**An exploration of the school experiences of young people in further education with a diagnosis of Attention Deficit Hyperactivity Disorder**

Ross Blake Charlemagne

University of East London

A thesis submitted in partial fulfilment of the requirements of the University of East London for the degree of Professional Doctorate in Educational and Child Psychology.

July 2016

Student Declaration

University of East London

School of Psychology

Doctorate in Educational and Child Psychology

Declaration

I declare that while registered as a research degree student at UEL, I have not been a registered or enrolled student for another award of this university or of any other academic or professional institution

I declare that no material contained in the thesis has been used in any other submission for an academic award

I declare that my research required ethical approval from the University Ethics Committee (UREC) and confirmation of approval is embedded within the thesis.

Ross Blake

Signature: .................................................... Date:

# Acknowledgements

I would firstly like to thank the participants that took part in this study, without them this research would not have been possible.

I would like to thank my thesis supervisor Dr Laura Cockburn and the course director, Dr Mark Fox for their guidance, support and wisdom throughout this process.

I would like to acknowledge the tremendous amount of support I have been given throughout my journey to becoming an applied Educational Psychologist. This document is testimony to the concept of holistic support. I shall personally thank David Robertson for being a guiding arm in the formative stages of this fascinating journey. The support from some of my friends has been exceptional, a special thank you to Natalie D Cannon and Sherifa Prince, the Amos’s and Dr Lopez. My family have also been incredible, special thank you to Reema and my dearest, amazing and inspirational mother. Then we have my beautiful, resilient, intelligent and brave grandmother who sacrificed her own career, so that her offspring could prosper. I perhaps owe you more gratitude than I can ever show. I also need to mention the staff at The University of West London who were simply incredible. Finally the staff and more importantly the pupils from Grange Primary School who cemented my desire to work with children and young people.

I shall remain forever grateful to all of the above!

# List of abbreviations used

ADHD - Attention Deficit Hyperactivity Disorder

ADD - Attention Deficit Disorder

ASD – Autistic Spectrum Disorder

EP – Educational Psychologist

EPS – Educational Psychology Service

TEP – Trainee Educational Psychologist

SEN – Special Educational Needs

SENCo – Special Educational Needs Co-ordinator

NICE – National Institute for Health and Care Excellence

BPS – British Psychological Society

DSM IV - The Diagnostic and Statistical Manual of Mental Disorders – 5th edition

LA - Local Authority

NHS - National Health Service

IPA - Interpretative Phenomenological Analysis

LD - Learning disabilities

ODD - Oppositional Defiant Disorder

# Abstract

*Background*

The educational experience of four young adults with a diagnosis of Attention-Deficit/Hyperactivity Disorder (ADHD) were explored with a view to thinking about how their experiences can inform the practice of Educational Psychologists. The children and families act has had a profound impact on EP practice. EP’s are now expected to support young people between the ages of 16-25. The four young adults contributed a rich and unique perspective into what it is like to exist in mainstream school with the diagnosis. Their lived experience provided insights into the controversial narratives that surround ADHD, such as the legitimacy of the condition and the manner in which professionals support them.

*Methods*

Using in-depth qualitative semi structured interviews, 4 young people with a medical diagnosis of ADHD aged between 18-24 years gave an in-depth insight into their lived school experiences. The research focused on how the participants’ perceived that having a medical diagnosis of ADHD impacted on their educational journey. The researcher adopted the epistemological positon of a social constructionist and Interpretative Phenomenological Analysis(IPA) was used as the methodology for the research. This was due to IPA having an explicitly phenomenological commitment to discerning individual meaning and a clear idiographic emphasis.

*Results*

Key Themes for individuals were Cultural Reinforcement of Normality, Discriminatory Practise, Living with an Unwanted Self and the Transformative self. The group themes that emerged from the participants lived school experience were 1) Psychological Homeostasis, 2) Identity, 3) Self Concept, 4) Professional Disappointment and 5) Positive Relationships.

*Conclusions*

The findings of this research have some potentially significant implications for Educational Psychologists. Young people expressed different beliefs about the legitimacy of ADHD and its impact on their educational experiences. These beliefs and attitudes were influenced by the participant’s social and cultural environments. The research unearthed themes that demonstrated the participants’ had formed significant negative perceptions of teaching staff and professionals. EP’s should consider moving to a strength based perception of ADHD. Individuals diagnosed with ADHD need a balanced intervention plan that focuses not only on managing undesirable behaviours but also builds on their strengths and positive aspects.

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# Chapter 1 Introduction

***“How wonderful it is that nobody need wait a single moment before starting to improve the world.”***

[***Anne Frank***](http://www.goodreads.com/author/show/3720.Anne_Frank)

## 1.1 Introduction

Attention Deficit Hyperactivity Disorder (ADHD) is a heterogeneous behavioural syndrome characterised by the core symptoms of hyperactivity, impulsivity and inattention (NICE, 2008). ADHD is typically associated with impairment across several domains of functioning (Mannuzza, Klein, Bessler, Malloy, & LaPadula, 1993; Nigg, 2013). Given the increasingly high prevalence (Nylund, 2000) of ADHD and its apparent significant impact (Barkley, 2005) on children, families, teaching professionals, healthcare professionals and educational psychologists it is important to understand the views of those who have been diagnosed with the condition. This study will explore and analyse the perceptions and educational experiences of young people (16-25) with a diagnosis of ADHD.

## 1.2 Professional / Local context

This research was conducted as part of a three-year doctoral training course in Educational, Child and Adolescent Psychology. During the second and third year of this course, doctoral students are expected to work as Trainee Educational Psychologists for a Local Authority. This research was partly conducted in a Local Authority (LA) in the south east of England which has a combination of urban and small rural locations. There is a mixture of affluent areas and more socially deprived areas throughout the LA, reflecting the wide-ranging socio-economic status of the residents.

According to the most recent census (2013), the population is **1,140,700 as at 30th June 2013** The largest ethnic group in the LA 'White British' (80.8%) the national average is 79.6 and the next largest ethnic group considered themselves ‘[Any other than White British’ (Derived variable) (2011)](http://atlas.hertslis.org/IAS/metadata/view/indicatorinstance?id=109369&norefer=true) (19.8%, of the population). Then ‘people whose ethnic group is White: Other as a percentage of all usual residents from the 2011 Census 5.11, Followed by Asian or Asian British Indians 2.58%. Lone parents in full time employment was 36.42% and in part time employment it was 34.52%. There were 2928 of pupils with SEN associated learning disabilities in later life.

## 1.3 Understanding ADHD

Despite all the research it has been difficult to gain and maintain professional agreement on what ADHD is or what should be done about it (**Barkley, R. A., Cook, E. H. Jr, Diamond, A.,**et al. 2002**).** ADHD can be seen to be controversial because there continue to be a range of professionals and scientists, such as Professor Steven Rose, who reject the categorisation of the condition as a disorder at all, regarding it as socially constructed and suggesting that ‘many of these proposed mind manipulations are on the fringe of science fiction’ (Rose, pg 34, 2005). These views also fuel the controversy over the use of mind-changing drugs in the treatment of the disorder (Norris & Lloyd, 2000). However, differing views exist amongst health and educational professionals as to what constitutes ADHD. There are concerns that diagnosis is subjective (BPS, 2011). Does the person have ADHD or is the over activity an appropriate response to adversity: abuse, trauma or indeed learning disability? Who decides and how? Prescription rates for ADHD drugs such as Ritalin have soared in the UK in recent years, from 420,000 in 2007 to 657,000 in 2012. The condition, the symptoms of which include a short attention span and restlessness, is believed to affect between two and five per cent of school-age children (NHS, 2016).

It has been argued that the broadening of diagnostic criteria in DSM-5 (DSM-5TM, 2013), is likely to increase what is already a significant concern about over diagnosis, It risks resulting in a diagnosis of ADHD being regarded with scepticism, to the harm of those with severe problems who unquestionably need sensitive, skilled specialist help and support (BPS, 2011). This will be discussed further in chapter two.

## 1.4 Motivation for the Research

This research thesis came about as a result of my own professional practice as a mentor of children with special educational needs and working collaboratively with their families. When I began my career in education, I was working in the mainstream schools sector and noticed that a number of children had difficulty controlling their emotions and behaviour. Some years later, as part of my Doctorate in Educational Psychology I undertook placements with two local authorities, which involved access to young people with emotional and behavioural difficulties. I swiftly realised that the emotional and behavioural difficulties being faced by these pupils were seen, in some cases, as outside of their control. One school in particular that I was involved with adopted a behaviourist approach with a combination of sanctions and rewards to help pupils take ownership of their behaviour and to help control undesirable negative behaviours. A number of the pupils at this school had a statement showing a diagnosis of ADHD. The diagnosis of this disorder meant pupils had difficulty with attention to task, control of negative behaviours and, in some cases, aggression and hyperactivity. These pupils were considered to have difficulties that can also be exacerbated by their environment at home and at school. The difficulties being faced by pupils necessitated a high level of structure to their day and teaching regime to help them control negative behaviours. Even break times were organised and structured to avoid too much ‘free time’. Some pupils also had a prescription for regular medication to help them with difficulties such as impulsivity or hyperactivity.

Part of the role gave me direct access to the families of the young people with the diagnosis. The perspectives of the family were of interest to me. Some saw ADHD as the reason why their child’s behaviour was challenging and therefore felt it was beyond that young person to realistically moderate their behaviour. This subsequently meant that the socially undesirable behaviours presented by the children were apparently beyond their control. Although it would appear that at times the behaviours presented by the young people were embarrassing to the family, both within a school and a community context. However it would appear that for these families having a diagnosis of ADHD, absolved the young person of any responsibility for their socially constructed undesired behaviours.

There was a contrasting perception from some other families. They perceived ADHD as a reason why their children may find socially constructed ideals of normal behaviour challenging, however they did not see ADHD as a satisfactory reason for their children to engage in socially undesirable behaviours both within the education and family setting. I was fascinated by the impact of this behavioural expectation, not just on the young people directly, but also how their parents perspectives seemed to change the dynamic of how professionals working with the young people the and members of their community may perceive them. More pertinently how did this differing perception by the significant adults influence how the young people made sense of their behaviours.

With some cases, there seemed to be a power imbalance that displayed some families responding due to the pressure placed on them by professionals. My reflections were that lots of their choices were being influenced by pressure from professionals, rather than what they believed was in the best interest of their children. During my planning meetings with schools whilst on placement in one particular local authority, I had been surprised by the amount of children with a diagnosis of ADHD. In addition the narrative created around the children from senior staff members has shocked me. Words such as “unmanageable” and “extreme” have become common place amongst staff when used to describe the children’s behaviour. Of further interest has been the frequency of an assumption that children with different than expected behaviour “probably” have an ADHD diagnosis. The medicalization of the condition by the relevant and influential professional working in these children’s systems has stirred my interest as a researcher and practitioner in the debate and subsequent approaches for working with these young people.

Is a medical model of ADHD therapeutically helpful? It has been argued that it offers a decontextualised and simplistic idea that may lead to parents, teachers and doctors – disengaging from social responsibility to raise well-behaved children (**Timimi & Taylor,**2004**),** thus becoming a symptom of the cultural disease the medication is purported to cure (**James & Prout,** 1997**)**. By acting as agents of social control and stifling diversity in children, we are victimising millions of children and their families by putting children on highly addictive drugs that have no proven long-term benefits (**James & Prout,** 1997**)**.

## 1.5 Research Overview

This research will explore the current literature, focusing on the educational experiences of young people (between the ages of 16-25) who have a diagnosis of ADHD. In particular it focuses on how having a diagnosis of ADHD impacted on their education. The nature of the condition is discussed, outlining key ADHD theories and controversy associated with the validity of the condition. The eco-systemic model of Bronfenbrenner (1979) (see appendix 1) is used as the theoretical framework for the study. It provides an understanding of how the various facets of a young person’s environment might have contributed to their perceptions and experiences of school. The eco-systemic model will provide a context for how adults and peers in the young person’s environment might have formed the opinions and subsequent associated behaviours that the participants will be reflecting on (Bronfenbrenner, 1979).

The next section will begin with an overview of ADHD. Theories around understanding ADHD and information regarding the diagnostic pathway for ADHD will be presented. There will be information on the BPS’s response to this. Consideration will also be given to how the traditional work of EPs with people diagnosed with ADHD may be affected in light of the Children and Families Act (2014). The remaining sections of the chapter will then consider how adults with learning difficulties, particularly ADHD, have been conceptualised.

## 1.6 The Nature of Attention Deficit/Hyperactivity Disorder

The aim of this section is to explore the causes of ADHD. Examining this will provide a context for further sections of the literature review, which considers how young people with a diagnosis of ADHD, perceive how it has impacted upon their education.

## 1.7 Understanding ADHD

The Diagnostic and Statistical Manual of Mental Disorders – 5th edition (DSM-5TM), used in the USA and the rest of the world for the formal diagnosis of ADHD.

The DSM-5TM defines ADHD as a persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development, has symptoms presenting in two or more settings (e.g. at home, school, or work; with friends or relatives; in other activities), and negatively impacts directly on social, academic or occupational functioning. Several symptoms must have been present before age 12 years.

A number of researchers have considered the genetic basis of ADHD in an attempt to gain a greater understanding of the nature of the disorder. Barkley (2005) concludes that ADHD is a highly hereditary trait rather than a chromosomal defect. However, it continues to be a controversial area of research and some writers (e.g. Joseph, 2000) caution against identifying a genetic basis as it may limit further exploration of psychological causes, individuals may be stigmatised and drug treatment warranted.

Biederman & Faraone’s (2005) summary of twin studies concludes that ADHD is heritable to 75% and Epstein, Conners, Erdhardt, Arnold, Hetchman & Hinshaw et al (2000) found that parents of children with ADHD experienced more difficulty with inattention and cognitive problems, hyperactivity, impulsivity and more problems with self-concept than control parents. In the same study however, no difference was reported in symptoms between biological and non-biological (adoptive) parents of children with ADHD (Epstein et al, 2000). This evidence supports the concept of familial aggregation, whereby ADHD ‘runs in the family’ due to the environment and social learning.

Biological risk-factors have been identified in ADHD, for example food additives, lead contamination and cigarette and alcohol exposure (Spencer, Biederman & Mick, 2007). There is also evidence for neurobiological explanations, including abnormalities in dopamine transmission, whereby a genetic link is explored (Kirley, Hawi, Daly, McCaron, Mullins & Miller et al, 2002). The evidence for neurobiological explanations are criticised for their lack of longitudinal data (Spencer et al, 2007).

Psychosocial factors are also evidenced in the understanding of ADHD, including low socioeconomic status, large family size, maternal mental disorder and foster care placement (Spencer et al, 2007). However, only small gene-environment interactions are identified (Swanson, Kinsbourne, Nigg, Lanphear, Stefanotis & Volkow et al, 2007) and the current belief that a number of risk factors contribute to ADHD is upheld (NICE, 2009).

Some social constructionist theories of ADHD reject the leading view that ADHD has a distinct pathophysiology and genetic components (Martin, Pescosolido, Glafsdottir, & McLeod, 2007). The 'symptoms' of ADHD also happen to be morally questionable attributes and this is why the symptoms are described as 'inappropriate'. Some medical professionals see the over diagnosis of ADHD as a means of labelling and controlling children who exhibit difficult behaviours *(*Szasz, 2001; Norris & Lloyd, 2000). It has been argued that western society's political, social and economic value system puts high levels of [stress](https://www.psychologytoday.com/basics/stress) on children and families. Conditions such as ADHD reflects an ambivalence that neoliberal Western culture has developed toward children, that is often manifest in the tendency to problematise 'childish' behaviors and then 'medicalise' them (Timimi & Taylor, 2004;). Sparing all concerned from the more challenging task of accepting, [understanding](https://www.psychologytoday.com/basics/empathy) and supporting the imperfect and often conflicting ways children develop and find emotional security (Timimi & Maitra, 2006). Many social constructionists strongly question deterministic views of behaviour, such as those views sometimes put forth within behavioural psychology (Martin, et al, 2007).

Those with ADHD have higher rates of impaired peer relationships (e.g., peer rejection, teasing) and family conflict (APA, 2013; Barkley, 2005). Adverse health outcomes have also been reported, including higher incidences of accidental injury, risky sexual activity, obesity, hypertension and suicide (Nigg, 2013). Due to the scope of these problems, ADHD is considered a major public health problem (Centers for Disease Control and Prevention [CDC], 2014).

## 1.8 Diagnosis

There are a number of different specialists that a child or adult may be referred to for a formal assessment, including a child or adult psychiatrist, a paediatrician, a learning disability specialist, social worker or occupational therapist with an expertise in ADHD (NHS, 2016 ).

There is no test to determine whether a person has ADHD, but the specialist can make an accurate diagnosis after a detailed assessment that may include detailed information from other significant people, such as parents and teachers, a physical examination, which can help rule out other possible causes for the symptoms the person is exhibiting (BPS, 2011; Cooper & Bilton, 2002, NHS 2016).

The assessment should also include a medical exam, psychosocial history, and evaluation of comorbid conditions such as behavioural disorders (e.g., ODD, CD), developmental issues (e.g., learning or language problems), and medical problems (e.g., thyroid dysfunction, medication side effects). In older adolescents it is important to screen for potential substance abuse (AACAP, 2007). It is recommended that the clinician use the most recent version of the DSM to ascertain whether full criteria for ADHD are met (AACAP, 2007; AAP, 2011). The over-diagnosis of ADHD is believed to result from less rigorous diagnostic evaluations that do not incorporate this multi-informant and multi-method assessment format (NCCMH, 2008). In the next section we shall look at the current criteria for diagnosing ADHD.

### 1.9 Diagnosis according to DSM-IV criteria

DSM-5 now allows for ADHD to be diagnosed in the context of a pervasive developmental disorder or Autistic Spectrum Disorder (ASD). This may encourage the use of ADHD- specific treatments like stimulants to address these types of symptoms (Sibley, Waxmonsky, Robb & Pelham, 2013).

A major organizational change of DSM- 5 was to infuse a lifespan/ developmental perspective throughout the manual. Each chapter is now arranged developmentally so that disorders that appear early in life are listed first, followed by those that typically present in adulthood. The sequence of chapters also reflects this developmental focus, with neurodevelopmental disorders (defined as conditions that typically appear in the early developmental period) listed first. Within that chapter, ADHD is listed after intellectual disability, communication disorders, and ASD, indicating that these disorders typically emerge earlier in life.

A second major change is that ADHD criteria are more lifespan relevant (APA, 2013). This is done in two ways. First, DSM-5 has reduced the symptom threshold in criteria A of at least six symptoms of inattention or hyperactivity/impulsivity to at least five or more for those who are 17 years or older. This addressed concerns of age-related declines in symptom frequency despite comparable impairment (Sibley et al., 2012). Second, although the original 18 items that composed the list of inattentive and hyperactive/ impulsive symptoms of criteria A in previous DSM editions were retained, 14 of the 18 items now have additional descriptors to exemplify manifestations in childhood, adolescence, and adulthood.

Another subtle change in this criterion is that DSM-5 requires only that these symptoms be present, rather than both present and causing impairment. Although there has been some criticism that this sets a lower bar for judging onset (Sibley et al., 2013), it should be noted that for symptoms to "count" they need to be clinically significant, which means symptoms need to cause significant distress or impairment (APA, 2013). A fourth change is the discontinuation of the ADHD subtypes. Responding to findings that the prior DSM subtypes may change over time, DSM-5 has replaced subtypes with three course specifiers that indicate the dominant presentation of symptoms in the past 6 months: predominantly inattentive presentation, predominantly hyperactive / impulsive presentation, and combined presentation (i.e., six or more symptoms of inattention and six or more symptoms of hyperactivity/impulsivity) (APA, 2013).

DSM-5 now allows for ADHD to be diagnosed in the context of a pervasive developmental disorder or ASD. This may encourage the use of ADHD- specific treatments like stimulants to address these types of symptoms (Sibley et al., 2013).

### 1.9.1 Controversy around medication

When assessing the potential benefits of using medication the potential side effects need to be addressed, of which there are several limitations to be considered. First, about 50% of individuals will experience some degree of side effects (AACAP, 2007). The most common are insomnia, loss of appetite, and headaches. Less common side effects include tics, mood lability, and irritability (AACAP, 2007). Long-term use may be associated with growth suppression, although this is usually modest in the 1 to 2 cm range (AACAP, 2007; AAP, 2011). Since Oppositional Defiant Disorder (ODD), and anxiety disorders co-occur frequently with ADHD, additional treatments are often required. The stimulants are contraindicated for those with structural cardiac defects, unstable hypertension, a psychotic disorder, and substance use problems (AACAP, 2007; Connor, 2006). Although stimulants enhance academic performance, they are not sufficient to improve academic achievement or to address the academic skills deficits that occur in learning disorders (DuPaul, Gormley & Laracy, 2012). Approximately 50% of the parents either find the use of medications unacceptable or do not adhere to recommended treatment regimens (Pelham & Fabiano, 2008). These considerations limit the use of stimulants, especially as a standalone treatment (AAP, 2011; Connor, 2006).

### 1.9.2 British Psychological Society’s’ response to DSM Five on ADHD

The British Psychological Society(BPS) are concerned that clients and the general public are negatively affected by the continued and continuous medicalisation of their natural and normal responses to their experiences; responses which undoubtedly have distressing consequences that demand helping responses, but which do not reflect illnesses so much as normal individual variation (BPS, 2011).

The BPS believe that classifying these problems as ‘illnesses’ misses the relational context of problems and the undeniable social causation of many such problems. For psychologists, our well-being and mental health stem from our frameworks of understanding of the world, frameworks which are themselves the product of the experiences and learning through our lives (BPS, 2011). The BPS have further particular concerns about the inclusion of Attention Deficit/Hyperactivity Disorder in this categorisation. Many of the concerns about the scientific validity and utility of diagnoses apply to ADHD. The BPS are very concerned at the increasing use of this diagnosis and of the increasing use of medication for children, and would be very concerned to see these increase further (BPS, 2011).

### 1.9.3 EP’s and ADHD

The interactionist model used by psychologists amongst others is not primarily a diagnostic one. A significant distinction between diagnostic and interactionist models is that whereas the former tend to seek confirming evidence of the presence of symptoms in order to prove the hypothesis. For example, the condition is present, psychological enquiries adopt standard scientific methodology to establish also whether evidence exists that might disprove the hypothesis, when is the condition not present and if so, why is it not present (the presentation of systematic doubt). In addition, the interactional model also utilises a formulation that incorporates the way in which all the tenable hypotheses may be interacting in order to explain the observed behaviours. Within an interactionist model, behaviours are viewed holistically as a manifestation of a complex and unique interaction between numerous hypothetical influences both within and without the individual (of which ADHD/ may constitute just one formulation). It remains a powerful way of conceptualising, hypothesising and intervening in order to alleviate, behavioural difficulties - regardless of whether or not a diagnosis of ADHD is present (Prior, 1997).

The children and families act (2014) has had a profound impact on EP practice. EP’s are now expected to support young people between the ages of 16-25. A percentage of this demographic will have ADHD, and therefore how EP’s will be expected to support them is a new concept, (Children and Families Act 2014).

### 1.9.4 UK research on Secondary School experiences of ADHD’

Students with ADHD are at risk of academic underachievement, antisocial behaviour, social exclusion, and leaving school prematurely (Loe & Feldman, 2007). A report (2005) conducted by The National Attention Deficit Disorder Information and Support Service (ADDISS) looking at the impact of ADHD on the daily lives of secondary school pupils, found that the most difficult things about living with ADHD at school, were not being able to concentrate (77%), with sixty-nine percent of pupils getting into trouble with teachers and 63% not being able to finish their work (ADDISS, 2005). More of the students surveyed (44%) said they felt they needed medication all of the time at school (ADDISS, 2005). However, school is also the place where the children feel most uncomfortable taking their medication. Sixteen per cent of the pupils stay away from school because of their ADHD once a week or more. Half of the students surveyed said that ADHD caused them problems making or keeping friends at school. The pupils were asked how these punishments made them feel – over two thirds (77%) said ‘angry’ and almost two thirds (62%) said ‘fed-up’ (ADDISS, 2005).

Research (Singh, 2011) investigating the social and moral impact on secondary school students with a diagnosis of ADHD revealed some interesting findings. Drawing on interviews with over one hundred and fifty children, the analysis examined the influence of a UK state school-based culture of aggression on the form and intensity of diagnosed children’s difficulties with behavioural self-control (Singh, 2011). Diagnosed students’ mobilization of ADHD behaviours and their exploitation of the diagnosis shows how children’s active moral agency can support and compromise cognitive, behavioural and social resilience (Singh, 2011).

The research demonstrated, for many UK children self-regulation is not only a cognitive skill but also a moral behaviour; and a students’ cognitive and behavioural capabilities – and thereby their moral potential - are intimately linked to relational obligations (Singh, 2011). Undeniably, these obligations can motivate behavioural self-control: children report making a priori decisions to fight when morally obliged, and they report mobilizing their ADHD to avoid fighting in conflict situations (Singh, 2011). The implications of this research stressed the importance that policy interventions capitalise on the available social mechanisms that potentiate children’s ‘character capabilities’ (Singh, 2011). At the same time, policy-makers should work to dismantle the school-based culture of aggression that is arguably a generative, and surely a sustaining ground for UK-style ADHD: a disorder of anger and aggression (Singh, 2011). The findings support a proposal for a more complex sociological model of an ADHD diagnosis (Singh, 2011).

Birchwood and Daley (2012) state that adolescents who report a lifetime history of higher levels of ADHD symptoms achieve significantly poorer academic outcomes than their ‘non-ADHD’ peers. More importantly, ADHD was considered as a continuum rather than a diagnostic entity, and still played an important, independent role in the prediction of GCSE performance (Birchwood & Daley 2012). While educators will be aware of the importance of cognitive ability and motivation in influencing academic success, confirmed in the study, they may be less aware of the impact of ADHD symptoms, which in the research appeared to be almost as important as cognitive ability and motivation in predicting GCSE performance (Birchwood & Daley, 2012).

When the GCSE points score was adjusted to take account of the number of GCSE entries lifetime ADHD symptoms were still a significant predictor, suggesting that ADHD is negatively associated with both academic performance and academic opportunity (Birchwood & Daley, 2012). Lower ability students are less likely to be entered into certain examinations, because the school will deem that they are unlikely to achieve a passing grade (Birchwood & Daley, 2012).

As well as demonstrating a link between adolescent ADHD symptoms and academic performance, this research shows that motivation and cognitive ability are major predictors of academic performance (Birchwood & Daley, 2012).

After an extensive search using Scopus, I discovered ‘From Boy to Man: A Personal Story of ADHD’ in the Journal of Emotional and Behavioural Difficulties published in December 2011. The authors of this paper are educationalists in the UK who come from differing ontological and epistemological positions in relation to their understandings of ADHD. It attempted to address the broad research question: What can a young person’s personal story tell us about what it is like to live with ADHD.

Reflecting on the findings, it was of particular interest that despite the different and conflicting theoretical positions of the researchers, the more traumatic happenings and events narrated by the participant pertaining to his school and early adult life may have been curtailed or prevented with greater kindness, care, understanding and support from social institutions (Dunne & Moore, 2011).

The researchers (Dunne & Moore, 2011) concluded from the participants account that without the empowerment of strong family support, people who experience ADHD can remain highly vulnerable, unsupported and simply may not make it (Markku & Jarvinen 2005; Prosser, 2006). This may reflect an ineffectual system and subsequent process of support. The participant’s account articulates that their protective factors were resulting from having a supportive family (Dunne & Moore, 2011). As opposed to having an education system that is providing systemic and structural effective support for young people with ADHD (Dunne & Moore, 2011).

### 1.9.5 Adults and disability /condition

A holistic framework for understanding adult learning articulated by Boucouvalas and Lawrence (2010) suggests that adult learners participate in multiple contexts and are constituted of multiple identities, each with distinctive practices, values, and beliefs. This means that reducing any adult to one dimension, such as his or her LD, cannot adequately inform practice. Thus, narrowly prescribed research reviews cannot address the complexity of responding to adults with LDs. Practice should not simply be driven by what we know about cognitive domains or testable interventions but also by what we know about somatic and affective learning as well as spiritual, artistic, and transpersonal ways of knowing (Boucouvalas & Lawrence, 2010).

### 1.9.6 Adults with ADHD

ADHD often progresses into adulthood. Research indicates that 50% to 65% of adult patients with ADHD still demonstrate deﬁcits, such as impaired social relationships, depression, low self-concept, antisocial behaviour, drug use, and education and occupational disadvantages (Barkley, 1990; Weiss & Hechtman,1993). The symptom patterns may improve over time, but the effects of early difficulties may continue to be problematic in the adult patient. The recognition of ADHD symptoms in adulthood has only recently evolved.

Diagnosis in Adults is more difficult because there is some disagreement about whether the list of symptoms used to diagnose children and teenagers also applies to adults. In some cases, an adult may be diagnosed with ADHD if they have five or more symptoms of inattentiveness, of five or more symptoms of hyperactivity and impulsiveness, which are listed in diagnostic criteria for children with ADHD. For an adult to be diagnosed with ADHD, their symptoms should also have a moderate impact on different areas of their life, such as underachieving at work and difficulty making and keeping friends and sustaining relationships (NHS, 2016).

The adult clinical picture diverges into one of three outcomes. The portion of the patient population who has shown remittance of the disorder has increased by adulthood. This group may continue to experience mild symptoms of the disorder. The problems experienced by the remaining population vary from mild functional difficulties to severe ones requiring hospitalization and/or jails. Adult difficulties include inattention and impulsivity, which can affect relationships and employment, and extend to comorbidities. As was the case in adolescence, the hyperactive behavioural element has decreased signiﬁcantly by adulthood. These ﬁndings highlight the fact there is a varied picture of ADHD in adulthood (Ingram, Hechtman, & Morgenstern, 1999). Reflecting on section 9.4, which focused on the secondary school experiences of pupils with a diagnosis of ADHD and the research presented in this section. The unique approach of my research will be to retrospectively focus on the lived school experiences of young adults (considered to be academically successful) in a further educational setting.

## 1.10 Organisation of Thesis

Chapter 1 has provided an introduction and outline of the context of the research. The remainder of the thesis is organised into four further Chapters. Chapter 2 provides an overview and critiques the most relevant literature focusing on the young people’s perceptions of having a diagnosis of ADHD. Chapter 3 outlines the methodology chosen for this study. Chapter 4 presents and discusses the findings. Finally, Chapter 5 presents the summary and conclusions of the findings and sum up the overall contribution of this study.

# Chapter 2: Literature Review Section

***“You may never know what results come of your actions, but if you do nothing, there will be no results.”***

***Gandhi***

## 2.1 Chapter Overview

This chapter will commence with the presentation of the systematic review of the literature in the relevant research area, focusing on the educational experiences of young adults (between the ages of 16-25) who have a diagnosis of ADHD. In particular it focuses on how having a diagnosis of ADHD impacted on their education. The literature will then be critically analysed in order to inform the research area. The psychological theories underpinning the research and methodological framework will be presented in order to answer the research questions.

## 

## 2.2 Systematic Literature Review process

*A literature review is a systematic, explicit and reproducible method for identifying, evaluating and interpreting the existing body of recorded work produced by researchers, scholars, and practitioners.* (Fink, 2005, p.3)

The literature review will assist in indicating the significance and importance of the research topic. This section will be organised by first providing an overview of how the literature review was developed. A critical review of the research literature will be presented, relating to how young people have perceived that having a diagnosis of ADHD has impacted on their education. Several different areas of research were found to be important in fully reviewing the subject area, as it became apparent that there were a variety of terms to describe ADHD. In order to determine the correct search area, a mind map was drawn to provide a conceptual map of the related topics. The mind map enabled me to plan and structure the searches, to ensure that the relevant key words needed to explore the research area would be investigated. The research key terms with ADHD were *adult, attitudes, college, education, experience, intervention, medication, perspectives, school, student* and *teenagers*. Finally it will be demonstrated how the review assisted in developing the conceptual framework, theoretical underpinnings and methodology for the research study.

### 2.2.1 The development of the literature search

As discussed in chapter 1, personal and professional experiences led to the investigation of this particular topic area. The main aim of the research study was to explore the school experiences of young people (aged between 16 and 25) who have a diagnosis of ADHD. The formal review of the literature commenced at an early stage in the formation of the research. This was carried out to develop an overall understanding of the subject area, and to locate any possible seminal research.

***Search Strategy:*** English language articles in peer-reviewed journals were searched using the electronic databases: *Education Research Complete* (2005 onwards); *PsycARTICLES* (2005 onwards); *Scopus* (2005 onwards) and *PsycINFO* (2005 onwards) and *Google Scholar* (2005 onwards). The *Scopus* database was searched to ensure that relevant literature from the United Kingdom was not excluded. This database was systematically searched and hand-searched to ensure robustness.

***Inclusion Criteria:*** The objective of this review is to evaluate the psychological approaches that have been used with young people with a diagnosis of ADHD. Consequently, this review includes both qualitative and quantitative studies that are both practice-based and research-based. I focused on peer-reviewed research which has been published since 2005. The decision to identify research published since 2005 was influenced by both the evolving nature of how ADHD has been professionally conceptualised, and the implications of the Children and Families Act (2014) for EPs to be working with young people up to the age of 25. With these factors in mind, I wanted to identify contemporary research. Researchers can bias the results of a literature review by excluding data that is methodologically questionable, based on their own personal, subjective judgement (Ogawa & Malen, 1991).

The initial searches on EBSCO host were extensive (3276 results generated) and did not produce research that was relevant to this thesis. So, after a tutorial on systematic literature searches, I began to put my research key terms into the ‘key words and subjects’ search options. Adopting this technique for my searches I began to locate research that was more relevant to the area I was analysing. It became evident at an early stage of the literature review that terminology was a key issue. Comparisons of research at an international level proved difficult due to the differences in key terms used. For example, it was found that when conducting a search in a range of international journals, using the term ‘student’ was more useful than ‘pupil’. The term ‘pupil’ was usually only found in the U.K. literature. The research area I am investigating is very specific and under-researched, so there were not many articles I deemed to be relevant.

## 2.2.2 Inclusions and Exclusions Methodological search

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Search engine | Search terms | Inclusion criteria | Exclusion criteria | Number of papers found |
| EBSCO –   * Academic Search Complete * British Education Index   Education Abstracts   * Education Research Complete * ERIC * PsycArticles, PsycInfo). | *ADHD*  *adult, attitudes, college, education, experience, intervention, medication, perspectives, school, student* and *teenagers* | Peer reviewed academic journals  Papers between 2005-2015  adolescents (ages 13-17)  Adulthood (ages 18 and older)  were included within the search. | Papers before year 2005. | 3930 Papers were found , none were selected |

As discussed earlier, to search through such a high volume of research was not a sustainable or efficient approach, following a tutorial with the designated psychology librarian at the university, it was strongly recommended that I start to search within the subject terms on the search engines.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Search engine | Search terms | Inclusion criteria | Exclusion criteria | Number of papers found |
| EBSCO –   * Academic Search Complete * British Education Index   Education Abstracts   * Education Research Complete * ERIC * PsycArticles, PsycInfo). | *ADHD*  *, college, education, experience, intervention, medication, perspectives, school, student* and *teenagers* | Peer reviewed academic journals  Papers between 2005-2016  adolescents (ages 13-17)  Adulthood (ages 18 and older)  were included within the search. | Papers before year 2005. | 23 found  2 were identified , but only one was selected for literature review due to it being a duplicate |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Search engine | Search terms | Inclusion criteria | Exclusion criteria | Number of papers found |
| EBSCO –   * Academic Search Complete * British Education Index   Education Abstracts   * Education Research Complete * ERIC * PsycArticles, PsycInfo). | *ADHD*  *, college, student* and *self concept* | Peer reviewed academic journals  Papers between 2005-2016  Adulthood (ages 18 and older)  adolescents (ages 13-17) were included within the search. | Papers before year 2005. | 9 found  1 was selected for literature review |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Search engine | Search terms | Inclusion criteria | Exclusion criteria | Number of papers found |
| EBSCO –   * Academic Search Complete * British Education Index   Education Abstracts   * Education Research Complete * ERIC * PsycArticles, PsycInfo). | *ADHD*  *, college, student* and *interventions*  *Adolescent attitudes* | Peer reviewed academic journals  Papers between 2005-2016  adolescents (ages 13-17) were included within the search.  Adulthood (ages 18 and older) | Papers before year 2005. | 7 found  1 was selected for literature review , |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Search engine | Search terms | Inclusion criteria | Exclusion criteria | Number of papers found |
| EBSCO –   * Academic Search Complete * British Education Index   Education Abstracts   * Education Research Complete * ERIC * PsycArticles, PsycInfo). | *ADHD*  *, college, student* and *prescription drugs* | Peer reviewed academic journals  Papers between 2005-2016  adolescents (ages 13-17)  Adulthood (ages 18 and older)  were included within the search. | Papers before year 2005. | 7 found  1 was selected for literature review |

### 2.2.3 The Results of the Systematic Literature review

The systematic literature review produced four pieces of research I deemed to be relevant, the next section will show a critical methodological analysis of the four qualitative journals that emerged from the systematic literature review.

