

## The Geographies of the Schooling Experiences of Children Labelled Attention Deficit Hyperactivity Disorder (ADHD)

Nithi Muthukrishna

*School of Education, University of KwaZulu-Natal, P. Bag X03, Ashwood, 3605. South Africa  
Telephone: 031-260 2494; Fax: 031 260 3600; E-mail: muthukri@ukzn.ac.za*

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**ABSTRACT** This study sought to examine the geographies of the schooling experiences of children labelled Attention Deficit Hyperactivity Disorder (ADHD) from a social, spatial and temporal perspective. Three children (male: 3; mean age: 12.6 years), and their mothers participated in the study conducted in the province of KwaZulu-Natal in South Africa. The participants were interviewed individually using semi-structured interviews. Participatory research techniques were used with the children during the interviews, which included timelines and ranking activities. Data were analysed qualitatively using a thematic approach. The findings suggest that the schooling spaces of children labelled ADHD are sites of power struggles. Four key themes emerged in the findings: the path to labelling; making the tortuous Ritalin journey; the production of exclusionary and inclusionary spaces; negotiating emotional spaces. The study revealed that various discourses of space work to secure dominant relations of power in the educational experiences of children labelled ADHD.

### INTRODUCTION

Attention Deficit Hyperactivity Disorder (ADHD) is a contested concept internationally. Stead et al. (2006) argue that it describes a range of aspects of behaviour clustered together by the subjective judgements of professionals. Yet, in many countries of the North, Attention Deficit Hyperactivity Disorder (ADHD) is considered to be one of the most frequent childhood disorders that can persist through adolescence and adulthood (Daley and Birchwood 2010; Reaser et al. 2007; Tajalli et al. (2011). According to the American Psychiatric Association (APA) (1994) Attention Deficit Hyperactivity Disorder (ADHD) is a complex, developmental, neurobiological condition. Impairments associated with ADHD are generally co-existing, and may include severe inattentiveness, impulsiveness, learning disabilities, oppositional defiant behaviour, difficulty controlling behaviour, hyperactivity, excessive restlessness, conduct disorder, depression and anxiety disorder (APA 1994; Aase et al. 2006; Daley and Birchwood 2010).

These impairments may impact negatively on peer relationships, social behaviour, psychosocial functioning and health-related quality of life of the affected children (Becker et al. 2011; Hariparsad 2010). Studies have also shown that children with ADHD are at greater risk of experiencing learning difficulties, problems with social integration and emotional problems during child-

hood and adolescence (Gewirtz et al. 2009). The results of a study by Becker et al. (2011) indicated that children and adolescents with ADHD have low Quality of Life (QoL) and this is not related necessarily to symptom severity. Conduct difficulties, irrespective of how severe the symptoms may be, have a negative effect on their QoL.

In schooling contexts, children with ADHD often have difficulty completing tasks, present with a lack concentration, and an inability to sit still, organise academic tasks and remember tasks. They may talk excessively in the classroom and are easily distracted. Nijmeijer et al. (2008) contend that ADHD may result in children being unpopular and experiencing rejection by peers. Further, family, peers and teachers may experience frustration in interactions with affected children. On the other hand, affected children are misunderstood at times and constructed as lazy and defiant (Wallace 2005). The diagnosis is more frequent among boys in childhood (Aase et al. 2006).

There is limited information about ADHD on the African continent (Snyman 2010). However, internationally ADHD is considered the most prevalent child psychiatric disorder – the prevalence estimated to be 3% - 5% (American Psychiatric Association 2000; Moffitt and Melchior 2007; Tajalli et al. 2011). A survey reported by Meyer et al. (2004) indicated that 3% to 5% of learners in schools in South Africa may be af-

affected by ADHD, the majority of which are boys. The Hyperactivity/Attention Deficit Support Group of South Africa (ADHASA) (no date) indicates that statistics show 8%-10% of all South African children may have characteristics associated with ADHD. Louw (2009) places this statistic at 4% -5%. However, there are no official statistics available on the prevalence in South Africa.

