



**Singh 2011: 'Wound up': a disorder of anger and aggression**

This is the overall theme of this study; an ecological analysis of ADHD following Bronfenbrenner (1979) found in the ecological niche of UK state schools in small, working class communities with low social mobility, that ADHD was understood by pupils to be an inability to control ones' emotions, rather than a difficulty with hyperactivity and/or attention. In other communities where emotional self-control was less important and attainment was more highly valued, impact on attainment caused by hyperactivity/inattention was a more central focus in perceptions of ADHD (although lack of control over anger and aggression was still perceived to be an important aspect).

**Singh 2011: Effect of polar views about ADHD**

The concept of ADHD is contested, and teachers tend to adopt polar views, either rejecting the concept of ADHD (seeing it as sociological) and therefore making no allowances for the behaviour of pupils identified with ADHD, or accepting the concept of ADHD (seeing it as biological) and therefore excusing ADHD pupils' aggressive behaviour. Singh argues that both approaches reduce the power and control (agency) available to pupils.

Prosser 2006

'... all participants expressed a strong desire to do well at school and frustration at barriers that prevented them from doing so'

**McDannell 2004: School qualifications valued**

YPs valued school as a means to gain qualifications that would help them get jobs.

Despite problematic behaviour, all but one participant wanted 'to behave in socially acceptable ways and to succeed in school' (p46)  
Kendall et al. 2003

Inability to do schoolwork causes frustration/anger  
Kendall et al. 2003

Frustration/anger from thoughts going so quickly it is difficult to communicate or inability for others to understand what the YP is trying to communicate.

**Singh 2011: Self-control & moral obligations; mobilizing or exploiting ADHD diagnoses**

Singh documents the power and control ADHD pupils display in either curbing or releasing their feelings of anger and aggression. This suggests that these feelings are not entirely outside YPs control, unlike the perceptions of YP in Shea & Cooper.

**1) Sense of lack of control**

Lack of self-control over feelings of frustration/anger; impulsive oppositionality, acting dangerously  
Kendall et al. 2003

**Friio 1999: 'I have wanted to get over it... I have wanted to get better marks... and it just doesn't work. I don't know... if it's just a belief that Ritalin is the only thing that could help'**

Some YPs perceive that they are incapable of controlling ADHD-related behaviour. While YPs value medication as a way to control behaviour, it also contributes to their sense of lack of control.

Experience of frustration/anger can include physical sensations such as 'buzzing in the head'.

**McDannell 2004: Emotions trigger ADHD-behaviour**

YP responded emotionally to context in a way that affected their behaviour; attempts at self-regulation (e.g. movement) emerged as a subconscious attempt to manage these emotional states.

**Brice 1998: 'it's a kind of mood swing or something'**

'Attitude is a magical kind of experience for the ADHD youth. Although there is an awareness of it impacting learning, it is often a surprise to the youth where it comes from ... these youths had little sense of what influenced their attitude.' Triggers for affect included sleep patterns, internal dialogues and power struggles with authority figures. YPs attributed many behaviours to the influence of mood; with good mood influencing positive behaviour as much as bad mood fostering negative behaviour.

**Exley 2005, 2007, 2008: Loss of agency in relation to medication**

Two 6-8 year-old boys diagnosed with ADHD, both on medication, understood medication as the way to control ADHD-related behaviour, rather than the puppet controlling himself. This is likely to impact the boys' own sense of power and control (agency), and could be a barrier to engagement with NPI as logically, social interventions could not help them control what they perceive to be biological difficulties.

**Brice 1998: The power of sleep**

Brice uses the analogy of a bear waking from hibernation to describe an ADHD YP in the mornings. YPs often cite a bad night's sleep when describing the precursor to a negative mood. The fact that many YPs also reported working best at night, alone in their rooms, means lack of sleep can be a common problem.  
McDannell 2004

**Prosser 2006: Biological determinist beliefs but social experiences**

Participants all understood ADHD as biological in origin however the experiences of difficulties they described were social (e.g. difficulties in motivation, poor self-esteem, suicidal and violent thoughts, difficulties with relationship, depression)

**Kendall et al. 2003: benefits of biological determinist beliefs**

The authors argue that children and YP face ongoing dissonance between the socially gained knowledge that they should be “good” and their actual ADHD-related behaviour. Diagnosis and understanding of ADHD as an illness give:

A way to make sense of the dissonance

Effective treatment (medication)

Can ‘replace blame and criticism with understanding and support’

**Kendall et al. 2003: Benefits of ADHD**

Some participants cited an outgoing personality or sense of humour as benefits of ADHD.

