primary school practice involved in medicating children diagnosed with ADHD. It draws on a social practice research study of a 7 year-old boy diagnosed with ADHD, who was medicated against his will. It focuses on his struggles when being medicated, and particularly on meaning making processes and changes in social self-understandings in the first grade class, 1B, generated among students, teachers and parents. The paper is an analysis of moments and movements in Dennis' social self-understanding generated as part of a social practice research project combining a variety of methods, ranging from collective biography inspired group work and qualitative interviews with teachers and students, photo-based interviews, and participant observation in the school. The study has a double aim of generating theory regarding social self-understanding and ADHD medication, and analysing concrete contradictions, dilemmas and action possibilities in a primary school, enabling new 'practice recognitions' that (at least partly) move beyond practices that generate marginalized social self-understandings.

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Keywords: ADHD, Social self-understanding, social practice theory, mo(ve)ment methodology, situated learning

Vignette: Dennis's story

First grade B (1B) has Danish on the schedule. The Danish teacher, Heather, is out getting something, and the researcher and 'school psychologist' Karen-Lis Kristensen (KL)¹ uses the waiting time to talk with the children. KL asks how it is to be in school in 1B. Dennis raises his hand and says: "I would like to die." KL asks him why he would like to die and he answers: "so I don't have to go to school." This remark disturbs the other children. They ask: "Does he really want to die?", "In what ways?", "Does he want to commit suicide?"

Two days later, KL is interviewing Dennis about photos he has taken in class, and again Dennis repeats that he would rather die than go to school, because when he goes to school he has to take medicine. KL asks him why he doesn't like to take medicine, and Dennis tells her that when he is home with his father, he doesn't take his medicine. Then he doesn't have to behave "differently" and he can "relax."

Immediately after this interview, at 10 o'clock in the morning, it is time for Dennis to take his medicine. It is the school pedagogue Katie, who is supposed to give it to Dennis. But Dennis refuses to put it in his mouth. When KL gets to the hallway outside the classroom, Dennis is lying flat on the floor, tense in his whole body, without contact with Katie who sits bent over him. Katie is upset and scared. She tells KL that Dennis is saying strange things and insists on not swallowing his pill. KL suggests to Katie, that they should not force the medication on Dennis. When Dennis hears this, he jumps up from the floor and walks into the classroom, and sits still on his chair.

After this incident, KL contacts the parents and arranges a meeting with them. The meeting takes place 10 days later with only Dennis's mother participating. Her immediate explanation, when she hears that Dennis says that he wants to die, is that Dennis had been affected by witnessing a paraglider fall to his death when he was three years old. From her point of view Dennis has talked less about death since he has been medicated, and since she began to structure home life with tight routines. She uses pictograms and 'smileys' to modify his behaviour, a strategy that she has been taught by the hospital's pedagogues for the treatment of ADHD children. Her argument for keeping up the hard work of maintaining the tight routines is that doctors have told her, that this is the way to avoid Dennis's dose of Ritalin from being raised. She feels that it is difficult to medicate one's child with Ritalin, while aware of the many side effects. She has come to the conclusion that she feels she must follow the advice of the doctors. She describes how this is a painful decision: it doesn't matter if the medication shortens Dennis' life, since "*Fifty good years with friends are better than a hundred years without friends.*" It is a major concern for her that she cannot get Dennis's father to force him to take the medication when Dennis stays at his house on weekends. She fears that the ADHD 'gets out of control' as a result.

This article is a social practice theoretical analyses of how Dennis, his mother, teachers and others in 1B are caught up in severe contradictions in practice, often finding themselves in situations with no good action possibilities. The contradictions are (re)produced as part of a sociocultural historical era, in which ADHD medication in media, in research and in the everyday lives of kids, professionals and parents, is extremely contentious (Kristensen 2013). This reproduction of binaries ('either / or' rationalities) produces such diverging arguments for or against ADHD medication of children as the following: promotion of ADHD medication is not to be trusted; it's conducted by doctors supported by pharmaceutical organizations, and we do not know the long-term side effects, and whether it will shorten their lives (Gøtzsche, 2012) and its counterpart that we both have met in practice: "you have to medicate. If not the others will dislike him and he will end up lonely or criminal." The goal of this article is to concretize these contradictions and the way in which they are experienced as part of complex school practice, from different parties' first person perspectives (Holzkamp 2013b), and how these are explored and might change as part of a social practice research.

¹ One of us authors (Karen-Lis Kristensen), participated both as researcher and as a psychologist employed by the Pedagogical, Psychological Counseling Unit of the local Municipality. In the latter capacity, the researching author was involved in practical activities with teachers, parents as well students, both in relation to Dennis and the other students in class 1B.