Internationally, pharmacological interventions in the form of stimulant medication are widely used with behavioural treatments in ADHD, and studies have shown that these are effective in the management of ADHD and in improving academic performance (Chronis et al. 2006; Montoya et al. 2011; Venter 2006). Research to date has not shown convincing advantages of one stimulant medication over others (Montoya et al. 2011). The most frequently prescribed medication for ADHD is methylphenidate. However, negative side-effects such as insomnia, irritability, headache, mild cardiac palpitations and decreased appetite have been documented (Doggett 2004). Chronis et al. (2006) explain that most studies on ADHD and its treatment have been short-term, and that there are limited studies on long-term outcomes. In the main, researchers internationally have argued that a comprehensive treatment programme for ADHD should include psychological, educational and social measures and not medication alone (Chronis et al. 2006; Zwi et al. 2009; Neaves 2009).

Internationally and in South Africa, the topic of ADHD has become the focus of much debate and criticism among academics and researchers who argue that children are being labelled much too quickly, without proper testing and that there is inadequate consideration of contextual factors in the diagnosis process (McLeod et al. 2007; Stead et al. 2006; Tom 2010). There have been suggestions that ADHD is over-diagnosed in certain schooling contexts and this trend may be class based. In South Africa there have been concerns that the stimulant medication Ritalin may be over-prescribed to children labelled ADHD in private and certain public schools that serve more advantaged and affluent communities (Staff 2011, 2012).

There is considerable literature on the topic of ADHD in children and youth internationally. Studies in the social sciences have focussed on issues such as factors associated with ADHD, the effects of medication, the nature of associat-

ed impairments, stress and coping strategies of parents, and the schooling experiences of children labelled ADHD (for example, Gau 2007; Neaves 2009; Tajalli et al. 2011). In South Africa, there have been a limited number of studies on the issue of ADHD in the context of schooling. These studies have focussed mainly on experiences and challenges of teachers and parents of children labelled ADHD (for example, Hariparsad 2010; Kleynhans 2005; Neaves 2009; Tom 2010). Contributing to this emerging body of literature, the study presented in this article investigated how the lives of ADHD students in schooling contexts and their mothers are given spatial expression within school landscapes. This study engages in a situated, micro-analysis of the schooling lives of the children through the voices of three mothers and their children.

Drawing from debates in the field of children's geographies, one can argue that schooling spaces are central to the construction of the ADHD child, and ADHD is central to the unfolding of spatialities (Delaney 2002; Peake and Kobayashi 2002). The study utilized a geographic focus to unpack the visual, spatial and ideological dimensions of schooling as it is experienced in the everyday lives of children with ADHD, and by their mothers who struggle to access quality education for their children. The research questions were: What are the experiential aspects of the geographies of schooling for ADHD children? What processes maintain or challenge the spatial conditions for the construction of ADHD?

### Conceptual Framework

The notion of children's geographies served as the conceptual framework for the study.

The past decade has seen a proliferation of research in the field of children's geographies and the geographies of youth, for example, children's views of their neighbourhoods (Cahill 2000; Tucker and Matthews 2001; Percy-Smith 2002; Matthews 2003); urban conditions (Morrow 2008); school spaces (Van Ingen and Halas 2006). There has also been research on the everyday spaces and life experiences of often marginalised voices and experiences of children and young people, for example, children with disabilities; immigrant children; street children (Hall 2004; Holt 2004b; Ryan 2005). Katz (2004) and Punch (2001) explored the politics of children living in more developing countries. Many geogra-

phers have explored new and innovative ways of researching with children and young people (see for example, Morrow 2008; Skelton 2008).

Children's geographies is an area of study in human geography that studies the places and spaces of children's lives experientially, politically and ethically. Space is important, particularly in children's daily lives (Holloway and Valentine 2000). The contention in the field is that children's lives will be experienced in diverse ways in differing times and places and in differing circumstances. An important understanding is that research in the field needs to acknowledge the multiple perspectives and the 'multiplicity' of children's geographies.

The notion of children's space is a key concept in the field of children's geography (Wyness 2003). It incorporates 'the social', which includes children's relationships with each other and with adults (Van Blerk 2005). 'Space' also refers to the domain of children's rights and practices that privilege the perspectives of children. In exploring children's spaces one is inherently concerned with power relations surrounding the category 'children' (Weller 2006). Van Ingen and Halas (2006) explain that research shows that certain societal spaces within children's geography are normatively skewed towards adult power and authority. For example, Van Ingen and Halas (2006) assert that schools are power laden spatialities of everyday life of children. When one visits a school one often questions: Whose school is this? Whose language is important? Whose social background is affirmed? Who is in and who is out? These questions reflect power laden issues.