## 2.3 The perspectives of College Students on their childhood ADHD

Within the subject search options of ‘college students’, ‘attention deficit disorder with hyperactivity’ and ‘students’ ‘The Perspectives of College Students on their childhood ADHD’ was discovered.

The purpose of the study was to explore how college students with a history of ADHD, felt the strategies employed during their childhood was managed (Bartlett, Rowe & Shattell, 2000). Participants were recruited from the disability team within a league university in the United States. The research utilised semi-structured interviews and a qualitative design, however there was no epistemological and ontological position stated by the researchers (Bartlett, Rowe & Shattell, 2000). The data was analysed using the content analysis method (Patton, 1990).

16 participants from various ethnicities were recruited and ranged between the ages of 18-25. The number of participants, the ethnicity and their academic variance amongst the participants produces robust data (Knipp, 2006). As the majority of the participants were female, the implications and the generalisability of the data should be viewed with caution.

Few studies have asked young adults with ADHD to comment on their childhood experiences in terms of what they found helpful as they struggled at school (Bartlett, Rowe & Shattell, 2000).

Ethically, there are concerns with the research design as the participants were paid money to be included. The participants were all young adults and paying them could have been conceptualized as avoider bias. Payments helped to avoid the bias which may have resulted from the omission of those who declined to participate because they put a greater value on their time, energy and views (Hammersley, 1995). However, it is worth highlighting that although I have synthesised an argument to balance the ethical concerns around paying participants, the researchers did not provide considerations to how such a feature could affect their data (Bartlett, Rowe & Shattell, 2000; Timmins & McCabe 2005). In terms of addressing the validity of the research, the findings have descriptive validity. The data appears to have been collected accurately, and the processes identified appear to have been systematic.

## 2.4 Self-concept of college students with ADHD: Discordance between self and parent reports from the Journal of Attention Disorders

Within the subject search options of ‘college students’, ‘attention deficit disorder with hyperactivity’ and ‘self-concepts’, the journal of ‘Self-concept of college students with ADHD: Discordance between self and parent reports’ was discovered.

Although this was a quantitative study, the lack of relevant qualitative research meant it was included in the systematic literature review. The purpose of this report was to examine the self-concept of college students formally diagnosed with ADHD using self and parent reports. Participants were comprised of 95 individuals who sought psychological evaluations at a university–based clinic (Nelson, 2013). The participants attended various colleges or universities in the United States, but were all evaluated at the same clinic (Nelson, 2013).

Generalisability of results may be negatively affected by the inclusion of a select group of students who were generally ethnically homogenous and from only one region of the United States (Nelson, 2013). The homogeneity of the sample, despite the impressive number of participants, raises questions to whether such factors could distort the data (Denzin, & Lincoln, 2011). However, there is no mention of variance within the sample collected.

One of the limitations of the methodology is that there are no qualitative measures to explore much of the hypothesis articulated by the researchers. It is questionable whether having parents involved in the process contradicted the aim of the research. Previous findings highlighted the need to prioritise the views of students with ADHD in further education. Only two studies have been conducted in which self-concept was examined among college students with ADHD (DuPaul, Weyandt, O’Deill & Varejao, 2009). One of the studies indicated lower self-concept for college students with ADHD compared to their non-ADHD peers (Shaw-Zirt et al, 2005).

The descriptive validity of the research is problematic because self-esteem and self-concept are core components of the research. However on reflection, the constructs don’t appear to be thoroughly rationalised and made explicit (Nelson, 2013).

## ****2.5 Grappling**** with the ****medicated**** ****self****: The case of ADHD college students

Within the subject search options of ‘college students’, ‘attention deficit disorder with hyperactivity’ and ‘prescription drugs’, the Symbolic Interaction Journal ‘**Grappling** with the **medicated self:** The case of ADHD college students’ was discovered.

The research focused on how college students with ADHD negotiate a medicated selfhood, with specific focus on exploring how elite college students come to terms with selfhood and identity in the context of pharmaceutical use (Loe & Cuttino, 2008).

The article references the interviews conducted without specifying the type of interview held. This makes the methodology hard to comprehend, as it’s unclear what those interviews would have looked like and therefore even harder to discern the reflexivity in the questioning and the fluidity of the interviews *(*Creswell, 2003; Timmins & McCabe, 2005). The researchers specified they wanted participants to have a diagnosis of ADHD and to have crucially taken prescriptive medication to support their diagnosis (Timmins & McCabe, 2005). 14 out of the 16 participants had an active prescription, however there was no mention of how this factor would potentially affect the data.

The participants recruited were from wealthy backgrounds, therefore as their socio-economic status is not that of the average college student, the data is distorted. The demographics of the participants are linked to empowerment rather than deficits. The researchers explicitly reference the participants’ background and how this shifts their views on education and career aspirations (Timmins & McCabe, 2005). As the cultural background has been made explicit, this gives the research permeability as opposed to generalisability.

The lack of a clear psychological framework has impacted upon the validity of the data. Whilst the accuracy of the data seems to be robust, there is not enough clarity regarding the process, which makes it difficult to assess the outcomes. The interpretive validity appears compromised and it is difficult to ascertain whether the data collected has emerged from the analysis rather than the researchers pre-set frameworks (Loe & Cuttino, 2008).

## ****2.6 Youth**** ****perceptions**** of ****attention****-****deficit****/****hyperactivity**** ****disorder**** and ****barriers**** to ****treatment****

Within the subject search options of ‘attention deficit disorder with hyperactivity’, ‘interventions’ and ‘adolescent attitudes’ the journal **‘Youth perceptions** of **attention-deficit/hyperactivity disorder** and **barriers** to **treatment’** was discovered.

The purpose of this study was to gain information about how young people with ADHD perceive this disorder and the barriers to treatment. Six focus groups were conducted in three locations across Nova Scotia (two students from elementary, middle school and high school). Qualitative data was collected from 25 young people diagnosed with ADHD, ranging from the ages of 10 to 21. This research included a range of participants that were not part of my research design (Walker-Noack, Corkum, Elik & Fearon, 2013). However the research includes participants who are post-16 and therefore aspects of this data are consistent with my methodology (Walker-Noack, Corkum, Elik & Fearon, 2013). As such, my analysis of the article will be focused on the data reported from the post-16 age range.

There are methodological concerns with the research as it cannot be generalizable to the entire population of children with ADHD (Denzin & Lincoln, 2011). The participants were primarily Caucasian and resided in Nova Scotia. Perceptions of ADHD have implications based on the demographics and the diversity of backgrounds. However the researchers specifically reference previous findings that focus on stigmas attached to race (Bussing, Koro-Ljungberg, Gary, Mason, & Garvan, 2005), whilst the research sample is homogenously Caucasian. This ultimately distorts the data and its generalizability (Timmins & McCabe, 2005). The conflict between the actual sample and the research around ethnic minority communities is not discussed within the text.

## 

## ****2.7 Key Themes****

After critically reviewing the research, the following themes (as can be seen in the table below) emerged from the literature.

|  |  |  |
| --- | --- | --- |
| Name | Journal | Key Themes |
| Perspectives of College Students on their Childhood ADHD | The American Journal of Maternal Child Nursing | **Academic Achievements**  Participants remembered helpful people as ―giving me strategies to help me keep my mind focused on something; keep me involved, keep me interested.  **Identity**  ADHD reported a profound sense of isolation  **Self-Concept**  participants were reported as having a deficit conceptualisation of self  **The Role of professionals**  Helpful teachers manifested good behaviours themselves, role modelling them and setting expectations for their students |
| Self-concept of college students with ADHD: discordance between self- and parent-reports | Journal of Attention Disorders | **Self-Concept**  Results indicated that college students with ADHD did not report problems with self-concept but their parents did for them.  ADHD students have a need to positively conceptualise their cognitive evaluation of self. |
| Grappling with the medicated self: The case of College ADHD Students | Symbolic Interaction Journal | **Academic Achievements**  There are personal and social costs for not living up to the academic ethic for these students  **Identity**  For the participants to have a stable identity they had to always be on medication  **Self-Concept**  This sense of self is linked to the participants having an ideal self.  **Societal Judgements**  the pressure parents might feel to accept medication as a way to manage socially undesirable behaviour  **The Role of Professionals**  Some people with ADHD felt that their teachers did not ensure they had the requisite skills to survive in the working world |
| **Youth perceptions** of **attention-deficit/hyperactivity disorder** and **barriers** to **treatment** | [Canadian Journal of School Psychology](javascript:__doLinkPostBack('','ss~~JN%20%22Canadian%20Journal%20of%20School%20Psychology%22%7C%7Csl~~rl','');) | **Academic Achievement**  young people perceive medication to be superior and more effective than behavioural treatments when treating the core ADHD symptoms, thus facilitating academic achievement.  **Societal Judgemental**  The researchers claim their findings give a specific voice to the youth in articulating the stigma which they perceive is attached to ADHD |

## 2.8 Conclusion of Literature Review

After critically reviewing the literature the themes of Academic Achievement, Identity , Self-concept, Societal Judgements and the Role of professionals emerged, in the following sections those themes will be explored in more detail.

### 2.9.1 Academic Achievement

Among the key features that facilitated academic achievement were teachers that developed intrinsic motivation in the pupils with ADHD. (Bartlett, Rowe & Shattell, 2000). Another key finding reported from the people with ADHD during school was that they needed extra time to get things done, extra explanations to understand something, and often extra help. They reported that these extras were often requisite to their mastery of something (Bartlett, Rowe & Shattell, 2000).

The concept of academic achievement was linked to control. People with ADHD were deliberately avoiding subjects they perceived to be difficult, because failure was not deemed an option for the students. It was therefore important that the students maintained a strong academic record. There are personal and social costs for not living up to the academic ethic for these students who have access to virtually unlimited financial, medical, and educational resources (Loe & Cuttino, 2008).

One of the major findings to emerge from the literature is that young people perceive medication to be superior and more effective than behavioural treatments when treating the core ADHD symptoms, thus facilitating academic achievement. (Walker-Noack, Corkum, Elik & Fearon, 2013). People with ADHD were reported as having more negative than positive experiences of medication, which supports the findings of previous research where young people expressed concern about the side effects of medication (Hinshaw, 2005).

School psychologists should perhaps also consider consulting the young people when determining appropriate school-based interventions (Walker-Noack, Corkum, Elik & Fearon, 2013). This implication is supported by the researchers’ findings that young people appear to be aware of their difficulties and their need for assistance, and have a general understanding of beneficial interventions. Travells & Vissers (2006) assertions confirm that young people desire to be involved in the process of diagnosis and treatment. As such, young people should be involved in the treatment developmental plan as opposed to being the recipient of an intervention (Walker-Noack, Corkum, Elik & Fearon, 2013). However, academic rewards aside, accepting the ADHD identity usually requires acknowledging deficiency or limitation and managing a medicated identity (Conrad & Potter, 2000).

### 2.9.2 Identity

One of the key findings that emerged from the literature was that people with ADHD reported a profound sense of isolation. This was exacerbated by others failing to take notice or take action to help them. (Bartlett, Rowe & Shattell, 2000). A prominent narrative for the participants’ sense of identity was they reported feeling misunderstood, which was exacerbated by adults not being able to understand them and being unable to help them understand what they perceived to be wrong with them. (Bartlett, Rowe & Shattell, 2000).

Emerging as a key theme during the literature was how medication affected the identity of the participants. Participants often reported having a dual identity: there was their concept of an authentic identity, and a medicated identity. For the participants to have a stable identity they had to always be on medication (Loe & Cuttino, 2008).

The majority of participants appeared to be perplexed when asked about the benefits of having a diagnosis of ADHD, but when given time to reflect could identify a positive. This finding contributes to the existing literature base, as the benefits of having ADHD had not been specifically addressed in prior research. This new information reflects the importance of asking young people to reflect on the potential positives of having a diagnosis of ADHD (Walker-Noack, Corkum, Elik & Fearon, 2013). The language used by the researchers reflects the confidence they have in their findings. The use of the word “should” reflects this assertion. Young people should be provided with a balanced view about the positive and negative aspects of having ADHD (Walker-Noack, Corkum, Elik & Fearon, 2013). This supports the research by Wiener et al 2012, which found that children with ADHD reported their problematic behaviours as stigmatising more often than their typically developing peers, and perceive they are negatively stigmatised by their parents, teachers, and peers.

For ADHD college students, their identity is as much about diagnosis as it is about treatment, and is inseparable from ideas about academic success. This resulted in the participants feeling a medicalised academic identity which ultimately led to confusion (Loe & Cuttino, 2008). This finding supports the work of Burke (1991) which highlighted that students felt they lost their authentic identities when they began to use medication. In this way, the process of identity maintenance can be interrupted or broken in the context of using medication, which results in stress (Burke 1991)

### 2.9.3 Self concept

Research indicated that college students with a diagnosis of ADHD reported problems with self-concept no more than did the average young adult (Nelson, 2013). This is similar to Wilmhursts et al (2011) finding that college students with ADHD at a small private university did not report significantly different general self-concepts from college students without ADHD. In contrast Shaw-Zirt et al (2005) found that college students at a large Catholic university reported greater problems with self-esteem than did college students without ADHD. However Shaw-Zirt et al (2005) measured self-esteem rather than self-concept. The difference is that some have argued that self-concept represents a cognitive evaluation of oneself whereas self-esteem is more emotional in nature (Swann, Chang-Schneider, & McClarty, 2007).These nuances in construct meaning might partially explain the different findings between the studies. This suggests that ADHD students have a need to positively conceptualise their cognitive evaluation of self, but are more comfortable with accepting that they might be emotionally more vulnerable (Nelson, 2013). This positive conceptualisation of self was challenged in other parts of the literature as some participants were reported as having a deficit conceptualisation of self (Bartlett, Rowe & Shattell, 2000).

Another key finding was how people with ADHD understood self in relation to their perceived need for medication. In interviews, students describe how they can teach or discipline their bodies to correct for aberration and perform academically through stimulant medication (through perfecting study skills, auditory and visual learning styles, and work ethic) Because the body is the route through which identities are exposed and expressed, the project of the self is in many ways also a body project (Loe & Cuttino, 2008). For a significant proportion of the participants to fit with what they see as the academic ethic, they are willing to at least temporarily allow a foreign substance to control their behaviours and discipline their bodies. In other words, in order to have control, they must allow themselves to be controlled (Loe & Cuttino, 2008). The research suggests that stimulant medication can become central to their abilities to manage performance and avoid the perceived threat of failure and possible stigmatisation. In this way prescription medication can be an extension of their own concerted cultivation, a cultural strategy utilized to ensure academic success (Lareau, 2003).

The literature shows that some participants reflected that they would not have succeeded in academia were it not for their use of stimulant medication (Loe & Cuttino, 2008). This sense of self is linked to the participants having an ideal self. Sociologists are reminded to focus on patterns as well as inconsistencies which reveal how coherent identity is an ideal and a social construction (Loe & Cuttino, 2008). This supports previous research findings that the experience of ADHD students helps psychologists to understand the complexity of integrating medicine into one’s identity (Callero, 2003). They also highlight the reflexive, constructed, and shaped aspects of the self, as well as its historical, political and sociological foundations (Callero, 2003).

### 2.9.4 Societal Judgments

Another major finding is that the general public are misinformed and hold stereotypical attitudes about ADHD which lead to youth feeling mistreated. The participants requested the public modify their negative attitudes towards youth with a diagnosis of ADHD. The researchers claim their findings give a specific voice to the youth in articulating the stigma which they perceive is attached to ADHD (Walker-Noack, Corkum, Elik & Fearon, 2013). Hinshaw, (2005) reported that increased knowledge alone does not necessarily transform attitudes and the stigma of mental disorders. This must be addressed at a number of levels within society. At a school level, the psychologist may assist with stigma reduction by educating the family on the appropriate education act legislation, connecting families with advocacy programmes and support groups, providing counselling sessions and recommending evidence-based interventions (Walker-Noack, Corkum, Elik & Fearon, 2013). This enhanced level of support from the school psychologist may also help to reduce the stigma held by teachers and support staff, as well as the stigma held by other pupils. Milich, McAnninch & Harris (1992) found the impressions and behaviour of typically developing children towards a child with ADHD were negatively impacted by simply providing preliminary negative information about that child’s behaviour. Coleman Walker, Lee, Friesen and Squires 2009, found that one in four peers blame the child for his or her disorder and that children with mental health diagnoses hold beliefs about their own condition (Coleman Walker, Lee, Friesen & Squires 2009).

The literature indicated that the way society consumes technology has contributed to the manner in which society has conceptualised some of their behaviours. These students have grown up in what has been called a rapid fire culture, where fast pace and constant stimulation have created an addiction to the technologies and social institutions. From this perspective they can be conceptualised as victims of the information era, before the birth of smart phones and social media (De Grandpre, 1999). Theirs is the largest generation of parents actively seeking or accepting diagnosis for their children. These parents also accept medical treatment for their children to treat the symptoms of inattentiveness and/or hyperactivity. This represents not just the medicalised model, but also the pressure parents might feel to accept medication as a way to manage socially undesirable behaviour (Loe & Cuttino, 2008). Of further interest was that some of the participants across the research felt they had to consume medication because society deemed their behaviour to be inappropriate. From this perspective they conceptualised ADHD as a social construction (Loe & Cuttino, 2008).

### 2.9.5 The Role of Professionals

A significant factor emerging from the literature was the importance of having supportive professionals. Some adults were either completely unaware of the struggle of the children or ignored it, which led to some people with ADHD feeling a sense of abandonment (Bartlett, Rowe & Shattell, 2000). Patience was extremely important to these students’ learning. The college-aged students recognised their challenging childhood behaviours and knew that they were taxing for others, and they valued the teachers who had persevered with them. (Bartlett, Rowe & Shattell, 2000). Helpful teachers manifested good behaviours themselves, role modelling them and setting expectations that their students would also possess these (Bartlett, Rowe & Shattell, 2000).

Some people with ADHD felt that their teachers did not ensure they had the requisite skills to survive in the working world (Loe & Cuttino, 2008). Following college graduation, they faced a post-industrial world where flexibility, adaptability and optimisation can be central to success (Rose, 2007). Many participants felt they were reliant on their medication enabling them to be productive within the workforce (Loe & Cuttino, 2008). This posed a dilemma. The literature indicates that as the participants enter the working world, many want to leave behind the drugs they associate with years of schooling and academic performance. This means embracing and entering the world without using medication and finding work that fits with one’s sense of self. (Loe & Cuttino, 2008). Giving up the medicated identity means losing the ability to manage performance and achievement. Willing to relinquish neither one nor the other, pharmaceutical ambivalence persists for ADHD College students (Loe & Cuttino, 2008). This supports previous research where, to manage this conflict, many students accept and rationalise situational medical control while employing strategies designed to emphasise agency and preserve a sense of authentic selfhood. This finding reinforces previous research which found that many children who took Ritalin are enrolled in a college environment in which they encounter new freedoms and responsibilities, as well as new demands and expectations (Conrad & Potter, 2000).

## 2.10 The use of Language

After critically analysing the aforementioned research it was impossible to identify the philosophical and psychological theoretical underpinnings of all of the research. This was due to the fact that some of the research discussed was not sourced from psychological journals and therefore did not follow the same conceptual framework and methodology of this thesis.

As previously stated I have taken up the epistemological and ontological position of a social constructionist. Therefore it is my view that human beings rationalize their experience by creating models of the social world and share and reify these models through language. A major focus of social constructionism is to uncover the ways in which individuals and groups participate in the construction of their perceived social reality (Berger, & Luckmann, 1966; Gergen, 1994).

I have synthesised the language used in the previous research and the language used by the participants to describe themselves. The language originating from the research is not consistent. There are a range of language styles emanating from the research which tends to be motivated by, although unstated, the assumed epistemological and ontological orientation. There is some research that frames ADHD within the medical model, whilst the high rate of prescribed medications are motivated by a desire to stimulate facets of the pharmaceutical industry (Spencer, 2007).

References to the “pharmaceutical era,” ref provide an illustration of the medicalised language used which is indicative of a particular way of viewing ADHD. Does this suggest that the researcher’s view ADHD as a condition that requires medical treatment? Could this medical model be resulting from the view that ADHD is biological disorder? The language used would suggest that it is emanating from a medical model of diagnosis.

Whilst in some journals there appears to be more of person-centred approach to the conceptualisation of the participants, as they were viewed as having “unique characteristics relative to the general adult population with ADHD”. Such language seeks to emphasise the positive psychology that exists within the literature rather than focusing on the deficit model of construction (Seligman, 1998) The concept of individual differences and person-centred planning is also in evident in quotes such as “suggested it is imperative to directly talk to those directly affected” (Knipp, 2006). However even quotes like the above, which are meant to advocate the voice of the ADHD community, also reflect the manner in which people with ADHD are constructed as victims (**Meltzer,** Gatward, Goodman, 2000). Some of the literature, depending on the theoretical underpinning, positions the participants as victims of “biology”, ineffectual parents and teachers. In some cases, victims were described as having “deficient bodies” (Karp, 2006). Such language almost allows for the blame to be specifically located within the person’s physiology. From a personal construct perspective, the participants have been invited to develop constructs around their bodies which positions them as being deficient (Kelly, 1991). How has such thinking impacted on the participant’s sense of self? It’s not just the person who is at “fault” rather it is their “bodies”. Such language emphasises the deficit model which still exists within psychology and how professionals may come to analyse children and young people. Or perhaps to quote some of the researchers as having a “psychiatric and*/*or medical disorder” (Faraone & Doyle, 2001).

Aforementioned, as a social constructionist I place language as the central narrative for how meaning can be constructed. Of particular interest is the language the participants in the research have used to describe themselves (Schwandt, 2000). One participant embraced her ADHD diagnosis, describing her body not as deficient but as “overly ambitious and wanting to do a billion things at once”. The use of positive psychology and the positive reframing of what could be perceived as a negative attribute is of interest.

Another participant stated that “I blame myself for not being able to behave in the correct way”. This view that there is a correct way to behave reinforces the negative perception the participant has formed. Reflecting on behavioural psychology and models such as Bandura’s modelling framework, how do the participants make sense of a reality where society has deemed their behaviours to be undesirable (Bandura, 1977).

Across the research some participants reported a profound sense of aloneness when others failed to notice or take action to help them, “they made me feel alone”. The sense of isolation reported raises questions about how the participant’s view themselves and further questions around the system in place to provide support. Conceptualising how this fits within ecological systems model, what part of the system has led to this young person to feel alone. Is this resulting, from the school system, peer relations or perhaps legislation and professional guidance? Whilst for some participants they perceived that teachers demonstrated care towards them, “I wasn’t the easiest kid! Teachers who helped me always cared about me if I was screwing up” The participant here is reflecting on their own behaviour, whilst acknowledging they didn’t perceive they were always easy to manage or teach. This participant has conceptualized the teachers as a positive by acknowledging the care they demonstrated. Whilst the use of help is prominent in the discourse across the participants, either by providing strategies or “keeping their interest”. The participants are also reflecting a sense of empowerment by articulating that their individuality was celebrated.

The majority, however, appeared to regard him as ‘bad’. The connotations of the word “bad” are powerful. The language reflects negativity and reemphasises the deficits, by which some participants have come to understand facets of their character. “I have to live with it’, whatever ‘it’ may be”. This reflects the uncertainty surrounding what ADHD actually might be, a biological condition, medical condition or a social construction. Whatever the origins of the disorder, the participant perceives they have to endure it. This would reflect a negative deficit model, but also resilience as the young person perceives they are going to manage the condition (Schwandt, 2000).

## 2.11 Conclusions on Methodologies and Rational For Interpretative Phenomenological Analysis (IPA)

As mentioned before, there has not been a clear ontological and epistemological underpinning for a significant amount of the current research into the topic area of this thesis. Therefore there is a gap for psychological research into this area which has clearly developed and rationalised theoretical underpinnings. The lack of a clear theoretical position makes it harder to determine what the motivation behind most of the research is and where the emphasis is placed (Denzin & Lincoln, 2011).

Whilst I located one paper that specifically asked adults with a diagnosis of ADHD to reflect upon their school experience, it was in Canada. However, the lack of psychological robustness in the presentation and orientation of the research makes the aims objectives and findings of the research harder to conceptualise. Out of the literature that I did locate using the alternative search, most was from the narrative perspective. However, narrative research deals with the particular and the idiosyncratic but not the general. Therefore the participant’s story cannot offer generalisations and should not to be regarded as ‘typical’ or ‘atypical’ of a person experiencing ADHD.

The principal goal of an IPA researcher is to investigate how individuals make sense of their experiences. It is assumed that people are ‘self-interpreting beings’ (Taylor, 1985),

IPA synthesises ideas from phenomenology and hermeneutics resulting in a process which is descriptive (because it is concerned with how things appear and letting people speak for themselves) and interpretative because it recognises there is no such thing as an uninterpreted phenomenon (Pietkiewicz, & Smith, 2012).

IPA relies on ideography, meaning that researchers focus on the particular rather the universal (Smith, Harré, & Van Langenhove, 1995). The researcher can make specific statements about study participants because the analysis is based on a detailed case exploration (Pietkiewicz, & Smith, 2012).

## 2.12 Theoretical Underpinnings of the Research

The eco systemic model of Bronfenbrenner (1979) is used as the theoretical framework for this thesis, as it provides an understanding of how the various facets of how a young person’s environment might have contributed to their perceptions and experiences of school. The eco systemic model will provide a context for how adults and peers in the young person’s environment might have formed the opinions and subsequent associated behaviours that the participants will be reflecting on (Bronfenbrenner, 1979).

Positive Psychology has been described as a scientific study of subjective well-being. This is the technical term for what we would call ‘happiness ‘and the factors that enable us to grow, develop and maintain ourselves in a positive manner. The positive psychology approach is to focus on what actually works for us, rather than focusing on what has not gone so well. Optimism ensures that both young people and adults can develop resiliency skills; bouncing back from adversity and remaining in control of their own emotions and behaviours. Resiliency is something that develops through positive relationships and it is vital according to positive psychologists that young people have the opportunity to develop these traits in living what termed a ‘connected childhood’. This involves having at least one adult who believes totally in their worth and abilities and who also has the capacity and commitment to redirect the child towards being productive, successful and happy.

Research carried out by Noble (2003) indicates that the opinions of young people with SEN are rarely asked for, and when they are consulted the process is often tokenistic and their views largely ignored. According to MacConville (2006) the voice of the pupil with SEN has tended to be silenced by professional discourses, thereby sometimes reducing pupils to passive recipients of specialist services (Harding & Atkinson, 2009). The role of the Educational Psychologist (EP) and the voice of the child Burden (1996) argues that Educational Psychologists (EPs) commonly do things to children, yet far too infrequently do things for children. Todd, Hobbs, and Taylor (2000) write that a central concern of every EP should be how to develop professional practice that genuinely enables the views of children and young people to be heard. According to the Educational Psychology Services Report of the Working Group (DfEE, 2000) EPs are well placed to ensure that children’s views are both elicited in a neutral way and included in plans being proposed for them (Harding & Atkinson, 2009).

## 2.13 Summary of Research

The previous research has demonstrated that ADHD continues to be a topical and controversial area. From the first of September (2014) a new law (Children and Families Act 2014) has come into effect, which will have a significant impact on the way children and young people with special educational needs (SEN) and disabilities are supported in education (Children and Families Act 2014).

The children and families act has had a profound impact on EP practice. EP’s are now expected to support young people between the ages of 16-25. (Children and Families Act 2014). A percentage of this demographic will have ADHD, and therefore how EP’s will be expected to support them is a new concept.

As Educational Psychologists we are in a unique position to support children, young people and now adults in their journey through education with their ability to reach their learning potential. The new code of practice dictates that the voice of the young person must now become a dominant narrative in how provision and support is to be organised and provided. Working with a cohort (16-25) and their relevant settings is a new area within the EP profession. Few studies have asked young adults with ADHD to retrospectively comment on their school childhood experiences in terms of what was helpful to them as they struggled with their disorder at school (Bartlett, Rowe & Shattell, 2000). Therefore a doctoral thesis that focuses on the retrospective school experiences of young adults with ADHD, with a view to informing EP practice will provide sufficient insight to develop the profession.

## 2.14 Research Questions

The aims of this doctoral thesis is:

***To explore the lived school experience of young people with diagnosis of ADHD***

In order to explore the aim, the following research questions were developed

* Do young people with a diagnosis of ADHD perceive they have been given the appropriate support to fulfil their learning potential?
* Do young people with ADHD perceive that their condition negatively impacted upon how they were treated within education?
* What does this cohort of young people perceive as being their strengths and challenges regarding their journey through the education system?
* What information do EP’s need to know in order to support this cohort of young people between the ages of 16 and 25?

## 2.15 Chapter Summary

This chapter has explored the theoretical stance of research, conducted both meta and micro analyses of relevant research bodies, stated definitive objectives of research and carried this over to four key exploratory research questions. The next chapter will entwine theory with epistemology and create a clear audit trail, enabling research to be replicated whilst also investigating the chosen method of analysis.

# Chapter 3: Research Methodology

***“You may not be interested in strategy, but strategy is interested in you.”***

***Leon Trotsky***

## 3.1 Chapter Overview

This chapter provides an account of the methodology used in the research. Section 3.2 explains the approach to the research with an overview of the theoretical position of this thesis. Section 3.3 provides information on the theoretical and epistemological underpinnings of the research, outlining the decision to adopt constructionism at a methodological level, and introducing Interpretative Phenomenological Analysis (IPA) at methodological and analytical level. Section 3.4 provides information on the conception of the research, research questions, and criteria for the participants. Section 3.5 focuses on the recruitment stage, sampling, and information derived from the pilot visit. Section 3.6 provides information on the ethical consideration for this thesis. Section 3.7 focuses on the data analysis stage and its use of Interpretative Phenomenological Analysis (IPA) to interpret the findings, with an example included. Section 3.8 is about reliability and validity.

## 3.2 Research Approach

Qualitative researchers approach their studies with a certain paradigm or world view. Paradigms are viewed as a set of basic beliefs or metaphysics that guide the investigator ‘not only in choices of method but also in ontologically and epistemologically fundamental ways’ (Denzin & Lincoln, 2011). The word ‘basic’ is used not as a sign of simplicity but because paradigms have to be accepted on faith as ultimate truthfulness cannot be established, according to Denzin & Lincoln, (2011).

A Paradigm may be viewed as a set of basic beliefs (or metaphysics) that deals with ultimate or first principles. It represents a world view that defines, for its holder, the nature of the world, the individual’s place in it, and the range of possible relationships to that world and its parts. Inquiry paradigms define for inquirers what it is they are about, and what falls within and outside the limits of legitimate inquiry (Denzin & Lincoln, 1998: 2011)

Cresswell (1998) uses the word ‘assumption’ when she describes paradigms. ‘Qualitative researchers approach their studies with a certain paradigm or world view, a basic set of beliefs or assumptions that guide their enquiries’ (p74). He goes on to say that these assumptions are related to the nature of reality (ontology), the relationship of the researcher to what is being researched (epistemology), and the methodological issue or process of research. Paradigms are an important consideration in research because they are philosophical guidelines that assist the researcher in choosing a particular method of enquiry and in establishing a particular ideological position.

Qualitative researchers stress the socially constructed nature of reality, the intimate relationship between the researcher and what is studied, and the situational constraints that shape enquiry. They seek answers to questions that stress how social experience is created and given meaning. In contrast, quantitative studies emphasise the measurement and analysis of causal relationships between variables, not processes. Proponents of such studies claim their work is done from within the value framework (Silverman, 2007).

The paradigm that underlies and shapes this thesis is that of a qualitative researcher taking up the theoretical position as a social constructionist, whilst utilising an Interpretative Phenomenological Analysis (IPA) methodology.

## 3.3 Theoretical Position

As a Social Constructionist I am particularly interested in how language used by people of influence may shape the reality of people who might have a family member with challenging behaviour.

The concept of social construction, as defined by Berger and Luckman (1966), starts with people in the social system who interact together. These interactions create concepts of each other's actions over time, and people become accustomed to these roles by frequent exposure or repetition. As these roles or experiences are introduced to other members of society and are understood and practiced by society at large, these interactions become institutionalised and adopted by society as knowledge. The method of transmission of this knowledge is through language (Berger & Luckman 1966). As these experiences are retained, they become settled or normalised. Then as these experiences are shared with others, intersubjective sedimentation occurs as more and more individuals share this common biography. These shared experiences are made available to an entire community, and language provides the means for objectifying new experiences, allowing their incorporation into the already existing stock of knowledge. It is the most important means by which the objectivated and objectified sedimentations are transmitted in the tradition of the collectivism in question (Berger & Luckman 1966).

Social constructionists have advanced the notions that psychological knowledge and the processes by which this knowledge is created are historically and culturally situated (Gergen, 1985, 1994). Furthermore, such knowledge is negotiated through social interaction so that the content and process of scientific psychology reflect societal norms. Thus our understanding of the world as well as the process of acquiring that understanding are not fixed, but nor are they both rooted in absolute, objectively verifiable truth (Gergen, 1985).

The goal of social constructionism is not to imply that knowledge cannot exist but that the rules for creating knowledge should be acknowledged as historically and culturally situated and therefore subject to change (Gergen, 1985).

Social construction theory includes interpretative examination of contemporary social phenomena in which people describe or explain the world in which they live. Social construction theory involves discourse around the social interactions that occur and form a socially constructed relationship. The discourse surrounds how the social interactions of the participants will have a profound impact on how they construct themselves (Gergen, 2001). Based on contemporary events and interpretations of these events, the theory holds that "people's beliefs about the world are social inventions. Reality is socially constructed based on people's definitions" (Cheung, 1997). With this in mind, how does such an approach influence how certain types of behaviours are constructed? I will be engaging the participants in a dialogue in which the social constructions around their presented behaviours in school can be explored.

There is a strong tradition in qualitative research which prioritises the study of perceptions, meanings and emotions, often referred to as the emotionalist model (Gubrium and Holstein, 1997). My research will aim to extrapolate information from the meanings and perceptions the young people have attached to their experiences. Robson has critiqued the constructionist theoretical perspective by articulating that researchers with this theoretical orientation find grave difficulties in the notion of an objective reality. In principle, there are as many realities as there are participants, so my research is not dependent on the participants having a shared reality. There are many different biological and environmental considerations that could influence the participant’s educational experience, and subsequent perceptions could affect the impact of their ADHD (Robson, 2011).

### 3.3.1 Interpretative Phenomenological Analysis (IPA)

The philosophical underpinnings of qualitative research are various. Social Constructionism is suitable to my methodology because it is a qualitative approach with affinities to phenomenology and hermeneutics. Ontologically, IPA fits with a paradigm of social constructionism (Mertens, 2005) but can also provide a meaningful analysis of psychosocial issues (Robson, 2002).

IPA is a qualitative research approach committed to the examination of how people make sense of their major life experience such as someone’s school experience. IPA is phenomenological in that it is concerned with exploring the experience in its own terms (Smith, Flowers & Larkin, 2009).

Phenomenological research focuses on the need to understand how humans view themselves and the world around them. The researcher is considered inseparable from assumptions and preconceptions about the phenomenon of study. Instead of bracketing and setting aside such biases, an attempt is made to explain them and to integrate them into the research findings. The research methodology informed by what is called interpretative Phenomenology seeks to reveal and convey deep insight and understanding of the concealed meanings of everyday life experiences (Lyons & Coyle, 2011).

IPA has an explicitly phenomenological commitment to discerning individual meaning and has a clear idiographic emphasis. As a TEP, one key value of phenomenological philosophy is that it provides me with a rich source of ideas about how to examine and comprehend lived experience. IPA analysis is an approach to qualitative and psychological research which has been informed by concepts from three key areas of philosophy of knowledge: phenomenology, hermeneutics and ideography (Lyons & Coyle, 2011).

Research conducted within a social constructionist framework focuses on examining the ways of constructing social reality that are available within a particular cultural and historical context, the conditions within these ways of constructing are used, and the implications they hold for human experience and social practice (Willig, 2001). To this extent social constructionism contrasts with the epistemology of other approaches to qualitative research which tend to assume that there is some relationship between the outcome of the analysis of the research data and the actualities of which the research speaks (Lyons & Coyle, 2011).

