RETHINKING EDUCATIONAL (SPECIAL) NEED – CASE ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)

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ABSTRACT

Catering for students’ educational special needs has become emergent trend in contemporary compulsive education rhetoric and policy making. In theory this seems to live up to the ideals of inclusive education which is globally recognized as a guiding paradigm of the provision of compulsory education. However, contemporary education paradigm embraces learning mainly as an assessable academic progress and the need for customized learning has become a merchandise of science eligible to be harnessed by commercial vendors. The pious rhetoric and institutional, pedagogical and social school practices are thus paradoxical especially when it comes down to students’ behavior and embracing human diversity. The implicit values of the curriculum contradict the ones of inclusion: school for all is not accessible for all in terms of self-/acceptance and self-actualization. I use Attention Deficit Hyperactivity Disorder (ADHD) as a case to demonstrate this fallacy between pious rhetoric and exclusive practice. I argue that school’s institutional practices convey and reproduce such sociocultural normative values and beliefs that, when internalized by students, form a potential risk for their socioemotional wellbeing. I problematize the dominant psychomedical approach to catering for student needs and, further, the whole concept and understanding of educational need which disregard student’s human needs. One of the challenges in education is cultivating social change that promotes the growth of self-accepting and self-actualizing social agents. In relation to this, I propose another way for conceptualizing need in educational practices that emphasizes the importance of social interaction. I argue for teaching empathic interactional skills as means to live up to inclusive educational paradigm.

Keywords: Compulsory Education, Educational need, Inclusion, Social practice, Interaction, ADHD

1. Introduction

Compulsory schooling serves two institutionally predetermined main educational goals, namely to socialize individual into society as a profitable citizen and, in order to do so, support one’s development into self-approving and self-actualizing individual. Thus school ought to provide individual with requisite learning skills and safe social environment for development of socioemotional wellbeing. The former of the aforementioned institutional obligations is deemed to be of high value for it is a necessity for the survival of the state. However, preventative measures are needed in order to control and ensure the future profitableness of citizens, foregrounding thus what Hyland (2006) names therapeutic turn in education. This refers to education policy with aim of promoting students’ socioemotional wellbeing by approaches to learning that concern development of personal and social skills, self-esteem and emotional intelligence. In consequence, catering for students’ individual educational (special) needs has become emergent trend in contemporary compulsive education policy making rhetoric and practice. In theory this seems to live up to
the ideals of inclusive education which is recognized as a guiding paradigm of providing compulsive schooling by The United Nations General Assembly (1993). In the case of so called difficult behavior the pious rhetoric is however paradoxical with institutional, pedagogical and social practices which contradict the values of inclusion, i.e., school for all. The practice of supporting the emotional growth of maladaptive “in-risk-students” adheres strongly to diagnostic (Harwood, 2006; Burman, 2008) and psychological discourses (Ecclestone & Hayes, 2009). These discourses impose social problems such as difficult behavior as being solely individual-based (Brunila, 2012; Thomas & Glenny, 2000) promoting thus the psychopathologization of a child.

In this paper I problematize the contemporary conceptualization of educational need. I use Attention Deficit Hyperactivity Disorder (ADHD) as a case to demonstrate the aforementioned paradox between policy and practice, ideals and execution. I eventually propose another way for conceptualizing need in educational practices. This concept derives from the communication process called Nonviolent Communication (NVC) developed by M. B. Rosenberg (2003).

2. Creating the Educational Need by Labeling Deviancy

“[I]nclusion” has become more concerned with identifying and containing need than in meeting it” (Adams, 2010, p. 77).

School institution is one of the most important socialization agents that give meaning to normative values, beliefs and expectations such as good behavior and normal development and, thus, practices social control over acceptable student diversity (e.g., Tait, 2010; Singh, 2008; Graham, 2008b). Students who do not fit into the normative frames are at risk of becoming labeled according to moral judgments, such as lazy or malicious. Therapeutic and psychomedical approaches are harnessed as a counter-discourse to protect students from this. The individual need ethos characterized by tendency to seek explanations for deviancy from biological, neurological and/or psychological traits of the child is built upon these approaches: children “suffer” social consequences due to their medical condition.

