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Disability identities and category work in institutional practices

The case of a ‘typical ADHD girl’

Eva Hjörne and Ann-Carita Evaldsson

Introduction

In this chapter, we draw on an ethnomethodological framework to examine how shifting forms of disability identities (see Renshaw et al. 2014) are accomplished for Annika, a preadolescent girl diagnosed with Attention Deficit Hyperactivity Disorder (ADHD), during her first year in a special educational setting in Sweden. We make this argument by employing membership categorisation analysis (MCA) to investigate how different forms of identity categories are invoked and how the features and category attributes of those identities are negotiated and accumulated over time in everyday interactions (Antaki and Widdicombe 1998; Benwell and Stokoe, this volume). We will analyse everyday interactions to show how Annika becomes identified as a ‘typical ADHD girl’ by teachers, parents and other pupils.

Schools are significant institutions in the lives of children. The manner in which staff handle school problems will be decisive for the future, not just for the individual child but for the families and the teachers involved. From an applied linguistics perspective, school difficulties can be seen as ‘real-world problems in which language is a central issue’ (Brumfit 1995: 27), in that the difficulties that children face at school become discursively classified and coded by the institution in order to be able to handle a problematic situation (Roberts 2013). In this process, ‘real-world problems’, such as children’s school problems, are addressed in the more abstract language of institutional discourse that defines the nature of the problem. For example, a pupil in need of support for learning difficulties can be categorised as a ‘learning disabled pupil’ in order to get educational support (Mehan 1993; Roberts 2013). As Hjörne and Säljö (2004) show, interpreting children’s school problems through the use of neuropsychiatric diagnoses, such as ADHD, serves as a resource both for placing children in special classes and for reminding a child of her/his alleged disability within the classroom.

At the moment, learning disabled pupils in most countries are identified predominantly through the deployment of a medical model, where disability is conceived of as the outcome of impairment (Shakespeare 1996). Increasing numbers of school-aged children are
categorised as behaviourally and emotionally disordered and diagnosed with ADHD (Hjörne and Säljö 2004; Graham 2010; Velasquez 2012). From a gender perspective, it is worth noting that more boys than girls receive the ADHD diagnosis (Kopp 2010; Velasquez 2012). The gendered differences have been related to the core symptoms that can result in an ADHD diagnosis – namely: inattention, hyperactivity and impulsivity; these symptoms are claimed to be more common among boys than girls (Holmberg 2009; Graham 2010). We want to emphasise that we do not take a stand on the controversial issues of the nature and aetiology of ADHD or whether the diagnosis can be seen as valid and as a reliable indicator of identifiable medical and/or psychological conditions. Our interest lies instead in the in situ use of this diagnosis as a social phenomenon that may be manifestly relevant for ‘responding to problems put forward’, to use Li Wei’s expression (2014: 6). In the case study of Annika presented in this chapter, we treat the ADHD diagnosis as a form of identity category that ‘is implicated in real-world decision-making’ (Simpson 2013: 2). For example, what is accomplished in various steps of everyday interactions and activities, between teachers and parents and between teachers and pupils in various special educational activities, and how this might be contributing to the identification, recognition and categorisation of particular children as differently abled, are some of the questions this chapter aims to shed light on.

**Overview**

Ethnomethodological research on disability, framing social identities as accomplished social and situated phenomena, has highlighted the everyday practices through which children and adults become recognised as deviant and disabled. Moreover, studies have demonstrated the need to examine how the identities of the disabled are actively reconstituted in particular institutional and interactional contexts of use (Rapley et al. 1998; Renshaw et al. 2014; Roberts 2013).