As an IPA researcher I am interested in looking in detail at how the participants make sense of the impact of their ADHD during their journey through education. The experience will likely be of major significance to the person, who will then engage in a considerable amount of self-reflective thinking and feeling as they process what it means (Smith et al, 2013).

IPA’s second major theoretical axis is an interpretative endeavour and is therefore informed by hermeneutics, the theory of interpretation. IPA shares the view that human beings are sense-making creatures, and therefore the accounts which participants provide will reflect their attempts to make sense of their experience. IPA also recognises that the access to experience is always dependent on what participants tell us about the experience, and that my research then needs to interpret that account from the participant in order to understand their experience (Smith et al, 2013).

Thus IPA is concerned with human lived experience, and theorises that experience can be understood via an examination of the meanings which people impress upon it. These meanings, in turn, may illuminate the embodied, cognitive–affective and existential domains of psychology. People are physical and psychological entities. They do things in the world, they reflect on what they do, and those actions have meaningful, existential consequences (Smith & Osborn, 2008).

Additionally IPA emphasizes that the research exercise is a dynamic process with an active role for me, the researcher, in that process. One is trying to get close to the participants’ personal world, to take into account their views, but one cannot do this directly or completely. Access depends on and is complicated by my own conceptions, indeed these are required in order to make sense of that other personal world through a process of interpretative activity (Smith & Osborn, 2008).

In IPA research, my attempts to understand other people’s relationship to the world are necessarily interpretative, and will focus upon their attempts to make meanings out of their activities and to the things happening to them. IPA is concerned with the detailed examination of human lived experience. And it aims to conduct this examination in a way which, as far as possible, enables that experience to be expressed in its own terms, rather than according to predefined category systems. IPA also pursues an idiographic commitment, situating participants in their particular contexts, exploring their personal perspectives, and starting with a detailed examination of each case before moving to more general claims terms (Smith et al, 2013).

The assumption in IPA is that the analyst is interested in learning something about the respondent’s psychological world. This may be in the form of beliefs and constructs that are made manifest or suggested by the respondent’s talk, or it may be that the analyst holds that the respondent’s story can itself be said to represent a piece of the respondent’s identity. Whichever way, meaning is central, and the aim is to try to understand the content and complexity of these meanings rather than measure their frequency (Smith & Osborn, 2008).

## 3.4 Research Design - Starting out

The motivation behind my research was my interest in understanding personal lived experience and subsequently wanting to explore a person’s relations to, or involvement in a particular event or phenomenon (Smith et al., 2013). Subsequently choosing a methodology that could produce a doctoral level thesis was an important consideration. These accounts would be elicited from the participants’ description of the experience of having ADHD within an educational setting (Robson, 2011).

I chose my approach to data analysis before I began to formulate my research questions. Choosing IPA as a methodology dictated the format of my research questions and general strategies at the initial stage of the research process (Grbich, 1999; Lyons & Coyle, 2011).

Qualitative research tends to be a rather writerly activity, requiring a willingness to use the first person, to take up positions, and develop arguments (Lyons & Coyle, 2011). This approach lends itself to my previous career within journalism and approach to psychology. However I am aware that as a researcher engaging in an IPA methodology I need to be mindful, from the start of the research project, of a third hermeneutic level, the imagined reader of the thesis (Smith et al., 2013). I need to be mindful that the reader is trying to make sense of the researcher’s analysis of the participant’s understanding of their perceptions of their educational experience based on their diagnosis of ADHD (Lyons & Coyle, 2011).

Qualitative research is time-consuming, labour-intensive and both imaginatively and emotionally demanding (Lyons & Coyle, 2011). Therefore it was important that I chose an area that was significant to me. More importantly it was about wanting to achieve an outcome that would be both motivating and satisfying. As highlighted in my research questions, the concept of service delivery is very important to me. As well as thinking about how to improve the quality of provision and understanding for EPs working with an older demographic, I feel it essential to evolving and improving EP practice (Smith et al., 2013). In order to achieve the objective of this thesis I developed the following research questions.

### 3.4.1 Research Questions

* Do young people with a diagnosis of ADHD perceive they have been given the appropriate support to fulfil their learning potential?
* Do young people with ADHD perceive that their condition negatively impacted upon how they were treated within education?
* What does this cohort of young people perceive as being their strengths and challenges regarding theory journey through the education system?
* What information do EP’s need to know in order to support this cohort of young people between the ages of 16 and 25?

### 3.4.2 Research Purpose

The purpose of the research was exploratory; to seek new insights into the educational experiences of young people (between ages of 16 -25) with a diagnosis of ADHD.

### 3.4.3 Research Design

The research design adopted will be a qualitative one, thus following the objective of creating a comprehensive record of the participants’ words (Willig, 2013). IPA was utilised. This facilitated the research focussing on the subjective experiences of the individuals. Semi-structured interviews were used to guide the young people through their experiences and perceptions of school.

A qualitative design allowed for my assumptions about the subject to be challenged by participants. Although this study will be making use of a technique to gather data and potentially direct participants in a pre-determined manner, a flexible approach will be kept in order to allow participants to present their own constructs. This means that multiple realities of participants will be acknowledged by focusing on their views and recording exactly what they say in their own words.

The participants will be required to retrospectively reflect on their lived school experience. The experiences they are likely to reflect upon would have been cemented by their primary or more than likely, their secondary school experience. The experiential meaning derived from the participant’s retrospective description, and subsequent researcher interpretation, fits within an IPA methodology (Smith & Osborn, 2008). IPA methodology will require the rigorous and systematic collection of data, this will be supported by the participants retrospectively talking about a phenomena of great importance to them (Smith & Osborn, 2008).

### 3.4.4 Criteria for Selecting Participants

Gender was not a factor in choosing my participants, but the evidence shows a clear pattern that more males than females have a diagnosis of ADHD. Because of this, I was expecting my sample to be dominated by males. This proved correct, as only one of the five participants recruited was female. The chosen age range will be between 16 and 25, and the participants will have needed to have attended a mainstream setting during the secondary part of their education. Whether or not the cohort were medicated or not did not affect my recruitment. I have factored that being medicated might impact a young person’s narrative around their diagnosis. The focus of the research is not on medication, rather the impact of having the diagnosis.

My inclusion criteria were that the chosen participants should have attended a mainstream setting and they had a diagnosis of ADHD (with no other known diagnoses). With a significant number of children diagnosed with ADHD there can be comorbidity with other diagnosed conditions. But for the purpose of my research I want to focus purely on how ADHD affected my sample. IPA relies on having a homogenous group, so having too much variety in that group might undermine the data analysis and the suitability of IPA to my research.

## 3.5 Recruitment

### 3.5.1 Obtaining fully informed consent:

The process of identifying the participants involved initially sending out an information letter (see appendix 8) to selected further-educational settings within the local authority of my placement. By way of background, the contacts for the SEN Managers were obtained via the link Educational Psychologists for the setting and at a CPD day where the further-educational colleges within the local authority were giving a presentation regarding SEN at their provisions.

Initially this proved unsuccessful, as the young people who were approached by the SEN Managers at the settings were reluctant to take part in the research. I offered to come in and meet the students to explain the research, but this suggestion was met with resistance by the further-educational settings and by the local authority. So I designed a poster (see appendix 5) advertising the research, as I hypothesised this would be more appealing to the cohort I wished to recruit from.

This still proved unsuccessful so I widened my search and contacted a charity called Advance, which provides support to families living with ADHD and ASD in the local authority. They have a mailing list of approximately 400 families. Unfortunately, this also proved unsuccessful as the only positive responses I got were from families that were affected by ASD. Following this, I reluctantly shifted my age range from 16 - 19 to 13 - 25 in order to appeal to students within a secondary context. In addition, I also broadened my search to include areas outside of Hertfordshire in the hope of recruiting some participants. I also contacted the disability teams within some of the universities across London and sent emails with information detailing the research to charities such as Young Minds and Connexions. Broadening my search outside Hertfordshire proved most successful and I got positive responses from the London Universities, Young Minds and Connexions (information on the recruited participants can be found in appendix 10). Following the responses, I moved my age range back up to 16 and settled for a final age range for 16-25.

The process for all the establishments that were contacted remained the same. This involved an introductory email explaining the research and its purpose, with an attached copy of the poster for the organisations to disseminate to their students who fit my criteria. Once a participant had agreed to take part in the research, from that point the procedure has been listed below:

Providing the participants with an invitation letter and consent form (see appendix 6) that outlined the nature and purpose of the research and participants’ rights.

Depending on the age of the participants, I provided the participants’ parents with an invitation letter and consent form (see appendix 7) that outlined the nature and purpose of the research and participants’ rights. Where a participant was under the age of 18, a consent form would be provided to the parents before interviewing the participant.

Once informed consent had been received from all participants, times and dates were arranged to conduct the interviews. Importantly, participants were provided with the opportunity to meet the researcher prior to each interview, allowing space to ask questions regarding the research, their involvement, details of the interview and use of data. This is particularly important with the young people involved, as it ties in closely with Mertens’ concept of building rapport.

Interviews took place either at the participants’ further education setting, support setting or at the Educational Psychology service, depending on where the participants felt more comfortable.Interviews lasted for approximately 40-60 minutes.

Research participants were invited into a secure room in the further education setting and the semi-structured interview commenced. For safeguarding purposes, I ensured there was a window in the door if it was not made from glass.

The whole interview was recorded for transcription purposes using a digital recorder. Validity issues in data collection will be discussed further below. A reliable research entails documentation of the data collection phase, in order to ensure a uniform approach with all participants.

In terms of the chronological span of research, an overview of research timelines can be seen in Appendix 2.

### 3.5.2 Sampling

Participants required for this study were four young people with a diagnosis of ADHD who attended a mainstream secondary setting. The primary concern of IPA is with a detailed account of individual experience. Therefore the issue is quality rather than quantity and given the complexity of most human phenomena, IPA studies usually benefit from a concentrated focus on a small number of cases. I decided on a sample size of four, and it has been recommended that between three and six participants is a reasonable sample size for a doctoral project using an IPA methodology (Smith et al, 2013). This sample size should provide sufficient cases for the development of meaningful points of similarity and difference between participants, but not so many that there is a danger of being overwhelmed by the amount of data generated (Eatough & Smith, 2008; Smith et al, 2013).

The sampling method employed by this research was initially purposeful, as selections were made in accordance with criteria specified at the beginning of section (criteria for participants 3.7.4.) However, the availability of participants was such that sampling allowed for reasonable homogeneity, in that all participants had only a diagnosis of ADHD, had attended a mainstream secondary school and had engaged with further education. There were differences, in that three were male and one female. There was also a difference with their ages: one was eighteen, whilst the others were in their early twenties.

### 3.5.3 Pilot

Once contact with the college SEN had been established, I considered steps that would allow for the collection of data rich in both content and meaning. Participants need to be comfortable with the researcher, to know what is required of them and for them to trust the researcher (Smith et al, 2009). Therefore a pilot study was carried out with a young person aged between 16 and 25 who had a diagnosis of ADHD, in order to clarify any problems of converting the design of thesis into reality. The pilot study helped to familiarise myself with the relevant language and interview structure to be used with the research participants. It also helped to clarify the quality of the questions and any possible challenges with the interview schedule.

This visitation gave both the participant and staff the opportunity to ask me questions about the research and its role in a relaxed and trusting environment. It also allowed for other members of the student cohort to put context around potential requests for involvement. However, the majority of the students at the setting also had other diagnoses in addition to a diagnosis of ADHD. So it was explained to them that they could not take part in the research if they had an additional diagnosis. The visit did allow for the development of future working relationships that resulted in contracted future work with the setting.

### 3.5.4 Semi Structured interviews

IPA researchers wish to analyse in detail how participants are perceiving and making sense of things which are happening to them. It therefore requires a flexible data collection instrument. While it is possible to obtain data suitable for IPA analysis in a number of ways; the best way to collect data for an IPA study, and the way most IPA studies have been conducted, is with the semi-structured interview. This form of interviewing allows the researcher and participant to engage in a dialogue whereby initial questions are modified in the light of the participant’s responses and the investigator is able to probe interesting and important areas that arise (Smith & Osborn, 2008).

During the semi-structured interview schedule an audio-recorder was used (see appendix 9 for a prototype of the questions asked to the young people). Gathering data from a group of young people about their perceptions and experience of school, required a schedule that had the flexibility to be adapted if the young people were to become potentially emotionally distressed.

Using semi-structured interviews allowed for flexibility during the interview process. The flexibility allowed for the interview to explore their experiences with varying intensity depending on what the participants revealed.

The interviews lasted for a considerable amount of time, ranging from 40 minutes to 55 minutes.

One of the things I prioritised during the research was establishing a good rapport with the young person and this proved very important when conducting the interviews.

I used the interview schedule in a flexible manner. At first I wanted to try and be as prescriptive as possible, but realised that it was better if I tried to be flexible. I used the schedule as a guide rather than a rigid structure and maintained that my role as interviewer was that of an active listener. It was important in each interview that I set the right tone: I used the first question to establish this. I gave the participant time to answer this and gave prompts when I felt they were necessary. My experience of using solution-focused techniques meant I was comfortable with the idea of silence. The most important thing for me was to get the participants used to talking (Smith & Osborn, 2008).

I didn’t follow the exact interview schedule for each participant and not every question was asked in the same way. Good research interviews require the researcher to accept that and indeed relish the fact that the course and content of the interview cannot be prescribed in advance (Smith & Osborn, 2008). It has been suggested that getting the balance right between the schedule and the interview is a difficult skill for a novice to acquire. Although my experience as a researcher might be limited in terms of my exposure to interviews, I very much see myself as being an expert. Opening up to the unpredictability of an in-depth interview was not that challenging for me. Especially as this style of interviewing is an integral part of the inductive principles of phenomenological research (Smith & Osborn, 2008).

When participants made points that I found interesting, I would comment that I would like to ask them further questions about the point they had just made. This tactic employed early in the interview indicated to the participants the level of detail and depth I was interested in (Smith et al., 2013).

### 3.6.1 Ethical considerations

I designed the study with ethical considerations in mind, obtaining ethical permission for the research from the university at the outset. Ethically, the role of a trainee is potentially different to that of a qualified EP, as you are still developing your practice, proficiency and expertise. However the BPS stipulates that the term ‘psychologist’ refers to any member of the British Psychological Society including student members (BPS, 2009). With effect from 1st July 2009, the regulator of applied psychologists has been the Health and Care Professions Council (HCPC). Members of the Society wishing to practise as an Educational Psychologist, will need to be registered with the HCPC.

The HCPC states that the registrant practitioner psychologists must be able to practise within the legal and ethical boundaries of their profession and understand the need to act in the best interests of service users at all times. The Educational Psychologists must understand the power imbalance between practitioners and service users and how this can be managed appropriately (HCPC, 2012). In this research, ethical consideration and risk assessment (see appendix 3) were designed in accordance with the Code of Ethics and Conduct followed by EPs (BPS, 2009), Guidance on Conduct and Ethics for Students (HCPC, 2012) and the University of East London’s Code of Good Practice in Research (UEL, 2010). The research proposal was therefore forwarded to the UEL ethics committee who decreed the research to be ethically sound in its design and purpose (see Appendix 4).

One of the core responsibilities of a TEP is their commitment to developing EP practice through their doctoral research. Researchers should respect the rights and dignity of participants in their research and the legitimate interests of stakeholders such as funders, institutions, sponsors and society at large (BPS 2009).

Participants in psychological research should have confidence in the investigators. Good psychological research is only possible where there is mutual respect and trust between investigators and participants (BPS 2009). With this stipulation in mind, it is important for me that when I meet with the young people I explain the role of the educational psychologist and how their experience, if they were willing to share, can be used to enhance EP practice. Thus the consequence of this is a potentially better service for young people like themselves.

Psychologists value the dignity and worth of all persons equally, with particular regard to a person’s rights including those of privacy and self-determination (BPS, 2009). The implication of this value statement is that I will emphasise to my targeted participants their rights to confidentiality and anonymity.

Psychologists should consider all research from the standpoint of the research participants, with the aim of avoiding potential risks to psychological well-being, mental health, personal values, or dignity (BPS, 2009). This statute I believe is particularly pertinent to my research as potentially some of the experiences that the young people might reflect on could be traumatic for them. During the consultation process, I will explain their rights to them and my obligations as a practising psychologist. Emphasising that during the interview process, if something does become uncomfortable for them, they have the option of stopping the interview at any time.

I also needed to accept the principles of informed consent and the subjects’ right to freedom and self-determination. According to Cohen, Manion and Morrison (2000), ‘social research necessitates obtaining the consent and cooperation of subjects who are to assist in investigations, and of significant others in the institutions or organisations providing the research’ (p.50). They go on to say that ‘the principle of informed consent arises from the subject’s right to freedom and self-determination’ (p.51). In effect this gives the right for participants to take part in the research or decline to participate, and this needs to be respected. I also needed to assure others that the information I was seeking was for my own research purposes and that I was also working under strict ethical guidelines regarding confidentiality of information. Clearance for this research was obtained via the use of informed consent, as approved by the university at the commencement of the study. There was no risk to any participant or to the researcher and it is noted that the data obtained from the interviews and questionnaires, from all phases, were securely and anonymously stored. The guidelines of the British Educational Research Association (BERA, 2004) were followed throughout the thesis.

It should be noted that the researcher also checked whether or not participants are engaging in any form of therapy at the time of the research interview. Where required, this information will necessitate communication by the researcher with the respective professional on whether that participant is thought to be fit to engage in this research.

### 3.6.2 Confidentiality

Information about the participants will be maintained by the researcher, and participants will be notified of this. The researcher will be the only one having access to the details of participants. Any identifiable data will be omitted or changed during transcription, so that in no way can data be traced back to the respondent. Furthermore, transcripts will be anonymised and kept locked in a safe place or password protected on a laptop. Audio recordings will be destroyed upon completion of research, while a soft copy of transcripts will be kept for 3 years once research is finalised. The participant and parent consent letter includes reference to the discussion of data with my supervisor.

## 3.7 Data Analysis

Although the primary concern of this IPA methodology is to explore the educational perceptions of students who have a diagnosis of ADHD, the end result was how I, the researcher, interpreted the participants’ views. Hence this is the double hermeneutic: it was important to conceptualise that my analysis would be subjective. It is important to point out that the subjectivity is systematic and rigorous in its application and the results of it will be available for the readers of the thesis to check and scrutinise (Smith et al., 2013). However, in reality, analysis is an iterative process of fluid description and engagement with the transcript (Smith et al., 2013).

I followed the step by step unidirectional guide provided by (Smith et al., 2013) in conducting the IPA data analysis. The data analysis process started when I began to transcribe the data. During this process, I immersed myself in the original data. This involved reading and re-reading the data. I listened to the audio recording of each interview four times.

I recorded some brief notes of the interview process and a comment on my most powerful recollections for each participant. This was to ensure that I resisted the attempt for quick summation and allowed me to engage with the data in a more reflective and methodical way. The repeated reading of the transcripts allowed me to gain an overall understanding of how narratives can bind certain sections of an interview together (Smith et al., 2013).

The initial level of analysis was the most detailed and time consuming. I examined language and semantic content on a very exploratory level. I noted anything of interest on the transcript, thus permitting a growing familiarity with the transcript and it enabled me to have specific ways of conceptualising how the participants began to reflect on their ADHD. I was mindful of ensuring that my notes had a descriptive core of comments that had a phenomenological focus and stayed close to the participants’ explicit meaning. This involved describing things that mattered to the participants and the meaning of those things.

Moving on from this I began to make more interpretative noting which helped me to reflect on why the participants had frustrations over their school experience. This involved looking at the language that they use and reflecting on their concerns, which facilitated the identification of more abstract concepts which assisted me in making sense of the patterns of meaning in their account (Smith et al., 2013).

In accordance with IPA’s approach to data analysis, there were three levels of analysis during this phase – descriptive, linguistic and conceptual (Smith et al., 2013).

1. Descriptive comments focused on describing the context of what the participant had said about their educational experiences and the subjects of which they spoke about during the interview. This level of note-taking was about taking things at face value and highlighting the objects which structure the participants’ thoughts and experiences. These comments were often exploratory and reflected on the participants’ experience of having ADHD within education (Smith et al., 2013).
2. Linguistic comments focused upon exploring the specific use of language by the participants. These comments were made in italic. I reflected on the ways that the content and meaning were reflected. I attended to the use of pronoun, pause and the functional aspects of language. I also paid attention to metaphors, although this was easier to do with some transcripts than others (Smith et al., 2013).
3. Then the conceptual comments focused on engaging at a more interrogative and conceptual level. These comments were underlined. The conceptual coding required me to shift my focus from the participants overarching understanding of their ADHD to the impact of the condition on their lives. Whilst challenging, it was also the most enjoyable part of the analysis as the ability to engage with the reflective practice required was thoroughly stimulating. At times I drew upon my knowledge of systemic frameworks and my perceptions of behaviour and knowledge of dominant ideology to make sense of key events and processes for the participants (Smith et al., 2013).

I ensured everything was documented to guarantee that my stronger interpretative claims could be checked later at the various points in the analytic procedure. At this point, my natural qualities as a reflective, complex, and deep thinker really added to the research. This allowed me to move away from the superficial and descriptive to the interpretative. It was essential that the interpretations were inspired by attending to the participants’ words. It was important for me to remind myself that as a researcher and psychologist I am using my skills to make sense of the participants’ meaning.

An extract of data analysis is illustrated in Table 3.2 below. Exploratory comments take the following forms:

* Descriptive comments (normal text): Key objects (e.g. ‘dragon girl’), lifeworld events, acronyms, figures of speech, emotional responses
* *Linguistic comments* (Italics): Pronouns, pauses, laughter, functional aspects, repetition, tone, fluency, metaphor
* Conceptual comments (Underlined): Interpretive, interrogative (further

questions), ‘meta’ view, double hermeneutic

Table 3.1: Extract of IPA Analysis

|  |  |  |
| --- | --- | --- |
| Emergent Themes | Original Transcript | Exploratory Comments |
| Art as expression of self  Self protection  Self excuses – external attribution –  Embarrassment  Self diagnosis –  Complicated self  Traumatic self  Anger | I: Still got a B. And it was all because of the last piece [chuckles]. It was practically an A+ [chuckles].  R: Okay, well... what was the last piece like?  I: [Softly] It’s just a dragon girl.  R: A dragon girl.  I: But you know, they never gave me my art back, so whatever.  R: Ok.  I: I could have got it, it’s just people took over... [softly] and now they don’t have it.  R: Ok. So can you remember a time when you felt embarrassed at school?  I: Oh, all the time.  R: Do you want to tell me about some of that?  I: [Softening voice] ‘Cause I have Asperger’s as well as ADHD. So, I-uh... didn’t really have many, uh... friend. And the friends I did – or at least what I did have, they always used to joke about me and make jokes about me and stuff, and they said some pretty horrible things, um, to the point of which I got really defensive and angry. Um, and they all laughed at me, and I felt really embarrassed because everyone would be laughing at me. So...  And I had a lot more other situations in class where the popular people would throw stuff at me. That was quite embarrassing, so. | Got a B – chuckles why is she bashful  *Still*  Dragon girl  Does the dragon girl represent her – contrast beauty and destruction  *Whatever .* Why doesn’t this bother her, is she being truthful?  Could have got it *.* why the external attribution. Is she confused?  All the time embarrassed  *Oh* Powerful emotion said nonchalantly – does this help her cope?  Is this upsetting – are they reasons to not have friends? Asperger’s self diagnosed-  Asperger’s and ADHD reason didn’t have friends  Friends joked about her  Is she reflecting trauma, did she find the experience traumatic.  Horrible things – does she now feel horrible  Embarrassed  Targeted by popular people are they desirable  *Alliteration* |

## Reliability and Validity

Qualitative research can be judged according to the extent that it meets certain criteria, namely credibility, transferability, dependability and confirmability (Mertens, 2005).

A number of guidelines for assessing qualitative research have been produced (Mertens, 2005). Some, whilst methodological, are simplistic and prescriptive, and the more subtle features of qualitative research can be excluded (Gibbs, 2007).

The noteworthy potential benefit that may flow from using qualitative methods in psychological research is that it allows for researchers to attend to the key factor of context in all its complexity and fluidity. The desire for research to achieve contextualised understandings of phenomena was one reason why there was a request for a naturalistic paradigm in research (Guba & Lincoln, 1989). Yardley (2000) offers an approach to analysing validity in qualitative research that can be generalised to any qualitative research despite its theoretical underpinning and orientation. The focus is on establishing quality whilst utilising a more pluralistic and sophisticated stance (Yardley, 2000). I used this four-stage model for assessing qualitative research to ensure that my thesis would have validity (Gergen, 2003).

The first is sensitivity to context. I believe I have demonstrated this by showing sensitivity to the existing literature around ADHD and challenging behaviour within schools which reflected how I engaged in the subjects with the participants. Selecting IPA as a methodology demonstrates sensitivity and commitment. I chose IPA because of its close engagement with the idiographic and the particular (Smith et al., 2013). An IPA analysis is only as good as the data it is derived from, and obtaining good data requires close awareness of the interview process – showing empathy, recognising interactional difficulties, and negotiating the intricate power dynamic between research expert and experiential expert (Yardley, 2000).

Yardley’s (2000) second principle is Commitment and Rigour. I demonstrated commitment with the degree of attentiveness I showed to the participants during the data collection and the methodical and systematic way in which the data analysis was carried out. I ensured I invested enough time and skill in ensuring the participants were comfortable and relaxed during the interviews. To ensure there was rigour I carefully planned the research enabling there to be thoroughness. I planned the research in detail and designed a methodology that would be scientific in its application (Yardley, 2000). The previous transcript extract (see under ‘3.9 Data Analysis’) shows the rigorous nature of IPA as an analytical tool, breaking meaning down to three levels; descriptive (literal), linguistic (type/ style of language used) and conceptual (interpretations and inferences of meaning behind comments) (Yardley, 2000).

The third principle of Transparency and Coherence was an integral measure in ensuring that the data would have validity. I have been mindful that each step of the research process can be clearly explained and actioned. The thesis shows evidently how the participants were recruited, how the theoretical underpinnings informed the construction of the interview schedule, and what steps were used in the analysis. Particular attention has been focused on ensuring the thesis is coherent. At this point it has been important to conceptualise how a stranger would consume and understand the thesis. Yardley also suggests that coherence refers to the research that has been completed and the underlying theoretical assumptions of the approach being implemented (Yardley, 2000).

The fourth criteria are Impact and Importance. This is something that I can only speculate on. I perceive the research to be both interesting and thought provoking. However, until it has been read by others one can only speculate on whether readers will find it interesting. I think it’s important that children who behave in a way that has been socially constructed as ‘undesirable’ and ‘problematic’ still have a fair chance of realising their learning potential within education. I think their views should form an essential part of how EPs and other professionals support ADHD children and young people in their education. As an IPA researcher and someone who is committed to developing the profession of applied Psychology, it is essential that my research is important and thought provoking (Yardley, 2000).

To ensure that the research has testimonial validity, I showed to the participants the codes that I had generated from their individual transcripts to ensure they supported the meanings I had conceptualised from the data (Gibbs, 2007).

To be robust in the search for validity in my qualitative research, I utilised the independent audit measure, which is to file data in such a way that somebody could follow (Yin, 1989). Thus I have been committed to ensure that the thesis has a clear audit trail comprising research proposal, ethical clearance, research registration, an interview schedule, audio tapes, annotated transcripts, table of transcripts and the completed doctoral thesis. All of the above will be in the appendix section of the doctoral thesis apart from the audio tapes. This system will be incorporated to ensure the thesis is scientifically credible and replicable in terms of the data which would have been collected, and that there is a logical step by step path through the chain of evidence (Yin, 1989).

The ultimate aim of utilising the independent audit is to produce a paper trail that demonstrates the systematic and transparent nature of my doctoral thesis (Smith et al., 2013).

## Chapter Summary

This chapter has looked at theoretical and epistemological frameworks for IPA, looked at the conception of the research, its purpose, design, considered ethical implications, gave an example of the method of data analysis and linked research to reliability and validity. The following analysis chapter will focus on interpretations of data gathered from research, and will summarise these findings for further development during the Discussions chapter.

# Chapter 4. Data Analysis

***“I say, sir, that you can never make an intelligent judgement without evidence.”***

***Malcolm X***

## 4.1 Chapter Overview

Following on from the methodology, this chapter completes an interpretative, ideographic, case-by-case analysis of the four participants interviewed for this doctoral research. Themes for each participant were analysed spatially, tabulated, and compared across cases for divergence and convergence.

These themes were then carried forward to the ‘Discussion Chapter’, where relationships to the original research questions were explored and themes were compared with previous literature.

## 4.2 Process of Analysis

Four face-to-face, semi-structured interviews were conducted. As the chosen method for qualitative data collection was via interview, direct quotations from transcripts served as phenomenological evidence of the lived experience of having a diagnosis of ADHD during the participant’smainstream education. To keep within the perimeters of the IPA’s ideographic approach, ideas and emergent themes were bracketed for the first case whilst working on the second - and so on for each of the four cases.

### 4.2.1 Development of themes

To briefly summarise the methodological approach of IPA, this stage involved the close, line-by-line analysis of the transcript for the interviews of each participant, looking particularly at experiential claims, concerns and understandings (Smith et al, 2013). An example of the depth of analysis employed at this stage can be seen in a copy of Larry’s full transcript (see Appendix 11) whereby exploratory comments on the right-hand side take a phenomenological approach and focus on textual analysis at three different levels - descriptive, linguistic, and contextual (Smith et al, 2013) These comments formed the basis of identifying emergent patterns and themes typed on the left-hand side of the transcript, which were subsequently printed and individually cut out. Relationships between emergent themes were represented spatially - moving and grouping themes together - and exploring how these ideographic ‘parts’ related to the phenomenological ‘whole’ of each participant’s lived experiences (see Figure 4.1 overleaf).

To identify patterns and connections between emergent themes, specific processes were employed. **Abstraction** - a basic form of identifying patterns between emergent themes and developing a sense of what can be called a superordinate theme (Smith et al, 2013). **Subsumption** - a process similar to abstraction, that operates where an emergent theme itself acquires super-ordinate status (Smith et al, 2013). **Numeration** - focusing on the frequency of which a theme is supported throughout the participant’s narrative (Smith et al, 2013). **Polarization -** focuses on identifying oppositional relationships between emergent themes by focusing on differences rather than similarities (Smith et al, 2013). **Contextualisation** - focuses on identifying the narrative and contextual elements within an analysis, attending to the cultural and narrative themes in a proactive manner (Smith et al, 2013).

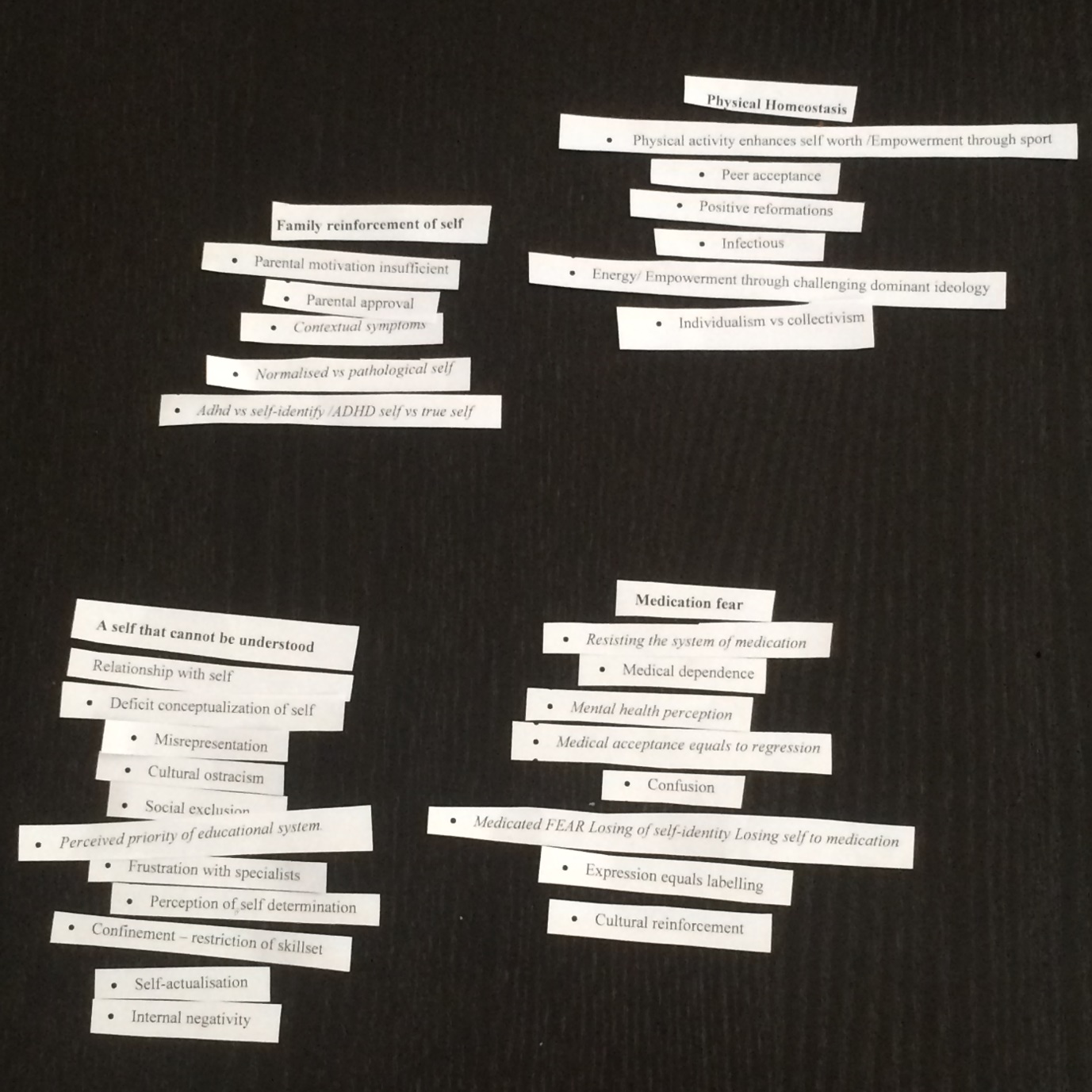
## 4.3 Case One: Larry

Larry was a 23-year-old male who was studying a Sports Science degree at a London university. At the time of the interview he was in the third year of a four-year sandwich course. Larry was diagnosed with ADHD at the age of 12 and spent a prolonged period of time in the behavioural unit at school. Most of his labelled inappropriate behaviours involved walking out during his class and other behaviours linked to his impulsiveness. Despite this, his teachers considered Larry to have above average intelligence. Larry left school with 7 GCSE grades A - C, then subsequently went into further education.

### 4.3.1 Development of Emergent Themes

These comments formed the basis of identifying emergent patterns and themes typed on the left-hand side of the transcript, which were subsequently printed and individually cut out. Relationships between emergent themes were represented spatially, moving and grouping themes together and exploring how these ideographic ‘parts’ related to the phenomenological ‘whole’ of each participant’s lived experiences (see Figure 4.1 overleaf).

Figure 4.1: Spatial orientation of Larry’s emergent themes



Application of the hermeneutic cycle (revisiting emergent themes for deeper meaning) and the process of abstraction, led to a finalised set of emergent themes for each participant, which have been grouped together under four separate superordinate themes.

The first example of this process is illustrated in the table below.

Table 4.3.2 Larry’s Superordinate (Bold) and Emergent Themes

|  |  |  |
| --- | --- | --- |
| **SUPERORDINATE THEME** | **PAGE/LINE** | **KEY WORDS** |
| **Psychological Homeostasis**  Empowerment Through Sport  Peer Acceptance  Empowerment Through Challenging Dominant Ideology  Positive Conceptualisation | 1 /5-7  16/525-528  14/373-375  7/219-220 | “feel proud, gave me strong sense of self-worth”  “for your friends it’s a massive positive”  “massive energy levels and an inability to concentrate, but that’s just not true is it”  “children who don’t require as much attention” |
| **Cultural Reinforcement Of Normality**  Normalised vs. Pathological Self  Societal Reinforcement of Social Constructions  Contextual Symptoms | 18/571  17/489  17/562 | “am a regular guy at home”  “it only seems to matter in school, so how can I take this seriously”  “the police officers don’t care if they stop you in the street” |
| **Fear Of The Medicated Self**  Resisting The System of Medication  Mental Health Perception  Medical Acceptance Equals Regression | 17/552  13/341  18/519 | “constantly popping pills as a child so that your behaviour can be managed”  “experienced by everyone with a mental health”  “wholeheartedly believe they have ADHD they do regress” |
| **A Self That Cannot Be Understood**  Deficit Conceptualisation of Self  Perceived Priority of Educational System  Misrepresentation | 15/411  8/261  13/446 | “pessimistic so it’s easier for me to label my flaws”  “have increased workload, so they don’t have to deal with your behaviour issues”  “maybe I am carrying a burden from home,” |

For each participant, superordinate themes such as those above (e.g. a self that cannot be understood) were explored through a selection of their most pertinent emergent themes. This was also supported by an idiographic analysis of the quotations that pertain to each.