**Biological determinist beliefs**

Led by biological determinist beliefs; authors suggest individual/medical attributions have ‘negative effects on students’ self-esteem and is, therefore, likely to exacerbate emotional and behavioural problems’ (p46) and that emphasising the role of interaction between biological and social factors might have a positive effect on self-esteem as well as pupils’ sense of power and control in relation to ADHD-related behaviours. (Prosser 2006)

**2) Spoiled identity:** YP perceive ADHD-related behaviours as ‘a serious flaw in their make up that pervades all aspects of their lives’. Understandings of ADHD include “bad”, “trouble”; “weird”; “hyper”, a slow learner. Others understood ADHD as an illness or a brain defect.

**McDannell 2004: ADHD as a gift**

Two of McDannell’s participants perceived ADHD as valuable; they felt people with ADHD were more interesting and more social, more ‘real’ about who they are than ‘normal’ people. However, that they expressed liking of ADHD alongside the perception that people with ADHD were not normal demonstrates the complexity of their attitudes.

**Prosser 2006: Alone in their problems**

Biological determinist beliefs result in YP diagnosed with ADHD to struggle with social issues in private because they perceive the problem to be theirs’ alone

**Exley 2005, 2007, 2008: ‘they might not know that you can’t catch ADD’**

ADHD pupils (aged 6-8) perceive that their peers may understand ADHD as an illness that can be ‘caught’; this leads them to want to hide their diagnosis and medication. Such misunderstanding prompts the author to emphasise the importance of explaining the bio-psycho-social nature of ADHD not only to pupils identified with ADHD but also their peers.

**McDannell 2004: ADHD-related behaviour a result of the interaction between intrinsic and extrinsic factors**

McDannell found ADHD behaviours to be the result of a transaction between unconscious neurological needs, the YPs intentions and the context of the classroom, particularly the level of stimulation and quality of relationships.

Brice 1998: **'I couldn't learn it in class'**  
YPs spoke of feeling frustrated, angry, drained and/or imprisoned by school; found peer relationships, noise and movement distracting.

Exley 2005, 2007, 2008

**'school as instigator of ADHD behaviour'**

Exley's focus is on the way social groups in school create/perpetuate ADHD behaviour following Bernstein (2000). School rules normalise what is good and bad, with ADHD behaviour bad. Children respond to this by excluding children in the 'bad' category. This can exacerbate ADHD-related behaviour '...[when at home] he starts getting hyper and starts breaking things, [because] he imagines that someone is teasing him'. Because of policing of social boundaries, once a child is labelled bad, even when the other children display bad behaviour, the ADHD child is perceived as bad and they are perceived as good. This can lock ADHD pupils out of social groups, and increase pupils' sense of a lack of control.

**Kendall et al. 2003: Lack of credibility**

Pupils complained of peers blaming them for things they did not do, and of the impossibility of convincing teachers of their innocence.

**Prosser 2006: The context of school is the source of the greatest problems**

Participants reported that it was in the context of school where they experienced the greatest problems; they could negotiate other areas of life with some success

**Friio 1999: ADHD-related behaviour is situational**

Friio concludes that much of ADHD-related behaviour is situational, and that the environment of school contributes to or triggers this behaviour.

**McDannell 2004: Dada Classrooms**

Dada classrooms negate 'some traditional social canons and values for department'. Dada classrooms involve teachers who interact more informally with pupils and are less likely to establish consistent boundaries. Interactions are characterised by teachers who mediate resistance, hostility, alienation and stubbornness and pupils who take 'unremitting delight in employing the use of self in acts of creative freedom'.