The practice of inclusion

In Denmark, as in most Western countries there has, since the 1960s, been a political demand for public schools to include and educate all children regardless of any special needs (Herman 2007; Slee 2010). This demand gained international momentum with the Salamanca Statement on Principles, Policy, and Practice in Special Needs Education (UNESCO 1994). The statement challenges the model based on normative, individualistic thinking, where the focus on children's deficits gave 'inclusion' the meaning of merely moving the already-labelled students into general education classrooms with the aim of 'normalizing them' (Graham and Jahnukainen 2011; Michailakis and Reich 2009). The new Salamanca inspired model of 'inclusion' shifted the focus toward the ability of schools to meet the needs of all children. The focus of inclusion was no longer to be on individual children's (dis)abilities, but on the ways in which differences were viewed and processed by schools and by society (Michailakis and Reich 2009, p. 26).

In Denmark, in response, several pedagogical and organizational initiatives for inclusiveness have been implemented in the comprehensive public school system (Kindergarten to grade 9): Classes (with up to 32 children), from K to third grade, have pedagogues² supporting teachers' work in the classroom; teachers with supplementary training in dealing with Behaviour, Contact and Development (BCD) difficulties can be called on to assist teachers and students; teachers have to take in-service training to learn ways to make teaching activities fit students' different qualifications and potentials for learning, and about how to analyse and change the learning environment of their classrooms; schools have a special education coordinator who is responsible for children getting supplementary teaching; municipalities have reading and mathematics centres, where children can be offered special courses; schools can request consultant assistance - such as supervision or child assessment - from the municipal Pedagogical, Psychological Counselling unit. Last but not least there is, in Denmark, a long tradition for classes to have a 'classroom teacher' who, apart from teaching her subject, is also responsible for the children's 'emotional and social wellbeing', for 'contact between school and home', and recently, also for managing the team of teachers around the class (Kristensen 2013).

At the same time, over the last ten years there has been an 83% increase in the number of children being diagnosed with ADHD in Denmark. Further, there has been a rise in the medication of children with stimulant medicine. There is also a tendency to start medication earlier in life, in some cases down to the age of 2; there is an increase, as well, in the number of children being medicated and the dose of medicine that these children are prescribed (Sundhedsstyrelsen 2010).

The tendency of diagnosing children and placing them in special schools has neither stopped nor levelled out – despite the range of strategies listed above. In 2010 the Danish Ministry of Education reported that more than one third of the primary school budget was spent on special education needs. This, in turn, led to a renewed demand for inclusion. In April 2012 a law was passed that classified only those children who need support for more than twelve lessons a week as receiving 'special education' (Ministry of Children and Education 2012). This has meant that some of the students who had, until the law was passed, been taught in special educational units, now are transferred back into the 'general school system,' where it is the responsibility of the individual school's management to decide how mainstream funds are spent on each child, and the amount of help to which each child is entitled.

In 2006, well before this law was proposed, Danish teachers reported in an evaluative study that they were overwhelmed and sometimes experiencing burnout, as a result of the pressure that the inclusiveness policy put on them. The teachers emphasized that it was children with disruptive behaviour who caused them the most trouble (Langager 2006). These children are the ones that teachers (and others) suggest should be assessed for ADHD (Carpenter & Austin 2008; Graham 2006b; 2008; Hörne and Sæljö 2003; McMahon 2012; Nielsen and Jørgensen 2010; Prosser 2010) and medicated (Singh 2008).

The growing societal demand for inclusion and the rise of ADHD medication is connected with new contradictions in practice and as we will see in this article, medication does not just fix the problems as far as the children are concerned. Rather it brings about new contradictions, conflicts, struggles and dilemmas in and across contexts (Dreier 2008), for professionals, parents and children (Singh 2004; Slee 2011) in an ongoing cycle of problem-displacement and guilt allocation between the parties (Højholt, 1993).

² In Denmark, the education to become a pedagogue who is qualified to work in public day nurseries, kindergartens, leisure time centers, before- and after -school care centers is a four year professional bachelor's degree. This education is very different from that of Danish teachers, in that it focuses on child development in a broad and also social sense. This is the argument for bringing pedagogues into the classroom during the children's first years of school (Ministry of Children and Education 2012).

A Social practice theory of learning and social self-understanding

In this paper we apply a social practice analysis of the dilemmas, contradictions, marginal positions and potentials for expansive learning (Mørck 2010; in press 2014). We understand Dennis' situation, when he states that he wants to die, as a very contradictory situation with no good action possibilities (Engeström 1987). Drawing on a "Psychology from the Standpoint of the Subject" (Schraube & Osterkamp 2013), Dennis is understood as a subject; a human being with life interests: "generally grounded in an interest in enlarging and increasing one's influence upon the conditions of one's life and its subjective quality" (Holzkamp 2013a, p. 123). We analyse Dennis' reasons for actions in the conduct of everyday life in and across contexts, such as the home of his father, the home of his mother, class 1B and the soccer team (Holzkamp 2013b), as well as studying processes for social self-understandings and identity-making while Dennis is becoming-a-person among others in the communities of practice (Lave and Wenger 1991) and the collective subject (Nissen 2012) of 1B. We show how the 'we' of the classmates in 1B – the collective subject – is capable of changing when difficult situations are unfolded together and re-defined. Our particular interest is in how that collective subject might come to recognize children diagnosed with ADHD, like Dennis, who have been marginalized by being defined as incomprehensible and outside the bounds of cultural normality. We apply Holzkamp's conceptualisation of social self-understanding as meaning-making processes of coming to understand oneself and others in relation to participation in and conduct of everyday life (Holzkamp 2013b). Our particular focus is on the reproduction and change in social self-understandings that come about through our social practice research project, where we open up reflection among the participants' different subject standpoints in practice (Holzkamp 2013b).