#### 4.3.2.1 Superordinate Theme 1: Psychological Homeostasis

Homeostasis in humans has been described as how the human body manages a multitude of highly complex interactions to maintain balance or return systems to functioning within a normal range. These interactions within the body facilitate compensatory changes, supportive of physical and psychological functioning ***(***Goldstein & Kopin, 2007). It can be an essential process to help human beings in their management of stress, with the ultimate aim of regulating and managing a person’s emotions ***(***Goldstein & Kopin, 2007). Interpretations of particular segments of Larry’s transcript lead to the formation of superordinate theme one and the factors that brought Larry’s psychological homeostasis throughout his education (namely empowerment through sport, peer acceptance, empowerment through challenging dominant ideology and positive conceptualisation).

*Empowerment Through Challenging Dominant Ideology*

A constant throughout Larry’s narrative was the idea of challenging systems or beliefs that he deemed to be inaccurate. Through the process of contextualisation ‘Empowerment Through Challenging Dominant Ideology’ was selected as an emergent theme. Larry questioned the impact that some of the traditional symptoms associated with ADHD can have on one’s learning.

*“yet the child with ADHD has massive energy levels and an inability to concentrate, but that’s just not true is it, because we know that when a child is ready to concentrate they will and they do, it happens to be when they are bored, are doing things they don’t like, that they happen to express themselves in alternative ways.” (Appendix 11, line 373-380)*

The initial interpretation of this can be assessed at superficial and linguistic level too. Larry is retelling some of the traditional ADHD symptoms. The use of the phrase “we all know” is of interest, because he is showing how he positions the autonomy of behaviour that a young person can have. He positions it as a choice.

*Positive Conceptualisation*

One of the central narratives during the interview was the manner in which Larry consciously and subconsciously at times reframed the central narratives around him, such as accessing help within the classroom. Through the process of contextualisation, positive conceptualisation emerged as an emergent theme.

*“get them out of the lesson, you know into the naughty corner or something, so they can focus on the children who don’t require as much attention.” (Appendix 11 line 217-220)*

During the interview it was noted how often Larry referred to himself from a position of authority or strength. The concept of challenging systems and beliefs around behaviour and systems is evident. Linguistically he uses the word “naughty”, which is in itself an emotive term used to describe a child’s behaviour. Linguistically, the word “something” acts as a way of belittling the system, as the function of the language is to dismiss that system. This process was a good example of the hermeneutic cycle in motion. Initially the subject matter was interpreted as what Larry thought about the teachers. However, in focusing on Larry’s lived experience, the attention is focused on positively reframing his experience. The phrase “children who don’t require as much attention” reinforces the system deficit that he has adopted. This positive reformation added to his psychological homeostasis.

*Empowerment Through Sport*

At the beginning of Larry’s interview he was asked about what experiences in school gave him a sense of pride.

*“.. playing sports, ummmm, representing the school, the borough , the local community ummm made me feel proud, gave me strong sense of self-worth, ummm yeah it gave meaning to the quandary that was school.” (Appendix 11, Line 4-7).*

The initial interpretations of this are that he linked his answer to experiences that happened outside of the classroom, despite being an academically able student. This sense of empowerment and developing self-worth happened as a result of playing sport. Employing the double hermeneutic, his lived experience suggests he needed sport support to provide him with a positive sense of self, which was essential to his developing an understanding of the school system.

*Peer Acceptance*

Larry perceived that his peers thought that his having a medical diagnosis of ADHD was a positive.

*“but for your friends and other stuff it’s like a massive positive because you always have energy, a smile or cracking a joke you’re always present in the moment which is a fantastic, wonderful thing.” (Appendix 11, Line 525-527)*

This positive acceptance from peers was in direct opposition to how he perceived the teachers at his school

*“for the teachers you could see how it could be a pain” (Appendix 11, Line 528).*

Interpreting the language Larry has used reinforces the degree to which he positively conceptualised having a medical diagnosis of ADHD from a peer perspective. However, he interprets that those same attributes were a potential frustration for some of his teachers. Reflecting on Larry’s lived experience, it’s the concept understanding that some of the attributes may have a different impact on people dependant on the environment.

#### 4.3.3.2 Superordinate Theme 2: Cultural Reinforcement of Normality

Interpretations of particular segments of Larry’s transcript lead to the formation of superordinate theme two. The factors that provided Larry with cultural reinforcement of normality throughout his education - and in particular his secondary education - could be seen to be thenormalised vs. pathological self, societal reinforcement of social constructions, contextual symptoms and parental motivation.

*Societal Reinforcement of Social Constructions*

One of the main topics for Larry was the validity of his diagnosis. Through a process of contextualisation ‘Societal Reinforcement of Social Constructions’ became an emergent theme. This theme was framed round Larry’s lived experience, which suggested that his medical diagnosis of ADHD only affected him in school.Here Larry is reflecting on the differing contexts where the disorder had a relevance and power. This reflection has impacted upon his perspective.

“*it’s only something that seems to affect you in school; it doesn’t affect you, you know the police officers don’t care if they stop you in the street, and the old lady that you will help across the road doesn’t care, you know, your grandparents. It doesn’t seem to matter or affect anyone else, it only seems to matter in school, so how can I take this seriously as a true psychological umm disorder when it’s only one avenue in life that it has an affliction on.”**(Appendix line 11, 565-570)*

An important concept for Larry was how he made sense of his ADHD. It was important for him to conceptualise the disorder and in particular, the legitimacy of the condition. From a contextual perspective, utilising the double hermeneutic, his questioning style indicates his position as somebody who is trying to find reasons to disbelieve the legitimacy of ADHD.

*Normalised vs. Pathological Self*

During the semi-structured interview, Larry suggested that his medical diagnosis of ADHD had a varying prominence dependent on the context that he was functioning in. This led to Larry having different ways of perceiving himself.

*“I am regular guy at home, but now I am a kid with a disorder at school (Appendix 11, 571-572)*

The initial interpretations are focused on the linguistic level of analysis, where his lived experience contributed to his perceiving himself in different ways based on the context. The experiential meaning supports the idea that Larry perceives he has a dual identity, the “regular” and the “kid with a disorder.” Contextual interpretations of this will be explored in the discussion chapter.

*Contextual Diagnosis*

Building sense of the contextual, Larry felt the significant sections of the wider population were not influenced or did not recognise his medical diagnosis of ADHD.

*“the way it was explained to the family it’s only something that seems to affect you in school. It doesn’t affect you, you know the police officers don’t care if they stop you in the street (Appendix 11, 562-565).”*

Larry’s attempts to make sense of his medical diagnosis of ADHD were influenced by the idea that it only affected him at school. An initial interpretation here would be that the medical diagnosis only had an impact in one environment: this reinforced to Larry the contextual implications of the diagnosis. These contextual implications contributed to his lived experience of having this medical diagnosis as it developed into something that only impacted upon him whilst he was at school.

#### 4.3.2.3 Superordinate Theme 3: Fear of The Medicated Self

Interpretations of different parts of Larry’s transcript lead to the formation of superordinate theme three: Fear of The Medicated Self. This was linked to the pressure that Larry felt and how he perceived the choice of taking medication. The emergent themes within the superordinate theme were resisting the system of medication, mental health perception, medical acceptance equals regression, and losing self to medication).

*Mental Health Perception*

A core component to Larry’s lived experience was the idea that he had a diagnosis that a number of people received treatment for. The construct of receiving treatment implied to Larry that there might be something wrong with him.

*“it doesn’t seem to affect the real world where nobody seems to care.* *Maybe that’s a stigma that is experienced by everyone with a mental health disorder or a physiological disorder ummm but yeah, it only seems to matter or have a value in school which makes me question - why is that?” (Appendix line 340-346.)*

The linguistic interpretation here is reflective of how he positions ADHD. The use of the word “stigma” reflects how Larry has come to view his diagnosis of ADHD. Reflecting on Larry’s lived experience, he perceives that he has experienced this stigma.

*Losing Self To Medication*

One of the central narratives during the interview was the manner in which Larry reflected on having a condition where medication is used to control someone’s behaviour. Through the process of contextualisation ‘Losing Self To Medication’ became an emergent theme.

*“who wants to hear that if you get worse they’re going to have to medicate you, to make you go to school, who wants to hear that, just saying.” (Appendix 11 line 325-328)*

In this extract Larry has positioned school as a place of normality. Legally all children need to attend school. So the implication of having a condition that means medication is needed in order to access a provision that is the child’s legal requirement becomes unsettling. The impact on Larry being told that he would need medication seemed to have been traumatic.

*Resisting The System of Medication*

Larry had concerns about taking medication and in particular the function of the medication. In this extract Larry was reflecting on what role an EP could have in supporting young people with a medical diagnosis of ADHD.

*“going to be on this medication for the rest of your life, or for a couple of years at least, and who knows how that will change you as a person - constantly popping pills as a child so that your behaviour can be managed. It’s not a nice place to be or a nice way to feel or view yourself, especially when you don’t necessarily agree that ADHD is a genuine problem.” (Appendix 11, Line 552-558)*

The use of alliteration emphasises how Larry positions taking medication. Referring to the managing of behaviour is of interest as that is what he perceives the motivation for taking medication to be. Larry expresses how upsetting it is to be told that you need medication in order to manage your behaviour. Applying the hermeneutic cycle is particularly interesting as his positon on medication is emphasised by his beliefs that the condition is not a “genuine problem”. Reflecting on the hermeneutic cycle allows for the idea that his beliefs about medication lead to his wanting to resist this system.

#### 4.3.2.4 Superordinate Theme 4: A Self That Cannot Be Understood

Interpretations of particular sections of Larry’s transcript lead to the formation of superordinate theme four: the factors that created ‘A Self That Cannot Be Understood’ throughout his education. The emergent themes were deficit conceptualisation of self, perceived priority of educational system, and misrepresentation.

*Deficit Conceptualisation of Self*

A significant part of Larry’s educational experience is the relationship he has developed with himself. Specifically, I am referring to how he views himself. In this extract he is answering a question about his strengths.

*“it’s quite difficult to label your strengths, and maybe it’s because I am cynical and pessimistic so it’s easier for me to label my flaws.” (Appendix 11 line 408-411)*

This extract implies that resulting from the lived experience of having a medical diagnosis of ADHD within school, Larry now finds it harder to conceptualise his strengths. Linguistically, using adjectives such as *cynical* and *pessimistic* emphasise how hard it is for Larry to identify his strengths.

*Perceived Priority Of The Educational System*

One of the central narratives during the interview was the manner in which Larry consciously, and subconsciously at times, reframed the narratives. Through the process of contextualisation ‘Perceived Priority Of The Educational System’ was generated as an emergent theme.

*“so that the teacher has an easier job or they don’t have increased work load; so they don’t have to deal with your behaviour issues head on and tackle the grass root cause of the problem or try and provide any real forms of lifelong help.” (Appendix 11 line 266-270)*

The linguistic use of a metaphor serves to emphasise the misplaced priorities that Larry perceives to exist within the education system. Applying the hermeneutic cycle and looking contextually, interpretations were drawn that Larry’s lived experience infers that the teachers did not want to develop his skills in order to provide opportunities for “life-long help.”

*Misrepresentation*

Larry found the concept of a professional diagnosing him, with little insight into his character from a holistic perspective, hard to fathom. In this extract he is reflecting on what else could have been motivating his behaviours in school. This sense of misrepresentation developed as an emergent theme.

*“I just happen to find it really hard to concentrate in school because maybe I am carrying a burden from home or I am living in poverty in council estates and then I come to a place where people don’t really understand me and people don’t really listen to you and school’s a bit boring and then they just label it with this disease or that you have a behaviour disorder or whatever it is and that doesn’t have a positive impact on yourself and on your morale.”(Appendix 11, line 436-444).*

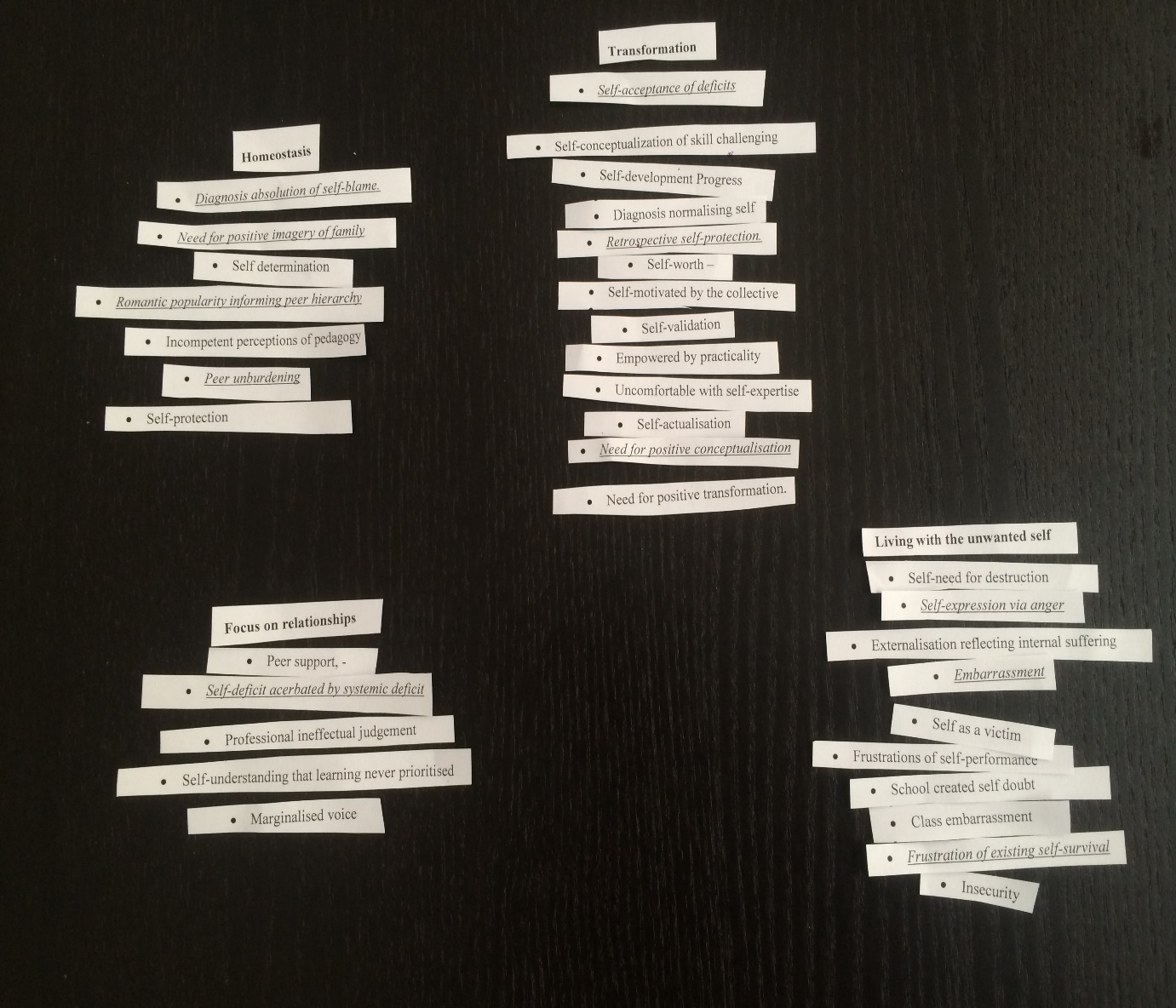
## 4.4 Case Two: Thomas

Thomas was a 24-year old male who had just started a Teaching degree at a London university. His time at secondary school was challenging. Thomas perceived he didn’t have the attention span to fully learn the process of reading, which caused him great difficulty as a child. He was also diagnosed with ADHD in the latter part of year 6. Thomas’s attention and concentration difficulties began to cause issues for him at secondary school and, as a result of this experience, he left school with fewqualifications. After a period of reflection Thomas went to college to complete his GCSEs and further education.

### 4.4.1 Development of Emergent Themes

Following ideographic analysis of Thomas’s transcripts, emergent themes were also typed, printed, cut out, and organised spatially, so that themes with similar understandings were placed together. In this case, themes such as the ‘Transformative self” were compelling, pulling other themes towards them, with others juxtaposed and more spatially peripheral, for example (see Image 2 below). Through this process of abstraction and polarisation, four distinct superordinate themes were developed: Living with the Unwanted Self, Focus on Relationships, Transformative Self, and Psychological Homeostasis (see Table 4.4.2 below).

Figure 4.2: Spatial orientation of Thomas’s emergent themes



As themes began to converge and diverge, three or four of the most pertinent emergent themes were selected as representations for each list. These were chosen through either numeration (frequency of emergence throughout the transcript), function (themes that elicit a positive or negative response from the researcher) or polarisation (oppositional relationships, looking at difference as opposed to similarity). These three to four themes were then compared, interpreted, and superordinate themes were created, serving as summaries of interpretations for each.

Table 4.4.2 Thomas’s Superordinate and Emergent Themes

|  |  |  |
| --- | --- | --- |
| **SUPERORDINATE THEME** | **PAGE/LINE** | **KEY WORDS** |
| **Living With The Unwanted Self**  Anger As Self-Expression  Embarrassment  Distrust of Self  Frustrations of Self Survival | 14 /461  2/55-56  3/67-68  8/245-246 | “I got extremely upset, the whole body, blood boiling”  “anxious on edge and embarrassed about not being able to read the word”  “found hard was noticing my progress and noticing my achievements”  “I felt way to ask for help or keep bothering my partner for help” |
| **Focus On Relationships**  Peer Relationships  Personal Deficit Exacerbated By Systemic Deficit  Educational Abandonment | 7/223  9/281  3/87 | “Unless you were one of my peers and I had confidence in you”  “Yes, but (pause) I look at it, like if I wasn’t nagging at them and pestering them”  “rather than brush me off” |
| **Transformative Self**  Self-Acceptance Of Deficits  Need For Positive Conceptualization  Need For Positive Transformation | 10/324  10/303  13/424 | “asking for help, without covering it up”  “can actually detect when someone has it just from meeting them”  “Now ummmmm. I am ok with it” |
| **Psychological Homeostasis**  Need For Positive Family Imagery  Romantic Popularity Informing Peer Hierarchy  Peer Unburdening | 12/367-368  2/43  7/224 | “did try her best in terms of Saturday schools and going to black history lessons”  “I have a few female admirers”  “there was a couple of people who had additional needs” |

For each participant, superordinate themes such as those above (e.g. Living with the unwanted self) were explored through a selection of their most pertinent emergent themes. This was also supported by an idiographic analysis of the quotations that pertain to each.

#### 4.4.2.1 Superordinate Theme 1: Living With The Unwanted Self

Interpretations of particular segments from Thomas’s transcript lead to the formation of superordinate theme one: factors that led to Thomas having to ‘Live With An Unwanted Self’ throughout his educational journey (namely anger as self-expression, embarrassment, distrust of self and frustrations of self-survival).

*Anger as Self-Expression*

One of the constants throughout Thomas’s transcript was the way he would react when he experienced negative emotions. Through the process of numeration ‘Anger As Self-Expression’ became an emergent theme.

*“I played up on it; a teacher asked me if I can continue, but I begin to play up. I want to be disruptive now and I want the teacher to throw me out of the class because I don’t want to carry on re-reading, because I am so anxious, on edge and embarrassed about not being able to read the word.” (Appendix 12 Transcript A line 51-56)*

In this extract Thomas is reflecting on what he did in order to prevent himself from having to read the text again. Superficial interpretations are useful as he specifies that he wants to be disruptive. Perhaps it was the case that Thomas saw this as the best route to escape the class. Contextual interpretation would be the way he used the present tense when referring to the past. This might be purely grammatical, but it could reinforce his strength of feeling.

*Frustrations Of Self-Survival*

One of the central narratives throughout the interview was how Thomas felt he needed help to access the curriculum. Through the process of contextualisation ‘Frustrations Of Self-Survival’ became an emergent theme.

*“I felt a way to ask for help or keep bothering my partner for help, because I knew there were services out there, until I put it forward because I just thought I am fed up with taking people’s time when there is a service out there.” (Appendix 12 line 245-249)*

Superficially, Thomas is explaining how it made him feel asking for help. By stating he felt “a way”, it is clear that asking for help made him uncomfortable. Linguistically the use of the word “bother” is of interest. The contextual interpretation is suggestive of the frustrations he experienced. The use of the word “bother” is significant as it shows that by asking for help, Thomas perceives that he is annoying people.

*Embarrassment*

The anger that Thomas demonstrated often resulted in the embarrassment he experienced during the classroom

*“I want the teacher to throw me out of the class because I don’t want to carry on re-reading, because I am so anxious on edge and embarrassed about not being able to read the word.”(Appendix 12 , transcript A Line 53-56)*

Thomas attributed his difficulties in reading to one of the key traits of ADHD: the inability to maintain focus and concentrate. Thomas’s lived experience was someone who had to find reasons to leave the classroom because of the embarrassment and anxiety he experienced.

*Distrust of Self*

Thomas’s embarrassment and subsequent frustrations he experienced whilst at secondary school, led to his having an instinctive trust that he could complete tasks and make progress.

*“my teacher kept prompting me on what I found very hard , because what I found hard was noticing my progress and noticing my achievements, but what I liked about this teacher is that she would actually show me my books and show me where I had started and in terms of level at the start of the course.” (Appendix 12, Transcript A Line 66-71)*

Thomas is responding to what type of teachers he finds helpful. He is explaining that this took place at college and gives the reasons why he found the teacher helpful. He reflects that this systematic way of showing him progress was beneficial.Applying the hermeneutic cycle and looking contextually, interpretations were drawn here that he required this systematic level of progress, because he found it hard to accept that he could make progress.

#### 4.4.2.2 Superordinate Theme 2: Focus on Relationships

Interpretations of certain segments of Thomas’s transcript lead to the formation of superordinate theme two - The Focus on Relationships - as this was a key factor that contributed to Thomas’s school experience. The themes were not always positive, but contributed to the relationships he forged at school which had an impact on his experience. These relationships were significant, although they were not always one-to-one relationships, rather they involved the relationships he formed with systems. The emergent themes were peer relationships, personal deficit exacerbated by systemic deficit and educational abandonment.

*Personal Deficit Exacerbated By Systemic Deficit*

One of the central narratives within the story is Thomas’s conceptualisation of relationships, how the different relationships he formed with people and systems impacted upon him. Through a process of polarisation ‘Personal Deficit Exacerbated By Systemic Deficit’ was generated as an emergent theme.

*“I look at it, like if I wasn’t nagging at them and pestering them, how long would it take for me to get it.” (Appendix 12 Transcript A, line 281-284)*

In this extract Thomas is referring to the support he was supposed to have received at college as a result of his ADHD and associated learning difficulties. In this instance, despite things being put in place, there continues to be a negative relationship between his perceptions of his needs and the system in place to support his areas of development. Applying the hermeneutic cycle and looking contextually, the interest was focused on the way Thomas has constructed his behaviour to be nagging and pestering, positioning himself from a negative position.

*Educational Abandonment*

Building on the sense of systemic deficit that Thomas experienced was the meaning he got from when he perceived his teachers did not provide him with the necessary attention he needed to complete his work.

*“but she took time out , rather than brush me off or tell me to come and see her later knowing you don’t have the time to give me the required support. Previous experiences where teachers come and see after the lesson but then after the lesson they are trying to run it down real quick so they can shoot off.” (Appendix 12, Transcript A Line 87-92)*

In this excerpt, Thomas is reflecting on why he favoured a particular teacher at college. He frames his answers by reflecting on how she compared to his previous experiences of teachers. Initial linguistic interpretations are of interest, “brush me off” is indicative of the type of feeling he experienced when trying to access help from his teachers during secondary school. This is an important experiential thing located in the transcript as this sense of abandonment has inadvertently become a baseline for how Thomas attributes positive interactions with teachers.

*Peer Relationships*

It was important for Thomas that although he tended to have a negative relationship with his teachers, he managed to develop the occasional positive and supportive relationship with his peers.

*“Unless you were one of my peers and I had confidence in you to share my story or my experience, and there was a couple of people who had additional needs and there was a few and we actually began to comfort and support one another. So we didn’t look anywhere else.” (Appendix 12 Transcript A Line 222-227)*

Resulting from his lived experience, Thomas only perceived he could share his troubles with his peers. In the above transcript he specifies that it is only the peers he had “confidence” in that he could “share his story”.

#### 4.4.2.3 Superordinate Theme 3: The Transformative Self

Interpretations of particular segments of Thomas’s transcript lead to the formation of superordinate theme three - The Transformative Self - which were the key factors that saw Thomas viewing himself as someone who could access learning and achieve. The emergent themes were self-acceptance of deficits, need for positive conceptualisation and the need for positive transformation.

*Self-Acceptance of Deficits*

Part of the reason why Thomas was able to access his education was that he began to stop feeling negative about the areas for development within his learning profile. Through a process of contextualisation, ‘Self-acceptance of deficits’ was discovered as an emergent theme.

*“having to keep going (pause) allowing help around me, asking for help, without covering it up or hiding away.”* *(Appendix 12 Transcript A line 323-325)*

In this extract Thomas is reflecting on the strengths within his character and the process that allowed him to progress academically. The construct of ‘help’ is highlighted as Thomas would ask for help, but he found it challenging to divulge the specific reasoning behind his need to be helped. Contextually the confrontation of his needs begins to really evolve from his recollections. This self-acceptance has facilitated the transformation within Thomas, which was crucial in positioning himself as someone who can achieve educationally.

*Need For Positive Conceptualisation*

Thomas expressed a lot of things that he perceived he was not adept at during school. The issue heightened the negative perception he developed of himself during his education through a process of polarisation. ‘Need For Positive Conceptualisation’ developed as an emergent theme.

*“I find it easier to talk with people who have ADHD or similar patterns and I can actually detect when someone has it just from meeting them.” (Appendix 12 Transcript A line 301-304)*

Part of the transformative process for Thomas involved not just accepting his areas for development, but crucially wanting to have areas of expertise that he was proficient in. This need for proficiency is important to Thomas’s understanding of his current self. At a superficial level he is stating that he has the tools to identify if someone has ADHD. Interpretations of this answer provide an insight into one of the research questions regarding what can get professionals to learn from the experience of this cohort.

*Need for Positive Transformation*

Thomas’s identity is cemented by knowing that he had a difficulty which he has overcome. As mentioned in the above emergent themes, Thomas wants to have skills and wants to be able to demonstrate to others the proficiency he has acquired. From this perspective Thomas’s character perceives that he needs to now feel positive within himself

*“Now ummmmm. I am ok with it, I am not ashamed anymore I know that I have lot of hurdles to cross but I am actually ok; I am more open with it.” (Appendix 12 Transcript A Line 424-426)*

In the above extract Thomas is responding to a question about the meaning he has derived from having an ADHD diagnosis. From a contextual and linguistic perspective, utilizing the double hermeneutic is of interest here. Linguistically he repeats the phrase “I am ok with it”, whilst the start if his answer is dominated by a long pause as he reflects on how to answer the question. A more detailed conceptual commentary will be found in the discussion chapter, but the initial implications of this, are that he is not totally convinced that he is ok with it. However, he feels being “ok” with having ADHD is a central part of his transformation and subsequent identity.

#### 4.4.2.4 Superordinate Theme 4: Psychological Homeostasis

Close interpretations of particular segments of Thomas’s lived experience lead to the formation of superordinate theme four: the factors that contributed to Thomas having ‘Psychological Homeostasis’ during his education, namely a need for positive family imagery, romantic popularity informing peer hierarchy, and peer unburdening. Originally the superordinate theme was containing factors, but psychological homeostasis reflected a more overall and complete psychological construct, which reflected the variety and internal processes that the emergent themes had on Thomas.

*Need For Positive Family Imagery*

One of the factors that contributed to Thomas’s experience was the role of his family, specifically that of his mother, and her contribution that led to his gaining further knowledge. His mother sent Thomas to Saturday school and lessons about black history. In this recollection Thomas is talking about the help his mother provided.

“*but in terms of my mum she did try her best in terms of Saturday schools and going to black history lessons. There was a good period where we had a tutor coming in, but I just found it was for the work that had to be done, but in terms of my areas of need, my reading ability, concentration and hyperactivity or impulsiveness, I can’t recall being supported for that, I can’t recall that aspect so I don’t know, I don’t know.” (Appendix 12 Transcript A line 366-374)*

The extract reveals that his mother did try different routes to improve his education. The conceptualisation Thomas presents as his mother trying her best is of interest. While he builds upon what she did, Thomas acknowledges that there was no support to understand why he didn’t access learning and what the underlying factors behind his lack of progress were.

*Peer Unburdening*

School was filled with traumatic experiences for Thomas and part of his coping strategies and things that provided him with positivity was the support he received from his peers, and specifically the peers who had additional needs. Through a process of numeration, peer unburdening developed as an emergent theme.

*“Unless you were one of my friends and I had confidence in you to share my story or my experience, then I wasn’t going to talk to other people. But I did get comfort from sharing my story and troubles with my peers who also had needs.” (Appendix 12 Transcript A line 470-475)*

Linguistically the phraseology of “share my story” emphasises the importance Thomas gave to being able to talk about his needs with his peers. The use of the word “comfort” further builds upon that narrative of emotional support and demonstrates how emotive and traumatic he perceived facets of his education to be. Of further interest is the contextual interpretation of what is motivating the juxtaposition between his peers and teachers. Thomas’s lived experience was that he did not have a relationship with any of the teachers at his school with whom he felt comfortable enough to share his concerns. So the opportunity to share his perceived burdens with his peers became a vital process which facilitated psychological homeostasis.

*Romantic Popularity Informing Peer Hierarchy*

Interestingly it was social factors that would contribute to Thomas’s Psychological homeostasis; one of them was his popularity amongst the female cohort of his school

*“I have a few female admirers so I am seen as a popular person within the school” (Appendix 12 Transcript A, Line 43-44).*

Thomas is reflecting on the image that he had developed for himself and the popularity he had amongst his peers. This popularity was partly informed by his “female admirers.” The use of the pronoun “so” demonstrates the experiential importance of this female popularity as it contributed to his popularity within school. The popularity Thomas had within school was a significant factor in contributing to his psychological homeostasis during this period of his life.

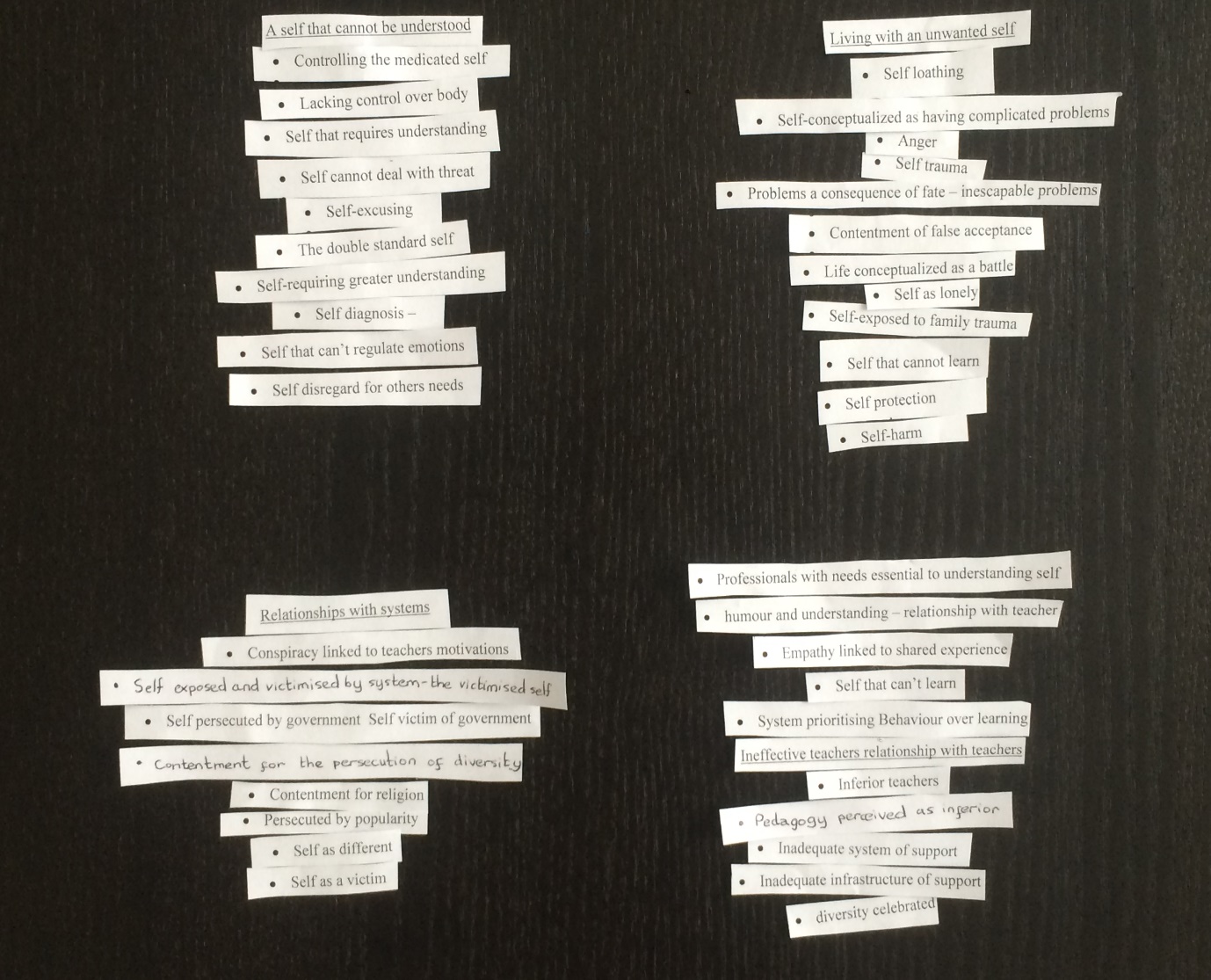
## 4.5 Case Three: Lucy

Lucy was an 18-year-old female who had just left her college course and was hoping to enrol in a new course next year. Lucy has worked part-time in a nearby pub, where she assists the landlord with a variety of jobs. Lucy’s time in education has proved very challenging: She has always felt like an outsider and found it very difficult to make friendships. Lucy is very suspicious of teachers and reports having only a handful of positive relationships throughout her education. Lucy received a diagnosis of ADHD in year 8, after a traumatic first year in her secondary school. Lucy also believes she has depression and Asperger’s syndrome although she does not have a medical diagnosis despite being assessed for both**.** Lucy's flat mate accompanied her during the interview to give her moral support.

### 4.5.1 Development of Emergent Themes

Spatial management of Lucy’s themes proved a little more complex. From a deeper iterative analysis of her transcripts, more than forty themes came to light, including the spatial convergence of themes such as ‘Living with the unwanted self’ and a ‘Self that cannot be understood’ as well as divergence of themes with a more negative yet balanced connotations, such as ‘Relationship with Education’ and ‘Relationship with Systems’ (see Figure 4.3 overleaf).

Figure 4.3: Spatial orientation of Lucy’s emergent themes



The convergence of the themes (bottom left of picture) appeared to symbolise the ‘Relationship with Systems’ as a result of her lived experience of having a medical diagnosis of ADHD. A series of emergent themes followed a convergent course (bottom right of picture) ‘Relationship With Education’. Other superordinate themes included ‘Living with an Unwanted Self’ and A Self that cannot be Understood’.

