

The Cultural Pragmatics of AD/HD: Weaving Self, Situation, and Cultural Objects in Life Course Narratives

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Abstract

Drawing on a broader two year qualitative study of an Attention Deficit / Hyperactivity Disorder (AD/HD) support group, this paper examines how individuals identified with the disorder weave AD/HD discourses into their life course narratives. As a cultural object, AD/HD is structured as a powerfully authorized and well-instituted form of knowledge tied to a flexible set of symptoms. For those members of the group actively identified with the disorder, this flexible structure allows the disorder to proliferate as a partial explanation for various problematic situations. As a culturally pragmatic 'solution' – however partial – to problematic situations, AD/HD discourses are woven into the fabric of individual life course narratives and constitute a form of memoro-politic (Hacking 1995). This micro-adaptability challenges both common-sense and scholarly notions that AD/HD constitutes either a biological condition or a convenient label imposed on others. It enriches critical perspectives that cite professional knowledge, corporate profits, and the increasing demands for institutional regulation and control as explanatory factors for the disorder with an examination of the modes of identification with the disorder and the weaving of AD/HD discourses as partial explanations for problems experienced within the life course. This then implies that AD/HD – as a decentered, flexible, and pragmatic solution for individual problems – is not well captured as a simple claim, a framework, an ideology, or as a simple form of identification.

Introduction

This research derives from a broader, two year study of a parent support group (Active) organized around the relatively new diagnosis of Attention Deficit/Hyperactivity Disorder (AD/HD) that became increasingly popular since the 1980s. I conducted field work of this group from 2002-2004 and modeled AD/HD as a broadly available discursive object (Foucault, 1972) that constituted a flexible form of illness, one that is structured according to competing and variable statements concerning three related domains: i) the causes of the disorder; ii) the consequences of the disorder; and iii) the proper ways of treating and even 'seeing' the disorder. The broader study sought to examine how AD/HD discourses were implemented and shaped at the local level and suggested that AD/HD proliferated *because* of its flexibility – statements that describe the cause of the disorder are powerfully instituted while both the stable signs of the disorder and the consequences for those that have the disorder are quite flexible. This structure allows for a wide range of symptoms, signs, attributes, and even situations to be grasped and stabilized by those who identify with the disorder in an 'authoritative' manner, because problems are made understandable as the naturalized elements of a 'medical' disorder rather than the effect of a disempowering situation.

This combination of flexible adaptability of some elements of the discourse tied to the powerfully authorized knowledge claims were the factors that allowed individuals in the core membership of the group to explain a wide array of problems: the stress of managing dual earner households with children, the gendered division of familial labor, the routines of white collar work, and the de-individuation of their children in various school settings (Fuller 2005).¹ In short, AD/HD discourses are both authoritative and flexible. This combination allows AD/HD to powerfully 'explain' a host of problematic situations that otherwise

¹ For both classic and recent studies of AD/HD that – individually and together are absolutely formative for any other study of the subject- see Conrad (1976; 2000), Schrag and Divoky (1975), Lakoff (2000), Malacrida (2003), and Rafalovich (2001).

would remain unnamed and unarticulated. Yet, the deployment of AD/HD discourses does not unfold monolithically; in fact, individuals identified with the disorder deploy it because it illuminates and explains problems in their lives. The discourse is thus necessarily shaped at innumerable local levels – the focus of the research presented here.

Theory and Method: Narrating the Life Course and Weaving Cultural Objects

Hacking's recent investigations (1995) into memory ties individual identity to the broader, more discursively available frameworks for shaping an individual's experience. As memory is recollected, re-experienced, and re-narrated, these memories dovetail individual biographies and available discourses. *Memoropolitics* describes, for Hacking (1995), the centrality of memory and narration for individual and collective identity. While Hacking's concern is with memory in general and the specific attempts to 'regulate' memory through the human sciences in psychiatric domains, Hacking locates memory as a central space for the enactment of relational identities – of self and of collective – that necessarily draws upon and performs selective forms of knowledge and narrative. Knowledge, rather than pure experience, is centrally concerned with memory of the collective type of storytelling that enacts, re-orders, and places past events into a coherent form. While this type of work – broadly of subjects' narration – is a field in its own right (Somers 1994), I employ some of these basic devices in relation to participants' narrations of the past. Here, I map the free-flowing landscape that participants communicate in order to discover how they emphasize or de-emphasize life-course moments, how problems are articulated, and the relation of these to AD/HD as a discourse. I do so in order to investigate the entwining of AD/HD within the life course – the narrated, remembered, and 'eventualized' life course of the mothers/parents.²

² I utilize a 'loose' or 'thin' set of assumptions common to cultural studies - see Grossberg (1996) in reference to the self and the action of the self through narration that draws upon and thus reproduces other

The study employed a composite methodology of field work, semi-structured interviews, and the uses of secondary data. The field work component of the research was tied to the weekly regular meetings of *Active* (the parent's support group) and other sponsored events over a two year period. I conducted two waves of dedicated interviews with core members of the group at a location of their own choosing in order to facilitate the guided conversational nature of the talks. While the field work suggested many themes I sought to discuss, the interviews were also emergent and conversational in tone. I recorded and transcribed each interview and analyzed the text for patterns and thematic consistencies. Quotes presented in this paper are drawn from interview data; however, field notes also supply contextual information.

The interviews follow a largely gendered structure of narration in which women trace their life course events with and through the dominant life course events of the family, while the sole male in the group traces this through the interface of official childrearing and occupational difficulties. The structure of the narratives were centered on major milestones such as marriages, births, the influence of career (of either parent), and events within the extended family. Because the parents' marriages were well established and, on average, well over ten years old, marriage itself was a more distant feature of the landscape of the life course than were the births of children, the contingencies of work, career and business, and children's developmental milestones in school. For participants, each of these 'familial events' were, in the quasi-natural state of narration, characterized as complex and interwoven with situational and contextual references to extra-familial institutions. Predominately, these extra-familial domains that were referenced included work and educational career paths; however, religious thought also played a small role. Importantly, the evocation of 'family' and 'self' as domains are not pure, as they are first blurred

cultural resources. This model is familiar to symbolic interactionists, but is couched within a set of post-structuralist assumptions derived from Deleuze and Guattarian ontologies rather than from a Lacanian psychodynamics.

together for these participants and then thoroughly interwoven with work and educational issues. For example, Edith cannot discuss her own identity without interspersing an account of her marriage, her children, the difficulties and joys they presented, and the challenges these produced for her.