As long as educational need is determined through differentiation of particular characteristics, skills, capacities and weaknesses it maintains embedded inequality among students in terms of meeting “normality” (Foucault, 1977; Tait, 2010; Bailey, 2014). The realization of the current conceptualization of educational (special) need into practice builds barriers for quintessential values of inclusion because it promotes processes of deviancy labeling and dichotomic normal-different categorization. Inclusive education derives from humane approach which celebrates diversity and advocates equal justice, rights, and possibilities (e.g., Norwich, 2008). As Tait (2010) notes, if the logic of “the humanist mantra that all pupils are individuals, each with individual needs, responses and abilities” (p. 14) was followed in practice educators ought to cherish accommodating, encouraging and refining such differences as their fundamental task. However, this is not the case since the current educational paradigm advocates believing in student’s humane willingness to be “good” as long as the defect which keeps them from being good can be detected in order to diagnose the need and nurture the student into being good. The problem is that “[t]hose who inhabit the space of the non-normal” usually “occupy positions marked as not valued, not desirable, stigmatized” (Kittay 2006, p. 96).

To conclude, contemporary institutional, pedagogical and social practices reproduce medical rather than inclusive discourse (Hjörne & Säljö, 2004; McHoul & Rapley, 2005; Lloyd, 2006). They commit to the medical model of disability with reference to institutional commitment to explain child’s undesirable behavior through psycho-medical explanations while disregarding its contextual and social origins (Gresham, 2002; Thomas & Loxley, 2001). The increasing numbers of ADHD diagnoses displays this tendency.
3. Case ADHD – Imposing Educational (Special) Need to Acquire Recognition

“What I would’ve needed for real when I was younger was kind of support that I get to talk to kind of a person for real to whom my opinions matter, to whom it’s important that I get to talk to her/him. [...] If you have ADHD then of course you are kind of pointed at, so it’s crucial that you get to talk to others [...] to tell to that person how you feel. I guess that is the most important thing” (Girl, 15 years old, diagnosed with ADHD).

Attention Deficit Hyperactivity Disorder (ADHD) is one of the most commonly diagnosed childhood and youth disorders (Bloom & Cohen, 2006) with 5.3% of estimated worldwide prevalence among school-aged children (Polanczyk et al., 2007). There is thus on average one pupil in every mainstream classroom with manifest symptoms of inattention, hyperactivity and impulsiveness. As much as ADHD is one of the most diagnosed, it is also one of the most criticized and questioned neuropsychiatric disorders. This is due to lack of all-embracing confirmatory evidence of biological causation, thus, ADHD remains heterogeneous category that cannot be characterized by any single neuropsychological dysfunction (Nigg, 2005). The basis of ADHD as a diagnostic category is criticized to be a vague and simplified justification for behavior which contradicts sociocultural norms and values, as extensively discussed in books edited by Lloyd, Stead and Hjörne (2006) as well as Graham (2010). This debate concerns, for instance, the exercise of power and social control in categorizing ADHD (e.g., Cohen, 2006; Tait, 2010; Bailey, 2014), the use of stimulant drug treatment as a normalizing agent (e.g., Singh, 2007; Graham, 2008a) as well as exclusive educational policies related to diagnosing students in order to get their educational needs recognized (e.g., Graham, 2006; Prosser, 2008). Foremost debated is the controversial nature of diagnosing that relies purely on professionals’ and caregivers’ subjective judgments over behavior opposed to social norms (e.g., Timimi et al. 2004; Cohen, 2006). Tait (2010) highlights the diagnosis of ADHD merely as a theory of childhood misbehavior rather than an objectively valid disorder. ADHD is argued to be an attempt to legitimize child’s socially unacceptable behavior (and traits) through medical and psychopathological means in order to avoid taking educational responsibility over a social phenomenon called “bad behavior”, as Slee (2010) expresses in the vernacular.