Table 4.5.2 Lucy’s Superordinate and Emergent Themes

|  |  |  |
| --- | --- | --- |
| **SUPERORDINATE THEME** | **PAGE/LINE** | **KEY WORDS** |
| **Relationship With Education**  Inferior Teachers  Inadequate Infrastructure of Support  Professionals With Needs Essential To Understanding Self | 3/92-93  20/641  20/648-649 | “Not really... because teachers weren’t very good”  “It’s pretty TITSUP.”  “because he also suffered from certain problems” |
| **Living With An Unwanted Self**  Problems A Consequence of Fate  Self As Lonely  Self-Loathing | 24/764-765  31/1023-1024  7/231 | “I think my dad is the reason me and my brother both have it f.”  “I always [chuckling] felt lonely”  “Um, and I have some self-aggression |
| **Relationship With Systems**  Conspiracy Theories Linked To Teachers’ Motivations  Contempt For The Persecution of Diversity  Self-Victim of Government | 19/621-623  9/297-298  13/425-426 | “We know you have money.”  “cause problems over religion, ”  “boring and drowsy and doing everything the government was asking them to do” |
| **A Self That Cannot Be Understood**  The Double Standard Self  The Medicalization of Self  Teachers Lacking Knowledge | 31/1035-1038  7/209-211  7/205-206 | “keep letting me talk because I’m not going to shut up.  “have Asperger’s and I have like ADHD and stuff like that “  “ they clearly have no knowledge of” |

#### 4.5.2.1 Superordinate Theme 1: Relationship with Education

Interpretations of particular segments of Lucy’s transcript lead to the formation of superordinate theme one: the factors that developed Lucy’s ‘Relationship With Education’ throughout, namely inferior teachers, inadequate infrastructure of support, and professionals with needs essential to understanding self .

*Inadequate Infrastructure of Support*

A constant narrative throughout Lucy’s transcript was the manner in which she had felt supported. Through the process of numeration ‘Inadequate Infrastructure of Support’ materialised as an emergent theme.

*“It’s pretty TITSUP. Like it was just – like, both schools I’d been to were a complete mess. Like the secondary school had just gone through refurbishment, so... you can obviously figure how pretty shit that went to be honest. It was really stressful for everyone, and I think half of our year failed, to be honest.” (Appendix 12 Transcript B line 641-645)*

In this extract Lucy is reflecting the emotional aspect of her lived experience, when she answers a question regarding how she perceived the infrastructure of support at school. During the interview Lucy, at times, used colloquialisms or slang to emphasise some of her points. Linguistically, the term “tits-up” reflects how strongly she feels about the infrastructure of support.

*Inferior Teachers*

Lucy’s negative experiential meaning of the school system was compounded by experience of individual teachers.

“Not really... because teachers weren’t very good. At least where I came from.” (Appendix 12 Transcript B Line 92-93)

In this extract Lucy is responding to the question whether there were any teachers that had a positive impact on her learning. Initial interpretations are that Lucy’s lived experience has provided her with sufficient insight to attribute the teachers’ inability to impact on her learning to the quality of the teachers.

Lucy felt the teachers were not focused enough on helping the students to learn and instead were focused on controlling the class.

*“they were more focused on... how the class was behaving than teaching us.”(Appendix 12 Transcript B Line 95).*

Lucy attributed this preoccupation with behaviour management as having had a detrimental impact on her teachers’ ability to develop her as a learner.

*Professionals With Needs Essential To Understanding Self*

During the interview Lucy often reflected on her perception of the complexity within her character. Through a process of contextualisation ‘Professionals With Needs Essential To Understanding Self’ was developed as an emergent theme.

*“when I’ve gone to college, and they just weren’t helpful at all... for anything. And I think the only understanding teacher I had was Neil because he also suffered from certain problems. He had more understanding of me and more understanding of like Carl and stuff.” (Appendix 12 Transcript B line 646-650)*

Lucy is reflecting on her lived experience at college where she had a teacher who she felt understood her. Lucy attributes this teacher’s ability to understand her to his also having needs. Applying the hermeneutic cycle and looking contextually, interpretations were drawn that Lucy positions her ADHD within the framework of people who have additional needs, rather than people who specifically have symptoms related to ADHD.

#### 4.5.2.2 Superordinate Theme 2: Living With An Unwanted Self

Several of Lucy’s themes appeared to converge under a theme that highlighted the more negative lived experiences of having ADHD within a mainstream school, which led to the formation of superordinate theme two: Living With An Unwanted Self. This is a key factor that has contributed to Lucy’s school and life experience. The themes were not always positive, but have contributed to the manner in which she perceives herself. The emergent themes were self-conceptualised as a problem/societal – personal problems a consequence of fate, self as lonely and self-loathing.

*Problems A Consequence of Fate*

One of the core components of Lucy’s narrative was how she conceptualised her needs. Through a process of contextualisation ‘Problems A Consequence of Fate’ originated as an emergent theme.

*“I think my dad is the reason me and my brother both have it because if ... it wasn’t something to do with genes, then how did all three of us have the same kind of problems?” (Appendix 12 Transcript B line 764-766)*

Here Lucy is reflecting on how her sibling has similar needs and that this could have been passed down from her father’s DNA. In the previous response on her transcript, Lucy spoke about the aggression and violence her father has displayed and how this has impacted on the family. She referred to her father as angry and very aggressive, while calling him a compulsive liar.

*Self-Loathing*

Lucy occasionally spoke about how her experiences with education have impacted how she viewed herself and how, in particular, her presenting behaviours linked to her ADHD. Through a process of subsumption, ‘Self Loathing’ was developed as an emergent theme*.*

*“I got really angry a whole lot. Uh, [softly] and then I have a history of punching things. So..*

*R: Okay*

*I: [Softly] Um, and I have some self-aggression towards myself, like hitting myself... [whispers] [chuckles].” (Appendix12 Transcript B line 225-230)*

Lucy is reflecting on how her mother would wind her up, from the smallest thing to asking her to do chores within the family home. Lucy found this very unsettling and would hit things as a way of coping with the anger that resonated within her. She explained that she would then hit herself. The fact that she has whispered part of the answer may be reflective, on a linguistic level, of the delicacy with which she perceives those feelings. The sense of anger is resulting from her ADHD, but also the frustration arising from her lived experience at school where she would often leave with her emotions aroused.

*Self As Lonely*

Lucy’s school experience resulted in her feeling a sense of isolation. In the transcript below Lucy is reflecting on the emotional aspect of her lived experience.

*“the one thing you should know is for ADHD , for someone like me, it’s I always [chuckling] felt lonely, so you have to be really careful anyway [laughs] because either way, it just gets messy.” (Appendix 12 Transcript B Line 1023-1025)*

The initial interpretations of this segment reflect the sense of loneliness that Lucy, a young person with a medical diagnosis of ADHD, experienced during school. Lucy attributes this loneliness to her medical condition. Applying the hermeneutic cycle, and looking linguistically, interpretations were drawn that Lucy’s declaration that things “just get messy” is responding to her perception and the severity of her loneliness.

#### 4.5.2.3 Superordinate Theme 3: Relationship with Systems

Interpretations of certain segments of Lucy’s transcript lead to the formation of superordinate theme three: her relationship with overarching systems. This is a key factor that has contributed to Lucy’s sense of self and how she currently views the world. These views of the world have had an impact on Lucy’s education and are linked to her conceptualisation of self, with specific connotations to how she constructs some of her difficulties. The emergent themes were conspiracy theories linked to teachers’ motivations, contempt for the persecution of diversity and self, and a victim of government agendas.

*Conspiracy Theories Linked To Teachers’ Motivations*

The concept of distrust has become quite powerful in how Lucy has come to conceptualise the roles of institutions designed to help. Through a process of contextualisation ‘Conspiracy Theories Linked To Teachers’ Motivations’ developed as an emergent theme.

*“Sounds very much like... ‘We know you have money. So you leave now and come back next year when you don’t –’ you know, ‘pay us to be here,’ because all they care about is how much money they don’t have right now, which isn’t very much.” (Appendix 12 Transcript B line 621-623)*

In this extract Lucy is making some very controversial claims regarding the teachers she worked with. As a result of her lived experience she is essentially claiming that the teachers deliberately did not help students and asked them to come back the following year because they knew the students would have to pay money. The literal meaning would infer that Lucy is accusing the teachers of some form of endemic corruption.

*Contempt For The Persecution Of Diversity*

Lucy’s experiences had begun to inform her sense of identity. At times and on a conceptual level, she began to identify with people who were from disenfranchised communities. Through a process of polarisation ‘Contempt For The Persecution Of Diversity’ became an emergent theme.

*“I hate religion. I think this stuff is just poison. It is poison because the amount of people who cause problems over religion, like who seem to think it’s okay to be offensive towards other people who are different to them, don’t believe in the same thing. And even if they do believe in the same thing, they are like – For example, homosexuals. Now that annoys me because they talk of equality and freedom and fairness and kindness and a god who cares about everyone and how we’re made in his eyes, and then as soon as someone says, ‘I’m gay,’ [high-pitched] who is actually part of that religion as well, they go, ‘I don’t like you anymore.” (Appendix 12, Transcript B line 296-304)*

Lucy was reflecting on why she didn’t like Religious Education. Her reasoning wasn’t explicitly linked to the behaviours traditionally associated with her ADHD, such as her issues with concentration, impulsiveness or hyperactivity. Her lived experience of having ADHD within mainstream education seems tohave caused her to conceptually feel like a persecuted minority. Lucy has constructed her identity as someone who not only is different, but has been victimised and ostracised on account of her difference and the rigidity within institutions. Another significant factor for Lucy is the concept of institutions claiming to value difference, but the espoused truth is in conflict with the actual truth. Lucy believes that her teachers claimed to have an understanding of her and her needs, however, in reality, not only did she become ostracised for those needs, her teachers had little knowledge or subsequent understanding and patience towards her.

*Self-Victim of Government*

Thinking about the practical facets of her lived experience, Lucy was asked a question regarding how the teachers could have made her lessons more appealing to her.

*“And fun. Not boring and drowsy and doing everything the government was asking them to do, because at the end of the day, they’ve been told to do these things.” (Appendix 12 Transcript B Line 425- 440)*

Initial interpretations are focused on Lucy linking the “boring” lessons to the government. Lucy absolves the teachers of blame as she states “they’ve been told to do these things.” The experiential meaning of this would be that Lucy links the negative aspects of her learning experience to the government.

#### 4.5.2.4 Superordinate Theme 4: A Self That Cannot Be Understood

Interpretations of certain segments of Lucy’s transcript lead to the formation of superordinate theme four: ‘A Self That Cannot Be Understood’. This is perhaps the central narrative within her life, the notion that Lucy is struggling to be understood by herself and the world around her. This sense of loss and misunderstanding is quite powerful in terms of how Lucy constructed her identity. The emergent themes were the double-standard self, the medicalisation of self and teachers lacking knowledge.

*The Double-Standard Self*

Lucy has clear convictions about the support she should have received and the manner in which professionals need to interact with her. Through a process of polarisation ‘The Double-Standard Self’ originated as an emergent theme.

*“just let me talk when I need to talk, and if I’m talking too much, just keep letting me talk because I’m not going to shut up. And even if you do start talking over the top of me, then I’m going to start getting REALLY annoyed. So ... or really irritated.*

*Or if I just say, ‘Something’s wrong with you,’ don’t go, ‘Oh... that was mean.’ Just be like... [3-second silence]. If you want to explain to me that I’m doing something wrong.” (Appendix 12 Transcript B line 1035-1040)*

A core issue within Lucy’s transcript was the concept of communication, in particular how Lucy communicates with the people around her. This has implications on how she receives messages and how she conveys them to others. In this extract, Lucy is referring to what she thinks she needs when talking to professionals. On a conceptual level, she has formulated that her needs should be simplistic, but the fact that so few people have been able to meet them adds to the complicated manner in which she perceives herself. On another conceptual level, Lucy would appear to not understand how she comes across to others. She is speaking quite vociferously about how she hates to be spoken over and she needs to get her point across to others. However, during the interview she often spoke over me and in general she admitted to speaking over others, thus advocating a bit of an understanding that maybe there is a perception that only people with special educational needs should be afforded special allowances. However, a main construct for Lucy was the concept of equality and fairness. So, on reflection, Lucy hasn’t conceptualised that her behaviours linked to her ADHD deny the people she is communicating with the same avocation she is so passionate about. On this level it is highly unlikely that Lucy is unaware of the double standard to which she is referring. This double standard contributes to a self that cannot be understood.

*The Medicalisation of Self*

Contributing to the superordinate theme of a self that cannot be understood was the way Lucy claimed to have medical diagnosis of Asperger’s Syndrome and depression. Lucy had been assessed for both, but was not given a diagnosis, yet she insisted she had the conditions.

*“Because at the beginning, I told people that I have Asperger’s and I have like ADHD and stuff like that and that when I get angry or if I say something.” (Appendix 12 Transcript B Line 207-210)*

Lucy’s lived experience had contributed to her believing that she genuinely had Asperger’s Syndrome, despite the medical pathway suggesting otherwise. Applying the hermeneutic cycle and looking contextually, interpretations were drawn that Lucy’s insistence on claiming she had Asperger’s was an attempt for her to gain an identity and a reason as to why her behaviours presented in this way. This searching for a medical diagnosis, contributed to the super-ordinate theme of a self that cannot be understood.

*Teachers Lacking Knowledge*

*Throughout the semi-structured interview Lucy’s lived experience informed her that the majority of the teachers she had during her education did not have the requisite knowledge of ADHD to support her.*

*“Because they were trying to understand something that they clearly have no knowledge of, and they couldn’t be bothered to research it. And no matter how many times you told them you have something wrong with you, they’re like, ‘I understand.’ They still picked on you. They still found you annoying, and they still couldn’t put up with you because they just didn’t understand you.” (Appendix 12 Transcript B Line 203-208)*

Applying the hermeneutic cycle and looking linguistically, interpretations were drawn that Lucy believed that her teachers genuinely did not “understand her”. She is ardent in her claims that her teachers did no research on supporting pupils with ADHD. Applying the hermeneutic cycle and looking contextually, reasons were drawn that Lucy experienced a conflict from her teachers, in that her teachers’ behaviour was in stark contrast to their words. This contributed to Lucy feeling misunderstood and ultimately her perception that she was misunderstood.

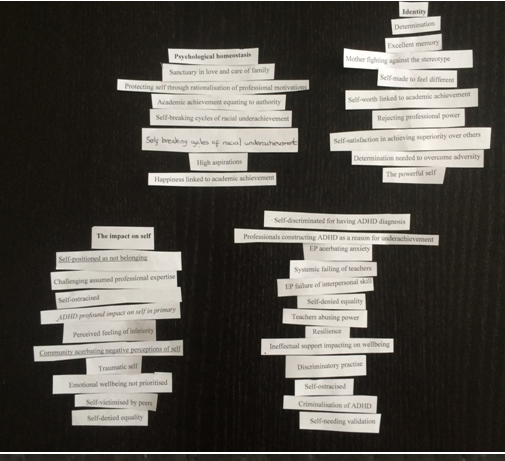
## 4.6 Case Four: Leon

Finally, Leon is a 24-year-old male who is married with two children. His time at secondary school was challenging, although it was a dramatic improvement on his primary school experience where he felt ridiculed and victimised because of his special educational needs. Leon received his diagnosis of ADHD in Year 6, as a result of his presenting behaviours characterised by inattention and concentration difficulties. Despite feeling ‘labelled’ Leon’s determination saw him leave school with enough qualifications to progress into further education. After a period working, Leon returned to further education in order to enhance his current career in sports science.

### 4.6.1 Development of Emergent Themes

Forty emergent themes were interpreted and drawn from Leon’s interview transcripts. Spatial orientation allowed themes to converge further to form four main superordinate themes:

Figure 4.4: Spatial orientation of Leon’s emergent themes



Using the iterative process encouraged by IPA analysis, emergent themes from each of the above lists were revisited and those with the most intepretative poignancy (defined through IPA analysis techniques of abstraction, numeration or function) were selected from groups to form four main superordinate themes:

Table 4.6.2 Leon’s Superordinate and Emergent Themes

|  |  |  |
| --- | --- | --- |
| **SUPERORDINATE THEME** | **PAGE/LINE** | **KEY WORDS** |
| **Psychological Homeostasis**  High Aspirations For Self  Self-Breaking Cycles Of Racial Underachievement  Sanctuary In Love And Care Of Family | 22/717-718  19/604-605  21/674-675 | .”  “I wanted to be... high if I could”  “So I had – I wanted to make sure that I could break that cycle”  “I knew the people around me loved and cared about me” |
| **Identity**  Self-Determination  Self-Made To Feel Different  Self-Satisfaction In Achieving Superiority Over Others | 22/712-713  11/356-357  20/651-652 | “more determined to work hard  “they did make me feel different,  “but now I’ve beaten them people and now I’ve risen above them” |
| **Professional Perceptions**  Discriminatory Practise  EP Acerbating Anxiety  Criminalisation Of Having Needs | 4/99-101  15/489-501  13/410-413 | “I felt like I was second-class citizen basically”  “I’m only a child. So, for me, a lots going on in my mind”  “I felt like I was… like I was a criminal at a court case.” |
| **The Impact On Self**  Adults Attempting To Destroy Aspirations  Community Acerbating Negative Perceptions Of Self  Self-Positioned As Inferior  Academic Self-Valued Above Actual Self | 22/705 -708  20/643-644  12/367-369  17/540-543 | “Cause it was a lot of abuse.. I am not going to achieve – to hear an adult”  “A lot of people used to tell my mum that they thought I had”  “Like I was an outcast or a refugee if you want to call it.”  “Oh, yeah. I’ve a good character. I’m good at maths.” |

For each participant, superordinate themes such as those above (e.g. Professional Perceptions) were explored through a selection of their most pertinent emergent themes. This was also supported by an idiographic analysis of the quotations that pertain to each.

#### 4.6.2.1 Superordinate Theme 1: Psychological Homeostasis

Interpretations of particular segments of Leon’s transcript lead to the formation of superordinate theme one: the factors that led to Leon having ‘Psychological Homeostasis.’ The emergent themes were - high aspirations for self, self-breaking cycles of racial underachievement, sanctuary in love and care of family.

*High Aspirations For Self*

One of the central narratives that Leon presented was his ambition and determination to succeed. Through a process of numeration ‘High Aspirations For Self’ originated as an emergent theme.

*“I didn’t want to be below average. I wanted to be... high if I could. I wanted to be high. I didn’t want to be below average.” (Appendix 12 Transcript C line 715-717)*

Leon was reflecting on the determination he had to demonstrate in order to achieve at school. Linguistically the use of the word “high” is of interest as it reflects his ambition. Leon’s lived experience did not affect his motivation to succeed, the repetition of not wanting to be “below average “is further evidence of his desire to achieve academically.

*Self-Breaking Cycles of Racial Underachievement*

A prominent theme for Leon was challenging the system and the manner in which he felt he had to challenge this system. Through a process of numeration and contextualisation ‘Self-Breaking Cycles Of Racial Underachievement’ developed as an emergent theme.

*“Always being told that you – you’re not going to, um, exceed. You can’t exceed... So I had – I wanted to make sure that I could break that cycle.” (Appendix 12 Transcript C line 605-601)*

This emergent theme was much more of a contextualised interpretation of Leon’s lived experience. Leon grew up in a part of London that had a prominent Afro-Caribbean community and a local culture that valued black heritage and conceptualised themselves as being black activists. Throughout his transcript Leon referenced breaking the cycle, however he never specified this cycle was about race. Leon is from a Caribbean background and the cycle of underachievement of Caribbean boys within the British educational system is a long-established narrative within British culture. (Coard, 1971)

*Sanctuary In Love And Care Of Family*

*“Just because I knew the people around me loved and cared about me and wouldn’t say these things to me, and obviously, I’m at home. I’m with my mum, with my brother. Um, my mum looked after me.” (Appendix 12 Transcript C Line 674-676)*

As Leon’s interview developed, he was asked a question about why he felt normal at home. From a phenomenological perspective, Leon has indicated that feeling “loved and cared for” was important to him. This reassured him that, within his family home, he wouldn’t hear upsetting comments about himself, in stark comparison to his lived experience in other environments, such as school and walking around his local community. From this perspective, “home” equates to sanctuary and therefore was an important place during Leon’s primary education which contributed to his Psychological homeostasis

#### 4.6.2.2 Superordinate Theme 2: Identity

Interpretations of particular segments of Leon’s transcript lead to the formation of superordinate theme two: factors that led to Leon’s sense of ‘Identity.’ The emergent themes wereself-determination, self-made to feel different, and self-satisfaction in achieving superiority over others.

*Self-Satisfaction In Achieving Superiority Over Others*

A prominent factor within Leon’s identity was the determination and intrinsic motivation that he demonstrated. Through a process of polarisation ‘Self-Satisfaction In Achieving Superiority’ developed as an emergent theme.

*“but now I’ve beaten them people and now I’ve risen above them. When I see them people now, they’re – they’re very, um... happy and surprised to see where I am at this point in my life.” (Appendix 12 Transcript C line 651-654)*

In this extract Leon is reflecting on people in the community who seemed to look down on him and consider some of his behaviour a problem. From a phenomenological perspective Leon is in essence competing with these people and has derived satisfaction knowing that he has “beaten them.”

*Self-Made To Feel Different*

*“ for the primary school, yeah. They did make me feel like I – I said it before, like I wasn’t meant to be here.” (Appendix 12 Transcript C, Line 355-356)*

In this extract from the semi-structured interview, Leon is reflecting on the emotional impact of his lived experience, where he perceived that he wasn’t meant to be in the school setting. The experiential meaning Leon derived from his teachers’ conduct towards him was that he felt like . . .

*“an outcast or a refugee. ” (Appendix 12 Transcript C, Line 360)*

The linguistic interpretation of the language Leon uses emphasises how different his lived experience of primary school made him feel.

*Self-Determination*

Leon’s identity was partly shaped by his lived experience where he felt like an “outcast”, yet he also wanted to be “above average”. A key theme that emerged from the data was Leon’s self-determination.

*“it made me more determined to break the cycle, to work hard. And to work hard... to get the results. Whereas other kids were just generally blessed enough to work as hard.” (Appendix 12 Transcript C Line 693-695)*

Applying the hermeneutic cycle and looking contextually, interpretations were drawn that Leon did not conceptualise his academic struggles as a demotivating factor, rather his self-determination became an important part of his lived experience, as he progressed through his formal education.

#### 4.6.2.3 Superordinate Theme 3: Professional Perceptions

Interpretations of particular segments of Leon’s transcript lead to the formation of superordinate theme three: the ‘Professional Perceptions’ of the people he works with. The emergent themes were; discriminatory practice, EP acerbating anxiety, and criminalisation of having needs.

*EP Acerbating Anxiety*

A proportion of Leon’s identity was shaped by how adults with power made negative personal and professional judgements about him as a child. Of further interest is how he formed narratives about the people he was working with. He often reflected a sense of frustration when he thought about the professionals who were in place to support him. Through a process of numeration ‘EP Acerbating Anxiety” developed as an emergent theme

*“I’m being here, and I’ve just got this, um, person, I’ve never seen before sitting in front of me asking me these questions. I want to know why I’m asked these questions. Why am I here? What’s going to happen? Um…A) What’s going to happen? B) When are you going to tell me this? C) What’s going to – what’re you going to do about it to help me? I’m wanting – I want to know all these answers, and I didn’t get them straight away.” (Appendix 12 Transcript C line 484-289)*

In this answer Leon is reflecting on his meeting with the EP when he was at secondary school. Leon had formed a negative perception of the professionals he worked with throughout his education. Analysing some of the themes that emerged from his transcript, Leon felt marginalised and at times discriminated against.

*Criminalisation of Having Needs*

The way others viewed Leon partly informed how Leon saw himself, which contributed to his sense of identity. Regrettably, a powerful construct was how he was made to feel for having special educational needs. Through a process of contextualisation ‘Criminalisation of Having Needs’ developed as an emergent theme*.*

*“I felt like I was… like I was a criminal [chuckling] at a court case. And then the judge is them… pointing a finger, and I thought I was on under oath basically, and it wasn’t nice.” (Appendix 12 Transcript C line 410-413)*

*“So when I say ‘criminal’, I mean I felt like I had done something wrong or… I was in the wrong area for doing something wrong, which I wasn’t. Obviously, I had, uh... ADHD. That’s what they diagnosed me with, so for me, it wasn’t my fault. I was just born this way. I was born with this. So like, it – it- they made me feel like I had done something, like I was doing something irresponsibly wrong. For me, they could’ve came across with a different approach, not making me feel like I have done something wrong and just talking me through differently. That would have helped.” (Appendix 12 Transcript C line 436-445)*

Leon is reflecting on how professionals made him feel for having special educational needs. As a Social Constructionist I believe there is power in the way language is used. Referring to himself as a “criminal” emphasises the deep sense of anguish Leon felt and how the educational system made him feel like he had done something wrong for having ADHD.

*Discriminatory Practise*

The emotional aspect of Leon’s lived experience during secondary school made him feel different to the other children in his class.

*“Basically, I felt like I was a second-class citizen basically. I didn’t feel like I was wanted or… ‘Let’s not pay him no attention because he can’t do what Christopher can do over there or what Jason can do or what Janice can do.”(Appendix 12 Transcript C Line 99-101).*

The discriminatory practice for the emergent theme was a good example of the double hermeneutic at work. Making sense of his experiential meaning, interpretations were drawn that Leon was got given the same attention by his teachers based on their perception of his academic capability.

#### 4.6.2.4 Superordinate Theme 4: The Impact On Self

Elucidation of specific segments of Leon’s transcript lead to the formation of superordinate theme four: the Impact On Self. These wereadults attempting to destroy aspirations, community acerbating negative perceptions of self, self-positioned as inferior, and academic self-valued about actual self.

*Academic Self-Valued About Above Self*

Leon often spoke how he made sense of the deficits professionals said existed within him. Through a process of polarisation ‘Academic Self-Valued Above Self’ was created as an emergent theme.

*“Oh, yeah. I’ve got a good character. I’m good at maths. Well, it’s one of my strongest things at school. Ten to the power of 10, calculations, to figures. I’m good at maths. English . . that was ok.” (Appendix 12 Transcript C line 540-543)*

In this answer Leon is reflecting on the strengths of his character. He doesn’t specify any details about his character, instead the focus of his response was based around his academic proficiency. He then elaborates on his academic ability by providing an example. Conceptually, if Leon had not mentioned his character then a hypothesis that he misunderstood the question could be articulated. The fact that he does mention his character, but would prefer to talk about his academic skill, mayemphasise the manner in which he comes to value himself. Rather than advocate the obvious strengths within his character and provide detail, Leon in turn seeks to focus on mathematical ability. This indicates the value he attaches to this.

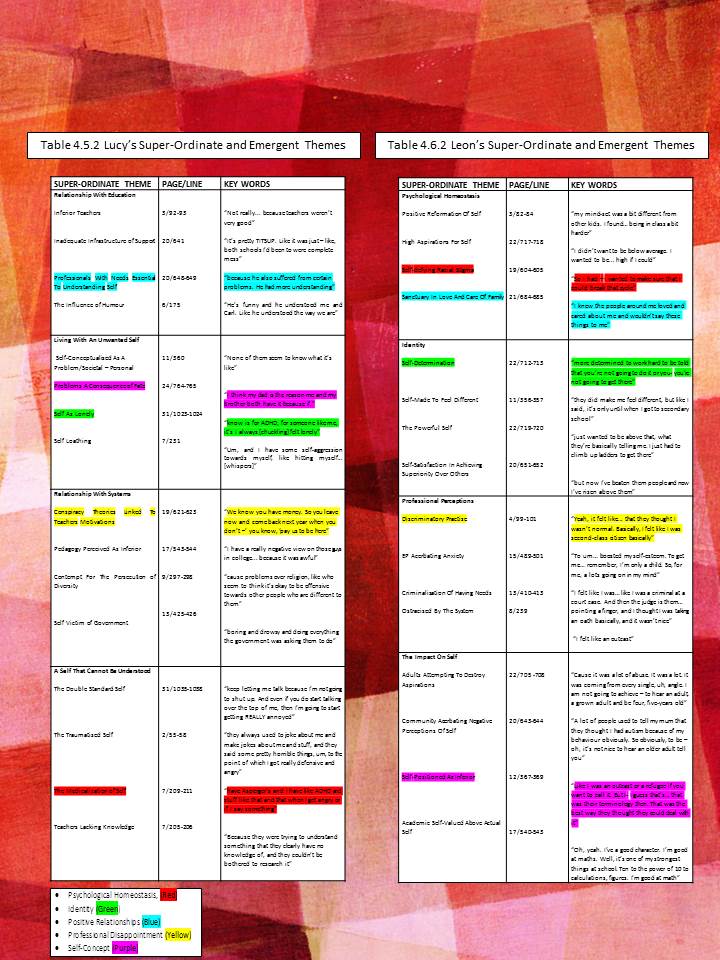
## 4.7 Group Themes

The above text has taken us on a case-by-case ideographic passage of analysis, looking at participant and researcher interpretations of the lived experience of having ADHD within the British school system. Within these cases, the phenomena (or quotations, taken directly from the transcripts) were grouped together as emergent themes, then as superordinate themes according to each case.

The concluding stage of the analysis looks at patterns across cases. The principle of the hermeneutic cycle – moving from the individual to the shared, acted as a catalyst for using a visual spatial technique as analysis of the case subthemes. Tables of themes and subthemes for each case were placed side by side, compared, and eventually colour-coded based on five generic themes - Psychological Homeostasis, (Red) Identity (Green) Positive Relationships (Blue) Professional Disappointment (Yellow) Self Concept (Purple)

Figure 4.7.1 Cross-Case Analysis of Superordinate Themes





During the process of theme comparison, some participants represented unique idiosyncrasies (e.g. Lucy’s theme of ‘Relationships With Systems’), yet other shared higher-order qualities were recognised and came to the fore, superseding other generic themes. For example, although prevalent throughout, this ‘wide lens’ perspective of all case themes eventually led to the theme of ‘difference’ being succeeded by ‘Identity’, as interpretations were seen as more potent and contained greater meaning forthe participants and tothe researcher.

As per the introduction to this section, group themes are clustered together in the table below and reinterpreted through a series of visual models in the following chapter, linking analysis with both the original four questions for research and previous/ contemporary literature.

Table 4.7.2 Master Table of Group Themes

|  |  |  |
| --- | --- | --- |
| **GROUP THEMES** | **PHENOMENOLOGICAL EVIDENCE** | **Line** |
| **Psychological Homeostasis**  Empowerment through Sport  Diagnosis an absolution of self-blame  The medicalisation of self  Self-Defying Racial Stigma | **Larry** “feel proud, gave me strong sense of self-worth”  **Thomas** “clarified weakness, so I now no longer blame myself for those or are embarrassed by those”  **Lucy** “have Asperger’s and I have like ADHD and stuff like that and that when I get angry or if I say something”  L**eon** “So I had – I wanted to make sure that I could break that cycle” | **5-7**  **435-436**  **209-211**  **604-605** |
| **Identity**  Empowerment Through Challenging Dominant Ideology  Self-Acceptance Of Deficits  Self as Lonely  Self Determination | **Larry “**yet the child with ADHD has massive energy levels and an inability to concentrate, but that’s just not true is it, because we know that when a child is ready to concentrate they will”  **Thomas** asking for help, without covering it up”  **Lucy** know is for ADHD, for someone like me, it’s I always [chuckling] felt lonely”  **Leon** more determined to work hard to be told that you’re not going to do it or you- you’re not going to get there, | **373-380**    **324**  **1023-1024**  **712-713** |
| **Positive Relationships**  Peer Acceptance  Peer Relationships  Professionals With Needs Essential To Understanding Self  Sanctuary In Love And Care Of Family | **Larry**  “for your friends it’s a massive positive”  **Thomas** Unless you were one of my peers and I had confidence in you”  **Lucy** “because he also suffered from certain problems. He had more understanding  **Leon** “I knew the people around me loved and cared about me and wouldn’t say these things to me” | **446-447**  **223**  **648-649**  **684-685** |
| **Professional Disappointment**  Perceived Priority of Educational System  Educational Abandonment  Conspiracy Theories Linked To Teachers Motivations  Discriminatory Practise | **Larry** “so that the teacher has an easier job or they don’t have increased work load, so they don’t have to deal with your behaviour issues head on and tackle the grass root cause of the problem or try and provide any real forms of life long help  **Thomas** “rather than brush me off”  **Lucy “**Sounds very much like... ‘We know you have money. So you leave now and come back next year when you don’t –’ you know, ‘pay us to be here,’ because all they care about is how much money they don’t have right now, which isn’t very much”  **Leon** “Yeah, it felt like... that they thought I wasn’t normal. Basically, I felt like I was second-class citizen basically” | **261-263**  **21**  **621**  **99-101** |
| **Self-Concept**  ADHD Self vs. True Self  Need For Positive Conceptualization  Problems A Consequence of  Fate  Self-Positioned As Inferior | **Larry** “then I come to a place where people don’t really understand me and people don’t really listen to you and schools a bit boring and then they just label it with this disease or that you have a behaviour disorder or whatever it is and that doesn’t have a positive impact on yourself and on your moral”  **Thomas** “I find it easier to talk with people who have ADHD or similar patterns and I can actually detect when someone has it just from meeting them”  **Lucy** “ I think my dad is the reason me and my brother both have it because if... if it wasn’t something to do with genes, then how did all three of us have the same kind of problems”  **Leon** “Like I was an outcast or a refugee if you want to call it. But I- I guess that’s… that was their terminology then. That was the best way they thought they could deal with it” | **439-445**  **301-304**  **764-766**  **367 -369** |

## 4.8 Chapter Summary

This chapter has presented IPA analysis and subsequent emergent and superordinate themes for each of the four participants. These themes were organised, compared across cases and four overarching group themes emerged from the data. The final ‘Discussion’ chapter sees these themes discussed in relation to research questions, evaluates limitations and ethical issues, and proposes implications for EPs and future research.

# 

# Chapter 5 Discussion

***“We are limited only by our imagination and our will to act.”***

***Ron Garan***

## 5.1 Chapter Overview

This chapter initially discusses findings from the previous research analysis chapter in relation to the four original research questions, whilst concurrently linking questions back to previous research. Implications of the research within the relevant research area are then discussed, together with implications for Educational Psychology practice. Furthermore, ethical considerations and limitations of research are discussed. Finally, reflections regarding the role and position of the researcher throughout this study are considered and the researcher’s own positioning within the context of research is discussed.

## 5.2 Discussion of Analysis

The aim of this research was to explore the lived school experiences of young adults with a diagnosis of ADHD. Following a review of literature and guided by the Special Educational Needs Code of Practice (DfE, 2015), four main research questions were developed. The main points of analysis are now discussed in relation to the research questions and in the context of previous research and theoretical frameworks.

### 5.2.1 Research Question 1

Do young people with ADHD perceive that their condition negatively impacted on how they were treated within education?

Figure 5.1: Group themes 1 & 2: Professional Disappointment & Self Concept



The above models provide visual representations of the first and second group themes – Professional Disappointment and Self Concept – established during concluding sections of the previous chapter, complete with subthemes encircling the central theme.

In addition, they serve to emphasise the insight the participants had into their experiences and their ability to express what did not work for them, why it did not work, and the impact on their sense of self. These two themes are now discussed individually in relation to their contributory elements and associated research.

#### 5.2.1.1 Professional Disappointment

Throughout interview transcripts, my interpretations found that participants valued the role of supportive teachers: however, a prominent theme to emerge was a profound sense of disappointment in the way that some of the prominent professionals during their education had treated them. This emerged as a common phenomenon of the participants’ experience.

One of the participants believed that teachers were deliberately encouraging students to drop out of courses and reapply, as it was making the teachers more money. I have referenced this as a conspiracy theory. Although extreme, the participant’s lived experience resulted in this type of thought process. This emerged from the phenomenological evidence from the transcript as opposed to a hermeneutic interpretation. Thinking more on a conceptual level, the ill feeling that Lucy is reflecting is very interesting. Lucy has interpreted her experiences in education as being so negative she is willing to rationalise that there is a financially motivated conspiracy against her and the other students. The impact of being in an institution, where you believe that this may be the thought process of staff who are trying to help you, is probablygoing to have a detrimental impact on your ability to access learning.

Another interesting facet was that one of the participants felt they had been stigmatised to the point that they repeated the language, “I felt like a criminal”. They also used the metaphor of a criminal being in the dock during a court case. Reflecting on this stigma, how must it have felt entering a learning environment where you attach a narrative of criminality to yourself? From a conceptual vantage point, what messages did Leon receive from professionals to generate such negative and powerful connotations?

Leon stating that he was “just born this way” emphasises the difficulty he experienced in coming to terms with an identity that the educational system, and individuals working within it, ultimately conceptualised as deeply problematic. Thinking of the ecological systems theory, teachers and professionals are placed within the young person’s microsystem, which is the system closest to the person, so that coming to an educational establishment daily, where you perceive a narrative of criminality has been created around you, poses a significant challenge (Bronfenbrenner, 1979).

Equally, questioning the moral integrity of teachers raises further concerns. Although this only emerged from one of the participants, significantly there are young people who are formulating such conclusions based on their lived experience. Reflecting on hearing the views of young people, I wonder if staff would be shocked to hear that young people have such strong views about them (Harding & Atkinson, 2009).