**3) Role of context in determining problematic behaviour**

Concern/comment shown by parents and other significant adults such as teachers shape YPs interpretation of these behaviours as problematic (applying theory from Mead 1934) **Kendall et al. 2003**

**McDannell 2004: Classroom genres**

McDannell identified two classroom genres which influence pupil behaviours. Pupils demonstrated greater ability to remain on task and to generate core-curriculum content in Formal Order Classrooms, while self-regulatory occupations were more pronounced in Dada classrooms. However, learning took place across genres. In the Dada classrooms participants had greater difficulty with sustained attention and persistence. By contrast, a pupil who completed little work in Dad classrooms exercised persistence with his core-curriculum classroom occupations when working in isolation.

**McDannell 2004: Self-regulation**

YPs with ADHD in the classroom are often involved in a dynamic balancing act in response to stress due to classroom structures and expectations. They unconsciously self-regulate in an attempt to achieve stability of neurobehavioural states brought about by needs for alertness, arousal, selectivity or sustained attention. Examples of self-regulatory behaviour include: posture; kinetic energy displays such as fidgeting, drawing, shaking a leg; pressured speech; irritability; increased arousal including loss of temper and changes in alertness (e.g. hyper-focusing or daydreaming).

**McDannell 2004: Formal Order Classrooms**

In a formal order classroom there is a sense of order, and the sense that the teacher was in control; desks were set up in rows and columns; teachers interacted more formally in style with pupils, though communicated about family and community matters as well as academic ones (so were not impersonal). The environment was relatively quiet and pupils tended to be on task. Rules such as raising one's hand to speak were enforced, and this appeared to contribute to the establishment of the classroom as a place of order.

**Brice 1998: Distracted by sound**

'one minute I'm working and the next I'm in the middle of somebody's conversation'

'[while I work] I can't listen to talking cause it comes alive in my head' [NB: music is not necessarily the same – some YPs described listening to music as helpful to working]

**Friio 1999 'What am I hearing'**

YPs described the way sounds intruded and/or mixed with their thoughts or with other sounds;

'if my friend starts talking I'll turn around and talk to him and try to divide my attention between what the teacher is saying and what the friend is saying and of course it ends up a jumble, and I get two voices talking at once... and they kinda blend into one and I can't separate one from the other.'

**Brice 1998: Need for clarity from teachers**

A number of YPs emphasised the need for clarity from teachers; 'When I ask them for help... they go through the stuff I already understood, and I'll pay attention to that and by the time they've gone through that stuff, I'm not paying attention to what I'm supposed to learn and it goes right over my head... just get to the point and [don't] beat around the bush'

**Brice 1998: Experience of distraction affecting the learning process**

YPs 'consistently reported numerous environmental stimuli which impeded their ability to learn. Sound, sight, smell and touch were difficult for them to filter out ... others' attempts to support were often experienced as a distraction. Not only needing to filter out environmental stimuli but also needing to have interactions with others structured was necessary.'

**Cooper & Shea 1998 theme**

**4) Concentration problems**

YP experience difficulty concentrating; they talk to peers rather than listen to the teacher, they want to begin an essay but are unable to concentrate on it.

**McDannell 2004: A cubicle of sound**

One participant describes music as helpful while doing classwork as it eases distraction, '[when I'm listening to music on headphones] I don't hear nothing else in the class, I don't hear anybody's conversation ... It puts me in my own cubical of sound ... when that voice that plays in the back of your head, 'you don't want to do this anymore' said in a taunting fashion, the music [says] 'keep going, keep going'

Brice 1998

**Friio 1999 'Oceans of thoughts'**

YPs talk about the confusion of numerous simultaneous thoughts, and how it makes it difficult to understand and communicate with others;

'At school I'll be asked something and I'll be thinking about it and I'll totally lose track of it. It will get lost in an ocean of other thoughts. It's just I really have to concentrate to keep that one thing in my head... so you just lose your place in what you're thinking.' McDannell, Cooper & Shea

**McDannell 2004: Dada classrooms and becoming overwhelmed**

YPs found it difficult to complete schoolwork in less organised classrooms. McDannell attributes this to additional stimulation; the YPs expend their energy in attempting to self-regulate but are often overwhelmed and this is expressed through ADHD-related behaviour and/or withdrawal. However, in these classrooms pupils were more likely to engage in non-academic interactions, many of which were constructive.