The need for, and the existence of such vague diagnosis becomes legitimated through the psychomedical understanding of human difference strongly advocated in school practices. The label ADHD seems to provide a promise of recognition, especially for adults. That is to say, if a child “receives” the diagnosis he/she ought to be recognized as disordered enough at school in order to receive special needs education and adequate support (Graham, 2007; Harborne, Wopert & Clare, 2004; Emerald & Carpenter, 2010; Bailey, 2014). The diagnosis holds also the promise for mothers to be recognized as experts in advocating their child’s wellbeing at school (Honkasila, Vehkasoski & Vehmas, 2014). Singh (2002; 2004) demonstrates how commitment to the psychomedical discourse of mothers of children diagnosed with ADHD functions as absolution from the blame of not meeting the sociocultural criterion of a “good mother” due to child behaving “abnormally”. Similarly, Bailey (2014) brings forward parents’ construction of misbehavior and child’s humane goodness as two different entities; the former is caused by ADHD that overruns the latter. This game of recognition based on psychomedical discourse is strongly produced by school’s modus operandi. For example, earlier research has pointed out social practices in which the process of diagnosing their child with ADHD is implied or even suggested to parents by teachers (Hjörne & Säljö 2004; 2014; Sax & Kautz 2003).

On one hand, this kind of institutional practice relies on disability model of educational need, that is, special need intervention is diagnosis driven (see e.g., Itkonen & Jahnkainen, 2010). Needless to say that for instance in USA such policy has substantially increased the volume of ADHD diagnoses among school age children (Diller, 1998). This does not illustrate the progress of medical science nor regress in children’s health but rather medicalization and psychopathologization of human behavior and avoidance of
educational responsibility. As Reid and Maag (1997) conclude, ADHD is a label of forgiveness. Thus on the other hand, instead of taking responsibility for children with manifest difficulties in self-regulation and in regulating attention, activity and impulsivity “appropriately”, the medical model of disability enables all the stakeholders to dissipate educational and moral responsibility due to neuropsychological dysfunction called ADHD (e.g., Schubert et al, 2009; Singh, 2011). So, even if school promotes diagnosing students’ in order to detect the “need” it can simultaneously distance self from taking responsibility of its manifestation since the diagnosis per se is a legitimate medical proof that the problem lays within the child, not the environment and its social practices (see Adams, 2008). For example, Bailey (2014) analyses how teachers’ reactions towards student’s maladaptive classroom behavior construct social reality where certain kind of natural malevolence cannot be nurtured at school—the kid “has” ADHD. Although ADHD is associated with disadvantageous trajectories characterized by academic and social difficulties (e.g., Scholtens, Rydell & Yang-Wallentin, 2013), difficulties in peer relations (e.g., Taylor & Houghton 2008), behavior and conduct problems (e.g., Frankel & Feinberg, 2002), and adult criminal activity (e.g., Savolainen et al. 2010), they cannot be explained plausibly only in terms of individuals’ neuropsychiatric characteristics. Human lives inevitably take shape in social interaction, and students also hold their teachers accountable for so called student misbehavior (see Honkasila, Vehkakoski & Vehmas, under review).

Recognition aside ADHD is also associated with high levels of stigma, which may lead to self-fulfilling prophecies and social rejection (see Bell et al., 2011; Ohan et al., 2011; Mueller et al., 2012; Honkasila, Vehkakoski & Vehmas, in process). Pious rhetoric about educational special need or special need education absolutely construct a reality where the one in need deviates from those who are not since the sense of need becomes constructed in relation to ideas of normal development, normal behavior, normal cognitive functioning, normal home life etc. Thus, ones who cannot obtain the position within the frames of normality become absolutely positioned outsiders, also by themselves (see Honkasila, Ylärakkola & Kuorelahti, under review). In vernacular use terms like ADHD or special education student invoke certain kinds of cultural stereotypical images and characteristics that don’t meet the moral criterion of good or right and, thus, creates stigma. The educational need as it is currently conceptualized is nothing but a pious henchman of blame. The school institution attached to psychomedical discourse reminds the “wrongdoer” about one’s difference and imposes the institutional need. At worst, the “wrongdoer” is excluded from one’s society (mainstream classroom, peers) in the name of education special need (see Honkasila, Ylärakkola & Kuorelahti, under review). Deep down, so called educational need is both the outcome and the resource of reproduction of normalization upheld by therapeutic, medical and psychological discourses.