This theme does link on some level to one of the emergent themes from the literature review, which was ‘The Role Professionals’ had played in the lives of the people with a diagnosis of ADHD. This finding correlates with some of the existing literature which found that some adults were either completely unaware of the struggle of the children or ignored it. (Bartlett, Rowe & Shattell, 2000). Some people with ADHD felt that their teachers did not ensure they had the requisite skills to survive in the working world (Loe & Cuttino, 2008).

### 5.2.1.2 Self Concept

In addition to Professional Disappointment, Self-Concept emerged as a theme with a high level of convergence amongst the participants’ lived school experience. Previous research reported that young people with ADHD did not report significantly different general self-concepts than did college students without ADHD (Nelson, 2013), though other research suggested a difference when measuring self-esteem (Shaw- Zirt et al, 2005). The difference in findings could be linked to the paucity of research in this area. The definition of self-concept I have adhered to is self-concept as a cognitive evaluation of one’s self. The inductive nature of IPA analysis meant that research captured and explored a wide range of meanings assigned to individual experiences, including meanings that were less positive.

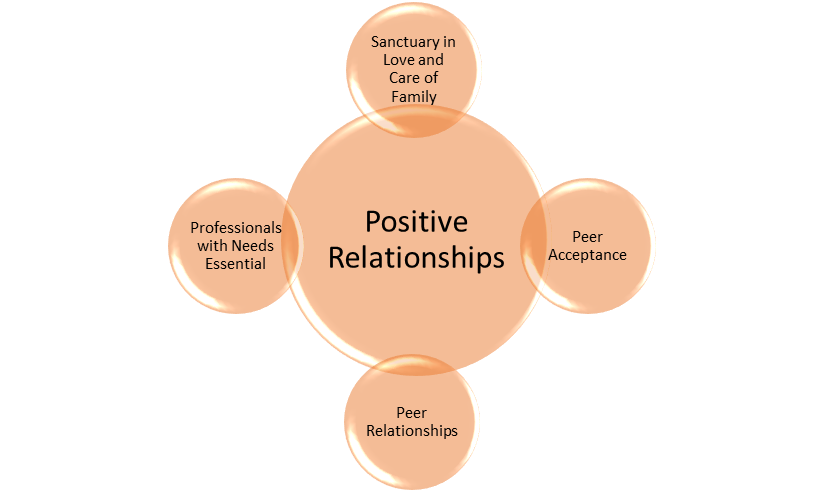
A considerable and revealing finding consistent with existing literature (Bartlett, Rowe & Shattell, 2000) was that some of the participants’ lived experience indicated they had formed Deficit Conceptualisation of Self . With one of the participants, this negative perception has been entrenched by the negativity he felt he had encountered because of his diagnosis. The result of this would be that he has come to view character from within a deficit framework. The deeper, more subconscious interpretation is that he didn’t realise that this negativity was originating from his diagnosis of ADHD. From this perspective, double hermeneutic allowed me to interpret the participant’s conceptualisations of self.

Another facet of self-concept that emerged from the lived experiences, was that participants needed to have a positive conceptualisation of self. This theme also emerged from the systematic literature review, where ADHD participants needed to have a positive cognitive conceptualisation of self (Nelson, 2013). One of the participants perceived that he needed to demonstrate to others that he was competent and proficient in something. This need for others to recognise his skills has informed the transformation of self. The transformed Thomas had skills juxtaposed to the former Thomas who lacked skill. Reflecting on Positive Psychology, it could be viewed as a positive that someone displayed the work ethic to acquire skills and therefore wanted to demonstrate the skills he had accrued (Seligman, 1998) On further analysis, the participant’s experience of the microsystem had potentially informed his view that he needed to present to the people that he had skills (Bronfenbrenner, 1979). From this perspective, this was one of the most interesting phenomena to emerge from the data. This conveyed a sense that the participants, in this case Thomas, felt the need to generate strengths and present strengths during our interactions. Due to the interpretative nature of this theme, there was not the opportunity to explore this with Thomas. Perhaps an explanation for his experiential meaning can be located in Social Identity Theory *(*Tajfel & Turner, 1986), in that Thomas wanted to be a part of the group that were identified as having intelligence (in-group), and his difficulties with attention and impulsiveness meant he positioned himself in the out-group. Reflecting on the research question, the group themes would suggest that the participants perceived that having a diagnosis of ADHD negatively impacted on their education.

### 5.2.1 Research Question 2

**RQ2:** Do young people with a diagnosis of ADHD perceive they have been given the appropriate support to fulfil their learning potential?

Figure 5.2: Group theme 3 – ‘Positive Relationships’



The model above is a third visual representation, in this case depicting how young people experienced positive relationships. Four key subthemes drawn from each of the four participants – peer acceptance, peer relationships, professionals with needs essential to understanding self and sanctuary in love and care of family, – all interconnect with the main group theme of ‘Professional Support’, offering an opportunity to explore how the second research question was answered.

### 5.2.2.1 Peer Acceptance

Theme one would indicate that the participants felt having a diagnosis of ADHD negatively impacted on their school experience. Phenomenological and interpretative themes emerging from the transcripts indicated that the participants experienced a strong feeling of disappointment in terms of how they were treated. There were also some positive facets of support which were sometimes outside of the school system. These positive relationships existed within the participants’ microsystem, as they took place at either home or school (Bronfenbrenner, 1979).

The role of the participants was a strong theme throughout the transcripts. For some, they felt marginalised and stigmatised, and in many ways were made to feel different. With many questioning the nature of their ADHD and whether or not it was actually real. To combat this sense of stigma, feeling acceptance from peers helped in providing a supportive network.

### 5.2.2.2 Peer relationships

Furthermore, having trusting peer relationships was also a strong theme to emerge from the phenomenological evidence, with Thomas declaring that **“**unless you were one of my peers and I had confidence in you”. Thomas’s difficulty reading had created a dual identity for him. There was what the outside world, namely his teachers, perceived, which was in contrast to his own assessment of his needs. Thomas was reluctant to inform his teachers that he had difficulties, as he perceived that they could not be trusted. This has inferences for the mesosystem that Thomas was a part of. The interactions Thomas observed between these different systems, left him feeling that he could only share his difficulties with a select number of people. Thomas commented about teachers telling him to come for extra help, but in theory they only had “seconds to spare.” This would imply that his perceptions of the teachers were possibly prohibiting him from having trusting relationships with staff. Research focusing on trusting relationships formed with young people with a diagnosis of ADHD and their teachers would be of interest.

### 5.2.2.3 Professionals with Needs Essential To Understanding Self

Despite Lucy’s negative lived experience of teachers within mainstream education, she managed to form a trusting relationship with a member of staff, that she believed had additional needs. This seemed to have experiential meaning for her as she potentially found it easier to form a trusting relationship with this teacher. Is her perception of understanding linked to the fact that this teacher told her “I have similar needs so therefore I understand you” or did she find it easier to make a relationship based on her perception that he could identity with her needs? Building on this theory, did the teacher’s SEN play a part in the development of their relationship or was it his interpersonal skills and ability to empathise with her? The answers Lucy contributes throughout the transcript would suggest the development of their relationship is a mixture of her perception of his understanding and the teacher’s ability to reflect empathy towards her. An interesting area of future research into the lived experience of young people with ADHD could explore how pupil satisfaction correlates with diversity amongst teaching staff.

### 5.2.2.4 Sanctuary in the Love And Care of Family

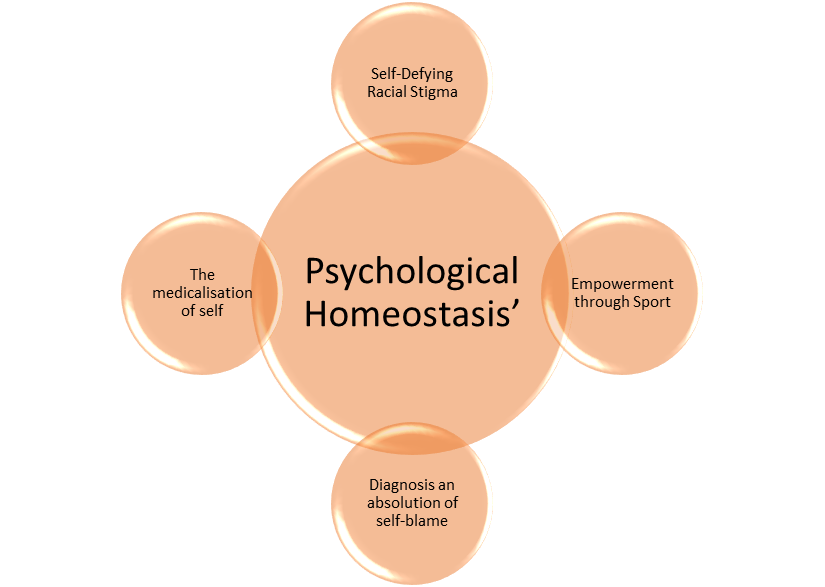
A significant narrative amongst families where someone has a diagnosis of ADHD, is the role of the family. Larry’s lived experience reflected societal stigma. This finding supports prior research which found that young people with a diagnosis of ADHD believed that the general public are misinformed and hold stereotypical attitudes about ADHD which lead to the youth feeling mistreated (Walker-Noack, Corkum, Elik & Fearon, 2013). Interestingly for Larry, his family was not just a protective factor from his school, but also his wider community. This is an example of where the macro system is actually contributing to exacerbate the stigma he experienced at school. Growing up in a local community, which was predominantly Afro-Caribbean, Larry felt that there was less tolerance towards socially undesirable behaviours in his community. Although not emerging from the systematic literature review, there is contemporary and older research which has indicated that Afro-Caribbean families have a different perspective on SEN and accepted behaviours and discipline. (Coard, 1971; Lawrence, 2014). Reflecting on this, it is interesting to think about the impact of his community’s views on behaviour on Larry. Other phenomenological evidence emerging from his transcript indicated that Larry’s view on the legitimacy of his diagnosis of ADHD, was influenced by his community’s view that ADHD was a social construction. Returning to the focus of the research question, the group theme does partially answer the question, in that the participants have contributed different facets of support that assisted them during their academic journey. In terms of whether the support in general was appropriate to their academic success, the lived experience of the participants would suggest it wasn’t. What was interesting and revealing for the research is conceptualising how each individual’s experience can provide a hermeneutic overarching perspective to support individuals moving forward.

### 5.2.1 Research Question 3

**RQ3:** What does this cohort of young people perceive as being their strengths and challenges regarding their journey through the education system?

The four research participants experienced challenging school experiences, which revealed a number of protective factors, some of which were interpreted as having different impacts on self and on survival within the education system. This group/ subtheme model (see Figure 5.3 overleaf) illustrates ‘Psychological Homeostasis ’ as a generic theme across the four cases, with several conceptual subthemes around the perimeter, all of which will be discussed in relation to the research question and within a wider context of research.

Figure 5.3: Group theme 4 – ‘Psychological Homeostasis’



### 5.2.3.1 Empowerment through Sport

With regard to this theme, Larry made numerous references to sport during his transcript. A key piece of phenomenological evidence relating to this was when he stated that “Sport gave him a purpose”. Sport was a vehicle for him to express himself and to mediate his hyperactive behaviours. More importantly, his lived experience informed a view that sport was a medium where he did not feel discriminated against. Interestingly, playing sport allowed him to excel at something, which contributed to the identification of strengths within his character. Although academically gifted, he cherished what he perceived sport offered, which was ultimately a sense of pride. This sense of pride allowed him to achieve within a positive psychology framework happiness, which formed a protective factor against some of his more negative school experiences (Seligman, 1998). This supports previous findings which indicated that young people should be involved in the planning of their interventions (Walker-Noack, Corkum, Elik & Fearon, 2013). Ultimately the young people planning their own interventions, or Larry achieving through sport, allowed both to feel a sense of empowerment.

### 5.2.3.2 Diagnosis an absolution of self-blame

This theme was derived by applying a Positive Psychology perspective to Thomas’s lived experience. Whilst reflecting on his school experience, Thomas said that he wanted to be disruptive in class, and there were occasions where his behaviours were unsettled. Further contextual interpretation of this event would be the admission that Thomas wanted to be disruptive. This could purely be about wanting to leave the class. However, the reflection on the anxiety and embarrassment that Thomas felt, would suggest that this is linked to his desire to use anger and disruption as a way to express his feelings and frustrations of not being able to access the curriculum. Once he was given a diagnosis of ADHD, it “clarified weakness”, so he no longer “blamed himself” or was “embarrassed”. Here we see the power of a diagnosis, as it clarified for Thomas why he had the challenges within school that he did. Of further interest, revisiting Positive Psychology, it is revealing that this absolution of self-blame needed to be facilitated by having a label. A powerful label, but a label nevertheless. He was not able to reframe his own learning profile until he was diagnosed. From a different perspective, he demonstrated resilience, in that he decided to enter into further education before he was diagnosed. Where does this sit within the existing literature? It seems to support the rationale that people with ADHD reported needing extra time in exams and required more patience in their general learning (Bartlett, Rowe & Shattell, 2000). From Thomas’s perspective you imagine needing extra time, but you do not have a rationalised reason as to why.

### 5.2.3.3 The medicalisation of self

Despite only having a diagnosis of ADHD, Lucy insisted that she also had depression and Asperger’s syndrome. Supporting the previous theme, her lived experience had made her view herself as problematic. Therefore she needed a reason to explain her behaviours that she had come to perceive as socially undesirable. Social Constructionism tells us there is a power in language, so that attributing facets of her behaviour and personality to that of a mental health diagnosis is a powerful construct. Through the lenses of children diagnosed with ADHD, one may see environments that are overwhelmingly negative. The messages that these children receive regularly are from the multiple systems that interact to regulate or control the child's behaviours. On behalf of themselves and their children, parents look for support from others to recognise the difficulties and struggles of their children diagnosed with ADHD (Norris & Lloyd, 2000)

Utilising the double hermeneutic this sense of self diagnosing had become a protective factor, as there were medical reasons to explain facets of her character. This also allowed for an external attribution to be made regarding the motivations of her character. Thinking of the exosystem, there are factors within society which are contributing to young people self-diagnosing in order to explain parts of their character. This is consistent with the current research, as parents may feel pressure to accept medication as a way to manage socially undesirable behaviours (Loe & Cuttino, 2008). Synthesising the previous research and this theme, it would indicate students are also seeking labels to explain socially undesirable behaviours.

### 5.2.3.4 Self-Defying Racial Stigma

When conceptualising Homeostasis, it was important to reflect on phenomenological evidence from the transcripts, to further think about these factors and how they contributed to the participants’ sense of psychological homeostasis. For Leon, there was a strong sense of resilience and determination that emanated from his lived experience. This sense of determination manifested itself in his use of language, and in particular the word “fight” and the phrase “breaking the cycle” in the use of language, almost reflects he saw this as a moral imperative.

Reinforcing this fact, Leon referenced that his mother also wanted to fight against the system that saw young boys from a Caribbean heritage underachieving. Existing in a system of racial underachievement must have been difficult for Leon, but of real interest is the fact that Leon didn’t articulate this himself. He has subsequently married someone from another race, so it’s possible that Leon may not want to admit to himself that institutionalised racism is a prominent discourse within the British system (Coard, 1971; Connolly, 2005; & CFRE, 2006). This point does not reflect the existing literature from the systematic literature review. That being said, the government have invested money in schemes designed in theory to address the underachievement of Afro-Caribbean boys within the British educational system (DCSF, 2006). Prominent politicians have declared that teachers are failing Afro-Caribbean boys. As Educationalist or applied psychologists, the HCPC requires that we are taught to be culturally competent practitioners, which in itself recognises the different discourses that a variety of cultures can be associated with. (HCPC, 2012).

Reflecting on the research question, the theme provided an overview of the different challenges that the young people faced. Within their lived experience there was also a recognition from myself that the individuals have strengths that contributed to their navigation of mainstream schooling.

### 5.2.4 Research Question 4

**RQ4:** What information do EP’s need to know in order to support this cohort of young people between the ages of 16 and 25?

The final group/ subtheme model (see Figure 5.4 overleaf) illustrates ‘Identity’ as a generic theme across the four cases, with several conceptual subthemes around the perimeter, all of which will be discussed in relation to the research question and within a wider context of research. All of the major themes emerging from the research are arguably relative to this research question, in that the participants *Self Concept*, the *Positive Relationships* they formed, the *Professional Disappointment* they experienced and *Psychological Homeostasis* are all relevant to how an EP can conceptualise the lived experience of participants with a diagnosis of ADHD. The final group theme that I have selected for this research question is the Participants sense of Identity.

Figure 5.4: Group theme 5 – ‘Identity’



### 5.2.4.1 Empowerment Through Challenging Dominant Ideology

A core component of Larry’s identity was that he conceptualised himself as someone who challenged what significant others in his microsystem told him. Larry in particular had quite forthright views on ADHD: this sense of challenge became a core facet of his identity. Larry challenged the idea that concentration was something that children diagnosed with ADHD could not control. Is it possible that the sense of autonomy he is advocating is in part motivated by the restriction he experienced during school? When Larry gave his own personal view he stated that “we know a child can concentrate when they are ready”. A further level of interpretation would be expanding on the use of the word “we” in that his view of this behaviour choice is something that society shares. The interaction of the mesosystem around Larry somehow informed his lived experience, which left him with the conclusion that ADHD, is ultimately a construction. The implication that there are young people whose brains have developed in such a way that they are not in full control of their behaviour, consistent with some medical perspectives of ADHD, was also something that Larry challenged (Shaw, Eckstrand, Sharp, Blumenthal,, Lerch, Greenstein, et al. 2007). This finding synthesises with previous research, emerging as a key theme during the literature review, was how medication affected the identity of the participants. Participants often reported having a dual identity: there was their concept of an authentic identity and a medicated identity. For the participants to have a stable identity they had to always be on medication (Loe & Cuttino, 2008). From this perspective, Larry is rejecting the sense of control that ADHD can have over an individual’s life, hence his perspective is motivated by a sense of control and autonomy.

### 5.2.4.2 Self-Acceptance Of Deficits

A significant facet of Thomas’s lived experience of primary and secondary school was his reluctance to share his learning difficulties with his teachers. As his journey through education progressed, and he developed trusting relationships with key members of staff, he was able to accesses help and support. This was a significant transformation within his character and was an interesting finding as he no longer conceptualised his ADHD as a factor that he was ashamed of. This did not happen by utilising a solution-focused framework, and seeing solutions as opposed to difficulties (Shazer, 1982). Instead, he accepted that there were some facets of learning that he struggled with and was in a position where he no longer felt inferior so could access help. This synthesises with positive psychology as he had developed resilience. The reason I used the term deficits, which is not language you would associate with a positive psychology, was to capture the shifting position within his character. The rationale behind this finding correlates with existing literature, where the participants requested the public modify their negative attitudes towards youth with a diagnosis of ADHD. The negative attitudes held, led to the participants feeling a sense of mistreatment (Walker-Noack, Corkum, Elik & Fearon, 2013).

### 5.2.4.3 Self as Lonely

For many of the participants, their lived experience at a phenomenological and interpretative level reflected a sense of identity and in particular their trying to find a sense of identity. In previous extracts it was discussed how participants were willing to self-diagnose in order to find a sense of self. A prominent factor for Lucy was the loneliness she felt. Her rationale, was she felt lonely because of her lived experience of having a diagnosis of ADHD within a mainstream school. Utilising the double hermeneutic at an exploratory level, it was factors in her Microsystem, such as home and school, which contributed to this feeling of aloneness. A key finding emerging from the literature was that people with ADHD reported a profound sense of aloneness. This was exacerbated by others failing to take notice or take action to help them. (Bartlett, Rowe & Shattell, 2000). On reflection, the sense of aloneness in the literature was linked to interactions that happened mainly at school or the place of education.

### 5.2.4.4 Self Determination

Leon’s lived experience was one of criticism, ostracism and at times practices that from phenomenological evidence of his transcript suggested his experience could be viewed as discriminatory. Despite the negative criticism Leon received, he managed to demonstrate a significant amount of resilience and self-determination. Leon became more determined when he was told that he could not do something or achieve a certain academic standard. Reflecting on self-determination theory, the evidence emerging from his transcript indicates that he had intrinsic and extrinsic motivations. At the extrinsic level, he mentioned that his mother also challenged injustice, but there was only limited phenomenological evidence to suggest this was a motivating factor for him. In all probability his motivations were possibly more intrinsic (Deci, & Ryan, 2002). This finding does not support any of the emerging themes from the literature review, in that participants often attributed positive facets within their characters to supportive teachers.

### 5.2.4 Summary of research question analysis

The research questions have been explicitly revisited and discussed using joint group and subtheme models drawn directly from interpretations of the participant’s lived experiences. Further points of discussion will touch upon the constructions of ADHD, language, ethnicity, ethical issues, implications and reflections.

## 5.3 ADHD as a Construct

As discussed in the literature, a significant debate surrounding ADHD is its origin; what causes it; is it even real? As a social constructionist I have advocated the position that ADHD is a construction to make sense of the presentation of inappropriate behaviours (Norris & Lloyd, 2000). The legitimacy of ADHD as a ‘real’ medical condition also emerged from the participants lived experience. Larry in particular seemed to question its authenticity numerous times within his transcript. Contextual influences, such as treatment by the police and his family’s view on ADHD, seemed to be prominent parts of his lived experience that gave experiential meaning to the concept that ADHD was not real. Interestingly, his family not recognising its authenticity seemed to have a significant impact on him. Larry is of mixed race origin, and he spent the vast majority of his childhood interacting with his Caribbean family. Using Social Identity Theory as a framework, is it plausible that his family perceived themselves to be in the out-group and therefore separate to the dominant narrative surrounding ADHD *(*Tajfel & Turner, 1986). Larry informed me that he felt his medication was a response to his family feeling pressure from his teachers rather than them believing in the necessity for it.

In the case of Lucy, she genuinely believed in the legitimacy of her diagnosis and had attributed a significant part of her lived experience of mainstream schooling, to challenges of inattention and concentration consistent with her diagnosis. Of interest, she self-diagnosed other developmental conditions such as ASD and mental health disorders like depression. Utilising the double hermeneutic at a conceptual level, interpretations were drawn that Lucy was diagnosing facets of her character and personality that she deemed to be problematic. What she deemed to be problematic, could have been influenced by her interpretation of unwarranted characteristics.

An important consideration would also be the importance of psychosocial factors - Lucy is from a family of low socio-economic status and she reported her father had a mental health disorder. Research has shown that these factors can contribute to the presentation of ADHD symptoms (Spencer et al, 2007).

## 5.4 Language

As previously stated, I have taken up the epistemological and ontological position of a Social Constructionist. Therefore it is my view that human beings [rationalise](https://en.wikipedia.org/wiki/Rationalization_(psychology)) their experience by creating models of the [social world](https://en.wikipedia.org/wiki/Social_reality) and share and reify these models through language. A major focus of social constructionism is to uncover the ways in which individuals and groups participate in the construction of their perceived social reality (Berger, & Luckmann, 1966; Gergen, 1994).

Analysing the participant’s use of language was of interest. Leon depicted a court as he attempted to create a metaphorical picture of his lived experience. He stated that he felt like he was a ”criminal” in a court being “judged” The use of language emphasises his problematic lived experience. This does make one question what factors in the microsystem contributed to his perception. Despite having this challenging lived experience, Leon uses lots of language, consistent with a positive psychology framework.

For Lucy, a significant component of her lived experience was ideographically framed around the nature of her relationships with teaching staff. Consistent with the synthesis of language from the systematic literature review, Lucy positions herself as a victim of “biology” (Karp, 2006), Lucy attributes some of her difficulties to her father, as she believes he passed down to her his anger management difficulties. From this perspective the phenomenological evidence of her transcript is reflective of a deficit model (Faraone & Doyle, 2001). Further reinforcement of this point would be the self-diagnosis, and using language more consistent with a medicalised model of behaviour.

Emanating from the phenomenological evidence from Thomas’s transcript was language that was relatively emotive. There was phraseology such as “I struggled to say the word; my anxiety increased and my frustration became more pronounced.” Or another example would be we offered each other “comfort and support”, perhaps one response that encapsulates much of his lived experience of primary and secondary school, is when he referred to “my struggles”. Of further interest, there were no phrases in his transcript that were consistent with a medical model of ADHD, however his lived experience had created a deficit way of conceptualising his challenges with inattention, impulsiveness and reading. Perhaps the emotive language, consistent throughout his transcript, was more reflective of how society constructs individuals who do not excel in education (Martin, Pescosolido, Olafsdottir, & McLeod 2007).

## 5.5 Ethnicity

Although not in my initial design, ethnicity did emerge as a potential key finding. Singh (2002) highlights that people from minority communities may have a different experience of having ADHD. It should be noted that this is clearly relative to the demographic of a research population.

It was interesting to recognise that ethnicity seemed to be variable in the lived experiences of the participants. This happened on two different conceptual levels. Firstly, ethnicity seemed to play a part in how one of the participants gave experiential meaning to their school experience. Reflecting on the character of the individual and utilising the double hermeneutic at a conceptual level, interpretations were drawn that challenging racial stereotypes was a motivating factor for the participant. The second level was the influence of another participant’s family in shaping how the participant constructed their diagnosis of ADHD. From this perspective, the participant’s family were of Afro-Caribbean heritage and did not recognise ADHD as a ‘real condition’ instead perceiving it as a western construction to explain challenging forms of behaviour (Timimi & Taylor, 2004). This factoring of the character of the individual seemed to be a motivating factor. As a result of the paucity of research in this area, the systematic literature review did not locate research which focused on different ethnic minority post-16s’ experience of ADHD within mainstream education.

## 5.6 Limitations and ethical issues

### 5.6.1 Power imbalance

The process of interview is seen as a formalised method of qualitative data collection. However, the rapport and dynamic between interviewer and participant can often be the determining factor as to whether data collected is rich or superficial. From a social constructionist perspective, Rogers (1951) practised an approach of ‘unconditional positive regard’ to his interviewees, defined as accepting a person without negative judgement of a person’s basic worth. Whilst I adopted this stance throughout each interview, a rudimentary and deductive power imbalance existed during the research process. This imbalance was influenced by factors that included:

* Information – researcher access to information regarding participant backgrounds, developmental profiles and educational history
* Role – despite the purpose and aims of research being made clear, young adults may have been wary of the role of the researcher…
* Systemic context – participants may have felt limited by the setting in which interviews took place

However, despite the existence of these inequalities, attempts were made to mitigate their influence. For example, in an attempt to alleviate pressure and cultivate a relaxed atmosphere of parity and respect, young adults were praised, reassured, and thanked for their time throughout interviews. I was also conscious of the importance of sharing information with participants, for example regarding my analysis, storage, protection and the confidentiality of all recorded data. Furthermore, the ethos of research as a whole was to place the voice of the participants at the epicentre of study, empowering young people to become active participants in decisions surrounding their education (Harding & Atkinson, 2009). Hence, through its very purpose and nature, research aimed to redress the imbalance of power between professionals and young people.

### 5.6.2 Demand characteristics

Leading on from an imbalance of power, it is important to acknowledge the high level of demand characteristics arising from the interview context. Weber and Cooke (1972) describe demand characteristics involving the participant taking on a role in the experiment (or in this case, interview). These include:

* The *good-participant role* in which the participant attempts to discern the experimenter's hypotheses and to confirm them.The participant does not want to “ruin” the experiment.
* The *apprehensive-participant role* in which the participant is so concerned about how the experimenter might evaluate the responses that the participant behaves in a socially desirable way.

In an attempt to mitigate the necessity for participants to feel they were obliged to assume any of the above roles, participants were reminded how their views would be fully anonymised, that they had the right not to answer any question, and were able to withdraw at any time if they chose. In addition I felt the retrospective element of the design supported this process. The participants would largely categorise themselves as relatively successful, factoring in their diagnosis and their subsequent academic achievement. From the participants perspective I do not think they would have felt that they had to adopt the *good participant role* and contribute answers that were skewed. Upon reflection, the participants retrospectively reflecting on their lived school experience, could have possibly strengthened the experiential meaning derived from the data*.* Although emotive for the participants, having space for reflection, could have given them the opportunity to logically process the experiences they recounted.This space for reflection, might result in their retrospective accounts being more accurate. Interviews were conducted confidentially, away from the presence of university or college staff, in a room with a window which had unrestricted access should they have desired to leave. The ideographic, inductive nature of IPA research meant that interviews were perceived as the optimal vehicle to explore individual lived experiences.

### 5.6.3 Researcher as active co-participant

Developing the notions of power imbalance and demand characteristics further, these factors may also have influenced the length of young people’s responses to individual questions. Often responses were short, thus the importance for the researcher to play the role of *active* listener, or co-participant (Smith et al, 2009) was sharpened during interactions.

Given the emphasis IPA affords towards the participant as the ‘experiential expert’ on the topic of study, this allowed me to deviate from the main structure of the interview and follow specific concerns of the participants. For example, when Lucy reflected on her views of organised religion, it elicited the response that “people cause problems over religion” - a powerful piece of experiential data that contributed to both the group theme of ‘Professional Disappointment’ and towards answering the first research question exploring whether the participants feel their diagnosis of ADHD negatively impacted upon how they were treated within education.

### 5.6.4 Homogeneity, gender and ethnicity

IPA requires a participant sample to be a) purposeful and b) homogenous within the population of study. Participants were contacted via referral from a ‘gatekeeper’. This varied, depending on the place of study the participants were at, and was either a disabilities team manager, inclusion manager, or coordinator of services. The participants were selected on the basis that they could provide access to their particular perspectives of being in mainstream schooling with a diagnosis of ADHD as a phenomenon of study (Smith et al, 2009). In this case, homogeneity was achieved with incredible difficulty, as I will expand on in the sections to come. Recruitment was very challenging and took place over a period of 7-8 months. In the end, three participants were male, and one female. Consistent with the methodological design, the participants only had a diagnosis of ADHD and had had no comorbid conditions or disorders. All the participants were above 18 and in further education. Therefore the four participants were selected by myself to provide an understanding of both the psychological variability of participants (through convergent and divergent themes) and also to obtain subjective interpretations of the phenomena from different perspectives.

Despite purposeful, homogenous sampling, gender was not pre-determined, although 75 per cent of the participants were male. The rationale for this may be down to boys being diagnosed with ADHD at more than twice the rate of girls. (CDC, 2009). Therefore a suggestion for research could be proposed around the lived experience of adult females with a diagnosis of ADHD reflecting on their school experience.

Participants for research were selected based on criteria of equality that did not discriminate against aspects of ethnicity. However, the small range of ethnic backgrounds that happened to be included after purposeful sampling (White British, mixed race (Caribbean and British) and Caribbean) raises the question of differing experiences of ADHD within differing cultural contexts. For example, do external socio-political factors such as race or ethnicity have a bearing on the lived experience of people with a diagnosis of ADHD? This area could also form the basis of further research into the lived experience of participants with a diagnosis of ADHD.

Finally, it is pertinent to mention a caveat regarding small sample size and homogeneity. Although a purposeful sample size of four fits well within the methodological framework of IPA, this understandably places a limit on the generalisability of findings. Slightly larger sample sizes, perhaps including equal samples of gender and more variation of ethnicity, may give an indication as to themes of experience and meaning that run consistently across genders and ethnicity and those that may be gender-specific, or potentially specific to particular ethnicities. Despite the size of the sample, the participants did provide a unique perspective and a rich picture about their lived experience. Reflecting on the positive psychology framework, the participants were able to provide a lived experience, which enabled them to access further education.

## 5.7 Implications for Educational Psychology

The findings of this research have some potentially significant implications for Educational Psychologists (EPs). On a local level one of the outcomes of the research was to give EP’s an insight into the lived experience of the 16-25 age group who have a diagnosis of ADHD. The first point is for EP’s to begin to conceptualise, is the perception that this cohort may have of professionals, especially the 16-18 demographic, as evidenced by the difficulty I experienced in recruiting participants. In addition, EP’s need to also think about how we are communicating with this demographic. According to the Educational Psychology Services (Report of the Working Group, DfEE, 2000) EPs are well placed to ensure that children’s views are both elicited in a neutral way and included in plans being proposed for them (Harding & Atkinson, 2009). EP’s need to ensure that this is taking place, adhering to this will, in theory, create a narrative to young people, that EP’s are advocates for them, and professionals who’s core beliefs are to empower and enable them. With the 19-25 demographic, a significant area of interest was the emotional and practical support they had received from professionals. Having staff available to share their concerns with, or receiving practical instructions to enable them to excel in their relative curriculums was of value. EP’s need to consider how this level of support, can be facilitated, maintained and optimised.

One of the participants had a negative perception of the EP Service after his initial contact with the EP. The importance of developing a rapport with children is imperative to applying psychology in a meaningful and effective way (Gersch, 1996). The EP was attempting to develop a rapport with him. However, his responses indicate this was not effective. The element of trust begins to emerge from Leon’s answer, part of his anxieties were linked to not knowing why he was there and subsequently what might happen to him. A young person positioned in a state of distress and anxiety would find it more problematic in accepting professional support. Therefore EP’s might need to adopt a more bespoke approach to working with people with a diagnosis of ADHD. It might not be sufficient to approach a young person and just expect them to be able to form a trusting relationship with the EP, no matter how strong the EP may consider their interpersonal skills to be. This is an interesting aspect to emerge from the research.

The concept of ‘positioning’ has been seen as a helpful alternative to focussing on the role of people (Fox, 2015). We position ourselves and are positioned by others to act in particular ways within a continually developing larger narrative about education and society (Harre, Moghaddam, Cairnie, Rothbart, & Sabat, 2009). The narrative about the position of the EP is fundamentally based on the various activities they do (Fox, 2015). Positioning has become a central debate in how applied psychologist are trained (Fox, 2015). Therefore a significant amount of psychologists are aware of the impact on this (Speight & Vera 2009). My research unearthed a lot of themes that demonstrated the participants had formed significant negative perceptions of teaching staff and professionals. Therefore, it may be of benefit, if positioning, becomes a theory and a narrative that can be extended into teacher training courses. If not, it’s certainly worth EP’s facilitating training on positioning theory. I would conclude that if the professionals involved in the support of the participants had more awareness of this, then perhaps some of the participants would not have developed such negative perceptions.

Although not true for all the participants, the concept of diversity became quite a profound narrative that impacted on their lived experience. Reflecting on this, to what extent is there diversity within learning institutions? Are we witnessing, professionals replete with the skills, experience and subsequent empathy to form and maintain relationship’s with pupils that may exhibit challenging behaviours, who might be of low socio economic status. Do we see a sufficient variety of teaching staff in learning environments? Do we see enough staff with piercings, dyed hair, special educational needs, or disabilities? It is my stance, that EP’s should be encouraging learning intuitions to diversify their staff and to recognise the importance of this. The participants were able to build positive rapports with members of staff that they perceived could empathise with their own experiences. What informed this perception of empathy were staff that had similar needs to the participants.

Dependant on the age of the individual, and especially with the post 16’s demographic the research would indicate that it is valuable to gain the young person’s understanding of ADHD. What is their take on it, do they see it as a construct like Larry, or do they recognise it as a legitimate medical condition as Lucy did? How the young person constructs ADHD can inform how the professional develops interventions and approaches to support them. EP’s should reflect on this, and hypothesise about the whether the individual’s cultural background may have impacted upon their conceptualisation of ADHD. It might be important to speak to parents in order to gain an insight into their family’s history with the condition. Was the diagnosis something that they felt pressured to get? Did the families, feel pressure from the school to medicate their children? Such factors will inadvertently play a part in the young person’s conceptualisation of the condition and the subsequent narrative that they have formed.

Building on the sense of resilience that informed much of Leon’s lived experience of mainstream school. EP’s should consider moving to a strength based perception of ADHD. Individuals diagnosed with ADHD need a balanced intervention that focuses not only on managing undesirable behaviours but also builds on their strengths and positive aspects. Hallowell and Ratey (2005) see a second revolution occurring in the way in which the disorder is defined. When experiencing the undesirable or unmanageable symptoms of an individual diagnosed with ADHD, in a classroom it is hard to focus on the individual's positive traits and character strengths. An agenda for change within ADHD support systems must begin as members of society understand the implications of the negative labelling that underpins the lived experience of people diagnosed with ADHD.

Professionals, educators and families need to reframe ADHD from a disease to a socially constructed concept of positive support for the ADHD individual's strengths, talents, abilities, interests and individuality.

## 5.7.1 Further Research

As discussed previously in this research, asking young adults to reflect on the impact of their ADHD is an under researched area within the United Kingdom. This research largely focused on a retrospective portrayal of their school experiences. However there is scope for future research, with a similar cohort of young adults to reflect upon their current educational experiences. Within the remit of applied educational psychology, there is more scope for professionals to work with young adults in further and higher educational establishments. Research asking young adults to reflect on how they experience support or how their ADHD continues to affect them will be of value to the profession.