In this article, we promote a very broad understanding of learning, which also entails processes of recognitions and marginalisations, exploring changes in social self-understanding. Learning, then, is analysed through the change/movements of Dennis, the collective 1B and teachers, illustrated below e.g. when KL conducts collective reflections of the children's photographed moments. Expansive learning is conceptualized in this way by Mørck (2010; in press 2014) and it is inspired by Engeström (1987) and Holzkamp (2013a, 2013b). Holzkamp (2013a) differentiates between "expansive learning," as that which is meaningful to the student and in line with their life interests, and "defensive learning" where the learner experiences being "cut off from the joint control over the living conditions, thrown back on [one]self, controlled by immediate threats and needs" (124). In that way, Holzkamp relates these analytical dimensions of learning closely to analysis of the learners' action reasons. Mørck (2010) further develops Holzkamp's notion of defensive and expansive learning, analysing additionally how contradictions may be transcended as part of collective agency (inspired by Engeström 1987), with a special focus on processes of marginalisation. In this article, these processes are apparent through both the reproductions and transcendence of Dennis' marginal positions in practice (Mørck in review), including transcendence of marginalized social self-understanding as a 'trouble maker who must be controlled.'

Social Practice Research methodology

The application of social practice theory and psychology from the standpoint of the subject is conceptualized as social practice research (Mørck & Huniche 2006), which has a double aim of both generating theory and contributing to the development of practice. Social practice research has its validity in its potential for generalization of new action possibilities and practice - recognitions for other subjects in similar situations as fx. Dennis or his teachers. This implies that social practice research goal is to unfold social self-understandings in participation-in-practice as detailed as possible and to work through these social self-understandings in cooperation with the participants as co-researchers. In this work the researcher and the co-researchers draw in their references - including for the researcher the social practice theoretical concepts - in a reference transformation process based on the assumption, that a subject may partly change his or her social self-understanding when given the opportunity to collectively explore problems and dilemmas from the participants' (sometimes marginal) positions and perspectives. This may include coming to a new understanding of one's own and the others feelings and reasons for action (Mørck, in press 2014).

The case with Dennis is based on Karen-Lis Kristensen's social practice research PhD study in which the teachers Heather and Laurie, the pedagogue Katie, and the students in 1B, participated as co-researchers. The PhD thesis also include a similar and more prolonged social practice research study carried out at another primary school and completed prior to the one reported here (Kristensen 2013). To achieve a rich account of children's, teachers' and pedagogues' first person perspectives in practice, and to capture their action reasons and contradictory life conditions, Karen-Lis situated herself as both school psychologist and participating researcher in 1B – in the classroom and in other locations in the school– during the period from March 20 to May 9, 2011, see Table 1. In the context of social practice research this double positioning enriched her possibilities for drawing in references to the research-process and it underlined the ethical demands for her to stay in process of transformation with the co-researchers.

Table 1 shows how the research activities (the grey spaces) took place over a period of 2 months in 1B.

Table 1: Overview of research process and methods

Research activity / Work days	March										April																				May																			
	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	1	2	3	4	5	6	7	8
Participant observation																																																		
Video recording																																																		
Collective biography work: Heather, Laurie and Katie																																																		
Individual production of memories, Heather, Laurie and Katie																																																		
Children taking photos																																																		
Children's photos analyzed																																																		
Photo based interviews with children																																																		
Interview with Dennis																																																		
Incident with Dennis																																																		
Conversations with children in class																																																		
Conversation in class: <i>Dennis wants to die.</i>																																																		
Interview with Heather																																																		
Interview with Laurie																																																		
Interview with Katie																																																		
Collective biography: children, teachers, pedagogue																																																		
Meeting with Dennis' mother																																																		
Hallway conversation: Dennis																																																		

As you can see in Table 1, a number of qualitative methods were used, including:

- a) semi-structured interviews with Heather, Katie and Laurie
- b) collective biography workshops with Heather, Katie and Laurie, also including memories individually written between sessions
- c) participant observation
- d) student photos, taken at the school with disposable cameras, and photo-based interviews with students individually and in groups
- e) video recordings in the classroom
- f) Karen-Lis's participation in classroom activities as a pedagogical resource person
- g) conversations with students as the situation permitted (individually and the whole class)
- h) a collective biography-inspired session with students and teachers together, and
- i) interviews and/or meetings with some parents, including Dennis' mother.

Like other mo(ve)ment methodology (Mørck in review), the course of the empirical/analytical activities was not predetermined, but developed in response to what turned up during the designated period that could illuminate important moments and movements of social self-understanding in relation to the problematic of ADHD and teachers' experiences of burnout.