4. Conceptualizing The Need – What, Whose And How To Cater For?

I want to emphasize that I do not argue against or discredit special education practices. Instead, I argue for more in-depth understanding and conceptualization of educational (special) need or needs for customized learning because their current conceptualization and realization into practice do not represent actual needs of students, such as need for being herd, respected or accepted. Rather, they represent institutional exercise of power of experts (teachers, psychologists, parents) who possess authority over students’ voice and agency by imposing “needs” on them due to other motives. My understanding and conceptualization of need as universal and humane force behind every human action derives from communication process called Nonviolent Communication (NVC) established by Marshall B. Rosenberg (2003). To clarify, people strive to fulfill their needs “alive” in them in every situation they are, by every action they do or do not do, and through different strategies they choose, which in some cases might not be reckoned socially acceptable in the very context by other participant(s). NVC promotes different kind of mindset. I will give an example. A student might move non-stop on one’s chair and feel restless and bored because of needs for action and meaningfulness. Having seen student’s constant movement a teacher might feel annoyed because of need for order and peace. Simultaneously, some of the students might feel joy because their need for fun is met by this movement; they might even provoke this student further in order to maintain
the need for fun being fulfilled as well as fulfil need for communion with other students taking part into
provocation. Contradictively, some students might feel unsafe and uncertain in the very situation because
they need security and certainty that these actions will not end in chaos, and annoyed alike the teacher
does. I argue that this way of conceptualizing interaction is more constructive than the one deriving from
say disability discourse (the kid has ADHD) or deficit discourse (the kid among other provokers are
malicious).

Based on this notion of need, I argue that the concept of educational (special) need is actually society’s
institutional need, for instance, for social order and survival; schooling is a strategy to fulfill these needs.
This is disguised in needs rhetoric and imposed as student’s needs for learning when in reality we are
talking about apparatuses of socialization. Thus, the educational need at issue disregards students’ actual
humane needs at the very context of interaction and, instead, authorizes experts like (special education)
teachers, psychologists, and parents to possess power over deciding what students “need”. Rhetoric about
educational special needs, special educational needs or special needs education implies that some needs
over others are “special” and therefore need to be treated in a special way, preferable by experts.
However, students who have hearing impairment, visual disability, mental disability, learning difficulties,
difficulties in self-regulation and so on absolutely share the same humane needs as all the other students
and school personnel do, such as need for communion, friendship, security, acceptance, trust, joy,
happiness, support, respect, recognition, being heard, being listened, and the list goes on. Educational
(special) needs focus mainly on academic learning processes and, in certain degree, on enabling peaceful
working environment to at least mainstream students by isolating the ones with special needs from the rest
– by exercising exclusion in the name of inclusion. Learning and peace are both beautiful needs. There is
however a definite difference between learning as an institutional objective imposed by others (e.g.,
teachers, parents) and demanded from the student, and learning as endogenous need according to which
an individual directs one’s actions.

The recent study I conducted with my colleagues demonstrated how concepts of special education student
and ADHD retain socioculturally constructed negative connotations and stereotypes reproduced in
institutional and discursive practices and recognized as a priori stigmas determining ones identity
(Honkasilta, Ylärakka & Kuorelahti, under review). If a student experiences special education provision
stigmatizing it pegs the question what and whose needs are actually at stake. For instance, student’s
transition from a mainstream classroom to remedial classroom can be successful strategy to fulfill his/her,
remaining peers’ and teacher’s needs for learning and peace. It might also fulfill the teacher’s needs for
respect and competence, and dissipate the need for support because the student s/he has labeled as say
troublemaker does not question his actions during class anymore. However, if the student experiences the
transition stigmatizing it cannot be under any circumstances considered fulfilling his/her needs for neither
acceptance nor appreciation. This hardly meets the teacher’s, principal’s and parents’ needs for student’s
socioemotional wellbeing at school either.