I find that AD/HD operates as an accounting and a descriptive device in both a direct and an indirect manner. Parents employed AD/HD as a dense type of description and explanation for specific situations. As a description, it provides attributes that describe individuals, while as an explanation, it provides a rationale, a reason, and a tacitly accepted account for the problems that arise from these attributions. It is important to note that, following the currently available structure of AD/HD as a cultural object, the attributes of AD/HD vary quite widely while the bio-genetic explanations for these descriptions are relatively dense, relatively more consistent, and more stable. This is due to the combination of flexibility and stability of AD/HD as a discourse. Stated simply, many heterogeneous attributes are funneled into an explanation or an account that is relatively straightforward. More simply still, AD/HD discourses provide a stable cause in search of its effects.

Empirically however, this is far from a simple pattern. Parents and self-identifiers deploy AD/HD discourses in complex situations that they experience as problematic: the gendered division of familial labor and the consequential care work this entails, educational bureaucracies that are experienced as frustrating and overwhelming by parents, and various strains, conflicts, and tensions parents have with the community. For parents, AD/HD discourses offer a way of explaining these situations to themselves and to others. In some cases, AD/HD symptoms are the central features of the situation, in others, relatively marginal aspects of the disorder are used to explain the patterns and dynamics of the situation. This is, of course, relatively simple to observe. However, because there is no direct or obvious link between AD/HD and the particular situations parents experience as problematic, on the one hand, and because there are so many available qualities that are associated with AD/HD symptoms, the

application of some AD/HD symptoms to particular situations requires ongoing creative effort on the part of parents. Parents grasp AD/HD as a mediator of these situations, yet these situations are neither prefigured nor predefined by the broad availability of AD/HD discourses.

This is to say that the deployment of AD/HD within participants' narratives is a deployment of AD/HD as a discourse, which obviously is a reproduction of this discourse. However, this deployment necessarily takes on the hues of the situations participants face. The reproduction is therefore not pure, but in a state of constant mutation. This leads to an examination of the contexts within which that mutation occurs, a context that cannot be divorced from the object itself. To state this simply, the *pragmatic* appeal of AD/HD discourses for those identified with the disorder is precisely the flexible explanation for a whole range of problematic situations. Likewise then, the analysis of AD/HD discourses must take these situations experienced as problematic into account – these contexts help explain what AD/HD discourses are. That is, to grasp the fully *pragmatic* appeal of its uses, its deployments, and the dangers associated with it, the form of AD/HD discourse must be analytically combined – contaminated, one might say – with the social context in which it is deployed and with the individual identity navigating this context.³

AD/HD discourses emerge in a situation specific form: they *mediate* other relations as they are deployed, yet do not necessarily extinguish other accounts. Below, I examine two member's life narratives and selectively highlight two broad types of mediation: 1) global and largely tacit attributions of AD/HD symptoms that explain the composition of the self and its challenges, and 2) partial and indirect attributions of AD/HD symptoms that are flexibly associated with other compelling explanations for explaining certain problematic outcomes.

³ To remain at the level of form, as both orthodox structuralism and traditional determinisms does, is to remain at the merely tautological level of analysis. Deleuze makes this point forcefully in *Logic of Sense* (1990).

Edith Nelson: Accounting for the Gendered Organization of Family

Edith – a central figure in the local AD/HD community – represents her life course experiences through the central motif of family and family problems.⁴ Edith recounts an extensive education that included two associate degrees, yet despite this, as a mother of three in her 40s, she is currently not in the paid labor force. Her husband is a successful businessman. In relation to the disorder, Edith is both self-identified and officially diagnosed with AD/HD, and both of her sons Ken and Nick are as well. Her daughter, Alexandra, is not.

Edith is a central figure in *Active* as the initial organizer, visionary, and widely respected leader of the group. Edith is both highly skilled, charming, down to earth, eloquent, and quite generous. She demonstrates a sincere passion in her engagement with other professionals and with group members. Over the course of my ongoing two year association with her, I noticed that she began referring to herself as a 'quasi-professional' as parental groups and local work shops focusing on AD/HD increasingly called upon her to address their groups. This places Edith in an ambiguous situation, for she mobilizes a very real anger at incompetent professionals even while she herself has access to and support from the local University center on AD/HD; that is, even while she herself is one of the most 'professional' amongst the parents she is also among the most critical of professional dominance. This ambivalence in status is perhaps best captured as a 'lay-expert.'⁵ Edith is, without question, the leader of the group, and professionals and other parents involved in the group hold her in

⁵ For a critical review of the concept of 'lay-expert' in the sociology of health and illness, see Prior (2003). Prior argues that the term itself is an oxymoron that dangerously conflates different types of knowledge - expert knowledge is theoretical on the one hand, while lay knowledge of illness is experiential. I disagree with Prior's critique of the analytical use of the term – it necessarily devolves into a form credentialism because the focus is upon 'actors' and not upon knowledge itself. Due to this 'actor/author' centered approach– the emphasis is on professionals rather than knowledge. The complimentary approach I adopt – from the new sociology of knowledge – emphasizes forms of knowledge and their dispersion and modifications across authorized subject positions – professional and lay alike. Both approaches are complimentary, the important focus on professionals is maintained while sensitivity to the multiple sites of the circulation of knowledge also emerge. Thus, from the new sociology of knowledge – the concept of lay-expert makes good analytical sense.

the highest esteem. In short, Edith is highly skilled and demonstrates a highly effective set of leadership skills.