The decision to focus on Dennis emerged during Karen-Lis's time in class, and especially during the week beginning the 23rd of April. On Monday, April 23, the conversation took place in which Dennis stated that he wished to die. On Monday, Tuesday and Wednesday all the pupils in the class were interviewed about their photos, either alone or in groups. The photo assignment had been to take the same number of photos of "bad situations, when it is unpleasant to be a student in 1B," and of "good situations, when it is nice to be a student in 1B." This assignment resulted in all the students, as a collective-subject, taking pictures of the same few situations. Dennis and four other students 'behaving badly' were the 'bad situations,' whereas students 'behaving well' and teachers teaching at the blackboard or assisting individual students were presented as 'good situations.'³

Dennis and the four other students who had been pictured unambiguously as the ones creating bad situations, were interviewed alone in order to avoid further marginalization by the 'we' of the collective-subject. The initial strategy was to give them an opportunity to talk privately about their life interests, reasons for action, social self-understanding and emotions in the moments that the others had photographed, as well as in other remembered moments of 'trouble' or 'feeling good'.

On Wednesday, April 25, the interview with Dennis took place, and later the same day Dennis made a serious effort to avoid taking medication (described in the vignette). On Friday the 27th, the collective biography-inspired session⁴ involving teachers, support pedagogue, children and researcher took place.

In the following section analysis of moments and movements of Dennis' social self-understanding is presented chronologically in order to illustrate processes of social self-understanding and changes in practice.

Dennis's processes of becoming recognized as a Subject with action reasons

Dennis was sitting among 26 classmates, as well as Katie and Karen-Lis, when he raised his hand and loudly stated that he wanted to die (4/23). When analysed with Holzkamp's concept of life interest, this moment can be understood as Dennis, as part of the collective 1B, reaching out for others to understand him, and expressing, paradoxically, a hope for social self-understanding; for becoming more recognized as a human being who has reasons to be frustrated with this lack of influence on medication and his very limited influence on his contradictory situations in school. This is an important moment and first potential step in a movement/change, where the collective 1B (that now for a period includes Karen-Lis) might open up for new meaning-making processes and the potentiality of recognition. According to Nissen, potentials are qualities that "always-already exist as possibilities to be realized" (Nissen 2012, p. 170-171). We analyse the conflicting processes of

³ In the other more prolonged study mentioned above, the assignment was: "Take photos of what it's like to be a student in 1st grade". In this case students took pictures of multiple things, persons and moments mirroring a huge diversity of interests and perspectives.

⁴ Collective biography is developed from the methodology of memory work that was introduced by Frigga Haug as a way of collectively exploring the double processes of (be)coming an active person and simultaneously constituting social phenomena (Haug 1987).

being recognized as always-already 'potential trouble maker' and/or always-already subject with action reasons and a productive need for understanding and access to expanded agency.

Dennis' life interest is to become recognized and less marginalized: a change in direction of becoming a more legitimate member of 1B (Lave & Wenger 1991). But as ADHD medicated against his will, his social self-understanding is held in a contradictory 'I am not me' subject, where it is very difficult to be recognized as a subject with action reasons: When not taking the ADHD medicine he is told that he is not himself - a person with intentions and responsibilities - because the ADHD symptoms (trouble behaviour) are in the way.

To analyse change or movements, we need to explore what Dennis' social self-understanding was in 1B before and up to this moment. In the photo interview (4/25), he described himself in negative terms: "I do bad things" (...) "I am noisy" (...) "in school they keep an eye on me all the time, so that I don't do stupid things" (...). And he is afraid of realizing this social self-representation: "all the time, I am afraid of doing stupid things and being yelled at". He accepts being put in the corner, as this keeps him safe: he "doesn't mind," he says, being placed in the corner in a chair at the blackboard, head faced away from class, because "then I don't have to be afraid of doing stupid things" (4/25).

The logic of such disciplinary control strategies (Foucault in Holzkamp 2013a, p. 116) and self-surveillance is that it will make Dennis control himself and become what the school wants him to be – well behaved and normalized. But when we analyse Dennis' participation in and across action contexts, we find some interesting differences: sometimes he accepts disciplinary control and self-surveillance as part of defensive learning, and at other times he struggles and participates in opposition or, one could say, he objects to this double position as (always already potential) trouble maker, who must behave well. Some of the contradictions are produced when others in and around 1B reproduce the *diagnostic* ADHD discourse, that tells that his behaviour is outside his own control, and that the way to gain control is to be medicated and to become someone other than himself. We see limiting his action by confining him to the corner as a defensive learning, (re)producing his marginal position in class as already potential trouble maker. Neither the medication nor the surveillance and control strategies give Dennis or the others any insight into how he might participate differently, including possibilities of how to learn as a legitimate part of meaningful activities in school. So he may as well sit in the corner - or else not exist.⁵ But when he begins to talk about his situation in school, another action possibility presents itself: not to take the medication at school. This is what he gets to do with his father in the weekends and at soccer games, where he feels better. There he is less in conflict with himself and others, and he participates less as a (potential) trouble maker.