The field of children's geographies is also associated with the paradigm shift from traditional conceptualisations of childhood to what is referred to as New Childhood Studies (Prout and James 1990; James et al. 1998; Prout 2000). The shift in New Childhood Studies is to viewing children as active social agents who shape the structures and processes around them particularly at the micro-level, and whose social relationships are worthy of study in their own right. Hegemonic representations construct children as 'less than' adult and as adults in-the-making rather than social beings in their own right (James et al. 1998; Prout 2000). This study took the perspective that the three child participants labelled ADHD can actively construct their own meanings around their schooling experiences.

## RESEARCH METHODOLOGY AND DESIGN

### Participants

Three children and their mothers were participants in this study. The three children were diagnosed and 'labelled' as having Attention Deficit Hyperactivity Disorder (ADHD).

The participants were selected through purposive and snowball sampling in that children who were on Ritalin at some stage in their lives were included in the study. The study context was a small suburb in the city of Durban. Since the children would be required to reflect on their schooling experiences, it was decided to limit the study to older children in late primary school and high school. Out of a group of seven children identified, only three mothers and their children agreed to participate in the study.

At the time of the study, Christo was 12 years old and in grade 6. He began his schooling at his neighbourhood primary school where he remained for three years. When diagnosed with ADHD his parents moved him to a Remedial School in the city about 20 km from his home in a suburb. After spending two and a half years at this school, he had to leave as it is a short-term placement facility. Children who leave either go back to a mainstream setting or to a special school. Christo was transferred to the Parkhaven Special School that caters for children from grade one to matriculation who were labelled 'learning disabled.'

Dashan was a 15 year old boy in grade 10 at high school approximately 5 km from his home. He began his schooling at a public school in his neighbourhood. In grade two, his parents transferred him to more resourced, semi-private school, the Hillfield Primary School, in a neighbouring suburb as they wanted to access a better quality of education for their son. Class size is generally smaller at this school. In grade four, Dashan's parents made the decision to place him back at an ordinary public school as he did not have positive experiences at the better resourced school. At the time of the study, he was at public high school close to his home.

Samuel was 11 years old, and in grade 5. He started school at a semi-private school in a suburb about 10 km from his home. His parents placed him at the school largely because it was a better resourced school. In grade 3, he was trans-

ferred to a remedial unit in a mainstream school approximately 20 km from his home.

### **Data Generation**

The children were interviewed individually through semi-structured interviews. The research approach applied with the children recognised the importance of active involvement of the children in the research. This is in line with the methodological shift in New Childhood Studies from approaches which view children as 'objects' of concern to methods that view children as active constructors of meaning (Prout and James 1990; O'Kane 2000). Certain participatory research techniques were used with the children during the interviews, namely, time line, diamond ranking activities, and a pots and beans activity.

In the time line activity, the child discussed and recorded key events that had an impact on his life from his earliest memories of schooling. In the pots and beans activity, adapted from O'Kane (2000), the child gave his views about the things he liked most and least about school and schooling. The child had to label the pots indicating things most liked and least liked, for example, sport, maths; and decide how many beans each pot most and least deserved. This was followed by a discussion about why a particular pot had more beans than another. The diamond ranking activity also adapted from O'Kane (2000), aimed to explore what the child would change about school and schooling, and what he would not change. The researcher wrote the statements from the child on small rectangular cards. The child then had to place each card on a diamond shaped figure drawn on a board, with the item he would like changed the most at the apex of the diamond (for example, my teachers) and the least at the bottom (for example, my friends). The placement of the cards was then discussed with the researcher in order to obtain a glimpse of the meanings children construct about their schools and schooling experiences. .

Only the mothers of the three children were available for participation in the study. Semi-structured interviews were used. The broad question asked was: What has been your experience of your child's schooling from the pre-school years? This question opened the discussion, and responses were then probed to obtain a more complete picture of the situated context in which mothers and their children were experiencing ADHD.

The interviews were tape recorded and later transcribed. The children and their mothers had no problems with the use of a tape recorder, and understood that the purpose was to obtain accurate accounts of their narratives.

### **Data Analysis**

Audio data was transcribed. The transcriptions and the data from the participatory activities were analysed using a thematic approach adapted from Miles and Huberman (1994) and Denzin and Lincoln (2008). Initial coding involved identifying broad topics (for example, assessment, medication, anger) and then these were analysed into categories of issues (for example, complexities of stimulant medication; exclusionary practices in schools; difficult emotions, experiencing teachers). The categories of data were further analysed to generate broad themes which were derived from literature and from the conceptual framework. The emergent themes were: The path to labelling; making the tortuous Ritalin journey; the production of exclusionary and inclusionary spaces; negotiating emotional spaces.