Recently however, Edith decided to “test the waters” and re-enter the paid labor force. In the process of setting up a second interview, she requested my assistance in updating her resume, a task that she had been uncharacteristically delaying for some time. In general, Edith appeared nervous and somewhat intimidated about re-entering the paid labor force despite her local experience and leadership skills. She identified the reasons for this - homemaker and activist positions do not generate a formal paper trail that is easily codified in a resume. One consequence of this was the development of an increasingly acute status of anxiety that led to her increasing self-identification as a “quasi-professional:” a liminal status situated between a lay-person and a professional. Edith – and likewise many other women in the group – is thus situated in the borderland of paid and unpaid labor, and of formal and informal expertise.

Edith’s Life Course Narrative

Edith, in the brief portions of our open-ended conversations, accounts for this exclusion in the narrative structure of her life events. These are constructed at different levels - a chronological level and a relational level. They are intertwined, but the latent sense that emerges is that of Edith’s exclusion from the ‘public’ sector.

The first accounting in the life course emerges as a global attribution of AD/HD qualities, self identified and diagnosed, that are offered as quasi-accounts.⁶

Paul: Have you, have you been... to, to college??

⁶ Interview segments will use “P” for “Paul,” and “EN” for “Edith Nelson” after the first use of each name. Simple parenthesis – “()” - will indicate terms that are slightly garbled in the transcript and which were ‘best guesses.’ Boxed parenthesis – “[]” – indicate both contextual gestures and minor conversational supports.

Edith: Yes, I have but... I've got a couple of degrees. I have an associates in classics – I told you I was also diagnosed – you know that right? [**P:** *nods yes*]
Yeah.

P: Ok.

EN: I have an associates in criminal justice, I have a year of political science, I have a bachelors in elementary ed, but, the elementary ed. Came in, it was right after we got married, I went back to school, and we had an (agreement) that I would finish up with school, but uhh, I enrolled in Local State⁷, and shortly after getting accepted I found out I was pregnant with my daughter, my first one. So, I already had an associates and some credits in some other stuff like that- so I had basically two years in the core subject areas, pretty much for the core subject areas. So, went for the one semester, took a semester off when she was born, went back to school, and [*inaudible*] basically did it in three years going part time, working around with parents, stuff like that.

Here, Edith invokes her diagnosis as if to account for her disjointed educational record. The fact of achieving a diagnosis here competes with marriage, childbirth, and agreements with her husband as a type of indirect explication. AD/HD and the achieved diagnosis emerges as a type of alternative, parallel explanation with no description – a density wound within a problem space.

In the same segment, Edith continues:

Edith: ...basically did it in three years going part time, working around with parents, stuff like that.. And uhh, ended up taking, went to the professors and said I needed to take my finals a week early, my husband and I have a business trip over to Europe. So, you know, they were all really kind about granting me, you know giving me, at that point I was uhh an honors student, I was on the Dean's list, I was in the uh, in the uh, the honor's society... for education. I was, up until that semester I was set up with a 4.0. And then I took math... [*laughing*]

Paul: Oh-ho.

EN: ... and then I took a children's development – I never, I understood the math, I never understood why I couldn't get above a C in that children's, but I loved the class. Loved the class. I never understood why the professor would, the test would, no matter how many notes I would take, she would, would test inconsistently. Any even off the wall comment she would make in the class.

P: Interesting...

EN: And you just, you know, you didn't know everything and you had to know everything.

P: Yeah.

EN: You had to know everything that was in the book and everything she ever said in class – you had to have all of it down and I couldn't, I just couldn't handle it. And, I uh-I-uh, ... developmental psyche was something I never figured out ... Math I now know [*light giggle*].

P: Ah.

EN: Math came out in the testing, in the psychological testing, you're in your LD ["learning disability"] when it comes to the math.

⁷ Pseudonym

Edith weaves two sorts of accounts together to explain the transition from perfect college grades to less than perfect grades – a situational explanation related to the children’s development course and an intensive explanation related to the math course. There is an economy of explanation that arises in the reference to the math course. “LD” requires little further explanation from Edith and we tacitly assume to understand it as such in our conversation. Indeed, it is so tacit it is somewhat humorous, and as humor is always a play of boundaries, the boundaries here are those of an obvious revelation, a ‘what we all know’ but ‘don’t say’ to be the case.

This stands in contrast to the account of the children’s development course – here Edith offers a more complex narrative of inconsistent testing and the relation of self to this testing. Here, Edith also enacts another boundary that is more consistently moral: the relation of ‘trying’, even of failure “and I couldn’t”, related to “inconsistent testing.” All these terms and their relations compose a complex set of evaluations that constellate doubt (“never understood why”), claims (“inconsistent testing”), moral struggles (“no matter how hard I”), and failure (“I didn’t, I couldn’t”). These evaluations are unstable accounts that weave the moral self and the situation even when these are taken as simple statements unrelated to broader contexts.

The two accounts that emerge contrast significantly. The first entails an extended explanation constellating ambiguous and even slightly dangerous relations of self to situation. The second: a compact, intensive, and objectively accredited knowledge (“the psychological testing”) that provides sufficient confidence for humor.

However, the broader contexts within which these statements emerge are also factors, as the children’s development class is problematic in light of her current ‘quasi-professional’ position within the field. Finally, it is important to note the *exclusion* of other factors in this account: full time childcare and Edith’s responsibilities as ‘homemaker.’ These exclusions return in later portions of the interview, but indirectly so, and then are only brought to light through the

vocabulary of AD/HD. The exclusion of the gendered division of labor as an explanatory factor in this problem space is a concrete operation, however, because childcare issues compose the chronologically linear backdrop against which Edith's educational and work trajectory is defined. Continuing in the same segment:

Edith: Math came out in the testing, in the psychological testing, you're in your LD then it comes to the math. But, I took the exams and then, the day before we went over to Greece I found out I was pregnant with Nick, my second, and then, we were gone for almost two weeks and when we came back - my father in law died the day after we got back from our trip. And it was very unexpected. Very sudden, very unexpected, my husband is the oldest of four kids and at that time he was involved with the business at one of the levels... and it just, his father at that point had been discussing retirement and how the company would be re-arranged with that, but it just accelerated everything tremendously.

Paul: Uh-hum.