**Kendall et al. 2003: Confused and distracted**

As well as reporting distraction, pupils reported feeling confused about expectations, e.g. unable to accurately judge what is important in the schoolwork they are doing

YPs who struggle academically may do exceptionally well in other areas, such as art; they may also perform well when interested. For example, one participant (Christian) found it very difficult to write an essay on 'The Merchant of Venice', but had written a number of short stories and part of a novel outside of school. This pupil found it difficult to engage with lessons, often mentally creating storylines during class instead of listening.

#### Brice 1998: **Self learning**

Learning is understood to involve experiences that are self-motivated 'and the level of success or desired depth of knowledge is determined by the youth.' These experiences were characterised by 'being alone, setting one's own pace, and controlling one's own environment'.

#### Brice 1998: **School learning**

School learning is different from 'Self-learning'; 'one is required to not only learn new material, but to prove that they have learned to some authority ... [one must] produce a product on demand, [have] relationships with authorities, meeting others' expectations and others' time lines' and these additional issues can be problematic for YP with ADHD.

#### Brice 1998: Experience of learning

YPs describe the experience of learning as feeling still, calm, confident ('I know I can get the work done'); excited and happy ('I just wanted to keep learning'; 'I feel like I'm on a natural high'). They described learning via observation, trial and error and repetition, and preferred visual/kinaesthetic, active learning to static/rote learning. Though YPs mostly reported learning alone, in some situations interactions with others (teachers, parents and peers) supported learning.

#### Cooper & Shea 1998 theme

**5) Academic Issues:** YP express a sense of failure and sometimes bewilderment because of their low levels of attainment.

#### Prosser 2006: **Teacher relationship key to academic success**

Participants reported that the most important means to academic success was an understanding, approachable teacher Friio 1999, [McDannell 2004](#)

Low attainment is linked to low self-esteem. [Kendall et al. 2003](#)

#### Brice 1998: '[when I learn] I'm out on my own and not just sitting there doing nothing'

YPs experienced learning as involving a purpose relevant to them rather than performance directed by others; when they did not see the purpose of school learning they disengaged; when they were not involved in the process of learning (but were expected to do as they were told rather than using methods such as trial and error) the work was experienced as meaningless, 'just sitting there doing nothing'.

#### Kendall et al. 2003: "Bored"

Pupils reported feeling bored if they were not personally interested in schoolwork.

Despite the value of Christian's ability to write, he sees it as a problem because figuring out storylines distracts him during lessons. The authors use this as an example of the potentially harmful effects of individual deficit explanations for learning and behavioural problems.

## 6) Stigma

Singh 2011

ADHD on the playground: engaging and avoiding fights – **Mobilizing ADHD diagnosis**

Peers can find loss of control of emotion frightening, and pupils use their label of ADHD purposefully in order to support their friends; 'If they're really bothering me, or bothering one of my mates, I'll just go into my ADHD. I'll flip on them and get really scary...'. Singh sees this as productive use of the stigma related to ADHD, because it is used to protect friends threatened by aggression.

Singh 2011

Because ADHD pupils lack emotional self-control, peers 'wind them up' for fun – to see if they can get them to lose control. Singh considers a focus on lack of emotional control in relation to ADHD in the UK to be the result of the value placed on self-control in UK culture, but also as a reflection of 'a culture of anger and aggression' found in schools in this particular ecological niche.

Singh 2011: ADHD on the playground: engaging and avoiding fights – **self-control and moral obligations**

Pupils with ADHD rely on their friends to help them avoid fights with peers – either through friends standing up for them or talking them down. There are some insults, however, that once made, require a fight; for example, insult to a boys' mother. ADHD pupils therefore apply self-control in these situations as a moral obligation, either stopping themselves from fighting for their friends' sake, or deciding to fight for their mothers' sake.

Singh 2011: ADHD on the playground: engaging and avoiding fights – **Exploiting ADHD diagnosis**

The concept of ADHD is contested, and teachers tend to adopt polar views, either rejecting the concept of ADHD and therefore making no allowances for the behaviour of pupils identified with ADHD, or accepting the concept of ADHD and therefore excusing ADHD pupils' aggressive behaviour. Pupils diagnosed with ADHD described exploitation of their diagnosis by 'blaming' ADHD for their aggressive behaviour as a way to avoid consequences.