An important line of ethnomethodological research on how children become recognised and treated as disabled in the everyday practices of education has been carried out by Mehan and his colleagues (see Mehan et al. 1986; Mehan 1991, 1993). This research demonstrates in great detail how schools locate the problems of the child ‘[b]eneath the skin and between the ears’ (Mehan 1993: 241) in the process of sorting pupils into categories such as ‘normal’, ‘special’ or ‘educationally handicapped’. A focus on disability from psychological perspectives thus implies that a disabled person will be recognised and treated mainly in the deficient terms associated with the specific disability label (Mehan 1993; Hjörne 2006; Graham 2010; Velasquez 2012; Evaldsson 2014). Identifying children as disabled through the deployment of medical and psychological models, where disability is conceived of mainly as the outcome of individual impairment, is viewed as a necessary condition for addressing and compensating for their shortcomings (see Shakespeare 1996; Hjörne and Säljö 2004; Renshaw et al. 2014). In this sense, categories are part of an ‘institutional machinery’ (Mehan et al. 1986: 164) through which schools simultaneously (re)produce knowledge and coordinate its daily practices. An example is the creation of special classes for children described as having ‘special needs’ (Hester 2000) or ADHD (Hjörne 2006; Velasquez 2012). The process of categorising children as disabled thus has material consequences for their social and personal identifications (Bowker and Star 1999; Hjörne and Säljö 2012). For example, diagnoses such as ADHD operate both as tools for excluding children from mainstream classes and as guiding principles for organising teaching and learning practices for children deemed to be in need of specialised educational support (Hjörne 2006; Evaldsson 2014).
Previous ethnomethodological studies have also demonstrated how children who are identified as displaying learning and behavioural difficulties at school are routinely placed in a binary category and contrasted with the ‘normal child’ (Maynard 1991, 1992; Mehan 1991, 1993; Hester 1998). For example, Hester (1991, 1998) shows in his studies of referral meetings that children who are recognised as disabled are marked out in relation to the non-disabled by reference to a range of activities, attributes and characteristics recognised as deviating from non-disabled norms. ‘Such recognitional “work” provided a sense for the participants of their being respondents to an independent or objective set of problems within the school’ (Hester 1991: 461). Thus, normalising practices contribute to the construction of disability as facts that, in turn, become the ‘grounds for intervention and treatment’ (ibid.: 462). Gill and Maynard (1995) also show in their study of professional lay conduct at a clinic for developmental disabilities how categories such as, for example, mental retardation, autism, emotional disabilities, learning disabilities and related conditions are products of the social system rather than inherent deficiencies.

However, as Renshaw et al. (2014: 1) note, a focus on disability as the defining identity category may sometimes hide ‘the complexity and subtlety of how diverse disability identities are actually achieved in everyday schooling contexts’. They found, for example, how different versions of the identity of a ‘child with a disability’ were accomplished through communication books sent between parents and teachers. The analysis revealed how diverse disability identities were deployed variously and strategically by teachers and parents in various special educational contexts, in turn contributing to a view of the disabled child as ‘more agentic and self-aware’ (ibid.). Hester (1998) also demonstrates in his study of referral meetings how various forms of disability identities were ascribed to pupils, ranging from the identity of a ‘pupil with reading difficulties’, a ‘pupil with behavioural problems’ and an ‘immature boy’, to that of a ‘deviant pupil’. Through using categories that indicated different forms of disability, Hester noted how children were ascribed an identity as a ‘weak’, ‘disabled’ or ‘special’ pupil by the institution or, as Thomas and Loxley (2001: 76) express it, ‘to be called “special” is to be given a new identity within the schooling system’. In one of our studies, Evaldsson (2014) highlights the complexity of locally accomplished identity practices through considering how boys diagnosed with ADHD exert a considerable degree of agency in using bald imperatives and a sexual language when resisting teacher authority and the categorical conduct of a ‘special student’ ascribed to them. As Rapley et al. (1998) demonstrate, a person with a learning disability can, like any other, either assert or dismiss his/her institutionally ascribed identity.

Methodology

Drawing on the ethnomethodological outline given above on disability identities as accomplished social and situated phenomena, we argue that an ethnomethodological approach to members’ understandings of categorisations (Sacks 1972; Hester and Eglin 1997; Antaki and Widdicombe 1998; Fitzgerald 2012; Benwell and Stokoe, this volume) provides a fruitful way to capture ‘the shifting and situated enactments of disabilities’ accomplished for children ‘in schools and homes’ (Renshaw et al. 2014: 48). For this purpose, in this section we will present a case study of Annika, a preadolescent girl aged 10 and diagnosed with ADHD, to illustrate how everyday interactions in which different forms of school problems are ascribed to Annika led to her accumulating a record of disability identities. The data presented here draw mainly on the communication books that were used by Annika’s parents and her teachers to inform each
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other of how she was managing at school. The messages in Annika’s communication book over one school year, together with data collected from the observation of classroom activities of a special class organised in a Swedish primary school for children assigned with the diagnosis ADHD, provide the everyday interaction that we analyse in this chapter.