EN: So, my husband was thrown into more leadership roles at the office and much more responsibility – and the divisions were really becoming clear at that point, were beginning to unfold, and uh... Nick was born, and four months after Nick was born I found out I was pregnant with Ken. That was a real surprise.

P: Wow.

EN: And so, you know, up until that point, it was kind of like: ok, you know, one or two kids, we'll just wait until they're in school, wait till they are five – I'll go back for my masters. Go back and work on my masters, and then I'll be able to teach when the kids are in, you know, that was more or less the game plan... And then, I got pregnant with Ken, which was an unexpected pregnancy.

P: Yeah.

EN: And, uh, said ok, so we wait a little longer, and then some of the problem surfaced with Ken when he was two and three years old. So, it was after that, it just got the point where the business was going really well at that time, there was no need for me really to go out and work, and with the problems with Ken, it would have been much more difficult – [**P:** Yep] to find child care, to make the arrangements on that, to even control it with three kids, at that point, and two pre-schoolers, and one, you know, one's hyperactive, and the hyperactivity shows, it was clearly showing by the time he was two. And, you know, by three we were starting to look for professional help with him.

The sequence of child-births and child care help contextualize Edith's exit from undergraduate college and the deferment of graduate education and career plans. In this set of accountings, a complex of situational factors – husband's success, financial need for employment, child-care arrangements, an unexpected pregnancy – describe Edith's deferred career goals. They find their apex however, in Ken's hyperactivity, which operates as the center stone in the arch

of this problem space. AD/HD here, operating in a hegemonic capacity, organizes all the other factors.

Edith is also influenced by other forms of accounting, specifically liberal feminism. Yet, the feminist concepts Edith is exposed to and recounts appear far too hazy, even if they are 'accurate' in some minimal sense.

Edith: And it was pretty funny cause, I remember, at this time I was real, I was real involved in a lot of things within our church and within the nursery school and the things, and we had a female priest, and we're, we're raising the kids Episcopalian - I was raised Roman Catholic, we're raising the kids Episcopalian - and we had a female priest that I became pretty close to. And this woman was a little, not much older, way ahead of her years, always was very involved with women's rights and just, always at the forefront of you know, yelling at me, you know: 'oh you're just too, you take things too easy, you think that everything is ok now, you still have a long way to go, you've got a daughter you've got to protect' – and she was right. You know, she (was right).

Paul: (Interesting.)

EN: Right, right, and were just getting a little too lazy here, you know, you think that you know, you think that because you have certain rights now, that everything is ok – but it's not ok. [**P:** Yeah]. And she was, she was absolutely right about everything that she said. And I can remember sitting in her office and talking to her, and she said, uhhm, she – she made a comment, she mentioned something like, well you know you don't have to go through with this pregnancy if you don't want to – and I said I know, I'm fully aware of that, I said that's not the issue. And I said, and I was joking with her, I said: 'com'onnn , look at the other two kids, look at how well their genes are mixing, they're too cute, they're really adorable you know, it was just like, and you know, so it's unplanned – you know, not the end of the world. I come from a family of seven kids, so to have three was not totally outrageous [**P:** Yeah, uh-huh] you know, or anything like that.

Edith's discussion accounts for the 'unplanned' pregnancy, with Ken, and her rejection of the abortion gently hinted at as a possible option. It is clear that the pregnancy was perceived as a major interruption of planning. But what is interesting in Edith's account is the bio-genetic ('look how well their genes are mixing') agent of causation (Conrad 1999) – a form of 'non-human agency' as Weinberg (2000) demonstrates in the case of addiction – that is used to account and justify carrying the pregnancy to term. This bio-genetic causation is also the grounding for AD/HD discourses and this mode of attribution is clearly tied, in a backwards fashion, to the deployment of AD/HD. As a remembered mode of justification, this bio-genetic causation competes both with a form of liberal feminism and a traditional Catholicism. Edith's engagement with feminism is

actualized at altogether different levels of doing and feeling rather than that of accounting. For example, in describing the origin, dynamics, and genesis of the AD/HD support group she helped to establish, Edith speaks passionately about the support, the friendship, and the specifically gendered sets of experiences that are made visible through the *Active* group. Edith's incipient feminist orientation is, however, only a distantly available accounting device relative to the primacy of the bio-genetic accounts.

Finally, Edith's life event narratives, punctuated at certain points by the deployment and dispersion of the AD/HD attributes, lead directly to a description of her childrearing in the early year's of Ken's infancy, the period prior to her seeking 'professional help' and her involvement with AD/HD. The tone that is established here is one of entrapment, though this is not a term she explicitly uses. The sense of entrapment emerges through two related avenues: first, the very necessity of accounting for her housewifery in the context of an open-ended interview itself indicates that 'something' is amiss; second, an interrelated set of descriptions, ostensibly neutral in their face, combine to form an implicit sense of frustration. The sequence of childbirths, intermittently described, locates her first child, Alexandra, as relatively stress-free, while minor difficulties are attendant on the second, Nick, and the soon to follow third, Ken. Here Edith recounts one aspect of this parental relationship, the literal weight she carries with her second and third.

Edith: He was such a fat kid, he was a big kid, he was a big baby at birth, he was a little over nine pounds, always maintained a very high weight, and he was just so... he was the classic chubby baby, (uhm), he was so chubby. And he didn't walk until, almost toward the end of my third trimester with my pregnancy... so here I am pregnant, and Ken is born early September, and I'm going through a very hot humid summer and I'm still dragging this kid along. Literally having to carry him everywhere, heavy, I think he was maybe close to 25 pounds at that point, which was a big kid, that was a big kid to have to be carrying. And then, until he started walking, then that really eased up a lot of you know, him being able to be a little more independent. It was more difficult for me with Ken as a newborn, and Nick being two and a half and still demanding a lot of attention and someone in that, for him, the terrible twos (uh-hum). You know, and then having a newborn there was just, uhm, I was frazzled, I was just frazzled to death.

Childcare became another issue, tied to the need to constantly breastfeed. Edith recounts how a situation conjoins these themes – a business trip that provides a ‘wonderful’ opportunity is tied to the need to bottle feed the children.