### **Ethical Considerations**

Informed consent was obtained from the mothers and the child participants. The participants were assured that all information would be treated with utmost confidentiality. They were also informed that their participation was voluntary, and that they could withdraw from the study at any stage if they so desired. The anonymity of the participants and the schools was maintained. Pseudonyms are used in this article to protect the identity of the children and the schools.

## **FINDINGS AND DISCUSSION**

The findings in this study reflect that the schooling spaces of children labelled ADHD are sites of power struggles. Four key themes emerged in the findings: the path to labelling; making the tortuous Ritalin journey; the production of exclusionary and inclusionary spaces; negotiating emotional spaces. An analysis of these themes suggests that various discourses of space work to secure dominant relations of power in the educational experiences of children

labelled ADHD. The four key themes are discussed below.

### **The Path to Labelling**

Early in the children's schooling careers, parents and children travelled a difficult journey that culminated in the labelling of their children. Initial diagnosis came from teachers on the basis that the children did not fit with specific classroom norms. Dashan's mother only knew that the problem was serious two weeks after he was placed at the semi-private Hillfield Primary School in a grade 1 class. She explained,

*The teacher said, 'I think you should look into this', she said she suspects... she also said that he doesn't concentrate. This is the first time we heard this ... that he does not concentrate. The teacher said that in every class you will get two or three children who have this problem. Unfortunately, Dashan has this problem. She said we will have to take him to a psychologist to have tests. She told me she suspects he has ADHD and that normally these children go on Ritalin.*

In the case of all three children, teachers made the initial diagnosis on the basis that there was a lack of fit between the child and classroom norms. Davis (2006) contended that this lack of fit may be exacerbated by the belief systems of adults (for example, teachers) involved in the diagnosis. A key issue is that the diagnosis process is complex as it requires teachers to *interpret* behaviours of children. There has been much debate about the ethics in the interpretation process (Jordan and Stanovich 2003; Holt 2004a). There have been cautions voiced by researchers in the field on the need for adults to be reflexive when interpreting children's behaviour (Holt 2004a). More important is the need for adults to consider how their own professional beliefs and ideologies may affect the interpretation process (Jordan and Stanovich 2003; Comber 2004). Davis et al. (2000) argue that employing such reflexive techniques is difficult for adults working with disabled children, and that they would need sustained support in this process. These researchers found that adults working with disabled people often fail to question their long held assumptions that are based on a medical/deficit perspective of disability.

It is evident that in the case of the children in this study intervention followed in the main a

bio-centric/medical approach which emphasized the biological origin of the disabling condition. The process focused on a disorder, disease, physical or mental characteristics that were viewed as aberrant or abnormal. The view was clearly that these characteristics may be prevented or ameliorated through medical intervention, and the aim was to bring the individual's embodied experience in line with conventional standards of normalcy. Thus, ADHD was viewed as an abnormality of child development and functioning. Over the last two decades or so, disability activists and academics have challenged the individualised and medicalised presumptions of disability and its sub-categories including ADHD (Holt 2004b; Davis 2006). The responses of the mothers in this study show that diagnosis practices reflected deficit discourses. The powerlessness of the mothers in the face of professionals who were constructed as the 'experts' on ADHD was evident.

Christo's mother was informed when he was in grade 2 (age 7 years) that there was something wrong with her child. She explained,

*The class teacher asked me to take him to a paediatrician to put him on Ritalin. We had to have an EEG done. After extensive testing, they found from the EEG's that he had petitmal - he was epileptic. They put him on Epilum and because nobody at that stage knew that he was allergic to an ingredient in the medication... my child came out in terrible big hives. They took him off the Epilum and put him on Ritalin, and told me that he was ADHD.*

As in the present study, Evans et al. (2004) found that parents felt that they had no control over decision-making and that after diagnosis they were pushed into particular treatment options that they knew little about. Evans et al. (2009) warn that younger children may be over-diagnosed as they may behave immaturely when compared with their peers. This behaviour is sometimes misinterpreted as indicating the child has ADHD. Researchers in the field have argued for both biological and contextual factors to be considered in the diagnosis of ADHD (for example, Connolly 2010).