Using ethnomethodological principles of members’ understanding of social categories (MCA), we will focus on exchanges in which the participants account for and make relevant forms of category memberships (see Benwell and Stokoe, this volume); in this chapter we are interested in category memberships that contribute to establishing and maintaining disability identities. In Sacks’s (1972, 1995) work, the exploration of categories is based on examining the in situ work deployed in the members’ organisation of taken-for-granted social categories and their related actions, the so-called category-bound activities characteristic or constitutive of a category. Not only is the conventional connection between categories and activities a sense-making device in that it makes inferences about other people, but the activity itself may be used as a way of implicitly categorising people (Watson 1998). As will be shown, categories such as ‘ADHD girl’, a ‘child with emotional and behavioural disorders’ or a ‘child with a disability’ are seldom used explicitly in the interaction; however, these categories may be inferred in the variety of ways that Annika is described in the course of the interaction. As Antaki and Widdicombe demonstrate, ‘[m]embership of a category is ascribed (and rejected), avowed (and disavowed), displayed (and ignored) in local places and at certain times, and it does these things as part of the interactional work that constitutes people’s lives’ (1998: 2). Of interest also is how the activity descriptions and category memberships ascribed to Annika are not only used to describe her actions but also to undercut, realign or discredit the account of these in the interactions between her parents and teachers and between her teachers and fellow students. In our analysis we use the accepted convention of single quotation marks (‘problematic pupil’) to signify the specific category under investigation.

From an ethnomethodological perspective, members’ categories are inference rich, which implies that ‘a great deal of knowledge that members of a society have about the society is stored in terms of these categories’ (Sacks 1992: 40). The use of categories describes and displays members’ understanding of the world and their common sense and routine orientation to category-organised knowledge (Hester and Eglin 1997; Fitzgerald 2012; Stokoe 2012). These understandings may be of broader social phenomena such as disability identities, gender, race or other social identities, but they may also be of how emergent social identities are made operative, relevant and consequential over the course of an interaction (Sacks 1995: 327).

In the presentation and analysis of the data in the following section, we will demonstrate how membership categories and category-bound activities associated with the neuropsychiatric diagnosis ADHD are occasioned and negotiated by the participants in particular instances and are charged with institutionalised agendas, leading to a version of Annika as a ‘typical ADHD girl’.

The data

In order to retrospectively track the various steps of everyday interactions and activities in the case study presented in this section, the MCA analysis is here combined with ethnographic knowledge (see Goodwin 2006; Evaldsson 2007). The data draws from an ethnographic study that involved collecting video recordings during the course of one school year in a special educational unit that was integrated into a primary school located in a multi-ethnic, low-income suburban area in Sweden. The study was conducted by Velasquez (2012) as part of her PhD
study in the research project *Boys in need of remedial support.* The unit was named ‘the ADHD group’ after the pupils, who were all diagnosed with ADHD. Six boys and one girl, Annika, attended the special class, which was assigned two teachers. We will focus on the events during the school year that were relevant for ascribing Annika a disability identity and displacing her from mainstream classes. As mentioned in the previous section, the analysis is mainly based on the interactions that took place between Annika’s teachers and parents in the communication book that passed between them during the school year. We will demonstrate how Annika’s ascribed identity shifts during the course of the year from a ‘good pupil’ to a ‘problematic pupil’ and a ‘typical ADHD girl’. We also analyse a series of exchanges from classroom interaction at the end of the school year to demonstrate how Annika’s fellow students also come to align themselves with Annika’s ascribed identity as a ‘typical ADHD girl’.

Through the retrospective selection of temporally unfolding events, we want to bring into the foreground how the gradual reconstitution of Annika as a problem child involves assembling observations and accounts of temporally unfolding events in which everyday actions and classroom behaviours become repeatedly evaluated and compared with features associated with ADHD, whether recognised as problematic or not (Wortham 2003, 2004).

**Mitigating Annika’s school problems**

During the first month of school after the summer holidays, the communication book mainly consists of short and more general reports from the teacher of how Annika manages in school. As Hall *et al.* (2006: 90) note in their analysis of category work in social welfare, ‘incompleteness and incoherence are intrinsic to case records, because by definition they are selective for the purpose of day-to-day management’. Extract 1 illustrates the type of comments that were typical at the start of the school year. Short comments such as ‘a good day’ followed by a star are commonly used in the communication book.

**Extract 1 Teacher assessment of Annika during first few weeks of the school year**

En bra vecka för Annika; Det har gått bra idag, hon kämpar på; Vi är sju stycken i gruppen just nu så det är ju inte alltid alldels tyst; En bra dag!, En bra dag som vanligt; En bra dag för Annika!