Edith: At this time, back in the mid-80s, we had a lot of business trips that would come up. And they were fabulous opportunities, Alexandra was only about four months old and we were given a trip to California with Bill’s partner and his wife. [**P:** Oh really]. I was just like, we gotta go, I’ve never been up to California.

Yet, more poignantly Edith describes the intersection of this ‘wonderful opportunity’ with the need to continue nursing.

Edith: Ok, so I started telling you about uh ... something sociological.... I was going someplace with Alexandra. I nursed the kids, and her I nursed till she was about a year, but I nursed all of em, but I was able to take that break for the business trip and then go back to it. Poor Bill’s partner, because I had to express milk the whole time I was gone so I could come back and continue nursing [**P:** Yeah], I don’t know if you know too much about this stuff. [**P:** No I don’t actually, but...] Ok, we went go into a lot of details. [**P:** No, it’s ok...] Uhh, well a anyway, I had to express milk just to keep the milk flow going because we were gone for five days.

Paul: Ok.

EN: Right, so we stopped at, we were driving down the coast and we stopped for our break... and it’s like, guys I’m going to pump you know. I had to stop at this one place that had a (butchers) or someplace like that, and I – ha (*laugh*) remember, seriously when Jerry saw me, Jerry’s the partner, he said something like: ‘oh I love these cookies, you gotta try these cookies – and that was before they came out East and all that, and they were served warm, and they were really good. Uhh thanks. So, we were going in, and I think uh, and it was just kinda like a joke that no one realized all the things were saying to him: ‘ok, do you want a couple of chocolate chip cookies, do you want some milk too?’ And he just looked at me, and his mouth fell open, and it was kinda like, ha ha [*laughing*] well what kind am I gonna get? [*laughing*] I just, I remember, it was just such a joke. And we still laugh at it because it was just, just you know, it’s like: ‘no Al, your not getting...’ Ha, ha [*laughing*].

P: [*laughing*] It’s like something on Seinfeld.

EN: He had to have something cold. Ha, ha, ha. Yeah, it was funny.

[*laughing*] [**P:** *laugh*]. Poor guy was a little uncomfortable with that because I don’t think his wife nursed her kids. [**P:** *Oh, uh-huh*]. But, uhm, and that was where the stress came in too – it was part of it was because I was nursing, and then, like you know I’m nursing Ken and Nick’s getting jealous just because I’m holding the baby as long as I am and I’m playing with the kid. You know, it’s all part of the home nursing and the whole feeding process that goes on with them.

Edith here returns to humor – a boundary shifting humor that falls classically under Douglas’s (1966) concept of dirt. Breast milk is here dirt – dangerous in

the sense that it “practically” conflates the “anomalous” and the “ambiguous”⁸ (Douglas 1966: 38) because it reveals a boundary crossed that is associated with privacy, home, childrearing, and domestic economy. Breast milk, in its own right, is not itself dangerous and only becomes potentially so when taken outside of its proper location and its symbolically ‘proper’ context within the home. For Edith, one part of the humor here is the play on this anomaly: an ‘inside’ that was taken ‘outside’ and thus made anomalous, a boundary shift that is expressed as humor, itself a ‘play’ of boundaries. Breast milk *flows* through cultural codes of sexual difference, the social organization of childcare, problematic sibling jealousies, “wonderful opportunities,” and “breaks” from nursing. Each of these are condensed, revealed, and connected in the humor, the very source of the humor lying in the new expressive moment that connects child care, assigned routine, sexuality, and its ambivalence. More poignantly, however, this humor reveals also the sensibility of feeling trapped – of requiring a critique.⁹

AD/HD also, like breast milk, draws together different elements such as cultural codes, sibling rivalries, and the gendered division of labor in a conjuncture that otherwise would not be made. That is, AD/HD ties disparate elements into a cohesive narrative fabric, precisely the mechanisms that links AD/HD discourses into the self. In contrast to the metaphor of breast milk, however, AD/HD also provides a foundation in social knowledge, a set of influential authorities vouching for this knowledge, and thus a less risky basis for the construction of other expressive moments. Relative to a risky, non-foundational sense of humor, AD/HD articulates sanctioned authority, an explanatory stance, and a consistent set of names to be deployed for some of the problematic situations she has experienced. For Edith, AD/HD provides a flexible tool that *partially* explains both the withdrawal from the world of paid

⁸ Douglas defines dirt as ‘matter out of place’ – it is the residue of an organizing symbolic system. She also argues, that while theoretically distinct, anomaly as a type of systemic residue and ambiguity as a type of double meaning are often conflated in practice.

⁹ Interestingly, the breast and specifically, breast milk, returns in another humorous context in Edith’s discussion – she recounts how a member of the group made a hilarious joke at the gift exchange at the yearly Christmas party by associating a coffee thermos with a breast pump.

labor (the “LD”) into the expectations surrounding the traditional gendered division of labor and the language for articulating dissatisfaction with this arrangement.

Danielle Newsome: Life Events and Weaving

Danielle Newsome was also a founding member of the group, a status that members cherish. Married, 36, with four sons, two of whom are diagnosed with AD/HD, Danielle plays a sympathetic but also critically skeptical role in the group. She is more likely to question a line of action than others as she is assertive, resourceful, and direct. Though the group is nearly flat in terms of its hierarchical division – she is one of the higher status members of the group and well-liked – two other members explicitly regarded her as energetic and direct, and I infer that other members find her refreshingly direct in a similar way. This is a quality she shares in different ways with Edith, the group leader. The appeal of this quality is, in part, due to the overall framing of the group as time away from the household and the demands of family. It is partly founded upon an expressive logic made safe from the demands of presenting a ‘happy face’ to the family and the world. The group is not however, composed of sad tales, gloomy complaints, and misery. These safe expressions find their outlet in humor that the others will comprehend (e.g., ‘these kids are driving me nuts...’, ‘sometimes I wish they would just run away’) that might appear inappropriately complex for the purposes of polite representations of mothering and family life.

Danielle is a college graduate and one of the more explicitly religious members. Her family of origin was relatively large, included eight children, had strong Italian roots, and was based in Midwestern city. Her father was poignantly presented as a “singing merchant” – she recounts that, as a frustrated opera singer, he incorporated singing into his repertoire and that this caused her great embarrassment as an adolescent.