### **Making the Tortuous Ritalin Journey**

Stimulant medication has been a key form of therapy for ADHD. Internationally, the two common stimulants used in the treatment of children

labelled ADHD are: Methylphenidate (Ritalin) and Dexamphetamine. Based on a review of numerous studies, Smith, Jongeling, Hartman, Russell and Landau (2010) contend that the short-term benefits of stimulant medication in the management of Attention Deficit Hyperactivity Disorder (ADHD) symptoms are well described throughout the literature. The review of studies by Swanson et al. (2011) shows that many studies have recorded positive results in children placed on stimulant medication. In these studies parents and teachers have reported a reduction in behavioural symptoms such as inattention, impulsivity and hyperactivity. However, the long-term benefits and side-effects have been less well studied. These researchers argue for the need for more longitudinal research examining the relationship between the use of stimulant medication and long-term social, emotional, and academic outcomes for children labelled ADHD. Further, treatment studies to date have been criticized for a lack of methodological rigour (Cohen 2006; Smith et al. 2010). Hence causal relationships cannot be identified and the results of such studies cannot be used to guide social policy (Cohen 2006). Chronis et al. (2006) foreground the importance of behaviour therapy as a valuable component of treatment for ADHD.

The three children were placed on Ritalin at certain points in the schooling lives. The power and control of the 'experts' namely teachers, doctors, psychologists and other professionals emerges in the narratives of the participants. Parents are coerced and initiated into a medical culture which does not allow much space for them to challenge the kinds of interventions used on their children. However, it has to be stated that there is a danger that such a perspective may underplay the tension between control by professionals, on the one hand, and complicity on the part of parents, on the other. It is likely that the complicity of parents is determined by their wish to see their children behave in ways that fit social norms and the normative standards of achievement.

Further, many studies have found parents of children with ADHD to be difficult in consultations and resistant to treatment options. In Malacrida's (2001) study, mothers who were resistant to treatment options, such as refusing to medicate their child, claimed that they were accused of being negligent and in denial of their child's disability. Jackson and Peters (2008) ex-

plain that parents can be subject to criticism whether they choose to medicate their child or not. Neaves (2009) points out there may be a degree of stigma associated with treating children with "drugs". Parents' ambivalence towards medication may also stem from their concerns about the adverse side-effects of medication (Venter 2006). Christo's mother explained their experience of Ritalin,

*Ritalin does not seem to be an effective treatment for Christo. He gets very tearful and angry... he has bursts of anger. He does not eat, no appetite whatsoever. Since the 4<sup>th</sup> of Dec to today 21 Jan. – he has not touched his Asthma pump once. I think the reason is he has not been on Ritalin for the whole holiday. He has been such a happy child – with a good appetite. Now that he is back on Ritalin and that school has started, the problems begin again. He was angry and tearful the first day when he got home. He had these headaches again.*

Two of the children stated that they 'hated' Ritalin. In one of the participatory exercises, they indicated that their medication is what they would change most about their lives. They felt that their parents were powerless in decisions about their medication. When Christo was asked whether he had discussed his feelings about his medication with his parents, he responded,

*Yes, my mum is trying to get me to get me off it but the school thinks it's the best thing in the world. Every single... almost everyone takes Ritalin... even though they don't need it and hate it. Everybody hates it, not a single person likes it. It gives them headaches, you are not hungry, so you can't eat. Makes me grumpy. When I get home all I want to do is sit down. Then my father says go and change and that makes me angry. Some days, my teacher forgets to give it to me... so I don't take it.... and I won't remind her about it because I hate it ... I actually concentrate better.*

The study by Becker (2011) suggests that ADHD medication use may show a trend towards improved Quality of Life (QoL) but the complexity is that not all impairments associated with ADHD affect QoL in the same way. In the case of Christo, Ritalin seemed to compromise his quality of life.

Christo's response above points to two crucial issues. Firstly, that the ADHD child is acted upon and determined by adults in their lives. Secondly, from a medical perspective children

are seen as non-rational, not competent to have opinions about their lives, and need to be protected by adults who will make choices on their behalf. McNamee (2000) and Smith and Barker (2000) argue that issues of power and control are central to an analysis of childhood space. Christo's responses suggest that he has agency and that has the knowledge and ability to act, negotiate, take subject positions, resist and collaborate on decisions taken regarding his life. Yet his voice is not heard by professionals who interact with him.