((Annika’s lärare))

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

((Annika’s teacher))

As Extract 1 illustrates in the first entries in the communication book, the teacher uses a series of more general positive assessments to indicate to Annika’s parents how well Annika is settling in at school. However, the teacher’s repeated and upgraded recyclings of positive assessments also suggest that Annika might have long-term problems that need to be mitigated and accounted for in positive terms. However, during the same period, Extract 2 shows that the teacher also referred to Annika’s long-term school difficulties more explicitly in terms of her medication.
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**Extract 2 Teacher references to Annika’s medication**

Vi har bara tre tabletter kvar; Annika hade inte tagit sin medicin hemma, det märktes, det var svårt att koncentrera sig, efter lunch bättre koncentration.  

((Annika’s lärare))

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

((Annika’s teacher))

Extract 2 indicates the teacher’s view that medication would enable Annika to become better disposed to learning and suggests some criticism of the lack of medication at home. The argument displays the teacher’s orientation to Annika’s school difficulties as unrelated to her classroom situation and the teacher’s ability to engage the children in learning, but as strictly biological and so outside teacher expertise (Prosser et al. 2002). In this sense, an individuating logic that places school problems within individual children is put forward as a way of addressing Annika’s school difficulties (Hester 1998). Simultaneously, the use of the particular category-bound activity ‘hard to concentrate’ invokes the category identity of ADHD. As a result, Annika becomes not personally accountable for her school difficulties. Instead, an account of the parents as the ones to be blamed for not following the medical prescriptions is constructed through the use of the predicate ‘at home’. As will be discussed, the teacher’s account opens up a series of counter-arguments in which the boys who are Annika’s fellow classmates become the ones to be blamed for Annika’s school problems.

**Extract 3 Parental accounts of the impact of fellow students’ conduct**

Det är under stor vikt att Kalle låter Annika vara ifred på skoltid (ringde dig om detl). För att hon ska kunna lära sig något så måste hon få lugn och ro, det har jag lämnat intyg på första året. Med vänliga hälsningar Monika P.  

((Annika’s mamma))

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

((Annika’s mother))

Jag har talat med Kalle.  

((Lärarens svar))

I have talked to Kalle.  

((Teacher’s response))

Extract 3 puts forward a counter-explanation for the difficulties that Annika was encountering at school in which Annika’s mother relates her daughter’s difficulties to the social relations that she is encountering in the classroom. It is the view of Annika’s mother that Kalle, one of the boys in Annika’s class, is causing Annika trouble. Annika’s mother also emphasises the need for a peaceful learning environment for her daughter. Both the social arrangements and the individualised problem are used to understand and remedy Annika’s school problems. Tying the particular
category-bound activities and the comment ‘she must have peace and quiet’ to Annika, affirmed by a doctor, invokes the category identity of ‘ADHD’ as a reason for intervention.

In these very first entries of the communication book, Annika’s teachers and parents establish what they consider relevant with regard to Annika’s disability and school situation (Renshaw et al. 2014). Although they provide slightly different versions, the accounts given by both the teacher and the parents offer explanations of Annika as not accountable for her school difficulties. The medical diagnosis of ADHD distances the teachers and the parents from any potential blame (see Lloyd and Norris 1999) about Annika’s difficulties at school.

Invoking gender as relevant to disability: negotiating a ‘problem pupil’ identity

During the next few months, the messages from the teacher develop into more detailed accounts invoking both the properties of Annika as a person having emotional and behavioural difficulties and the social arrangements in class. The more detailed descriptions of Annika’s everyday school situation, as illustrated in Extract 4 below, allow both the teacher and the parent to reflect on Annika’s actions in emotional and behavioural terms and to take a moral stance towards the actions being accounted for.

Extract 4 Teacher orientation to gender

Annika hade huvudvärk på förmiddagen, kände sig lite hängig, annars jobbat bra; Annika blev ledsen i morse, hon la sig på soffan och ville sova innan alla kom. Då kom både Kalle och Noa och skrek i hennes öra att hon skulle vakna. Annars har allting varit bra med skolarbetet.
Annika blev sur och arg idag p.g.a. att hon förlorade i ett mattespel som hon spelade med GUNNEL ((lärarens namn)). Dålig förlorare är hon tyvärr ofta.

((Annika’s lärare))

Annika suffered from a headache this morning, felt out of sorts, otherwise has been working well; Annika was sad this morning, she lay down on the sofa and wanted to sleep before everyone arrived. Then both Kalle and Noa came and screamed in her ear that she should wake up. Otherwise everything has been just fine when it comes to schoolwork.
Annika got sore and angry today because she lost a maths-game she was playing with GUNNEL ((name of the other teacher)). Unfortunately, she is often a sore loser.