Let's analyse the movements/change of the other students' representations and understandings of Dennis: At the beginning of the study, his classmates said, for example: "Dennis has ADHD. It means that he swings from the curtains," and "Dennis has something in his brain that makes him behave strangely," and "my mother says that Dennis cannot help what he does" (Children in class, participant observation notes: 3/21). The other students were clearly upset by, and uncertain of, the implications of Dennis' wish to die, but their questions proved that they had a sympathetic interest in coming to understand Dennis' reasons for action, as well as his life interests. The children's questioning can be seen as reaching out toward a new understanding of 'us' (including Dennis), about each of our reasons for actions in 1B and opened up the possibility of changing the collective and binary social self-understanding: 'Dennis is ADHD - I/we are not.' Whereas Dennis had been constructed, through the abstract diagnostic representation, as 'ADHD-child', an other, who defines the borders of what we are not, the conversations began to open up a space of inclusion of Dennis as human as well, i.e., like 'us'.

Making sense of the effects of medication; Contradictions and defensive learning?

Before pursuing these meaning-making processes of recognizing Dennis as subject with action reasons, we want to look more closely at the meaning making and effects of the ADHD medication, and how it might also be part of defensive learning (Holzkamp 2013a) and marginalisation. When observed in mathematics class, Dennis sits still and speeds up (Whitely 2010) as he works on the mathematical problems that Laurie has told the class to do. He works quickly to get the problems finished, because of which, he is viewed as appropriately engaging in individual learning. He is therefore recognized, in this activity, as disciplining himself within the normal structure of schooling (Emerald and Carpenter 2010;

⁵ Emerald and Carpenter (2010) in their empirical study with mothers of ADHD diagnosed children in Australia quote medicated children using the same wording as Dennis': "I would rather be dead, than going to school" (p. 101) and: "I am a stupid boy" (p. 102), and the mothers confirm the tendency of medicated children to act 'zombie-like', pointing to the tendencies of promoting disengagement in school matters.

Holzkamp 1993). From this point of view, the medication appears to be working, changing Dennis from (potential) trouble to a well-disciplined and well behaved student, doing math as he is supposed to.

But within a social practice framework, learning implies “changed participation in changed practice” (Lave and Wenger 1991). Becoming a person who can be recognized as having a legitimate position in 1B mathematics class also implies access to participation in negotiating the meaning of mathematics in the social community: Who is each of us in relation to mathematics? What can each of us become within the field of mathematics? Dennis, from his position as 'disciplined but still potential trouble maker,' does not take part in the negotiation of becoming a person who knows mathematics or what mathematics means. His learning orientations are reduced to short-term individualistic criteria for not behaving badly. Dennis's account of his participation in mathematics (4/25) is: "I do not care about learning mathematics, or about learning anything" (...) "I actually don't care about school or anything they do in class" (...) "I just do it, because if not, I do stupid things." It is not that kind of school orientation (Mørck 2006) that the normalizing strategies are intended to produce. He is supposed to choose to do mathematics because he wants to do it; he should value participating in schooling as a means of learning mathematics. In this context, it is interesting to note the Raine Study, carried out in Western Australia to evaluate the effects of Ritalin, which found that, it shows no long-term positive effect on academic achievements (Smith et al. 2010).

So how does Dennis make sense of his medication and what it is supposed to accomplish? As the following conversation (4/25) shows, he does not know what will count as stupid, though he understands that his behaviour is seen as such by others. He needs help not to do the things that others call stupid:

KL: The medication you are supposed to take Dennis, what is that?

D: It is because I have ADHD (...) I could not feel it, it was not me who discovered it (...) it was somebody who looked at me. I had to sit down and do homework, and then they watched me, and I think it was the way I behaved ... I don't know. But they could see that I had ADHD.

KL: How did you behave?

D: I don't remember. I think ... I was just doing homework.

KL: What is ADHD?

D: I don't know.

KL: Then you were told to take the medicine?

D: Yes, to behave differently.

KL: What if you are at your father's and you don't take the medication?

D: Then it is not my fault if I do stupid things (...) it is annoying to take the medication.

KL: How many pills do you have to take a day?

D: Three. At 7 am, at 10 am, and 1.30 pm. When I get home from school I don't have to take any pills (...) There my mother sees to it the whole time that I don't do stupid things. But in school, the teachers tell me when to take it. There I have to behave differently.

(Karen-Lis's photo-interview with Dennis, April 25th)

Dennis actually gives – for a 7 year old – a well-formulated account of ADHD as a category created in relation to schooling as a disciplining arrangement (Holtzamp 1993). Rose explains how the 'break-down' of a population into units, each with their medical and psychological possibilities of investigation, interpretation and modification of mental capacities and predispositions provides new methods of self, medical and pedagogical governance (Rose 2006).