This study suggests the need for a shift in practices and beliefs of adults working with ADHD children. Davis (2006) argues that the analysis has to go beyond the polar nature of debates to explain the complex interplay of different influences on children's lives, for example, their own agency, parents' agency, teacher beliefs, social forces within schools, the professional forces acting upon schools, and the medical/social/rights perspectives.

In contrast to the case of Christo, Dashan's mother has a very high regard for teacher attitudes and beliefs at Endeavour Primary School, an ordinary public school with limited resources and low school fees. She recounts what she was told by Dashan's teacher regarding the use of stimulant medication when she went to the school to enrol her child for the first time,

*I told his teacher everything. His teacher said, 'please don't put him on that medication. None of our children are taking that tablet. Don't put him on any medication.... we are teachers we know how to deal with him.' She said that all children are active in different ways ... we don't have a problem".*

*You know something, the teachers at that school never heard of Ritalin. He passed every year grade 4 to 7. We were pleased that without Ritalin his aggregate (grade) used to be around 55%--58%*

### **The Production of Exclusionary and Inclusionary Spaces**

Holt (2004a) explains that schools are porous spaces, located in space and time and within various social relations that emanate from within and beyond the school space. The study showed that the three children were labelled as 'Other' through negative representations of difference and discriminatory notions of normality and dif-

ference. The study exposed the normative underpinnings of education at the schools. The norm against which ADHD children are contrasted is the "normally developing child". Children who behave and achieve below this norm are constructed in negative ways. Holt (2004b) explains that the normally developing "model" of childhood locates the problem within the individual and underplays the role of wider socio-spatial spaces.

In this study, the schooling experiences of the children depended largely on context, that is, the ethos and values upheld by particular school settings. Schools (irrespective of whether they were mainstream or special schools) which reflected an ethos and culture of valuing diversity, including and supporting parents, commitment to quality education for *all* learners, and affirming *all* learners were supportive spaces for the three children. It was evident from the narratives that in certain schools children experienced tremendous exclusionary pressures such as stigmatisation, negative attitudes, inappropriate teaching methodologies, lack of commitment to quality education for all, failure to respond to diversity in the learner population and the lack of parental recognition and support.

Christo's mother explains how she felt excluded at the neighbourhood primary school which her son attended, and the negative experiences her son had in his early years of schooling,

*It so happened, I was unaware that for the first six months of my child's first year that Christo never really attended school. He would go to school, he would be received and he would be sent out. Until one of the other little children from his class came to me, and said to me that Christo has been very naughty. He is not allowed in our class, he was kicked out long time ago. When Christo came home, I questioned him and he would button up. It took me a year, he was very frightened he was threatened, to find out what was going on. At the age of six ... a whole day's worth of work, Maths, English whatever it was ... he would do in the principal's office. The principal or nobody would not check if the child understood the work. Then at the end of the day, the principal would put a line through the work and draw sad faces with tears. This neglect of my child carried on for two and half years.*

The vignette below is in response to a diamond ranking exercise completed by Christo,

- I: Which subject do you like best?  
 C: *I do not like any of them – it's a dumb school I want to get out of the school – but my mother thinks it's the most wonderful school.*  
 I: What are hard about your subjects?  
 C: *They not hard ... in fact, they just boring. My teacher treats us like we are babies. I mean she's like - thinks we are so young - she has to explain things word for word even if it's the most simple thing. She does not leave you to do your work - she keeps on explaining the whole way through... she does not give you peace of mind. She explains the same thing over and over again. We have her for all the subjects..... Yuk! But she says the same thing 20 times – so many times that you just get irritated and you don't want to hear it - like we are dumb.*  
 I: What makes learning easy?  
 C: *The work is on the easy side... but the way the teachers make it... they make it boring. THEY (child's emphasis) make it boring... the work is boring and easy.*

On the other hand, Samuel was finding learning at the remedial unit an affirming experience. He believed this was so because there were just 13 children in the class and the teacher was able to provide more individual attention. He did not find the transition to the remedial unit in the new school difficult because one of his friends was also placed there.