((Annika’s teacher))

Despite describing how Annika is doing well in school when it comes to schoolwork, the teacher provides details about a range of emotional and physical problems deemed noteworthy in the communication book, referring to ‘headache’, feeling ‘out of sorts’, ‘sad’, ‘[wanting] to sleep’, feeling ‘sore and angry’ and being a ‘sore loser’. Several of the listed emotional problems are linked to the attributes that characterise the disorders described as typical for girls with ADHD (Holmberg 2009; Kopp 2010). The teacher describes the children as acting out their disorders. While the boys, Kalle and Noa, are represented as loud and aggressive, in that they ‘came and screamed in [Annika’s] ear’, Annika is described as withdrawn and a ‘sore loser’. In this sense, the teacher invokes gender dualism, mapping the girl’s versus the boys’ classroom conduct into contrastive disability categories on the basis of their sex category (see Evaldsson 2014).

In the response from Annika’s mother in Extract 5, the essentialised notions of gender are
explicitly referred to Annika’s disability identity, which now is made relevant in order to make her difficulties in class understandable.

Extract 5 Mother’s defence of her daughter

Det beror ju på hennes funktionsnedsättning att det är svårt att ta vissa saker! Har man ADHD så är man en känslomänniska! M.P.

((Annika’s mamma))

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

((Annika’s mother))

Det vet jag också. Men vi jobbar på att det ska bli bättre.

((Lärarens respons))

I know that too. But we are working on improving this.

((Teacher’s response))


((Mammans respons))

Try to make the boys reduce the teasing of Annika. Her kind of disability makes it easier to be hurt, typical for girls. Boys are more aggressive. With kind regards Monika.

((Annika’s mother))

The mother’s responses can be seen as an open contestation of the teacher’s prior depiction of Annika as a ‘sore loser’ (see Extract 4), which in turn implies that Annika is partially to be blamed for her conduct in class. In her responses to the teacher in Extract 5, Annika’s mother explicitly categorises her daughter as ‘dysfunctional’. The implication is that Annika’s behaviour is associated with her ADHD diagnosis and so she is to be expected to be ‘an emotional person’. The reference made to Annika as displaying introvert emotional behaviours provide an argument for casting Annika as a ‘typical girl with ADHD’. This time it is the mother who invokes binary disability categories for girls versus boys on the basis of different gendered forms of emotional instabilities, i.e. ‘easily hurt’ versus ‘more aggressive’ (compare with Evaldsson 2014).

One way to understand the different disability identities ascribed to Annika by the teacher and her parents is that this ascription is not ‘simply “a product of social interaction”’ (Hester 2000: 205); rather, it is part of a negotiation between ‘particular categories of people’ (ibid.). Belonging to the category of ‘mother’, Annika’s mother speaks up for her daughter as not accountable and capable of handling social relations, defending her behaviour and questioning the interventions made by the school. However, it is interesting to note that it is not the teacher but the mother who makes use of the medical diagnosis to legitimise Annika’s school problems (see Mehan et al. 1986).

Recognising category attributes associated with ADHD

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

**Extract 6 Teacher’s account of emotional problems**

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

As can be noted in Extract 6, the teacher’s descriptions of Annika’s school performance as ‘sore’, ‘sad’, ‘very annoyed … sometimes unnecessarily’, ‘angry’, ‘difficult concentrating’ and ‘too touchy’ focus on what may be seen as problematic emotional conduct. The list of negative emotional states ascribed to Annika make available a frame of reference for managing her disruptive conduct and for seeing the emotional disturbances as individual characteristics. The emotional instabilities and disturbances listed above further strengthen the view of Annika as a ‘typical ADHD girl’ with introvert symptoms. During this period, there are also several messages in which the teacher complains to the parents about the lack of medication. Although the teacher does not specify what the anticipated behaviours are, the problematic behaviours invoked make it likely that Annika’s behaviour will be understood mainly in terms of having a specific kind of disability, that of a ‘typical ADHD girl’.

**Solidifying a typical ADHD identity in everyday classroom interaction**

As demonstrated so far, the identity of a ‘typical ADHD girl’ was gradually accomplished for Annika in the interactions in the communication book that passed between her parents and teachers during almost an entire school year (August–April). By the end of the spring, Annika’s ADHD identity was more or less solidified. At this point, her fellow ADHD classmates increasingly oriented to her as disabled in everyday classroom interactions as well. The children’s placement in a withdrawal class especially organised for students diagnosed with ADHD played a crucial role both in the reproduction and the resistance of the ADHD identities of the children who were assigned to this group and in the case here to Annika.