In the normalizing discourses to which he is being subjected, Dennis needs to behave 'differently' enough to be recognized as normal, and as worthy of respect (Emerald and Carpenter 2010). But the normalising discourses have the embedded presumption that the one being normalized knows what behaviours need to be changed, and feels a reason for changing, and will find meaningful ways to orientate himself in that direction.

Dennis participates in 1B from a position that precludes his getting into the process of becoming-person-among-others, and so, for him, the requirement that he 'behave differently from myself' is an un-resolvable conundrum. The self that he is supposed to become is not knowable, as it is a self-in-interaction-with-others, where the relevant others have so far had difficulties recognizing him as the self he is supposed to become, unless he is medicated, and when forced to be medicated he is in conflict with himself as a subject who can follow his life interest. His action reason for conforming is that he wants to avoid actions that others deem to be stupid.

Dennis tells Karen-Lis, that as a diagnosed child, he is not responsible for his actions if he has not been given his medicine. From a philosophical perspective, Tait (2003) reaches the same conclusion: when bad behaviour is a function of a disorder, the child cannot be held responsible as an agent. Tait worries that more and more students will not be held

accountable for their actions, which takes away schools' ability to exercise authority. From Dennis' position and perspective, it is difficult to get into the process of becoming someone who is a recognized and legitimate member of 1B's collective. He does not know beforehand what will count as stupid. From this position there is limited access while medicated as 'ADHD-child' to get recognized and participate in the collective expansion of his life conditions.

The interview, exploring Dennis's perspective while telling of a dire situation, may nevertheless also be seen as a movement away from the former possibility for action, 'the statement of a wish to be dead'. Maybe he can do something other than express a wish to die? Maybe expressing himself in this way, and being listened to, gives him hope for humanization and expanded agency? Certainly he changes his way of participating when he makes the strong effort to avoid swallowing the pill, and perhaps his hope grows when Karen-Lis suggests that Katie should not force him. (Vignette) When he gets up from the floor and walks into the classroom - maybe he thinks/feels that his standpoint has been heard; someone has started to listen to what he has to say.

But then Karen-Lis follows Dennis into the classroom and starts up a dialogue with the children, and a few minutes later Katie and Heather signal to her that something is wrong with Dennis. Karen-Lis asks Dennis what it is, and Dennis says that he "wants to cut his hand off, because it is just in the way anyhow." He uses a small metal piece from his booklet to 'cut' and manages to get some scratches on his arm. Heather asks if Dennis has taken his medication - she does not know anything about the 'hallway situation' before class started - so Katie tells Heather about the episode. Heather says that she has an agreement with the parents that she is to force Dennis to swallow the Ritalin pills. She takes Dennis to the bathroom, and after a few minutes they come back in class.

A little later Dennis sits disengaged and apathetic on his chair.

The reason Heather gives for her action, when she forces Dennis to swallow the pill, is to "help Dennis to become like the other pupils, so he doesn't come to be marginal and disliked in class" (Heather in collective biography work, March 27th 2012). When Dennis scratches his arm with a piece of metal, Heather immediately understands it as "ADHD breaking out because of lack of medicine". She gets frightened and acts with the desire to help Dennis - even though she "despises having to force him" (Heather, in conversation in class, April 25th). Heather thus 'swallows' the medical discourse that defines ADHD-medication as the pathway to Dennis's normalization; she swallows that ADHD is real and fearful and in control of Dennis; and she cannot find acceptable options for transcending these dualities.

Tait (2003, p. 443) observes somewhat caustically that "It makes it easier for the teacher if she leaves her ethics at the school gate" if she wants to survive in conditions of schooling where she is expected to force children to be "drugged into normality and passivity".

Analysed in terms of social self-understanding, Heather's act of forcing Dennis to swallow the medicine may be understood as her taking on the responsibility, as Dennis's classroom teacher, of 'Dennis' 'emotional and social wellbeing' and for 'contact between the school and home' (Kristensen 2013). She makes herself appropriate to the situation and sustains her integrity (Davies 2006, p. 37) in a contradictory and ethically ambivalent process dictated by the arrangements of schooling, hand-in-hand with the dominant medical discourses. But she also share these contradictions with others as part of social practice research, which is an important first step when trying to move beyond these contradictions (Mørck, Hussain, Møller-Andersen, Özüpek, Palm, & Vorbeck 2013, p. 93-95).

Collective biography inspired session with children and teachers

The next day (4/27) Karen-Lis conducted a session with students and teachers in 1B, inspired by the methodology of collective biography, as developed by Haug (1987) and Davies & Gannon (2006; 2009). This particular way of using the ideas of collective biography work, combined with photos taken by the children, was developed for this research-project. It is described in the following, and it should be kept in mind, that the researcher, Karen-Lis, had a lengthy relationship with both children and teachers due to her position as school psychologist, and she had also produced trust as researcher (Jefferson, 2004) to children and professionals through the previous period of prolonged participant observations, interviews and collective biography work with teachers (see Table 1). This was an important condition for allowing this expansive dialogue to occur. The already established trustful relationship and her prior experience of conducting biography work in and a cross very different action contexts (Kristensen 2013), gave Karen-Lis the confidence that the session could be conducted in an ethical way that would avoid further marginalization of Dennis, and instead open up possibilities for him to become recognized as part of the collective subject of 1B.