ADHD hyperactive/impulsive or combined type is more highly stigmatised by peers than ADHD inattentive type. A peer says, 'he gets on my nerves' (p42). Hyperactive/impulsive and combined subtypes involve 'extreme and erratic behaviour' (p42) that can alienate others

Kendall et al. 2003:  
**Stigma in response to taking medication**

Wolfberg et al. 1999

Young pupils with disabilities (one with ADHD, aged 4-5) experienced exclusion from peer culture:

Because they misinterpreted and over-looked social cues;

Peers showed apathy and indifference to them

Prosser 2006: **ADHD label not stigmatised**

Pupils were stigmatised based on characteristics of their (ADHD-related) behaviours rather than for the label of ADHD. They did not experience diagnosis of ADHD or taking medicine as stigmatised.

Prosser 2006: **Exploiting ADHD diagnosis**

Participants confessed to defiant behaviours as a means to redress perceived injustices, and use of the ADHD label as an excuse to avoid consequences

Diagnosis provides an explanation for difficulties Prosser 2006

Kendall et al. 2003

For some pupils it provides relief from guilt ('I couldn't help being distracted and that I wasn't concentrating properly' p43) Kendall et al. 2003

For others it provides a way to make sense of behaviour objected to by others ('if they tell me I'm mad [I say] I'm not mad. I've just got something wrong with me' p43) This example suggests the label of ADHD is less stigmatising than that of 'mad'

Other pupils saw diagnosis as a means to practical/effective treatment in the form of medication Prosser 2006 Kendall et al. 2003

All 16 pupils were familiar with the category of ADHD. Some associated the term with the symptoms of ADHD. Some were aware of their behavioural difficulties but did not necessarily connect these with ADHD and were confused as to the term's meaning. 14 of 16 pupils identified themselves as ADHD

Kendall et al. 2003

The authors describe ADHD inattentive type as 'a failure to meet expectations' (p42) and it does not elicit negative reactions from others the way hyperactive/impulsive behaviours do – so it involves less stigma

## 7) Acceptability

Wolfberg et al. 1999

Young pupils with disabilities (one with ADHD, aged 4-5) were included in play when:

They established common ground with their peers

Their peers normalised their unconventional behaviour

McDannell 2004: **ADHD as a gift**

Two of McDannell's participants perceived ADHD as valuable; they felt people with ADHD were more interesting and more social, more 'real' about who they are compared to 'normal' people. However, that they expressed liking of ADHD alongside the perception that people with ADHD were not normal demonstrates the complexity of their attitudes.

Prosser 2006: **ADHD label not stigmatised**

Pupils were stigmatised based on characteristics of their (ADHD-related) behaviours rather than for the label of ADHD. They did not experience diagnosis of ADHD or taking medicine as stigmatised.



Prosser 2006: **Medication as confirmation of diagnosis**

Participants expressed initial reluctance about accepting the ADHD diagnosis, but response to medication was often dramatic and this led to acceptance of the diagnosis. There was a common misperception that medication 'fixed' neurological ADHD deficits so improvement with medication confirmed diagnosis, whereas actually a response of increased concentration and calm behaviour is common in all children.

Kendall et al. 2003: **No NPI**

Although NPIs are discussed in their theme of 'learning & thinking', the authors do not discuss NPIs as a potential treatment of ADHD, rather this is solely in terms of medication

Prosser 2006: **Effectiveness of medication decreasing with age**

Participants described a decrease of the effectiveness of medication as they got older (despite increased dosages with growth). Prosser attributes this to lower levels of social difficulties in Primary School years, which become more visible in response to the greater academic and social demands of high school. Some YPs responded to their experiences of decreasing medication effectiveness by using medication selectively, for example only during preparation for exams.

Prosser 2006: **Lack of awareness of NPI by YP**

Kendall et al. 2003: **Side effects**

Pupils reported stomach aches, headaches, bad taste and fear of addiction

**Medication as social control**

Benefits of medication can be understood as more relevant to those other than YPs, such as teachers and parents, because it makes the YP easier to control, or makes them more socially acceptable, rather than supporting the YP.

'[The pills] calm me down, to help me work. They help me calm down, so I don't embarrass my mother' (p44)

The authors note that many of the participants felt this was a legitimate use of medication, indicating that it helped them to control their behaviour in order to please others, which they perceive they are incapable of doing otherwise.