Danielle also identifies with the disorder, but in a highly ambivalent fashion. She identifies AD/HD traits and qualities in herself and in members of her immediate family. At the same time, she is perhaps the most rebellious and skeptical of the members in regard to medication and the very objectivity of the disorder. It is this overall ambivalence that is parsed into extreme insights that are, in themselves, clear and unambiguous. Danielle was opposed to medication, arguing that they should be 'outlawed' in the context of her experience with her son, yet was still open enough to try medication after she achieved her diagnosis. Again, Danielle openly questioned the facticity of AD/HD at one point, and at another she pursued her own official diagnosis with some anxiety as to the outcome and with a palpable sense of relief after achieving it. Yet, again, this relief was both accepted and undercut by her critique of the diagnostic methods used: they were insufficiently 'objective.' Overall, the vacillations of these moments are not due to a fickle personality, as these seemingly contradictory positions were established by nearly all members of the group. Danielle was, perhaps, together with Edith Nelson and others, among the most passionate members of the group, and she merely expressed more clearly the ambivalence within AD/HD discourses itself as these were entwined within different situations.

Two points incorporate the extension and the particular weaving of AD/HD: her family of origin and, like Edith, her marginalization within the paid labor force. In relating her family of origin to AD/HD, a global attribution simply explains her father's "colorful" behavior in the past. She does, however, use this as other parents do: to both valorize, appreciate, and excuse this behavior. Her marginalization within the labor market is more complex, here she *implicitly* links AD/HD discourses to her educational trajectory while also countering resistance from her husband in her return to the labor market. Both are accounted for with the assistance of AD/HD discourses, but also like Edith, they are not globally or reductively accounted for – these are domains that are activated as AD/HD is woven through the accounts of the situations offered.

In terms of her family background, her father's occupation and "colorful past" behavior was it seems, wrapped up within the global attributes of AD/HD.

Paul: In terms of your family's background, do you know what level of education your father and mother had?

Danielle: He was not a high school graduate, so I don't know. Maybe ninth grade or tenth grade. He by the way was typical AD/HD, AD/HD uhm profile - but back then they called it a bad kid, you know. He had all kinds of trouble in school - real free spirit. As far as my father's mother - you mean my parents right? [**P:** (*Nod yes.*)] Yes - my mother uh finished high school.

His behavior, while eccentric, is also wonderful given the hindsight of adulthood. His formal occupation was a "street peddler," though he initially "wanted to join the circus," and maintained a "very colorful past." But, through marriage and nine children, he more or less settled down and became a singing street peddler.

Danielle: So, he was... that's how he raised all of us. So he went as a street peddler, and went and sang operatic songs from his van ringing a bell, and people would come and buy bread and donuts.

Danielle also wrote an article in a local newspaper on the basis of her father's profession. While this occupation was embarrassing as an adolescent, it was cherished in adulthood. AD/HD here, as elsewhere, is employed as both an explanation and a valorization of a specific, creative difference. This quality of AD/HD discourses are relatively new, but prevalent facets of the public frame of discussion for AD/HD were evident in both in the self-help literature and in the public discussion in the support group. AD/HD is linked to creativity, intelligence, and spontaneity – attributes that recontextualize the traditionally emphasized aspects of AD/HD as a disability defined by what it lacks.

In a later interview, Danielle further describes the diagnosis from this frame.

Danielle: The problem with attention deficit, in making it this kind of disorder, I think is a mistake, especially where kids are concerned. [**P:** *Uh-huh, Mm-huh*]. Because it's really a style of learning and a style of living, and instead of making it wrong, it's like... it's like making somebody who has a disability, a physical disability and making them do things the same as someone without the disability, just because. [**P:** *Uhm-Hm*]. When, if you just embraced it, and embraced what, what uhm, uhm - embrace the fabulous gift and let the rest of it go [**P:** *Yes*], you would instead be - ripening the fruit instead of picking a green tomato. And,

and artificially ripening them like they do in the winter time. Because you need those tomatoes, and they are red, but they taste green still [*laugh*].

This frame within the discourse is intriguing because it plays on the ground of morality that always accompanies illness, as those who study the sociology of health and illness have understood since Parson's concept of the sick role.¹⁰ In this framework, illness already entails a relaxation of traditional responsibilities if it is sanctioned and pursued with authorized personnel. Doctors are already moral agents in this sense because their sanction of illness allows for a delimited relaxation of normative conduct. In this inflection of AD/HD, linked to a "free-spirit" and opposing this to being "called a bad kid," an obvious reversal is occurring. Illness is not merely a relaxation of normative expectations – a type of officially sanctioned looseness in the applicability of other norms – but also emerges as a positive counter-norm that offers a definitional challenge.

Danielle maintained a flexible engagement with the paid labor market: "I've always worked, since I was fifteen years old, I've always had a job. Except those six years I was home with my kids - recently. I've always worked." Consistent with the findings on interrupted work experience for women tied to the gendered division of child and house care, Danielle experienced some frustration in returning to the labor market after a six year hiatus (Gerstel & Gallagher 1994). While she had been consistently involved in volunteer work over these times, as most of the other women were, she had just re-entered the paid labor force in the 2002-2003 period. After some false starts, she was able to secure a position working in customer service for Edith's husband's firm. That this employment was predicated on a contact made within the group reinforces the sense that her networks ties were situated outside the labor force due to this hiatus.

Danielle: No, I was driving today, and I'm driving and I'm thinking ahh - this is not right. This is not the right thing for me, but I'm gonna keep doing it because what else am I going to do. It's really hard to get professional, part time, you

¹⁰ Parson's of course both normalized and totalized this insight in problematic ways. However, the link between illness and morality, stripped of its systemically totalizing framework within structure-functionalism, remains a powerful one.

know it just is not out there. I mean, it is, but you gotta be so connected that a lot of times your working full time and then you come back to a professional position, they might let you job share or something - but to pull something out of the blue is ... really difficult... really difficult.