We will now analyse a series of classroom activities that took place between the teacher and the pupils, including Annika, at the end of the school year. Extracts 7a and 7b are from a classroom event at the beginning of May, in which some of the boys in class complain to the teacher about Annika’s social conduct. As will be demonstrated, the pupils account for Annika’s actions by aligning themselves to the teacher’s version of events in which Annika’s conduct is deemed to be deviant. As Extracts 7a and 7b illustrate, this is achieved through explicit references to Annika’s medication.
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Extract 7a Teachers and pupils ascribing deviant identity to Annika

1 2 Marcelo: när hon kom idag sa hon ba “flytta på dig”
when she came today she just said “move”

3 TEACHER 1: [Annika?

4 Kalle: [sa Annika de. de e ba för att ni-
did Annika say that. it’s only cause-

5 Marcelo: [NÄ:
[NO:

6 7 TEACHER 1: NÄ: för hon har inte tatt sin medicin å
då e hon lite kaxigare
NO: cause she’s not been taking her medicine, then
she gets more bossy

8 9 Kalle: FETT ↑SYND (.) alltså ska man slå henne
så hon håller käften (.)(den “djävla horan”
TOO ↑BAD (.) then you have to hit her (.)
so she’ll shut up (that “fucking whore”

10 TEACHER 1: [du måste ta av dig
13 skorna - ((to Marcelo)) ta av dig
skorna

13 [you have to take off

13 your shoes - ((to Marcelo)) take off your
shoes

14 15 Kalle: ↑A: då ska ja också ta- å va utan min
medicin
↑YEAH: then I’ll also take- be without my medicine

16 Marcelo: ↑NÅ ska också de, Å BLI MER ↑KAXIGARE
↑ME: ↑TOO, AND BE MORE ↑BOSSY

As can be noted in Extract 7a, Marcelo and Kalle, two male classmates, justify their offensive behaviour toward Annika by narrating a version of Annika as problematic and deviant; their description aligns with the teacher’s stated view of Annika as ‘bossy’ (line 7). The fact that the teacher explains Annika’s conduct in negative terms can be seen as a sign that the problematic behaviour ascribed to Annika has come to be taken for granted and that her fellow pupils’ offensive behaviour toward her may thereby be justified. Thus, as in the communication book, the teacher orients to Annika as a ‘disabled pupil with ADHD’ who deviates from the classroom norms because of her lack of medicine (line 6), which is expected to mitigate the symptoms (see Renshaw et al. 2014). However, the teacher’s categorisation of Annika as in need of medication also provides a platform for the two boys to collude in putting forward their own medical recommendations (lines 14–16). The use of bald imperatives such as ‘you have to hit her’ and swear words and sexist language like ‘so she’ll shut up that fucking whore’ (lines 8–10) not only warrants an upgrading of Kalle’s recurring offensive conduct toward Annika, but also demonstrates how gender and disability interact in complex ways in constituting Annika as ‘a typical ADHD girl’. In Extract 7b (line 2), Kalle again aligns with the teacher’s categorisation of Annika as a ‘problematic and deviant pupil’ who is in need of medicine in order to be less disruptive.
Annika is present during the interaction in Extract 7b between the teachers and her fellow pupils in which an account of her behaviour as problematic is built up step by step. In line 2 Kalle interrupts one of the teachers to expand on Annika’s conduct as disruptive. Kalle also suggests a solution as he directs the teachers to ‘give her medicine’ (line 2). In response, teacher 2 defends Annika. Although she echoes Kalle’s criticism of Annika as ‘disruptive’, instead of criticising her, she evaluates her conduct in positive terms, stating that ‘it’s a good thing she’s a bit disruptive (.) as everybody else’ (lines 3–4). In this interaction, Annika is no longer differentiated from the other pupils in the ADHD class. As a result, the interaction between the teachers and the boys in class present a view of Annika as a morally accountable pupil who can be blamed for her problematic classroom conduct (see Wortham 2003).

A couple of weeks following the classroom interaction in Extracts 7a and 7b, Annika was involved in an argument in class with Amir that escalated to the point that Annika announced her departure and acted on it; she was observed walking away alone into the forest. At this juncture, Amir was observed shouting after Annika, ‘DON’T EVER COME BACK!’ Neither of the teachers tried to stop Amir or went after Annika. Extract 8 comes from the following day, when the teacher talks with Annika about what happened in the forest.