Two participants did not accept this as legitimate use of medication though, and either desired not to take it or refused to take it.

Cooper & Shea 1998 theme

**8) Attitudes to Treatment**

All pupils spontaneously gave information about treatment for ADHD in terms of medication (methylphenidate). Despite attending a special school for SEBD which involved regular NPI for ADHD-related behaviours, the participants did not refer to these interventions during interview. This suggests pupils do not understand them to play an important role in dealing with their ADHD behaviours.

**Reduced spontaneity**

Some pupils expressed discomfort or ambivalence about medication because its calming effect was experienced as changing their personality. Sometimes this was valued, e.g. in the classroom, whereas other times this was resented, for example during free time ('If I do take [Ritalin] when we didn't have school, I wouldn't want to go outside and play with my friends' (p44)). Some pupils expressed that they were their true selves when un-medicated and they felt like someone else when medicated, 'I like being myself instead of like calm' (p44)

Prosser 2006: **Pupils not concerned about 'ADHD'**

Participants rarely thought about ADHD – the significance of the behaviours and label were much greater for teachers and parents. Rather, the pupils' focus for concern was on relationships with peers, parents and teachers, and ADHD-related behaviour made these relationships difficult

**Concentration and self-control**

The consensus from pupils is that methylphenidate helps improve classroom behaviour by helping pupils concentrate, think before acting, be calmer and work harder.

Prosser 2006: **Medication allows choice**

All participants reported that medication allowed them to think before acting. However, it did not predetermine better behavioural and learning outcomes, because sometimes pupils still chose to behave poorly or not to work. A central argument by Prosser is that the real problems of ADHD for YP are the social barriers to learning that it creates. Medication is inadequate to deal with social difficulties.

Friio 1999 **'colours stopped being so vivid'**

Some YPs expressed enjoyment of their experiences more without medication

Cooper & Shea 1998 (index paper)

Participants describe 'conflict with staff and the experience of being constantly "yelled at"'

Kendall et al. 2003: "Mom"

Pupils cited their mothers as the person who helped and supported them the most with their ADHD-related problems

Friio 1999 'Nobody is listening'

YPs expressed the feeling that they were not listened to by most adults in their lives (parents, teachers, counsellors, doctors), describing a lack of communication about ADHD and medication, where they feel they are not consulted about the ADHD issues that matter to them. This was particularly poignantly expressed in relation to the counsellors or psychiatrists because of the expectation that they were meant to help them;

'She wouldn't really listen to what I had to say ... she didn't really see me as a person who had a problem... she just saw me as the problem... just diagnosing the problem, giving you medication, and letting you go away ... She didn't listen to me... that would have been a lot better for me because I think I did need that sort of thing...'

Friio 1999 **Rejection by Teachers**

'All of the participants expressed feelings of rejection in their relationships with their teachers, involving hurt, anger and disappointment. YPs described teachers who put them 'under the spotlight', being excessively punitive while ignoring similar behaviour from other pupils; teachers who could not spend more time explaining and supporting ADHD pupils because of large class sizes. Pupils also described teachers whose approach supported them personally and/or to learn.

'I show [teachers] respect because they treat me like a human being rather than just (treat me badly)'

## 9) Themes not identified by the index paper

Singh 2011: **Aggressive, punitive teachers**

Singh's culture of aggression includes punitive teachers who act disrespectfully to pupils. Pupils understand behaviour to be more important than learning.

Prosser 2006: **ADHD YP are 'big losers'**

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

Friio 1999 'I gotta move'

'I'll like start going like this (rubbing his hands) and twiddling my thumbs. I move my feet a lot and look at other stuff and move my head a lot ... if I stop... I feel really funny so I keep on going. If I stop, well like I just start again. I don't know why ... I feel more comfortable when I start fidgeting again'

YPs express a need to move, through activities like fidgeting, drawing or gross body movement.

McDannell 2004: **Self-regulation**

YPs with ADHD unconsciously self-regulate in an attempt to achieve stability of neurobehavioural states brought about by needs for alertness, arousal, selectivity or sustained attention. Examples of self-regulatory behaviour include: posture; kinetic energy displays such as fidgeting, drawing, shaking a leg; pressured speech; irritability; increased arousal including loss of temper and changes in alertness (e.g. hyper-focusing or daydreaming).