## 5.8 Reflections

Reflections on the process of producing this research fall into four categories: practical issues, ethnicity, personal development and views on research.

### 5.8.1 Practical issues

Practical issues experienced during research included recruitment of participants. As previously mentioned in chapter three, this proved a very challenging and frustrating experience which led me to change the methodological design of the research on numerous occasions. Originally the plan was to approach the SEN Managers from the colleges in the local authority. Through this process, approximately 80 young people were approached from within the local authority. On the advice of one of the SEN Managers, I designed a poster (see appendix 5) to make the research more appealing. This still proved unsuccessful. I approached local charities, and one in particular was very helpful: they sent out my email detailing the research to all their members - a mailing list of approximately 400 people – but the vast majority of the responses I received were from young people who had co-morbidity with other conditions. I sought guidance about paying the participants, so determined was I to make progress with the research. I was encouraged to drop my age range to 13 as it was felt that schools were easier to recruit from than further education establishments. During this process I was also advised to reach outside of the local authority, and doing this I received successful responses from London universities and youth services. At a local level, the implications are that some reflection is needed around how researchers and professionals communicate with this demographic of young people. Whatever perceptions of psychologists or professionals my targeted cohort had, they were reluctant to engage with the research. Research into engaging adults, and the voice of post-16 cohort needs to be developed and explored. EP’s should be advocating the voice of the participants if we have a community who are reluctant to give theirs, then some serious thinking as to why, needs to happen.

### 5.8.2 Ethnicity

I did not foresee that my own ethnicity would become a matter for discussion during the research, as I did include ethnicity within the methodological design of the research. As I am of Afro-Caribbean heritage, I do feel that I bring a unique perspective to the arena of psychological research. Especially when one reflects upon the relatively low numbers of ethnic minorities who are working as applied psychologists ([Fatimilehin & Coleman, 1999). I have to reflect on whether my own ethnicity was a prominent factor in the emergence of the superordinate themes in this area. Reflecting on the IPA’s use of hermeneutics (Smith 2011), did my ethnicity allow the participants to have the confidence to discuss these issues? Did my ethnicity and unique cultural perspective lead to my interpreting the participants’ lived experience in this way? Removing my ethnicity from the equation, I do perceive myself to be a skilled psychologist researcher who has a unique set of skills that can develop positive rapports with the clients and participants. During my previous career working for the BBC, not only did I have to interview people but I also had to produce, script and guide the presenters during their interviews of guests. Hence, I believe that the type of pressure that psychology students might traditionally experience, the need for control, predictability, structure and boundaries, did not affect me in the same way. This I link to, as previously stated, my background in journalism and my related interpersonal skills.](http://www.justpsychology.co.uk/publications/author/38?sort=year&order=asc)

[In all probability, it was my interpersonal skills, research and reading, as well as the dynamic relationship between myself and the participants that led to the creation of these themes.](http://www.justpsychology.co.uk/publications/author/38?sort=year&order=asc)

### 5.8.3 Personal development

The production of research has seen a development in me both professionally and personally. On a professional level, I have developed a deeper awareness of the importance of obtaining the views of children and young people: the voice of the child or disenfranchised will play a fundamental role when considering future areas of study. On a personal level, I felt distinctly privileged to have the opportunity to work face-to-face with the participants regarding their lived experience. The declaration that as psychologists we should be creative in our application of these methods provided me with a degree of satisfaction and helped my construction of the research process. Regarding IPA, whilst successful analysis requires the systematic application of ideas and methodological rigour, it also requires imagination and a combination of reflective, critical and conceptual thinking (Smith et al., 2013). These are attributes that I perceive I possess. As a researcher it was integral that I engaged in phenomenological enquiry as it is central to the methodological focus of my research (Smith et al., 2013).

### 5.8.4Views on research

My journey to become an EP started in June 2008. It involved a conversation with the Principal Educational Psychologist of a London local authority. He seduced me about the role of an EP and I became completely devoted to ensuring this dream would become a reality. The one detail he did not mention was the role of research. My personal view would be there is a potential difference between people who want to work as applied psychologists and the traditional PhD researcher. In many ways my undergraduate dissertation was a stepping stone to becoming an EP. The doctoral research is also a part of this process, but I do get to work as a TEP four days a week. So what is the motivation to complete the doctoral research? I think at present only 10 percent of newly qualified EPs are publishing their research. I must admit, I engaged in self-defeating narratives about research on numerous times during this process. What would have given me the sense of the moral imperative that a colleague of mine spoke about? I think the solution is to be found in Action research. If a disenfranchised community had the facility to approach me, and say “we have experienced a challenging lived experience resulting from our ADHD, and feel our voice needs to be heard”, I would have launched into the project with all my psychological skills and personal enthusiasm and commitment. The recruitment process would have been simpler, saving me seven months of chasing and there would be a real purpose to the research. If I were advocating this community’s voice (Children and Families Act 2014); if it was my job to ensure that psychological research and practice improved the lives of people in this area; then my motivation to complete the research would be incredibly high. Hence I believe co-constructed, action research with children or young people should be an essential part of EP training.

***“Champions aren't made in gyms. Champions are made from something they have deep inside them-a desire, a dream, a vision. They have to have the skill and the will. But the will must be stronger than the skill.”***

***Muhammed Ali***

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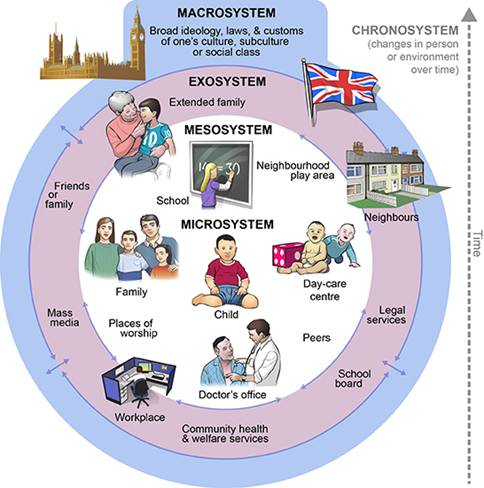
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# Appendix 1: Bronfenbrenner’s Ecological Systems Theory

**(Bronfenbrenner, 1979)**

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# Appendix 2: Timeline for Research

|  |  |
| --- | --- |
| **November 2014** | Hand in research proposal and ethics application. |
| **January 2015** | Revise proposal in light of feedback.  Begin background to literature review. |
| **February 2015** | Receive ethical approval.  Send letters to Head Teachers of all Local Authority maintained Colleges, requesting participation in the study. |
| **March 2015** | Follow up phone calls to schools ascertain interest.  Key contacts established and meetings arranged in interested colleges |
| **April 2015** | Send Poster out to relevant colleges and local charities  Consent letters followed up with phone calls.  Hand in draft literature review. |
| **May 2015** | Discuss changing methodology with UEL staff |
| **June 2015** | Approach charities, youth services, and university disability teams |
| **August 2015** | Continue Prep for Literature review.  Chase further education establishments , charities and youth services |
| **September 2015** | Interview with Pilot and case study 1  Submit Introduction  Consent letters sent to those pupils, parents and teachers who had been identified |
| **October 2015** | Consent letters sent to those pupils, parents and teachers who had been identified  Interview case study 2, 3 and 4  Amend Introduction  Submit Methodology |
| **November 2015** | Amendments to methodology  Transcribe interviews  Begin data analysis |
| **January 2016** | Submit lit review |
| **February 2016** | Make amendments to lit review |
| **March 2016** | Submit amendments to lit review |
| **April 2016** | Hand in amended draft section  Begin discussion section  Hand in draft discussion section. |
| **May 2016** | Continue discussion section.  Hand in draft discussion section. |
| **June 2016** | Make amendments to discussion  Amendments to all thesis areas. |
| **July 2016** | Submission of final thesis. |
| **September 2016** | Viva. |

# Appendix 3: Application for Research Ethics Approval

UNIVERSITY OF EAST LONDON

School of Psychology

APPLICATION FOR RESEARCH ETHICS APPROVAL

FOR RESEARCH INVOLVING HUMAN PARTICIPANTS

FOR PROFESSIONAL DOCTORATE RESEARCH IN CLINICAL, COUNSELLING & EDUCATIONAL PSYCHOLOGY

Students on the Professional Doctorate in Occupational & Organisational Psychology and PhD candidates should apply for research ethics approval through *Quality Assurance & Enhancement* at UEL and NOT use this form. Go to: http://www.uel.ac.uk/qa/research/index.htm

Before completing this form please familiarise yourself with the latest *Code of Ethics and Conduct* produced by the British Psychological Society (BPS) in August 2009. This can be found in the Professional Doctorate Ethics folder on the Psychology Noticeboard (UEL Plus) and also on the BPS website [www.bps.org.uk](http://www.bps.org.uk) under *Ethics & Standards.* Please pay particular attention to the broad ethical principles of respect and responsibility.

HOW TO COMPLETE & SUBMIT THE APPLICATION

Complete this application form electronically, fully and accurately.

Type your name in the ‘student’s signature’ section (5.1).

Include copies of all necessary attachments in the ONE DOCUMENT SAVED AS .doc. See page 2

Email your supervisor (Director of Studies) the completed application and all attachments as ONE DOCUMENT. INDICATE ‘ETHICS SUBMISSION’ IN THE SUBJECT FIELD OF THIS EMAIL so your supervisor can readily identity its content. Your supervisor will then look over your application.

If your application satisfies ethical protocol, your supervisor will type in his/her name in the ‘supervisor’s signature’ section (5.2) and email your application to the Helpdesk for processing. You will be copied into this email so that you know your application has been submitted. It is the responsibility of students to check this. Students are not able to email applications directly to the Helpdesk themselves.

Your supervisor will let you know the outcome of your application. Recruitment and data collection are NOT to commence until your UEL ethics application has been approved, along with other research ethics approvals that may be necessary (See 4.1)

MANDATORY ATTACHMENTS

A copy of the invitation letter or text that you intend giving to potential participants.

A copy of the consent form or text that you intend giving to participants.

OTHER ATTACHMENTS AS APPROPRIATE

A copy of original tests and questionnaire(s) and test(s) that you intend to use. Please note that copies of copyrighted (or pre-validated) questionnaires and tests do NOT need to be attached to this application. Only provide copies of questionnaires, tests and other stimuli that are original (i.e. ones you have written or made yourself). If you are using pre-validated questionnaires and tests and other copyrighted stimuli (e.g. visual material), make sure that these are suitable for the age group of your intended participants.

A copy of the kinds of interview questions you intend to ask participants.

A copy of ethical clearance from an external organisation if you need one, and have one (e.g. NHS ethical clearance). Note that your UEL ethics application can be submitted and approved before ethical approval is obtained from another organisation, if you need this (see 4.1). Please confirm with your supervisor when you have external ethical clearance, if you need it.

CRB clearance is necessary if your research involves ‘children’ (anyone under 18 years of age) or ‘vulnerable’ adults (see 4.2 for a broad definition of this). Because all students registered on doctorate programmes in clinical, counselling or educational psychology have obtained a CRB certificate through UEL, or had one verified by UEL, when registering on a programme, this CRB clearance will be accepted for the purpose of your research ethics application. You are therefore not required to attach a copy of a CRB certificate to this application.

\* IF SCANNING ATTACHMENTS IS NESSASARY BUT NOT *AT ALL* POSSIBLE, SUBMIT TWO HARDCOPIES OF YOUR APPLICATION (INCLUDING ALL ATTACHMENTS) DIRECTLY TO THE HELPDESK. HARDCOPY APPLICATIONS ARE TO BE SIGNED BY YOU AND YOUR SUPERVISOR AND DELIVERED TO THE HELPDESK BY YOU

N.B: ELECTRONIC SUBMISSION IS REQUIRED WHERE AT ALL POSSIBLE AS HARDCOPY SUBMISSION WILL SLOW DOWN THE APPROVAL PROCESS

REMEMBER TO INCLUDE ALL NECESSARY ATTACHMENTS IN THE ONE APPLICATION DOCUMENT AND EMAIL THE COMPLETE APPLICATION AS ONE DOCUMENT (.doc) TO YOUR SUPERVISOR WITH ‘ETHICS SUBMISSION’ IN THE SUBJECT FIELD OF YOUR EMAIL

1. Initial details

1.1. Title of Professional Doctorate programme:

Professional Doctorate in Educational and Child Psychology

1.2. Registered title of thesis: An Exploration of the experiences and perceptions of young people in further education with a Diagnosis of Attention Deficit Hyperactivity Disorder

2. About the research

2.1. Aim of the research:

To explore the perceptions and experience of young people with a diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) with a view to thinking about how their experiences can inform the practice of Educational Psychologists (EPs).

Research Questions

Do young people with a diagnosis of ADHD perceive they have been given the appropriate support to fulfil their learning potential?

Do young people with ADHD perceive that their condition negatively impacted upon how they were treated within education?

What does this cohort of young people perceive as being their strengths and challenges regarding theory journey through the education system?

What information do EP’s need to know in order to support this cohort of young people between the ages of 16 and 25?

Likely duration of the data collection/fieldwork from starting to finishing date:

April/May 2015 – June/July 2015

Methods. (Please give full details under each of the relevant headings)

2.3. Design of the research:

(Type of design, variables, etc. If the research is qualitative, what methodological approach will be used?)

The research design that will be adopted will be a qualitative one, thus following the objective of creating a comprehensive record of the participants’ words (Willig, 2013). Interpretative Phenomenological Analysis (IPA) will be employed, this will facilaite the research focussing on the subjective experiences of the individuals. Semi-structured interviews will be used to guide the young people through their experiences and perceptions of school.

A qualitative design will allow the researcher’s assumptions about the subject to be challenged by participants. Qualitative researchers stress the socially constructed nature of reality, the intimate relationship between the researcher and what is studied, and the situational constraints that shape enquiry. Although this study will be making use of a technique to gather data and potentially direct participants in a pre-determined manner, a flexible approach will be kept in order to allow participants to present their own constructs. This means that multiple realities of participants will be acknowledged by focusing on their views and recording exactly what they say in their own words.

2.4. Data Sources or Participants:

(Where is your data coming from? Proposed number of participants, method of recruitment, specific characteristics of the sample such as ethnicity, social category, profession)

The target population will be young people aged between 16 and 20 years in further education, with a sole diagnosis of ADHD. A balanced sample of young people will be selected from the different further education colleges in the local authority where the trainee educaational psychologist works. The participants will need to have spent the majority of their education in a mainstream setting. This is to ensure that their experiences are as homogenous as possible, as those children who have been placed in a specialist setting, may have had an entirely different experience than those placed in a mainstream setting.

Gender will not be a factor in choosing the participants, but the evidence shows a clear pattern that more males have a diagnosis of ADHD than females, because of this I am expecting my sample to be dominated by males. I would like to interview between 6 and 8 young people with a diagnosis of ADHD. I would like to have a shortlist of between 12 and 14 young people who want to take part in the research. The chosen age criteria will be between the ages of 16-20 and the pupils will need to be engaged in a further education mainstream setting. My exclusion criteria will be that the chosen participants will need to have attended a mainstream setting and they can only have a diagnosis of ADHD. For the purpose of my research I want to focus purely on how ADHD affected my sample. IPA (the chosen methodology) relies on having a homogenous group, so having too much variety in that group might undermine the data analysis and the suitability of IPA to my research.

It should be noted that the researcher will also check whether or not participants are engaging in any form of therapy at the time of the research interview and that will necessitate communication by the researcher with the respective professional on whether that participant is thought to be fit to engage in this research.

2.5. Measures, Materials or Equipment:

(Give details here about what will be used during the course of the research. For example: equipment, a questionnaire, a particular psychological test or tests, an interview schedule or other stimuli such as visual material. See note on page 2 about attaching copies of questionnaires and tests to this application. Only copies of questionnaires and tests that you have written yourself need to be attached. If you are using an interview schedule for qualitative research, attach a copy of the schedule to this application)

If you are using copyrighted/pre-validated questionnaires, tests or other stimuli that you have not written or made yourself, are these questionnaires and tests suitable for the age group of your participants?

YES / NO

A semi-structured interview schedule and audio-recorder will be used (see appendix 4 for a prototype of the questions to be asked to the young people).

Gathering data from a group of young people about their perceptions and experience of school, requires a schedule that has the flexibility to be adapted in order to gain rich information from them as well as if the young people were to become potentially emotionally distressed. Whilst there might be an assumption that these young people have had a positive experience of school because they have remained in education, in reality, for some they may have had experiences that might have been quite traumatic for them.

2.6. Outline of procedure, giving sufficient detail about what is involved in the research:

(Outline the stages of the proposed research from sending out participant invitation letters and gaining consent through to what will be involved in data collection/experimentation/interview. For example, what will participants be asked to do, where, and for how long?)

A pilot study will be carried out with two to three other young people aged between 16 and 20, who do not have a diagnosis of ADHD, in order to clarify any problems of converting the design into reality. This will help familiarise onesself with the language and interview structure to use with the research participants.

Research particapants will be invited into a secure room in the further education setting and the semi-structured interview will commence. There will be a window in the door if it is not glass.

The whole interview will be recorded for transcription purposes using a digital recorder. Validity issues in data collection will be discussed further below. A reliable research entails documentation of the data collection phase, in order to ensure a uniform approach with all participants.

Procedure involves:

Giving the participants’ an invitation letter that outlines the nature and purposes of the research and participants’ rights.

Giving the participants’ parents an invitation letter that outlines the nature and purposes of the research and participants’ rights.

A consent form being signed by the participants’ before interviewing them.

A consent form being signed by the parents before interviewing the participant’.

Upon meeting the participants’, the researcher will explain what the session/s will involve.

One or two interviews will take place and will last for about 50-60 minutes each.

Interviews will be audio-recorded and transcribed for analysis.

Interviews will take place either at the participants’ further education setting or at the Educational Psychology service, depending on where the young person feels more comfortable.

3. Ethical considerations

Please describe briefly how each of the ethical considerations below will be addressed.

(See the BPS guidelines for reference, particularly pages 10 & 18, and the step-by-step guide in the Prof Doc Ethics folder) BPS and UEL guidelines have been reviewed and considered.

3.1. Obtaining fully informed consent:

An information letter (see appendix 1) will be sent out to the selected participants and their parents. This will also contain a consent form for them to sign and return, should they wish to participate. The process of identifying the participants will involve going to their relevant further education setting and speaking to them about the nature of the research to see if they would be interested in participating. In order to gain access to the young people, enquiries will be sent to the SEN Managers of the relevant further education establishments to gain their consent to come and approach the young people. The contacts for the SEN Managers will be obtained via the link Educational Psychologists for the setting and a CPD day where the colleges will be given a presentation about the research.

3.2. Engaging in deception, if relevant: (What will participants be told about the nature of the research?)

The proposed research involves no deception. Transparent information about the research will be on the information sheet and consent form.

3.3. Right of withdrawal: (Here you may want to reserve the right to use a participant’s data if he/she withdraws from your study. In this section, and in your participant invitation letter also, make it clear to participants what ‘withdrawal’ will mean in relation to your use or non-use of data in cases of withdrawal.

Participants will be advised of their right to withdraw from the research study at any time without disadvantage to them and without being obliged to give any reason. This will be made clear on both the participants’ and parent’s consent forms.

3.4. Anonymity & confidentiality: (Please answer the following questions)

Will the data be gathered anonymously (i.e. will you know the names and contact details of your participants?)

YES / NO

NO (The identities of the participants will be known as it is an interview scenario, unlike gathering data through surveys where people do not have to give their name.)

If NO, what steps will be taken to ensure confidentiality and protect the identity of participants?

*Confidentiality* regarding information about the participants will be maintained by the researcher, and participants will be notified of this. They will be numbered. The researcher will be the only one having access to the details of participants. Any identifiable data will be omitted / changed during transcription, so that in no way can data be traced back to the respondent. Furthermore, transcripts will be *anonymized* and kept locked in a safe place or password protected on a laptop. Audio recordings will be destroyed upon completion of research, while a soft copy of transcripts will be kept for 3 years once research is finalised. The participant and parent consent letter includes reference to the discussion of data with my supervisor.

3.5. Protection of participants:

(E.g. Are there any potential hazards to participants or any risk of accident of injury to them? What is the nature of these hazards or risks? How will the safety and well-being of participants be ensured? What contact details of an appropriate support organisation or agency will be made available to participants, particularly if the research is of a sensitive or potentially distressing nature?)

Since the interviews will be carried out either at the further education setting or at the School Psychology Service, there shouldn’t be any physical hazards that are harmful for all the young people.

Due to anxiety, which could be a common factor amongst participants, the researcher will ascertain that none of the young people would be undergoing any form of therapy or psychological intervention during the data collection phase. Furthermore, any concerns raised about the participants taking part in this study, will be clarified with any professionals that have been involved. Care will be taken to notice any heightened anxiety or distress that the participants might have present with and referral for adequate professional support will be discussed. The researcher has direct contact with the school psychological service, school counselling services and child safety services.

3.6. Will medical after-care be necessary? YES / NO

3.7. Protection of the researcher:

(E.g. Will you be knowingly exposed to any health and safety risks? If equipment is being used is there any risk of accident or injury? If interviewing participants in their homes will a third party be told of place and time and when you have left the house?

No health and safety risks will be present for the researcher, since both setting options are required by law to have the necessary health and safety risk assessment carried out regularly.

3.8. Debriefing:

(E.g. Will participants be informed about the true nature of the research if they are not told beforehand? Will participants be given time at the end of the experiment/interview to ask you questions or raise concerns? Will they be re-assured about what will happen to their data/interview material?)

Contact details of the researcher are provided to participants and their parents, and any questions may be forwarded to the researcher at any point in time. The parents are advised in the consent form that they will be invited for a group feedback session upon completion of research.

3.9. Will participants be paid? YES / NO

3.10. Other:

(Is there anything else the assessor of this application needs to know to make a properly informed assessment? E.g. if you are researching overseas have you stated where and outlined possible risks and what you will do to safeguard yourself?)

N.B: If you have serious concerns about the safety of a participant, or others, during the course of your research see your supervisor before breaching confidentiality.

4. Other permissions and clearances

4.1. Is ethical clearance required from any other ethics committee? YES / NO

(e.g. NHS, charities)

Has such ethical clearance been obtained yet? YES / NO

If NO, why not?

A request for ethical approval has been submitted. This document is the ethical proposal to UEL.

PLEASE NOTE: UEL ethical approval can be gained before approval from another research ethics committee is obtained. However, recruitment and data collection are NOT to commence until your research has been approved by UEL and other ethics committees as may be necessary. Please let your supervisor know when you have obtained ethics approval from another organisation, if you need one.

4.2. Will your research involve working with children or vulnerable adults?\* YES / NO

|  |
| --- |
| ✓ |

If YES, please tick here to confirm that you obtained a CRB certificate through UEL, or had one verified by UEL, when you registered on your Professional Doctorate programme.

If your research involves young people between the ages of 16 and 18 will parental/guardian consent be obtained. YES / NO

If NO, please give reasons. (Note that parental consent is always required for participants who are 16 years of age and younger. You should speak to your supervisor about seeking consent from parents/guardians if your participants are between the ages of 16 and 18.)

Participants will be aged between 16 and 20 years. Parental consent will be sought prior to data collection.

\* ‘Vulnerable’ adult groups include people aged 18 and over with psychiatric illnesses, people who receive domestic care, elderly people (particularly those in nursing homes), people in palliative care, people living in institutions and sheltered accommodation, for example. Vulnerable people are understood to be persons who are not necessarily able to freely consent to participating in your research, or who may find it difficult to withhold consent. If in doubt about the extent of the vulnerability of your intended participant group, speak to your supervisor.

5. Signatures

ELECTRONICALLY TYPED NAMES WILL BE ACCEPTED AS SIGNATURES BUT ONLY IF THE APPLICATION IS EMAILED TO THE HELPDESK BY YOUR SUPERVISOR

5.1. Declaration by student:

*I confirm that I have discussed the ethics and feasibility of this research proposal with my supervisor(s).*

*I undertake to abide by accepted ethical principles and appropriate code of conduct in carrying out this proposed research. Personal data will be treated in the strictest confidence and participants will be fully informed about the nature of the research, what will happen to their data, and any possible risks to them.*

*Participants will be informed that they are in no way obliged to volunteer, should not feel coerced and that they may withdraw from the study without disadvantage to themselves and without being obliged to give any reason.*

.

Student's name: Ross Blake

Student's signature: Ross Blake

Student's number: u0906271 Date: 2/4/2015

5.2. Declaration by supervisor:

*I confirm that, in my opinion, the proposed study constitutes a suitable test of the research question and is both feasible and ethical.*

Supervisor’s name: Dr Laura Cockburn

Supervisor’s signature: Date: 3/4/2015

# Appendix 4: Ethical Approval

NOTICE OF ETHICS REVIEW DECISION

For research involving human participants

**BSc/MSc/MA/Professional Doctorates in Clinical, Counselling and Educational Psychology**

**SUPERVISOR**: Laura Cockburn **REVIEWER:** Sharon Cahill

**STUDENT:** Ross Blake

**Title of proposed study**: To explore the perceptions and experience of young people with a diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) with a view to thinking about how their experiences can inform the practice of Educational Psychologists (EPs).

**Course**: Professional Doctorate in Educational and Child Psychology

**DECISION** *(Delete as necessary)***:**

**\*APPROVED, BUT MINOR CONDITIONS ARE REQUIRED BEFORE THE RESEARCH COMMENCES**

**APPROVED:** Ethics approval for the above named research study has been granted from the date of approval (see end of this notice) to the date it is submitted for assessment/examination.

**APPROVED, BUT MINOR AMENDMENTS ARE REQUIRED BEFORE THE RESEARCH COMMENCES** (see Minor Amendments box below)**:** In this circumstance, re-submission of an ethics application is not required but the student must confirm with their supervisor that all minor amendments have been made before the research commences. Students are to do this by filling in the confirmation box below when all amendments have been attended to and emailing a copy of this decision notice to her/his supervisor for their records. The supervisor will then forward the student’s confirmation to the School for its records.

**NOT APPROVED, MAJOR AMENDMENTS AND RE-SUBMISSION REQUIRED** (see Major Amendments box below)**:** In this circumstance, a revised ethics application must be submitted and approved before any research takes place. The revised application will be reviewed by the same reviewer. If in doubt, students should ask their supervisor for support in revising their ethics application.

**Minor amendments required** *(for reviewer)*:

1 Exclusion criteria is actually inclusion criteria (page 4)

2 Do 20 years need parental consent?

3 I would put UEL student email rather than personal email on consent forms

4 in the interview questions I would change ‘were’ and ‘did’ to more open words – perhaps ‘how did’ and ‘what lessons did you not attend’ etc

**Major amendments required** *(for reviewer):*

**Confirmation of making the above minor amendments** *(for students)*:

I have noted and made all the required minor amendments, as stated above, before starting my research and collecting data.

Student’s name *Ross Blake*

Student number: 0906271

Date: 4.2.16

**ASSESSMENT OF RISK TO RESEACHER** *(for reviewer)*

If the proposed research could expose the researcher to any of kind of emotional, physical or health and safety hazard? Please rate the degree of risk:

HIGH

MEDIUM

X

LOW

*Reviewer comments in relation to researcher risk (if any):*

**Reviewer** *(Typed name to act as signature)*: Sharon Cahill

**Date**: 7th April 2015

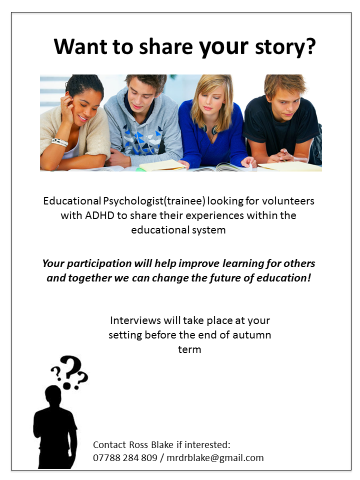
*This reviewer has assessed the ethics application for the named research study on behalf of the School of Psychology Research Ethics Committee (moderator of School ethics approvals)*

**PLEASE NOTE:**

\*For the researcher and participants involved in the above named study to be covered by UEL’s insurance and indemnity policy, prior ethics approval from the School of Psychology (acting on behalf of the UEL Research Ethics Committee), and confirmation from students where minor amendments were required, must be obtained before any research takes place.

\*For the researcher and participants involved in the above named study to be covered by UEL’s insurance and indemnity policy, travel approval from UEL (not the School of Psychology) must be gained if a researcher intends to travel overseas to collect data, even if this involves the researcher travelling to his/her home country to conduct the research. Application details can be found here: <http://www.uel.ac.uk/gradschool/ethics/fieldwork/>

# Appendix 5: Poster



# Appendix 6: Participant Invitation Letter and Consent Form

PARTICIPANT INVITATION LETTER

Information Letter For Participants

Dear Mr / Mrs / Miss / Ms \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

I am writing to tell you about a study that is being conducted by myself within local colleges. I am a second year student at the University of East London, UK, where I am doing a Professional Doctorate in Educational and Child Psychology.

My research is entitled: *An exploration into the experiences and perceptions of young people with a diagnosis of Attention Deficit Hyperactivity Disorder (ADHD).* I am currently selecting participants for this research, which will comprise of young people of either gender who attend further educational establishments, are aged between 16 and 25 years, and have a medical diagnosis of ADHD. Since you fulfil these criteria, you have been selected as a potential participant.

Participants will be invited individually for 1 or 2 one-hour sessions with me, during which you will be asked to give your experiences and perceptions of your educational journey. The sessions will either take place at the college that you attend, or at the Psychological Service, whatever is more convenient. Parental consent will also be sought prior to the first session ( a parent consent form will need to be filled in and returned).

Should you wish to take part in this study, kindly complete the attached consent form and return it in the self-addressed envelope provided. I would like to point out that my role will be strictly that of a researcher for the purpose of the study mentioned. During the interviews if you think that you might benefit from further support, I can provide guidance on referral for a relevant professional.

You will have the opportunity to share your story and discuss your positive and negative experiences. In addition, you will be able to discuss all the things that could have been different and describe the types of support that you would have benefitted from. This research should be able to inform practice so that the support offered in the future can ideally begin to better meet the needs of those requesting it. In short this research will have the capacity to make a difference for young people with a diagnosis of ADHD.

There will be a feedback session once the research is completed, where you can discuss the findings of the research with myself. If you require any further clarification or would like to set up a meeting, kindly contact me (contact details provided on the attached consent form).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ross Blake

Trainee Educational Psychologist

CONSENT FORM

Participant Informed Consent Form

|  |
| --- |
| Name of Researcher |
| Ross Blake |
| Name of University |
| University of East London, United Kingdom |
| Title of Study |
| An exploration into the experience and perceptions of young people with diagnosis of ADHD. |
| Contact details of researcher |
| Ross Blake  07788284809  [mrdrblake@gmail.com](mailto:mrdrblake@gmail.com) |

Please read this form carefully. If you are willing to participate in this study, kindly fill in your name, sign the declaration and fill in the date below. You can use the self-addressed envelope to post this form back. If you do not understand anything and would like more information, please contact me using the above contact details.

Participation is entirely voluntary.

You will be free to refuse to answer any questions.

You will be free to withdraw at any time.

Information about you will be treated in strict confidence and you will not be named in any written work arising from this research.

The research will involve between 1 and 2 one-hour interviews, during which you will be asked to comment on your experiences of having a diagnosis of ADHD.

Interviews will be audio-recorded. The recordings will be used solely for research purposes and will be destroyed after completion of the research. A soft copy of transcripts will be kept for a period of 3 years after finalising the research.

Progress of this research will be discussed with relevant University research staff.

Upon completion of this research you will be provided with feedback on the results of the study. Please tick this box if you do not want to receive feedback.

A copy of this signed consent form will be sent back to you for you to keep.

YOUNG PERSON PERMISSION

If you decide that you would like to participate in this study, *please sign and date below*. We will give you a copy of this form to keep for future reference.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant’s Name (*please print*) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant’s Signature Date

# Appendix 7: Parent Invitation Letter and Consent Form

PARENT INVITATION LETTER

Information Letter For Parents

Dear Mr / Mrs / Miss / Ms \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

I am writing to tell you about a study that is being conducted by myself within local colleges. I am a second year student at the University of East London, UK, where I am doing a Professional Doctorate in Educational and Child Psychology.

My research is entitled: *An exploration into the experience and perceptions of young people with a diagnosis of Attention Deficit Hyperactivity Disorder (ADHD).* I am currently selecting participants for this research, which will comprise of young people of either gender who attend further educational establishments, are aged between 16 and 25 years and have a medical diagnosis of ADHD. Since your child fulfils these criteria, he/she have been selected as a potential participant.

The young people will be invited individually for 1 or 2 one-hour sessions with me, during which they will be asked to give their experiences and perceptions of their educational journey. The sessions will either take place at the college that they attend, or at the Psychological Service, whatever is more convenient. The young person’s consent will also be sought prior to the first session, and a copy of the signed consent will be provided.

Should you wish that your son/daughter takes part in this study, kindly complete the attached consent form and return it in the self-addressed envelope provided. I would like to point out that my role will be strictly that of a researcher for the purpose of the study mentioned. Should the researcher note any support that your son/daughter might require, guidance will be provided on referral for a relevant professional.

The young people will have the opportunity to share their story and discuss their positive and negative experiences. In addition, they will be able to discuss all the things that could have been different and describe the types of support that they would have benefitted from. This research should be able to inform practice so that the support offered in the future can ideally begin to better meet the needs of those requesting it. In short this research will have the capacity to make a difference for young children with a diagnosis of ADHD.

If you require any further clarification or would like to set up a meeting, kindly contact me. (contact details provided on the attached consent form).

There will be a feedback session once the research is completed where participants can discuss the findings of the research with the researcher. If you require any further clarification or would like to set up a meeting, kindly contact me. (contact details provided on the attached consent form).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ross Blake

Trainee Educational Psychologist

CONSENT FORM

Parental / Legal guardian Informed consent form

|  |
| --- |
| Name of Researcher |
| Ross Blake |
| Name of University |
| University of East London, United Kingdom |
| Title of Study |
| An exploration into the experience and perceptions of young people with diagnosis of ADHD. |
| Contact details of researcher |
| Ross Blake  07788284809  [mrdrblake@gmail.com](mailto:mrdrblake@gmail.com) |

Please read this form carefully. If you are willing to consent to your son / daughter to participant in this study, kindly fill in your name, sign the declaration and fill in the date below. You can use the self-addressed envelope to post this form back. If you do not understand anything and would like more information, please contact the researcher using the above contact details.

My son/daughter will be free to refuse to answer any questions.

My son/daughter will be free to withdraw at any time.

Information about my son/daughter will be treated in strict confidence and will not be named in any written work arising from this research.

I understand that the research will involve between 1 and 2 one-hour interviews with my child, during which he/she will be asked to comment on their experiences of having a diagnosis of ADHD.

Interviews will be audio-recorded. The recordings will be used solely for research purposes and will be destroyed after completion of the research. A soft copy of transcripts will be kept for a period of 3 years after finalising the research.

Progress of this research will be discussed with relevant University research staff.

PARENT PERMISSION

If you give your consent that your son/daughter may participate in this study, *please sign and date below*. We will give you a copy of this form to keep for future reference.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian's Name (*please print*) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian's Signature Date

[*If both parents are required to sign, add second set of signature and date lines here.*]

# Appendix 8: Information Letter for Head of Setting

**Information Letter For Head of College**

Dear Mr / Mrs/Ms \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

I am writing to tell you about a study that is being conducted by the researcher within selected Colleges within the Local Authority. I am a second year student at the University of East London, UK, following a Professional Doctorate in Educational and Child Psychology. I am employed as a Trainee Educational Psychologist within the local authority.

The title of my research is: *An exploration into the experience and perceptions of young people with a diagnosis of ADHD.* Following ethical approval to conduct this research by the University, I hope to be selecting participants for this research, which will comprise young people of either gender, are aged between 16 and 25 years, and have an official diagnosis of ADHD. One or more young people who attend the College have been selected as potential participants.

Participants will be invited individually for 1 or 2 one-hour sessions with me, during which they will be asked to comment about their experience of education. The sessions will either take place at the college they attend, or at the local Psychological Service, whatever is more convenient for the young people. The young people and parental consent will also be sought prior to involvement.

My role will be strictly that of a researcher for the purpose of the study mentioned. Should the interview reveal the need for any further support for the young person, the parents and the young person will be offered guidance on referral for a relevant professional.

Should you require any further clarification or would like to set up a meeting to discuss this further, kindly contact me.