While the workplace was adequate, she was somewhat disappointed given her education. "People are very nice, the pay is great, part time, very flexible around my life but, it's very, it's very clerical. I feel like I'm a little overqualified for the job – customer service you know." One year later, Edith had left this job and was returning to a local university to earn her Masters in Library Science.

AD/HD enters this emerging account in relatively oblique ways: first, there is a positioning relative to her educational experience that implicitly draws upon AD/HD narratives¹¹ to help explain the marketability of her degree. Second, AD/HD is enrolled within the gendered organization of the household, which, in Danielle's case, entails a resistance to her pursuing a Masters degree in the evenings for the disruption to the household routine. These plans to pursue education – a solution to the frustration she experiences in the labor market – are co-emergent with her seeking an official diagnosis confirming her identification with AD/HD. These are elements of a change; while neither explains the other, AD/HD is interwoven through this process and, drawing on Latour's perspective, might be understood as an ally that is enrolled in this change process.

In asking about Danielle's education and life course, Danielle relates that AD/HD caused an interruption in her college experience.

Paul: You did say that you were a psych major. Did you ... finish...

Danielle: Yes, I had a dual major in English and Psychology - it took me nine years though.

P: Why did it take ...

DN: Because I got it too - but I'm not diagnosed. I had a hellish time in school.

[**P:** *Did you?*] Uh-hum. It was so, so much, and if your not focused and someone's not there to direct you - I was just so overwhelmed. Oh my God I remember - as a kid you know. And then I went back. I went in 84, and then I quit in 86, half way through it, I mean I quit in the middle of it because I was just... freaked - and then I worked for a couple of years.

¹¹ Narrative conventions are also part of the broader AD/HD discursive object, AD/HD is not however reducible to these narratives.

The technical material she was pursuing was the overwhelming component of her education, yet she felt embarrassed not finishing her degree.

Danielle: I felt like God, I've got fifty credits and I'm doing secretary work.. And then one day, this one of the professor that I really liked - went to English - one of the English professors walked in and I said, "Oh, Dr. Shelton, hi." "Oh, you work here now." "Yeah, but you know what, I'm going back." And I said that, just because I saw him and felt like such a jerk - so then I did. I took one class, then I took an English class and I said, this is cool because you read and write - which I love to do - so. And then, the psychology was like - that's interesting too, so I did that. So, I needed to be doing more of that BA stuff, not the BS stuff. Yeah, yeah. It was too boring.

Paul: Did you do well with the humanities?

DN: Oh, I did great. My last couple of semesters, my cum was like a 3.8. I mean, I was taking like 18-20 credit hours...I did fabulously. Wow. I had some courses I was exempt from exams and, I did very well. You know, I was focused and it made a difference. And I was interested. Like my son, that was the AD/HD, he's umm, he's umm very bright, his IQ, everything has been tested and his uhm, you know, they tested him for learning disabilities and there's nothing. Nothing shows up. He's very bright. But he just, you know, he doesn't like school. He does, he's got like 70s and 80s - never studies for anything. I mean, he does pretty well for never studying for anything, but.

P: Smart kids can do that...

DN: I know what he's going through cause I went through the same thing when I was in grade school. You know so.

P: In other words, you can do pretty well if ...

DN: Yeah. I never studied. I think that's why college was such a slap, because you can't - you can't. [*laughs*] You can't really get by on not studying, I mean I guess if you're a communications major. [*laughs*] [**P:** *laugh*] Oh that was bad, ok.

P: They also say sociology [*laugh*].

Danielle's success in school is all the more remarkable because on returning to evening classes, she had been married, had her first son, and became pregnant with her second child during this return. Upon graduating, she began working after her sons were four and six, old enough for full time pre-Kindergarten and Kindergarten. Of course it is difficult to ascertain whether she recanted due to dislike for the job she held or her husband's desire for another child, but the consistent pattern was that of child care duties organized around her four sons. This structuring of the household and childcare entails and presupposes the structuring of gender and the positioning of her continuing education as an extra-familial pursuit, giving rise to pragmatic situations that must be managed, either dutifully or creatively.

Danielle: [*after graduating*] I went back to work for two years, so my kids were... six and four. My two older ones were six and four. So the one was in school, and the other was in full day pre-K daycare. It was fall so he was in pre-K day care then. So then, I did that for a year, and then, got a promotion and didn't like the job, and my husband was bugging me to get another kid. So, we had another kid. So then, that would have been [*inaudible*]. And then I had the baby and I didn't go back. So, then that's my Brian who's six. So I had him, and a year and a half later I had Mike. So, I have two older ones and two younger ones. So then, after I had Brian I stayed home, and I've been home until Mike, my youngest went to a full day for his pre-K at the same school my kids were at. So, I decided - I mean I just returned to work last month.

It was this family care that, in part, prevented her from pursuing graduate education. Danielle's relatively brief recounting of her trajectory rolls various points into a pragmatic sensibility that links and de-links certain elements. Earlier, she valorized an abstract and decontextualized notion of responsibility and work ethic and the fit between her area of study as the predominant factors that contributed to her later success. What was excluded from this account was the demands of childcare. AD/HD enters as an item that is linked to multiple items at once: her native, creative intelligence, the good fit between her personality and the humanities, and her self-perceived disengagement in her first years at school. Certainly, AD/HD is not employed as a global agent in the life course patterning, but it does emerge as a flexible set of traits that enter into and help compose other accounting processes. AD/HD accounts for her settling for a degree other than the one she sought, and she sarcastically understands it as a limiting factor in her current employment. (ND: "Yeah, very marketable degree. [laugh]") .

AD/HD emerges as a small component of this recounted trajectory among other factors, such as childcare, dislike of a new position, and other choices. For example, she did not want to pursue an MSW because she thought, mistakenly, that this would entail working with a prison population. This notion was incorrect, but the prospect of working with a prison population was morally offensive – these are "pathetic people" and the prospect of working with this group was too depressing. This is perhaps a telling attitude that is premised on

the perception of individual responsibility, an attitude that emerges in the discussion of the ambiguities surrounding the concept of illness in AD/HD.