Extract 8 Annika accounting for her position as a victim

1 2 TEACHER 2: ↑ALLtså: (.) hur ska vi göra (.) [Ja blir ju orolig:
↑So: (.) what are we going to do [I got worried:
3 Annika: ↑men (.)
4 ↑jag menar- vet du- vet du- ja sa kan du
5 sluta så elak mot mig-< (.) >å han ba
6 fortsätter- ä fortsätter-< jag sa de-
((pratar fort, gråter))
↑Men (.) >I mean- do you know- do you
know- I said can you stop being that nasty
to me-< (.) >and he just continues- and continues-< (.) I
said so ((talks fast while crying))
78 TEACHER 2: ↑NE] (.) men du bara försvann (.) Amir har gjort [precis som vi har sagt åt honom
↑NO (.) but you just disappeared (.) Amir has been doing [exactly as we told him

9 Annika: [men –men- men] vet du vad
10 han sa (?) “bra kom aldrig tillbaka”
[but- but- but] do you know what he said (?)
‘good, don’t ever come back’

11 12 TEACHER 2: De var elakt sagt (.) de kan ja förstå [men att du-
That’s mean (.) I understand that [but you-

13 Annika: [ja vill inte gå här längre
[I don’t want to be here

14 TEACHER 2: varför kom du inte å berätta de för mig (.)
15 för att ja känner så hår (.) Annika (.) så
16 fort Amir öppnar sin mun (.) så säger du
17 att Amir har gjort så (.) du liksom
18 förstörar upp saker [de blir så stort
why didn’t you come to me and tell me (.)
cause I feel like this (.) Annika (.) as
as Amir opens his mouth (.) you say
Amir has done this (.) you kind of
exaggerate things [it gets that big

19 Annika: [men- (-) ja menar- [-] han kommer-
[but- (-) I mean- [-] I mean he comes-

20 TEACHER 2: ↑NÅ: (.) men du går
↑NO (.) but you’re leaving

Extract 8 gives another example of the way in which the teacher constructs Annika’s conduct as problematic and as causing a disturbance. When the teacher asks Annika how they should proceed following the incident and expresses her worry, Annika begins to cry and defends her actions by describing how Amir is repeatedly ‘nasty’ to her (lines 3–6). Although Annika tries to justify her actions in the light of prior victimisation, the teacher does not treat the actions as casting Annika as a victim. Instead, she blames Annika for running away and exaggerating what Amir has done (lines 7–8, 14–18). Annika raises further objections and persistently tries to defend herself by referring to Amir’s actions as longstanding and ‘always mean’, as she continues crying. By doing this, Annika tries to convince the teacher that she is worthy of the category of ‘victim’, and that she deserves some protection and redress from her classmates’ taunts. In a bid to persuade the teacher of her unjust treatment, Annika continues crying and tells the teacher, ‘I don’t want to be here any more’ (line 13). Matters escalate, as on the following day Annika’s mother phones the teacher to inform her that Annika has stated that she wants to commit suicide. This action ultimately resulted in the school finding an alternative class for Annika.

Discussion

The data presented in the preceding section illustrates how shifting forms of disability identities are solidified for Annika during the school year through the interactions between Annika’s teachers and parents and between Annika’s teachers and peers in the segregated setting for
pupils assigned the diagnosis of ADHD. Membership categorisation analysis (MCA) allows for a social view of disability as a shifting category that is deployed variously and strategically by the participants in the study. Through the temporally unfolding events over one school year, the category of disability is accomplished for Annika in order to account for the difficulties that she faces at school that in turn constitute her as a ‘typical ADHD girl’ in contrast to her male classmates. Both Annika’s teachers and parents account for her conduct with emotional terms that are typical for girls diagnosed with ADHD (see Velasquez 2012). For example, there are frequent references in the data to Annika as having a ‘headache’, feeling ‘out of sorts’, being ‘sad’, being ‘sore and angry’ or being a ‘sore loser’. While orienting to the membership category of being a ‘Teacher’, Annika’s teachers account for her difficulties as being caused by individual characteristics. The parents, on the other hand, orient to their membership category of being ‘Parents’ by defending their daughter. They give an account of Annika’s difficulties as neuropsychiatric problems, which legitimises the ADHD diagnosis and make her actions understandable in the classroom. This implies that no one is to be blamed for the problems (see Lloyd and Norris 1999).

Moreover, many of the negative category-bound activities and predicates attributed to Annika in the accounts given by the teachers and the parents are symptoms typical of ADHD diagnosis attributed to girls as a group. As has been pointed out elsewhere, the individualistic character of the disability category provides for category-tied institutional activities, which in this case resulted in withdrawal to a special class for children assigned the diagnosis (Hester 2000; Antaki 2007). Furthermore, the character attributes ascribed to Annika make available a frame of reference for legitimising medicalisation and for individualising emotional disturbances.