The context for the session was the home classroom of 1B. Students and teachers were seated. Karen-Lis was standing at the blackboard with a PowerPoint show of children's photos arranged to show sequences of four pictures showing 'good situations' followed by a picture showing 'a bad situation.' The intention of the power-point-show was for students and teachers together, and guided by Karen-Lis, to be able to explore the moments in the photos - while taking care to avoid the obvious danger of reproducing the marginal position of Dennis and others depicted as creating a bad situation.

The focus of the session was to open up key *moments* of social self-understanding, including both thought and practice, in order to contribute to significant *movements* in that thought and practice (Davies and Gannon 2006; Mørck in press), and to open up insight into the collective character of both students' and teachers' problems as being embedded in the social arrangements (Dreier 2008).

Karen-Lis started the lesson by reading a collective biography story about an incident that took place when she was in 1st grade (50 years back). The memory was of her feeling pretty in a new dress at the annual school ball. Two boys from her class had come up to her and commented that the dress was homemade and looked like a pixie dress, and she had felt hurt in a way that she could - fifty years later - still recall in her body. The account, dwelling on all aspects of the moment and avoiding explanations, immediately evoked questions from the students showing their ability to pay total attention to what it had been like to be Karen-Lis in the situation.

In the dialogue that followed, students collectively came to recognize that what is right clothing and what is wrong clothing is constantly constituted; also in 1B, and they came to recognize that in the process of constituting rights and wrongs, people's 'life interests are hurt'. Karen-Lis, inspired by Davies, used the terms of: 'doing' and 'undone' to make the 7 year old students come to an understanding of, how agency and life interest may 'dissolve' in moments of being hurt by binary 'rights' and 'wrongs'.

Karen-Lis' account evoked students' memories of being likewise 'undone' by, for example, something Heather had said or done, or by things their fellow students had said or done. Each account was listened to by everybody, and everybody participated in exploring the moments, the place of those moments, the participants' reasons for action, and the rights and wrongs of clothing, looks and school achievements that were being constituted in those moments.

Karen-Lis now put on the PowerPoint show of the children's photos, and the situations in the photos were unfolded in the same way as the memory stories. In the following paragraphs, we unfold movements of thought that emerged that challenged the discourses of medication and ADHD.

Collectively unfolding photographed moments; Recognitions between the 1B collective and their participants

Nissen (2012) writes that, "central to the constitution of subjects are relations and movements of recognition between singular collectives and their participants." In this collective biography inspired session guided by Karen-Lis, teachers and students, as well as the collective "we," are producing new social self-understandings of Dennis, recognizing his reasons for action.

Photo A: Dennis takes off the cardboard cover from his camera

The photo shows Dennis sitting at his desk with his camera. It is a Danish lesson and Heather is standing at the blackboard lecturing Dennis for having taken the cardboard cover off the camera. When Karen-Lis had handed out the cameras, Heather had told students to write their name on the cardboard and not to take it off.

To legitimate having lectured Dennis, Heather (in the collective biography lesson) explains that the cardboard should be kept on the camera for Karen-Lis to be able to find out who had taken which photos. Karen-Lis asks Dennis why he had taken off the cardboard, and he explains that he thought he was supposed to, because Heather had also taken a photo of him to make sure that Karen-Lis knew it was his camera. Furthermore, he had been to see the doctor, when the cameras had been handed out.

Girl: So he couldn't know.

Boy: I wish that you had asked him why he had done it, instead of shouting.

Dennis is recognized as a part of the collective 1B, as a student like the others, who tries his best to do the photo assignment, and being yelled at unjustly because he could not know; he was not there when it was being told.

Photo B: Dennis dancing in the classroom

KL: Why do you think that Dennis was dancing?

Girl: Maybe because he has ADHD.

Girl: Yes. My mother has told me about ADHD. It's a hidden disease. So you can't blame Dennis for what he does.

KL: Why were you dancing Dennis?

Dennis: It was fun! I was dancing with Mary

(...)

Girl: But you are supposed to take medicine so you don't run around, that's what my mother says.

Boy: But Dennis doesn't want to take the medicine.

KL: No. You told us that, Dennis.

Dennis: Yes.

(...)

Boy (to Heather): If he doesn't want to, why does he have to?

Heather: Your parents want the classroom to be quiet, so you can learn something.

Boy: My parents wouldn't want Dennis to take medicine, if they knew that he wants to die. They don't know anything about this.

(...)

Boy: I'm worried that I didn't realize until now, that Dennis feels so bad that he wants to die. I can't get over what made me think about the whole thing that way [to take the photo (XX)]. It is not only Dennis who leaves his seat and runs about. I myself sometimes leave my seat and sometimes we actually have a lot of fun doing it. It's tempting when it's boring.