Ross Blake

07788284809

mrdrblake@gmail.com

# Appendix 9: Participant Interview Question Schedule

Participants will be advised of their right to withdraw from the research at any time, without any disadvantage to them and without being obliged to give any reason. Participants will have data protection and confidentiality procedure explained to them again.

Warm up Activities will include a Solution Focused technique called ‘problem free talk’, where I will invite the participants to tell me something positive that has happened during the weekend. This will then be followed by a personal construct technique where I will ask the participants to think of three words that somebody who knows them well would describe them as.

There will be a discussion about the purpose of the research and the interviews. I will explain why I chose this area to research and the exploratory nature of the thesis.

The questions for the participants are as follows:

* Can you tell me a time when you felt proud in school?
* Can you remember an occasion when you felt embarrassed in school?
* Were there any teachers that had a positive impact on your learning, why do you think that was?
* Were there any lessons that you just didn’t want to attend, why was this?
* What was your impressions of the skill and experience of your teachers in terms of working with pupils who had special educational needs?
* What was your impression of the infrastructure of the school in terms of working with pupils with special educational needs?
* What were your perceptions of the professionals who were involved to support your needs?
* What did you think of the Educational Psychologist?
* What would you describe as the strengths within your character? Can you tell me of an occasion when you needed those strengths.
* Did your ADHD impact upon your education?
* What has the diagnosis meant to you?

# Appendix 10 Participant Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Age** | **Place of Study** | **Gender** | **Source of Recruitment** |
| **Larry** | 23 | London University | Male | Disability Team |
| **Thomas** | 24 | London University | Male | Disability Team |
| **Lucy** | 18 | LA College | Female | Connexions |
| **Leon** | 24 | London University | Male | Disability Team |

# Appendix 11: Larry’s Transcript

|  |  |  |  |
| --- | --- | --- | --- |
| Emergent  Themes | Line no | Original Transcript  R= researcher , I = Interviewee | Exploratory Comments |
| Absence of True self worth.  Intrinsic Motivation  Physical activity enhances self worth  Practical validation  Individualism vs collectivism  Academic segregation  Frustrated by a lack of diversity  Questioning the purpose of school.  Evolving values  Stigmatised self  Loss of self esteem  Group exclusion  Need for peer acceptance  Preservation of self  Rigidity within education  Rebelled against authoritarianism  Frustration with teachers  Self interest vs conflict .  Vitality  Individual needs  Prioritised.  Parental approval  Parental motivation  Parental disappointment  Parental motivation insufficient  Self-reflection  Conflict with teachers  Intelligence being a burden  Pressure overwhelming  Fear of success  Uncomfortable relationship with positivity  Alternative intelligences essential  Desire for expression  Conflict with self  Ineffective teaching    Mourning of freedom  Punitive sanctions  Restriction of expression  Need for validation  Relationships with authority –problematic  Institutional failure  Frustration with labelling  Losing self to label  Positive conceptualisation  Uncomfortable with difference  Frustration  Animal conceptualization    Self identity  ADHD self v true self  Sadness  Nonconformity to ensure freedom  Frustration with system  Perceived priority of educational system.  Absence of genuine help  Frustration with teachers  Protecting self  Protecting reputation.  Critical of system  Need to feel special  Questioning professional integrity  Individuality vs collectivism  Absence of power  Self-protection  Self-protection  Containment  Professional distrust  Need for trust  Holistic perceptions should be prioritised  Frustration’s that strengths weren’t prioritized.  Need for perceived expertise  Cynicism – self gratification  Ep out of touch  Absence of reality  Frustration  Self –loathing  Guilt  Need for challenging behaviour  Control –  Absence of freedom  Expression equals labelling  Confusion – identity  Medicated FEAR  Losing of self-identity  Parents upset -  What is ADHD  ADHD a school construct  Identity beyond school  The need for this  Mental health perception  Questioning identity  Social influences  Misrepresentation  Cultural ostracism  Social exclusion  Adhd vs self identify  Conflict vs definition  Infectious  Energy  Positive vibrations  Confusion / inner conflict .  Self determinism  Internal control  Experience  Self-actualisation    Internal negativity  Deficit conceptualization of self  Cynicism towards self  Positive reformations  Frustration  Relationship with self  Contentment  Social salvation  Peer acceptance  Confinement – restriction of skillset  Frustration  Cultural reinforcement  Resisting the system of medication  Medical dependence  Sadness  Contextual symptoms  Society reinforcement of social constructionism  Normalised vs pathological self  Low Self worth  Frustration with specialists  Perception of self determination  Confusion  Medical acceptance equals to regression | 5  10  15  20  25  30  35  40  45  50  55  60  65  70  75  80  85  90  95  100  105  110  115  120  125  130  135  140  145  150  155  160  165  170  175  180  185  190  200  205  210  215  220  225  230  235  240  245  250  255  260  265  270  275  280  285  290  295  300  305  310  315  320  325  330  335  340  345  350  355  360  365  370  375  380  385  390  400  405  410  415  420  425  430  435  440  445  450  455  460  465  470  475  480  485  490  495  500  505  510  515  520  525  530  535  540  545  550  555  560  565  570  575  580  585  590  595  600 | R? Can you tell me a time when you felt proud in school?  I:Tell me a time I felt proud at school. Ummmmmm playing sports ummmm representing the school, the borough , the local community ummm made me feel proud gave me strong sense of self-worth, ummm yeah it gave meaning to the quandary that was school at the time , as I didn’t really see the purpose of it , from a pragmatic point of view I just thought I am hear in this place and your feeding me all this almost irrelevant information but sport and ,maybe other kinaesthetic forms of learning like design and technology and art and the drama’s made a lot more sense to me, because of that practical application to the real world and life umm whilst doing that  R: So what did sport give you would you say?    I: Ummm , sport gives you a value system, because we could , I could identify with it, it was a form of expression, it was fun, it was a form of play, you got respect from others , adults namely and umm regardless of race, creed, class, intelligence, even ability at such a grass root level, as long you tried, you were part of a community and people respected you, it made people feel good, people spoke to you different, even treated you differently and yeah it felt good.  R: So thinking about what may have been good in the classroom, did anything ever feel good in the classroom?    I: Both in the classroom umm yeah ,ummm, the fact that learning came quite easily, I just happen to know things, I don’t know how I knew them, because I didn’t pay much attention I knew the questions to answers and yeah you know , it got to the point where I didn’t bother put my hand up because I didn’t really see the point, I knew I knew the answers and scoring high in the tests umm I guess it made me feel proud, but I didn’t really value it at the time?  R: Can you remember an occasion when you felt embarrassed in school?  I: Yeah you know when , you know, when your , when you get marginalised and you get told that your different because you got a disorder or an affliction of some kind then it’s made blatantly apparent to others then you get sent out of the class to go see somebody or a specialist for this that an the other, of course its embarrassing because at the time of a dramatic, physical and mental change all you want to do is fit in and automatically you are ostracised from the group , and now every wants to know who were you talking to, what’s wrong with you but all you want to do is return to a level of homeostasis where you’re the same of everyone else, so that’s quite embarrassing trying to explain to everyone things you don’t quite understand yourself.  R: Did you feel something what wrong with you?  I: Well no , how can you feel something is wrong with you when you have only been yourself for your whole life and all of a sudden you have told there is an issue and from what I understand and remember the problem is not within yourself it’s with the system the institution, essentially they want you to conform to their rigid infrastructure to adhere to there to their autocratic dictatorial style of education which is unfair and in fact just reinforces the laziness of the teacher because instead of trying to engage these pupil an and try different approaches and different modalities of learning they just want you to confirm, which I struggled with and rebelled heavily?  R: What about conforming did you find particular find difficult?    I: Ummm because strictly it benefitted them it wasn’t benefitting me in any shape or form you know if I have bundles of energy and I am struggling to concentrate or engage whether its because I find the work to easy or I just have ants in my pants or whether then why am I going to do the teacher any favours, they don’t do me any favours, I understand it’s their job but understand it’s a pain in my arse to be here for six hours a day , I don’t necessary want to be sat in a chair leaning about geography or algebra , it boring for us as well so I was putting myself first similarly as teachers put themselves first.    R: Did you always feel confident to pit your own needs first?  I: Mmmmmm not initially no,, at first it was about trying to fit in, trying to assimilate to the student body and also trying to not upset my parents, the family , you know, putting their well wishes first, but that quickly eroded away , getting into trouble and just find that school wasn’t as functional and pragmatic as I thought it was.  R: Those pressures from your family, how did you manage that?  I: I didn’t manage it well at all actually umm, I didn’t really know what to do, because when you get told that your intelligent your talented, it’s like well, what did you want me to do with this stuff there was no direction , so since there was no direction your just kind of , you’re not doing whatever you want ,but it’s just like , the added pressure, just led to greater rebellion , because its case of you have the ability so you should do something with it. And because I didn’t , well you’re a teenager what do you expect people to do with it, except sit down and study and get on with it, it just didn’t make any sense to me up till now it doesn’t make any sense. , I don’t know it just felt like a massive massive burden. Which then school came a massive playground to release that burden.  R: So the idea of being intelligent or being told that you are intelligent almost made school harder to understand, do you want to tell me more about that?  I:Yes  R: Were there any teachers that had a positive impact on your learning, why do you think that was?  I: Oh yeah definitely , I think when the true teaching servants are the one who make work come as play, and those that have that true deft touch, almost like a form of manipulation to get kids onside emotionally , psychologically, behaviourally they made the work come like play and at the end of the day , we are like children and if it’s fun and engaging they would follow, it’s kind of the PE, the design technology are forms of expression where you use alternative intelligence and the ability to express yourself through a medium , I found were the most engaging and popular lessons and teachers for me.  R: In terms of the traditional lessons, history, numeracy, English were there any teachers who had a positive impact on your learning?  I: Ummmmmmmm, not really, because I think in the sense those lessons you can almost self-teach, they are didactic you don’t need to walk out the formula, you don’t need to work out the answerers, you can more a less teach yourself and progress naturally, so what’s the point of the teacher being there trying to thrust this stuff down your neck, I found in those rigid lessons, the teachers were rigid themselves  R: So those subjects by their very nature almost attract a certain type of person?  I: Yeah  R: Were there any lessons that you just didn’t want to attend, why was this?  I: Ummmmmmm what lessons did I really dislike ummmmm Religious Education I thought that was a massive waste of time , I thought maths was incredibly boring, I didn’t like going into maths lessons at all , it was like being a Gulag , it was like you got this text book, you got this person barking orders at you, it’s like a squared plus b squared equals c squared, ok now do an exercise on it for like 20 minutes, it was like being caged , and anytime you tried to do anything outside of the remit , you would get sent out, you would get in trouble , you get detentions after school , just because the work was formulaic it doesn’t meant the lesson had to be , there was no wriggle room, no passion, no colour  R: What was your impressions of the skill and experience of your teachers in terms of working with pupils who had special educational needs? – do you consider you have one?  I: I don’t think it is, the problems , why would you go and see an educational psychologist for something I would argue is a physiological problem, ummm and , you know and if you have attention deficit hyperactivity disorder, what does the teacher do to compensate to help knowing that they have a child there that behaves in a specific manner, what are they doing to help smooth that wave, I don’t many of them cope with it very well, I don’t think many of them understand or have been adequately trained or prepared for those children.  R: Thinking back to those teachers, do you think they had the fundamental skills to help someone like yourself?  I: Ummmmmm I’d ummmmm I mean it’s hard isn’t it, it’s a battle between is the child willing, is the teacher competent enough, more often than not it’s a perfect storm for there to be a break down in relationship, a breakdown in communication the child withdrawing and not wanting to engage and ultimately the teacher just labelling the child and trying to get them out of the lesson you know into the naughty corner or something, so they can focus on the children who don’t require as much attention.  R: Did you ever feel the teachers made you feel different? Do you want to tell me a bit about that?  I:Ummmm ummmmm not overtly, but obviously the more you go and see specialists or get spoken to by other educational professionals, you start to be aware that things are different, you are different and sometimes, you get a shorter leash than others and ummmm which in turn increases frustration on your behalf, because you know Jonny was talking for ten minutes, yet I open my mouth once and get sent out or get a detention or a letter home,  R: Why do you think that was?  I:Ummm maybe because your identified in their meetings as children who have needs so any new teachers you have that join the school, at the beginning of the academic year, you are pointed out as one of those children, so before they even get to know you they have this piece of paper that describes you and says everything about you, without actually meeting you as a person and putting together the pieces of the puzzle that makes the whole and because they have that fragmented opinion of you already, I guess it’s like a massive bulls eye for everything to happen and I guess they blame it on your disorder or label you a problem a child it very rarely ends up like a positive ends up being a positive  R: What was your impression of the infrastructure of the school in terms of working with pupils with special educational needs?  I: I think its poor, I think ultimately they want conformity, they want the pacification of children ummmm , I don’t think its genuine help for the child, I don’t think they are doing this so the child get maximise the child’s learning and abilities it’s a way reigning the other child in, so that the teacher has an easier job or they don’t have increased work load, so they don’t have to deal with your behaviour issues head on and tackle the grass root cause of the problem or try and provide any real forms of life long help, I think it’s just a temporary solution so that you don’t cause any waves in the classroom and the learning for others including yourself.  R: What were your perceptions of the professionals who were involved to support your needs?  I: Ummm I think, I don’t want to sound cliché, but as a child you know this is their job and there isn’t any real care, coming from a family and a community where there is a love and care, it’s very easy to extinguish those teachers who do genuinely care for you and want the best for you. And there where teachers who I felt did feel this way, but those professionals they don’t know who I am , apart from that 15 minutes to an or slot, um when we talk about, its obviously structured and has a purpose and a meaning but I just couldn’t really buy into it, because at the end of the day it’s just your job isn’t it, I am just another person, an another statistic and your just going to give me the same diagnosis as the next child, regardless of what I think and feel, so why don’t we just cut out all of this rubbish and just move me onto to the next stage of what you want to do.  R: So it almost feels like you are saying that these people were there to do a job and based on some of the questions they were asking you it, there seems to be some type of conflict between genuinely caring and being professional ?  I: That’s exactly what I am saying,  R: How could that be different?  I: As I said you are a child you’re going puberty , hormones, all these life changing things you are experiencing and then you just throw another thing into the mix and outside of the school structure, this person approaches you and is trying to talk with you about your issues and it’s like wait a second I don’t know you from Adam you know, your parents tell you never talk to strangers, but it’s like you are introduced to this person and your expected to spill the beans about life and how you are feeling, and it’s like wait a second this is too much too soon, you haven’t sat in a classroom you haven’t tried to teach me anything, you haven’t form that type of loco parentis relationship with me , yet you want to have a more intense. Do you know what I am trying to say, it’s really hard to put the button on the right words, but you know what I mean , but yeah you see the person for the allocated time, and they’re gone , they come back and their gone. I feel that it’s very difficult to forge a genuine relationship with these people, so maybe they should think about where the child is coming from there situation and try to slowly bridge the gap and find some understanding and necessarily look at the child’s overall health and wellbeing rather than look at it as avenue to improve the child’s educational career.  R: So maybe the idea of it feeling more holistic and genuine?  I: Well I mean for example like if they came and observed in maths lesson, then they came and observed in a PE lesson or a football match where the way that the child would feel about themselves is one where they thee is a high self-worth, to the other where they are feeling very stifled and umm you’re going to see two different children aren’t you, if as a specialist they go and see them play in a football match and you talk to the child then you’re going to get a different response than if you came in on a Thursday afternoon in a maths lesson learning algebra and trigonometry you know if your willing to bridge that gap with that child if your showing that you are putting in the effort to go and watch after school curricular sporting events or whatever the child is interested in, I am sure the child is going to be much more willing to engage than if the child is feeling frustrated and constrained, but maybe that’s thinking out of the box and it wouldn’t be compatible with the professionals working hours and they might not want to do it, which would reinforce to the child that this is only a job for you were as this is my life.  R: What did you think of the Educational Psychologist?  I: Ummm they all were the same, they have this calm quiet demeanour and ask you really silly and basic questions , then they try and get more intrusive and personal and it’s like they are just following a script and it’s like you’re not talking to me like a real person talks to another person, there not talking to you like your doctor or dentist would so it just feels like its fake and orchestrated , so if I feel like you are being fake then I am going to be fake, I don’t feel there is a real trust or bond between us for me to have and to be fair, I don’t know the agenda and its in line with mine, so automatically there’s this disparity and I wouldn’t necessarily want to engage with this person honestly or whole heartedly ummmm yeah….  R: What could the educational psychologist done that was different that would have fostered a better rapport?  I: So your trying to tell me and my parents that I have this disorder right, what does this mean for me, was this going to affect my educational career, is there a cure is its disease , you know these kind of answers are all very blurry , there’s nothing concrete ummm, especially to like parents , maybe the feel a bit of blame because it’s something that they have done wrong in rearing their child their child and sometimes that negativity can feed down into the child and all of a sudden, I have a scapegoat, sorry the culpability for my actions has been skewered and sometimes you just want to be bad, because school is fun and you are around your mates locked in a room for six hours a day and now it’s like if you do anything it’s because of the disorder I still have control , it’s not like I am a wild animal running around the place, I still have control for my actions all these ideas and stuff are just very overwhelming and confusing , and on open day it might go smooth, but on the other, it might be very different, all based on the potential temperament of the teacher and the team around them , which are there to try and make you succeed in school, yeah it’s a very hard to place to be . When there is so much change, who wants to hear that if you get worse there going to have to medicate you, to make you go to school, who wants to hear that , just saying.  R: How did your family respond to hearing that type of information?  I: Obviously parents take it very hard, it’s funny, obviously parents taken it very hard, but it’s funny because when you are at school you have ADHD, but when you are at home you are just a regular kid so why don’t the same rules apply, why can’t I be a normal kid at school, or have ADHD at home, it seems like it’s one of these labels that only seems to follow you when you are school, it doesn’t seem to effect the real world where nobody doesn’t seem to care. Maybe that’s a stigma that is experienced by everyone with a mental health disorder or a physiological disorder ummm but yeah it only seems to matter or have a value in school which makes me question why is that ?  R: Do you think ADHD is real?  I: No , considering that most young man tend to grow out of it, how can you grow out of a disease, so your telling me that for a few years in puberty when all these hormones all these massive times of change are happening, that I just find happen to find it really hard to concentrate in school because maybe I am carrying a burden from home or I am living in poverty in council estates and then I come to a place where people don’t really understand me and people don’t really listen to you and schools a bit boring and then they just label it with this disease or that you have a behaviour disorder or whatever it is and that doesn’t have a positive impact on yourself and on your moral, then coincidentally, when you leave school now you have grown out of it and you can be a functional member of society , sounds like pseudo-science to me, they don’t really know that they are on about.  R: Do you think you grew out of it?  I: Well people are all very different, we all react different, we have different tendencies, energy levels umm so it’s very easy to try and make one sound depressive massive highs and massive lows, yet the child with ADHD has massive energy levels and an inability to concentrate , but that’s just not true is it, because we know that when a child is ready to concentrate they will and they do , it happens to be when they are bored are doing things they don’t like that they happen to express themselves in alternative ways.  R: So you’re currently in your last year of university as you reflect is there a difference to how ADHD affected you now as to when you were in school?  I: Not particular no, but obviously I have more experience with myself, so I know how to learn better by myself for myself and obviously when you are in secondary school it’s all very new to you and you haven’t got experience of how to learn best and manage your own behaviour.  R: So the idea of empowering yourself has been really useful to you?  I: I think that’s the only way to succeed in life isn’t it, is to liberate and empower yourself you cant rely on the help of others to carry yourself over the finishing line.  R: What would you describe as the strengths within your character? Can you tell me of an occasion when you needed those strengths.  Ummmmmmmm , resilience , ummmmmmm, fortitude, ummmmmmmmmmmmmm it’s a hard question actually, I don’t know it’s quite hard, strengths of character, is character the same as personality, its almost like the way you sell yourself to employer isn’t it, you list your strengths and weaknesses and its quite difficult to label your strengths, and maybe it’s because I am cynical and pessimistic so it’s easier for me to label my flaws. Rather than my strengths, I think leadership, strong will, ummm, self-reflection because that helps you notice your weaknesses and how to improve upon them, I don’t think I have ever been asked that before.  R: You have given a really impressive answer, it goes to show how much opportunity you have had to reflect on what your strengths are. Did your ADHD impact upon your education?  I: Ultimately no, because maybe for people on the outside looking in we are this wild animal running wild who is reckless and loose has no self-control when actually it’s not and maybe for me it’s like we are vibrating at a higher frequency that the norm, and we still no the difference between right and wrong , when I choose to do wrong, it’s a choice, unless I was ignorant to the fact and if I didn’t want to do something, it was because I didn’t want to do something, it wasn’t nothing to do with my inability to concentrate and maybe ultimately the culpability lies with educational institution ,because the lessons were so boring, so archaic that they had no place for me trying to force feed myself this gloupe that they called educational matter  R: What has the diagnosis meant to you?  I: At first it was a massive negative I took it as a form of weaknesses ummmm and it would make me feel down at first, especially as there is no cure for it , but then you just accept it and you move on and you don’t , well I didn’t particularly buy into that much you know, in one hand , for the teachers you could see how it could be a pain, but for your friends and other stuff its like a massive positive because you always have energy, a smile or cracking a joke your always present in the moment which is a fantastic wonderful thing and you know you feel like you’re an energy person and people can vibe and buzz of that as well which is great in the social aspect or a sporting and team aspect and not necessarily when your put in the jar of the classroom I guess it’s not always constructive all the time  R: I know you mentioned before that you didn’t take any medication before, but did you feel pressure too or your family feel pressure ?  I: No, my family were very strongly against the idea of being medicated, because you just don’t where it will go or how it will effect you and not only physiologically but mentally and I guess if you take the medication then you kind of accept that there is something genuinely wrong with you and that you agree with the diagnosis and that you know you are going to be on this medication for the rest of your life or for a couple of years at least and who knows how that will change you as a person, constantly popping pills as a child so that your behaviour can be manged , its not a nice place to be or a nice way to feel or view yourself, especially when you don’t necessarily agree that ADHD is a genuine problem .  R: And just on that , do you think your family’s view on it was quite important in you not recognising that it was something that wasn’t real or true?  I: Yeah , firstly because this phenomena of ADHD is quite new and to be honest from the way it was explained to the family its only something that seems to effect you in school it doesn’t effect you, you know the police officers don’t care if they stop you in the street and the old lady that you will help across the road doesn’t care you know, your grandparents, it doesn’t seem to matter or effect anyone else, it only seems to matter in school, so how can I take this seriously as a true psychological umm disorder when its only one avenue in life that it has an affliction on. I am regular guy at home, but now I am a kid with a disorder at school , you know, because as far as your family are concerned you have always been you your behaviour hasn’t changed your attitude hasn’t changed, so them diagnosing you with it, apart from the feeling of self-worth initially had very little impact in the home and you were treated no differently and punishments were no different, and you were still punished for bad behaviour.    R: Do you think if you were treated differently it might have had an impact on you?    I: Ummm, obviously would have to say yes , but the measure of the impact , is assume would have to be minimal because for example if you look at the totality of the hours, that you spend with the specialist compared to the hours without , when you have to have self control and awareness, it’s a drop in the ocean seeing these specialists I honestly think tis down to the individual’s and when they are ready and when they choose to grasp and make up their minds that it is what everyone has been telling them and if they choose to pursue it and be better or not and succumb to this diagnosis and when you look at the children who wholeheartedly believe they have ADHD they do regress , and they blame their failures or their inability to succeed on this disease. | Playing sports  *Pause reflection umm, unsure*  Self worth  Self worth linked to achievement – why is this  Didn’t see the purpose at the time why not- questions around intrinsic motivation has this changed now  Irrelevant information Who decided it was irrelevant. Is its relevance linked to how easy he it is for him to consume the information?  Kinaesthetic forms of  Why did things need a practical element, linked to personality, adhd , ego, dos he think it needs to be practical to have value.?  Real world  Expression and value, is this about identity belonging to a collective or individuality.  Value system did sport create an unrealistic expectation or a need for validation  Form of expression  Regardless of race, creed intelligence  *Emphasizing the importance of sport*  Part of the community, diversity and inclusion, why doesn’t he think it’s possible to have value in traditional lessons. Dominant ideology  Is he right, does education segregate people?  Learning vs participation – do you need to do both  Learning came quiet easily . Didn’t see the point in taking part, lack of an identity within education? Reflective metacognitive, but why no value at time  Didn’t know how I knew them  *Repetition of I – emphasising self knowledge*  Didn’t see the point  Value at the time  Marginalised  Disorder infliction How does he see it tension between himself  Sent out  Embarrassing  Dramatic physical mental change linked to puberty or adhd  Ostracised from the group did he feel singled out self esteem affected  What’s wrong with you – is that the question he was forced to answer himself or just his peers. Did he begin to construct his own behaviour differently.  Level of homeostasis is this around mentality, exceptionality what does this say about normality – fitting in?  Trying to explain things you don’t understand is embarrassing . Why embarrassing ? searching for uniformity . were his strengths celebrated  How can something be wrong if you have only been yourself . are we born disadvantaged. Is this rhetorical, is he seeking answers or clarification about his own needs. Is Feeling lost.  Problem not within yourself – with the system . is he stating his position or articulating something he has been told. |does he have understanding  Confirm to rigid infrastructure  Autocratic dictatorial style of education  *Dictatorial adjective – clarifies position on the system*  Different modalities, is this a subconscious demonstration of the variety knowledge that he feels the teachers didn’t do  Rebelled heavily – non conformity – pro active or reactive was it empowering  Challenging inadequacies – pupils conforming to inadequate teachers  Benefitted them  Wasn’t benefitting me . why didn’t benefit him, is this linked to his adhd, does he perceive he was marginalised  *Bundles of energy emphasising the energy .* does he position this as a positive?  Does he perceive the teachers were there to help him and feels they didn’t, is he upset with them  *Ants in pants –normalised language- reflects the normality of behaviour* . Is this about challenging negative constructions of his behaviour?  They don’t do any favours  Boring for us  Trying to fit in was this just about behaviour. Was there more  Assimilate to the student body was this a system, led by adults . that didn’t factor the needs of the child.  Not upset my parents – eroded away . why was this motivation enough. Conflict between parent requests and individual needs  Wasn’t as functional  Didn’t know what to do  Told your intelligent , told your talented  *Told – where the belief is coming from*  Conflict with teachers. Did he believe it. Is this around construction. Can you be intelligent and have ADHD. Identity  Why was this pressure vs inspiring or motivating. Was he emotionally ready  Why couldn’t he do things with his ability. Confidence. Was he afraid to succeed . was there too much focus on him, behaviour , intelligence. etc  Added pressure greater rebellion  Didn’t make sense then now. Why has this still not made sense. Is this conflict across ages. School becomes the vehicle to relieve the pressure that its creating.  Doesn’t make any sense Release the burden  *True teaching servants –emphasising real talents*  *Manipulation – reflecting of the process needed to inspire learning*  Work come like play  Why did he view it with such scepticism, is this a further mistrust of institutions. Taking about a positive but using words such as manipulation. Did he feel he needed to be manipulated?  Forms of expression  Alternative intelligence. Why is this valued so much, when he was told he had conventional intelligence? Does he really think he has intelligence? Or is this more altruistic  What was the need for expression about? Was expression needed for internalised pressure?  Most engaging popular lessons  *Ummmmmm working hard in thought*  Self teach  Is this contempt? About teachers or the system?  Teach yourself , progress naturally is he questioned the role of the teacher. Or is he need for a teacher. Is he frustrated by this?  *Throw down neck – metaphor- emphasis*  *Rigid repeating – highlighting the point*  *Ummm highlights thinking*  Massive waste  *Gulag adjective used to emphasise feeling*  Barking orders  Issues with maths linked to the subject or the formula. Did this stifle his creativity. Highly critical . No passion. Can maths be passionate. Is this about a need for passion.  Being caged . Trapped by what in what. Powerful  *Outside of the remit – sense of it being a business*  *Doesn’t mean the lessons have to be, is that a question for himself*  No passion, no colour  Problems  *Full name rather than adhd – demonstrate his knowledge*  Compensate that  Smooth the way  Needs practical solutions. Is this to help him within the lesson or emotionally how to do deal with it does he know  Clear the teachers didn’t have the knowledge to help. institutional failure  They don’t understand. How does it feel to not be understood. Does he feel understood now  *Repetition of many of them – hostility towards professionals*  Adequately trained  *Ummmmm engaging in more analytical thought*  Battle between is the child willing  *Perfect storm . The language is suggestive*  Breakdown in communication. Relationship broken down. Was it ever strong. What was the impact of this?  Labelling the child . What’s the impact of being labelled. Withdrawal?  Get them out of the lesson  Require as much attention –positive reformation of need  Overtly  Specialists - spoken to by other educationalists  *Leash animal imagery* did he feel stifled. Controlled  Increases frustration  *Why give Jonny a name*  Open my mouth once get sent out  Identified as having needs  Beginning of the academic year highlighted  Piece of paper that describes you . bigger than the paper. More than just the adhd. Does he feel nobody knows him. Does he want to be known.  *Puzzle how he sees himself*  *Fragmented as he perceives people see him*  Massive bulls eye  Blame it on you . all behaviours being defined by ADHD. Is their an internal conflict where he positions himself different to his adhd. Does he want his adhd to define how his behaviours are interpreted  Disorder – label you a problem  Rarely ends of positive. Sadness. Demotivated. Regret. Bitterness  *Pacification of children*  *emphasises* *what he thinks is being done to children*  Don’t think its genuine help for the child. What’s the impact of not seeing the help as genuine? What has this type of thinking done to his psyche?  Maximise the child’s learning – reigning the other child in . frustrated by a system that is helping teachers rather than children. Is there a conflict. Does there need to be  Behaviour more important than learning  Don’t have to deal with your behaviour issues  *Grass root cause emphasising the underlying learning issues*  Any forms of life long help . frustrations with pedagogy  Temporary solutions  *Cliché*  Why don’t you want to , to protect them or protect our image not wanting to sound self-critical  Their job . Why is it difficult to comprehend that someone’s job is to help ? why is care needed.  Genuinely care . should professionals care about children. Why was this important. Is this view linked to culture. What’s informing this.  *Genuine emphasis*  *Didn’t know who I was*  *I couldn’t buy into it*  Another statistic  Same diagnosis as the next child . Conflict, he seemed to be advocating against individuality earlier.  Cut out all of this next stage  What you want to do, assumptions of a medical deficit model, being presented in a different way, why the suspicion  *As I said – reemphasis*  Hormones  Outside of the school structure  Approaches you  Frustrations about the relationship expectation. Does he have an issue building relationships.  Don’t know you from *Adam emphasis*  Parents never talk to strangers  Spill the beans about life  Too much too soon  Loco parentis reflecting his own intelligence  Is this a containing factor designed to make himself feel better  *Repetition of gone – highlighting issues with trust*  Forge a genuine relationship  Think about where the child is coming from. Culture and family important, recognising individual differences.  Overall health and wellbeing  Just avenue to improve education. Conceptualises school as being more than this.  Observed in maths  Observe where there is high self-worth  Feeling stifled  Different response in a different context  Observations based on strengths rather than deficit’s.  Show putting in effort  I am sure … why the assertiveness why do professionals not realise this. Is he the expert.  Child interested in  *Maybe that’s thinking outside of the box- sarcasm to question existing practice*  *Wont be compatible with professionals working hours .* This mocking of professionals or question their dedication  *Ummmm used to validate response All the same*  Calm quiet demeanour ask you really silly questions  *Following a script – formulaic – robotic practice*  Talk to me like I am a real person . what’s real. Why could the Ep not reflect realness. Failure of understanding.  Fake orchestrated  No real trust there or bond between us  Own agenda  *Ummmm – distrust of person questioning of system.*  Trying to me .  What does it mean  Very blurry  Parents might feel blame . Why does he assumed parents might accept blame. Did his accept blame? Did he feel guilty about this?  Done wrong in wearing their child  Rearing emphasis that community responsibility for development  You just want to be bad. Why is the behaviour understood to be bad. Is this about behaviour or his own feelings.  Does he feel like an animal Is this his interpretation of the system. And how it made him feel.  Any behaviours linked to this disorder . Is he questioning the behaviour or the diagnosis. Does he have control. Does he need control.  Potential temperament of the teacher  So much change, hard place to be  Just saying. Is his thoughts in the moment, or is he talking to his teachers.  The fear of medication. Medicated self. Linked to control. He believes it here. Why? Is it about hearing and believing?  Taken it very hard  *Funny is a sceptical question of diagnosis*  Home regular kid  Adhd locational . contextual . is this family perception is his own perception  Why don’t same rules apply  What’s the power of home  Labels *follow hard to escape it, tarnished by stigma*  Stigma experienced by everyone with a mental health disorder  Mental health disorder. Is this who he now identifies with? Or is just a comparison. School is not the real world. Is this what gives his views more credence.  *Its not real. What abut the impact of being told its real. Is it only nit real because you grow out of it. Or evolved behaviours changing the diagnosis.*  No grow out of it  How can you grow out of a disease  Maybe I am carrying a burden from home living in poverty . Other more environmental factors that could be impacting upon behaviour. Offering theories , but no definite answer. Is this validation.  Questioning what it is. Is fixed view its relative to school. But still gives its origins a variety of factors. Is he confused? View of self?  Don’t understand me or listen to you  Schools boring  Why cant you have adhd and be a functional member of society. Why is this a conflict. View of system. View of society.  Doesn’t have a positive impact on your moral  Can be a functional member of society  They don’t know what they are on about  Massive energy  Just not true is it  *We all know – assuming others share his belief or world view*  Child will concentrate when he is ready to. Concentration linked to choice, rather than adhd. Inner conflict. Is this what he wants it to be. What’s the perception of self when you can’t control.?  Express themselves in alternative ways  More experience within myself  New to you  Manage your own behaviour  |Implies it’s the persons responsibility earlier said it’s the system. Is this about distrust of the system or inner conflict regarding responsibility to behave and learn  Liberate and empower yourself only way to succeed in life  *Life rather than school*  Mmmmm about reflection , difficulty thinking about the question  Difficulty in seeing that he has strengths  *Character the same as personality – clarifying – reflection*  Difficult to label strength’s .  Easier for me to label my floors . Espoused comfortability within a deficit framework. Has this become a protective factor?  Self reflection , leadership  His strengths help to identify his weaknesses, why is this, reflecting insecurity or a espoused desire to improve;  *Ultimately used for emphasis*  Wild animal running wild  Who has no self control  Vibrating at a higher frequency – demonstrating potential strengths and more positive conceptualising of self  I choose to do something if its wrong, unless I was ignorant  Nothing to do with my inability to concentrate  Culpability lies within the education system,  *Culpability emphasises reasonability*  Gloupe educational matter – creativity , condemning existing practice  So boring so archaic . Growing in confidence during the interview process.  Educational matter . The need to show his mastery. Is he growing in confidence and insecurity? Dual consciousness  Massive negative  Took it as a form of weakness. The implication of the disorder. Or the idea that there might be something wrong? Is this about relationship with self?  No cure for it  Then you accept it and move on  For teacher could see it could be a pain  Friendships proving redemption from weakness  Other *stuff suggesting other areas where its useful is not as important hence referred to as stuff*  Fantastic wonderful thing  Great In a social aspect  *Jar emphasising the negative connotation*  *Family strongly against it – emphasising their positon of on medication.* Is this views his family’s, did the nurture his view or give him his view?  *Physiologically and mental effects.* Resistance pressure . is this about pride. Was he paranoid. Condemnation of medicine.  Medication makes you accept there is something *genuinely wrong reflecting ADHD actually being real.*  Rest of your life  Might change you as a person  Popping pills –alliteration commenting on the negative stigma of taking drug  Don’t agree it’s a genuine problem, suggesting a socially constructed position of behaviour, it’s not real  Contextual application of this. Reinforces his view its not real  Phenomena is quite new  Only effects you in school  Police officers don’t care , grandparents don’t care  How can I take this seriously, if it only matters in school? Is he questioning himself. Confused.  affliction  regular guy  always been you, to your family  feeling of self worth being impacted upon  punishments no different . Behaviour at home was normalised. Did this prove confusing?  self control and awareness  *Honestly use to emphasise this position*  Think it’s down to the individuals  Specialists not giving enough time to properly assess? Dual levels of frustration. Incompetent practise. Being judged. Being stigmatized. Via incompetent professional practise. Impact of this  Children who wholeheartedly agree with it regress. Acceptance leads to failure. What’s the impact of knowing if you believe the system. You are accepting failure.  Blame failure to succeed on the disease  Different language used for adhd , is this reflecting his position on it and confusion regarding what it is , or when you accept medication and acknowledge it as being real the way people can construct it and its power |