The data show that, in everyday classroom interaction, the categorisation of the girl as a problem child are occasioned and given shared meanings for the participants at particular instances and are charged with institutionalised agendas, neither of which can be reduced to the other (Wortham 2004). Thus, across a trajectory of selected school events, an inference-rich pattern of accumulated records of disabled behaviours contributes to the development of the girl’s disability identity, warranting a particular category membership as an ‘ADHD girl’, which comes to identify Annika in the end (Sacks 1995).

**Issues for applied linguistics**

From an applied linguistics perspective, where language is at the core of all activities (Li Wei 2014), teachers, parents, fellow pupils and especially Annika, as the focal participant, are addressing ‘real-world problems’ that affect their lives in different ways. In this chapter, we have reported on how the attributes of particular disability identities are accomplished in everyday communication practices in the context of a withdrawal class for children categorised as having ADHD. Categorisation is fundamental to institutions and institutional practices (Sarangi and van Leeuwen 2003; Roberts 2013). Through the use of categories, institutions define what the nature of a problem is and what measures are relevant to take. Institutions ‘think and act’ through categories, as Douglas (1986: 60) puts it. Furthermore, the category, in this case ADHD, operates as a filter through which the school, children, parents, teachers and society more generally interpret and understand different behaviours as problematic (or not); thus marking the identity of children diagnosed with ADHD as non-normative. In this sense, the diagnosis will be ‘the relevant thing’ (Edwards 1998: 19) about Annika, and this will have consequences for her throughout her education and future life. Insights into how educational, and other, institutions ascribe disability identities, and the intersection of disability with other dimensions such as
the gender of individuals’ identities, are issues of great relevance for applied linguistics (Simpson 2013) and future language and identity studies.

Summary

In this chapter, we analysed how a specific disability identity was accomplished for a girl in a special class through the interactions of her teachers, parents and classmates, as they accounted for the everyday events of school. We employed an ethnomethodological framework, which, from our perspective, provided an effective way to understand how membership categories and category attributes, here associated with neuropsychological disorders of individuals, are used to explain and address problematic conduct in a special educational school context. The analysis illustrated how, across the trajectory of a school year, the accumulation of inference-rich records of problematic conduct contributes to the development of a preadolescent girl’s disability identity as a ‘typical ADHD girl’. Over the course of the year, this identity comes to the fore in the school context and is used to stigmatise and marginalise the individual concerned (Sacks 1995).

Related topics

Ethnomethodological and conversation analytic approaches to identity; Discursive psychology and the production of identity in language practices; Language and gender identities; Being a language teacher in the content classroom: teacher identity and content and language integrated learning (CLIL); Intersectionality in language and identity research.

Further reading

Antaki, C. (2007). ‘Conversational shaping: staff members’ solicitation of talk from people with an intellectual impairment’, Qualitative Health Research, 17(10): 1403–1414. (In this paper, Antaki investigates aspects of disability identities as constructed in naturally occurring talk-in-interaction.)


Hester, S. (1998). Describing ‘deviance’ in school: recognizably educational psychological problems, in C. Antaki and S. Widdicombe (eds) Identities in talk. London: SAGE, pp. 133–150. (From an ethnomethodological perspective, Hester examines how children with a disability are marked out as different by placement in special educational programmes and by referring to their failure to live up to the expectations associated with the non-disabled pupil.)


Stokoe, E. (guest ed.) (2012). ‘Special issue. Categories and social interaction: current issues in membership categorization’, Discourse Studies, 14(3). (In this special issue, the authors provide different angles on MCA as a method for investigating culture-in-interaction, reality and society.)

Notes

1 Annika is a pseudonym.

2 The project was financed by the Swedish Research Council.
References


Appendix

[ ] Overlapping talk.
( . ) A micropause shorter than (0.5).
wo::rd Prolongation of the sound.
word- A hyphen after a word indicates a cut-off.
word Underlining indicates some form of stress or emphasis.
WORD Loud talk is demarcated by upper case.
°word°, °°word°° Talk that is markedly quieter than the surrounding talk.
↑ The up arrow marks a sharp rise in pitch.
> < The talk is markedly faster than the surrounding talk.
((cries)) Double parentheses mark the transcriber’s description of events.
“word” Citation is used to indicate reported speech.
what Italics used for translation into English.

(Transcription conventions adopted from Jefferson 2004)

The English translations are as close as possible to the Swedish verbatim records. All names have been changed to ensure the anonymity of the participants, and have been replaced with fictional names, preserving the ethnic backgrounds.