*At the primary school, I found mostly spelling hard – the hard parts of words. Now my spelling is easier – the teacher teaches us and helps us with the hard parts... she just helps us a lot to understand it better. We have 13 children in our class, and the teacher can pay more attention. All the children in my class are my friends – all of us are boys. I am happy here and there is nothing I feel I want to change. The books are good – they have adequate books. The teachers are nice and kind. They help us if we have difficulty with our work. My teacher handed out a special effort badge to us – I wear it.*

In grade 10, Dashan moved to a high school close to his neighbourhood. There were no prob-

lems with transition to high school. He was very motivated to do well despite the fact that the high school environment may be experienced as very complex for many children with ADHD (Holmberg 2011). At the end of 2004, Dashan passed grade 9 with an aggregate of 60%. His mother explained that “he seems to be better in the learning subjects as he obtains As and Bs in History and Geography (HSS), and Life Orientation”. His parents sent him for private tuition twice a week in Maths, English and Physics. Dashan indicated that he would like to become an engineer and had chosen his subjects accordingly. The mother explained that the high school was an ordinary public school. She found it a very caring school and Dashan was extremely happy at the school.

The above excerpts reveal how the nature of learning spaces is crucial in shaping opportunities and realities for the children labelled ADHD.

### Negotiating Emotional Spaces

The study highlighted the emotional dynamics embedded in the social construction of the children and the schooling experiences of the three children and their mothers. Emotional geographies include the positive, warm emotions of trust, respect, care, love and support as well as negative emotions of vulnerability, fear, helplessness, anger, shame and frustration (Hargreaves 2001). A critical issue in the findings was the linkages between constructions of ADHD and the emotional spaces of the children and their mothers. Researchers have highlighted the ways in which emotions are intricately bound up with identity, social relations and social spaces (Davidson and Milligan 2004; Evans 2011; Hargreaves 2001). According to Hargreaves (2001: 1061), emotional geographies consist of:

*the spatial and experiential patterns of closeness and/or distance in human interactions and relationships that help create, configure and colour the feelings and emotions we experience about ourselves, our world and each other.*

In the study, it was evident that the children and their mothers had to negotiate a range of emotionally charged spaces that impact quality of life and wellbeing. Davidson et al. (2005) contend that emotions are situated and co-constituted in our social lives and play out around and within certain spaces. The mothers and their chil-

dren negotiated multifaceted and often perplexing emotions which included feelings of exclusion, struggle, pain, oppression, desperation, vulnerability and helplessness in the face of stigmatizing/disabling attitudes and actions of professionals. According to his mother, Dashan hated the Hillfield School. She explained,

*He hated the school, he hated the teachers, he hated the school... all the years he was there, he never had managed to make one friend . He never had friends. Every single day he used to cry. My husband used to say don't worry he is just testing your patience ..., because he wants us to say that he can stay at home and not go to school. But it was very hard on me ... I was the one who dropped him off at school. I often went back home and cried.*

Drawing on empirical studies, Tajalli et al. (2011) argue that parents of children who experience high levels of stress in the parenting process may not be able to implement strategies to assist their children. Theule (2010) agrees with Tajalli et al. (2011), and contends that this is especially relevant for children with a clinical diagnosis such as Attention Deficit/ Hyperactivity Disorder (ADHD). Kelchtermans (2005) explains that emotions are fluid states of being that can be influenced by the way people perceive their present situation as it interacts with their identity, beliefs, values, hopes, fears and their sense of competence or incompetence. Vulnerability can develop from such negative experiences and feelings. In the study by Neaves (2009), parents of the children with ADHD indicated that they felt less competent in dealing with their children's problems. Such feelings can increase a parent's level of stress and reduce coping skills. Gupta (2007) stresses the importance of social support for parents to help them deal with stress and improve their sense of competence.

### CONCLUSION

The study presented in this article sought to explore the geographies of the schooling experiences of children labelled ADHD. The study revealed that children's schooling experiences reflected multiple, intersecting power laden spaces. This study suggests that there is a critical need to reform educational institutions rather than engage solely in a medicalisation of children labelled ADHD. In other words, instead of a primary focus on diagnosing and treating the

children labelled ADHD, there needs to be a shift to examining their behaviours as symptoms of a wider dysfunction in schooling spaces they have to negotiate. However, further research is required to explore issues raised in this paper with a larger sample of children labelled ADHD and in a range of schooling contexts.

The findings reported in this study are limited by the small number of participants. In view of the extreme difficulties facing mothers and children labelled ADHD, it is clear that more research is required with this focus as it has the potential to inform education policy and school based interventions for children with ADHD.

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