If AD/HD is a minor characterization or set of attributes in recounting the past that offers flexible assistance with other narratives of responsibility in Danielle's description of her educational and work trajectory, it emerges more strongly in her account of the present. As with Edith, AD/HD discourses are not globalized – but they do 'touch' and reveal other virtual constructs. Danielle here, after beginning a medication regime, notes a certain difference in her otherwise tired acceptance of the demands on her time.

Danielle: My boys will be asking me, like they do, all day long. And I'm just feeling like, I don't know – "would you stop asking me to do all these things." Whereas normally, I would feel annoyed but I wouldn't show it to them. Like you know what part of it is, is that the medication is giving me more energy, and because of that I have the energy to talk to them. Whereas when I'm not on medication, I'm so tired I don't respond because I don't have the energy to. [**P:** Yes, huh]. That's what I think is going on. So, in other words, when I have the energy I'm a real bitch [*laughs*]. [**P:** *laugh*]

In our second conversation, a mild resistance to her plans to return to graduate school for her Masters in Library Science entails a new set of situational attributes: her husband's resistance to the idea and her childcare duties. Speaking immediately after her 'risky' diagnosis, Danielle has an improved sense of confidence.

Danielle: So yeah, I'm looking forward to it, my husband is not – uhm – looking forward to it.Oh he's just worried about financing it, but you know I'm not because I have faith that everything works out. I'm doing the right thing, and I'm hundred percent sure this is the right thing. I probably should have done it sooner, but I didn't for whatever reasons, mostly busy with children.

At the risk of over-interpreting Danielle's own fragmentary accounts, a certain tension among types of accounts and attributions of causes is revealed in our interviews. Broadly, these might be categorized as the decontextualized narratives of absolute personal responsibility, descriptions of situations in their various facets, and the entrance of AD/HD as a flexible and minor form of explanation that operates within and through these other forms. AD/HD is both

flexible and situational enough to provide a global account for her family of origin, introducing *both* an acceptance of certain dominant, institutional norms and a counter-valorization of others. In addition, AD/HD provides a minor accounting for her personal responsibility for situations of the past – precisely as it does for Edith.

Discussion

The conclusions that I draw from this delimited review of those narratives strongly identified with AD/HD in the larger group are simple, yet they problematize both scholarly and popular conceptions of what AD/HD is. First, AD/HD is woven into and through the narration of the individuals' histories, which constitutes a *memoro-politics* of the individual. Second, this weaving decomposes certain aspects of AD/HD as a discourse, and it does not always operate as a 'whole' entity in these deployments. Third, even when AD/HD does appear as a global attribution, this remains highly turbulent and dependent upon the hues and contexts of its articulation. Fourth, AD/HD is not only decomposable within particular situations, but is also tied to mobile attributions that are appended to diverse situational entities that include institutions, the self, and others. Fifth, AD/HD is thus attached to situations that conjointly express it and which it illuminates.

It is clear that AD/HD, for those who speak it, operates as a counter-morality that is entwined within particular situations. This implies that AD/HD discourses are capable of recomposing the norms that operate within specific spheres of expectations. In these recounted life-events, AD/HD plays a central role in both self and situational descriptions, but it does not do so in a simple manner. In the attribution of self, AD/HD as explanation is situated next to other explanations, while in the major arch of the life-course, AD/HD explanations and descriptions enter into relatively stable relations with other factors and quasi-

explanations. Overall, AD/HD is deployed within situations in both direct and indirect ways and in descriptive and explanatory ways.

Interestingly, AD/HD enters into relations with other explanatory factors and does not fully extinguish them. The appeal of the AD/HD diagnosis is clear: it offers a concise operational explanation for the symptoms that then explain the various situations they arise in. In this regard, AD/HD is a powerful device. It is neither totalizing in the scope of what situations it can explain and account for, nor does it fully exclude other explanations. The explanatory power of AD/HD stems from its structure: a stable cause in search of situational effects that is rooted in broader, authoritative knowledges.

Even in these brief segments, AD/HD emerges as an empirical phenomenon – a set of statements – that relevant contemporary perspectives highlight inconsistently. Each misses one or more facets of the phenomenon. AD/HD is not precisely a claim (Spector & Kitsuse 1977) because speakers do not clearly establish that ‘something be done’, and moreover, do not themselves institute the grounds on which the claim arises. AD/HD is likewise not a cognitive ‘frame’ (Benford & Snow 2000), for the cohesiveness and systematic qualities of a framework are entirely missing. AD/HD emerges here in a dispersed state that entwines very different situations for speakers. While broader, more general tendencies – in particular the mapping of professional relations and the instantiation of a liberal, pro-parent form of childrearing – might be usefully understood as framing devices, these frames drastically miss the complex of situations, the interventions, and the ambiguities that AD/HD explicates. AD/HD is certainly not an ideology for similar reasons. Because the forms of domination that might be justified and instituted through AD/HD languages are quite varied and open, AD/HD is *deployed* in heterogeneous types of relations (Snow 2004). While it is also true that certain medicalized relations between children and parents are supported in the main (Conrad 1972; 1992), even here, parents’ consistently question – both openly and privately – the use of medication and the general issue of the treatment of children in highly

complex ways. Indeed, if a collective mindset is present in the group, it attempts to articulate a complex version of children's rights. Finally, AD/HD is not an identity in the traditional use of this term (Hall 1996). While identity clearly does emerge at a broad level of formally 'being diagnosed' and at the informal level of identifying with AD/HD because it explains so much, these modes of identification are the abstract forms within which different, specific, concrete interventions are made (Malacrida 2002).

It is useful to think of AD/HD as a cultural object – this metaphor entails a spatiality which is a multi-dimensional form of relationality. As much as physical objects can touch, or be laid close to or distant from other objects, cultural objects also have a varied form of relationality that is not prefigured 'within' the object itself. In general terms, the snippets of Edith's and Danielle's life stories strongly imply certain themes that recur with the *Active* group: an accounting generated for a sense of exclusion that emerges in life-course narratives that might, in an analysis of historically sedimented social relations, be associated with the traditionally gendered organization of the familial domain and the problems this generates.

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