Dennis becomes recognized as part of the collective 1B in the eyes of the other children, as a kid just like “us,” who likes to dance because it is fun. And as a boy, just like “us boys,” who might be tempted to leave their seat when school is boring. The other students reflect in solidarity with Dennis that the adults, both parents and teachers, had it wrong, and if they knew what they know now, they would not think it is right to force Dennis to take his medicine.

Photo C: Dennis sitting at the blackboard

It is a math lesson. Dennis has made noises and has been getting up from his seat along with Eric. Things have gone berserk and Laurie, has chased Dennis and Eric around in the classroom. She has placed Dennis in the corner at the blackboard, and stands bent over him. Some students now start talking about how they felt very unpleasant at the time when the photo was taken, because Laurie was so upset.

KL: How did it feel to sit at the blackboard Dennis?

Dennis: I didn't mind.

Girl: Laurie didn't you feel bad?

Laurie: Yes. I felt powerless, and I felt that you didn't respect me (...) I don't want to yell at you because I wouldn't like to hurt you. (...) I think that a teacher should not yell at children.

Boy: But we like you.

All: Yes

(...)

Girl: Eric also behaved badly so I think that he should also be pictured.

Boy: No, that's just it. Don't you see? Then we would just be picking on each other even more.

Immediately after the session, Laurie and Heather had this conversation:

Laurie: There is a culture of watching and picking on each other in this class, and I think it comes from the behaviouristic model of keeping students quiet (...) When I try to act appreciative they get all confused.

Heather replies: I can see what you mean. It's just that I get really scared if I feel that things get out of control. There is one thing that I will stop doing immediately, though, and that is to make students behave well by telling them that they will be seen as strange by the others if they don't. (ibid.).

Laurie sees new possibilities for moving beyond the rigid binary rules that Heather had suggested as a way to prevent restless children like Dennis to “spring up” as ADHD. Because of differences in their positions, Heather being team leader, and Laurie being a newcomer, recently graduated and a new teacher at the school, Laurie had not previously dared to question Heather's suggestion of implementing a system of strict rules (Kristensen 2013).

Schooling conditions and medication moving into family life

Two weeks later, on the morning when Karen-Lis has an appointment with Dennis' mother (5/9), Dennis finds Karen-Lis in the hallway and asks her what she is going to talk with his mother about. He wants her to ask his mother not to give him medicine and to not watch for him doing stupid things all the time.

When the mother was told this during the conversation with Karen-Lis, she related how the kindergarten teachers had convinced her of the necessity of having Dennis assessed and medicated by emphasizing that both the other children and their parents "were beginning to dislike Dennis." They had said: "You have to go all the way with this, if you want to help Dennis." And so she has – through much consideration and agony – come to the following conclusion that:

If it was to improve his academic outcome I would not even consider medicating my boy, but I know what school is like, and I can't change that (...) and I do not want my son to be disliked and lonely (...) and now, I don't have any complaints from teachers or from the other parents. Some parents even came and gave me 'thumbs up' because I decided to medicate Dennis. (...) I do understand why he does not want to take the medicine; I would feel the same way.

Also, in relation to his mother, new social self-understandings and recognition of Dennis' very difficult situation is produced. Dennis' mother medicates Dennis, uses ADHD pedagogy to modify his behaviour, and structures Dennis' home life with pictograms, smileys and constant surveillance to make sure that Dennis is behaving 'less ADHD,' with the intention of giving him possibilities for becoming a legitimate member of 1B, accepted by the other parents and students. But her life interests – and her home life – have also become saturated with the contradictions of the normalizing/controlling discourse linked to schooling (Carpenter & Austin 2008).

Conclusion

In this paper, we have presented an understanding of ADHD difficulties as personalized and individualized manifestations of the complex social practice problematic that schooling is caught up in, in a destructive alliance with pathologizing medical discourses. Here, we have recounted a social practice research project that was carried out in a 1st grade in a public primary school in Denmark with teachers and children as co-researchers. It shows the ways in which an ADHD medicated child, students, teachers and parents are caught up in contradictions and binary thought (good and bad, normal and ADHD) intricately enmeshed with the medical diagnosis. Both Dennis, his mother and his teachers were caught up in contradictions trying to avoid the appearance of ADHD labelled behaviour, with the mother using medication, surveillance and the controlling strategies of behaviour modification to normalize her child. Our exploration of moments and movements of Dennis's social self-understanding suggests that the child's possibilities for social self-understanding, for becoming recognized as subject among the collective subject of his fellow students and teachers, and of expansive learning, are severely limited when normalization and control become the dominant project of schooling. We do not denounce ADHD medication per se or normalization and control as functions of schooling, but when they become dominant and override an ethical development of social self-understanding of action reasons among students and teachers, they produce severe contradictions and barriers for learning and development. We see this type of social practice research as an important exploration of these contradictions, and as a first step in the development of new practices of recognition of action reasons and social self-understandings of students like Dennis, primary school collectives like 1B and others.

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