As I have outlined in this paper, uncritical and straightforward acceptance of psychomedical discourse in
school policy making and, especially, in everyday pedagogical, social and discursive practices generate
threat of backfiring in terms of individual’s socioemotional wellbeing at school. They derive from and
maintain the culture of blame and inevitably create enemy images that become recognized (by others) as
individual characteristics and, eventually, internalized as part of identity construction and self-image. Bailey
(2014) brings forward alarming notions of practice that actually nurture students into suppressing feelings
that are considered negative and not acceptable at school. It goes without saying that learning to express
ones feelings in a way that doesn’t harm or offend anyone is virtuous skill, which not even adults absolutely
master. Nevertheless, conditioning one’s right for feelings by moral codes and oppressing them under
institutional exercise of power prime ticking time bombs whose suppressed feelings and unmet needs are
to explode in hope of becoming heard and recognized. Paradoxically, such explosion meets the
characteristics of student misconduct (see Honkasilta, Vehkakoski & Vehmas, under review) and triggers

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nurturing processes of catering student’s educational special needs regarding behavior – the student might “have” ADHD.

Thus, when student’s (special) educational needs such as learning are at stake it could be beneficial to recognize and take into account also those persons’ other needs that are indirectly affected as well, for instance, student’s need for solidarity, teacher’s needs for control and competence, and parent’s need for collaboration. It would specially be of importance to distinguish between institutional “needs” and individuals’ needs and connect with the ones of individuals while executing the curriculum. Need awareness can support learning ways to recognize own and others’ needs and find strategies to express and fulfill own needs without dishonoring others’.

6. Conclusions – Challenges in Education

Education has become a business. Countries like Finland that have gained success in PISA-surveys have become respected providers of educational merchandise. Contemporary education realm promotes neoliberal values, progress and excellence on the one hand and values of inclusion on the other. Although aforementioned values do not rule out each other the execution in practice is currently paradoxical. Learning is considered a valued academic outcome of excellent education rather than a process along which an individual comes to respect and approve self as well as others. It is treated as an institutional rather than an individual need. Catering for educational (special) need is a trendy paradigm in contemporary education policy. The challenge it confronts is that it strongly attaches to psychomedical understanding of human difference and need. I’m not to trivialize the important pedagogical understanding and tools developed in the realm of education guided by the paradigm which, most importantly, have for one’s part enabled the steps taken towards equal opportunities for learning. Also, psychomedical model can provide valuable insight and understanding concerning student’s behavior and this can be meaningful and even relieving for different stakeholders.

The challenge occurs in how education policy and curriculum regarding socioemotional wellbeing are put into practice at grass roots level at school. Instead of school’s micro society guiding the student to take responsibility over own actions, that is, helping her/him to connect with own needs and find commonly acceptable strategies to fulfill them, the student’s incapability and difference is rather pointed out and pathologized; s/he might be even excluded from the micro society in order to learn “good behavior” in less hair-trigger environment. As regards responsibility, it can be dissipated by diagnostic labels such as ADHD and pedagogical labels as special educational need because student’s “natural” characteristics are to blame. Instead, it would be beneficial, humane even, to teach interactional skills that guide students to develop indepenendency and reciprocity. Align with the tradition of NVC, the former refers to ability to recognize and express own situational needs and find strategies to fulfill them while still respecting others, and the latter means ability to understand others’ situational needs and adjust own behavior according to others’ wellbeing.

It is important to recognize the mechanisms of reproduction of the culture of blame. The change in order to cater for students’ actual needs and thus enhance socioemotional wellbeing should start from developing a community of practice characterized with mutual respect and empathy among teachers and students. It requires educating constructive and concrete interactional skills that would eventually promote acceptance among peers and teachers, individual’s responsibility regarding deeds that meet own and others’ needs and, not the least, learning and willingness to learn. All top down processes such as execution of education policy and curriculum comes eventually down to interaction. The ontology of difference, of being special with special needs, is sociocultural. It becomes stigma when it is socially recognized as band of moral judgments. Common characteristics to terms special education, educational (special) need and ADHD is that they all pose a threat of stigmatization for the ones being pointed with the labels by experts possessing
power to label. These enemy images become maintained and strengthened in discursive practices. The contemporary educational paradigm foregrounds students’ weaknesses even if the intention is to provide support and guidance. As long as terms like ADHD or remedial/special educational need are considered and internalized as stigmas, the inclusive principle of “school for all” does not come true, as those who inhabit the space of abnormal do not have entry to the space of those marked as normal. Thus, as significant as it is to consider academic outcomes and related means of achievement, also the sociocultural interaction in the school setting deserves at the very least alike positioning of significance. Compulsory school is not solely a teaching but an educational institution entailing responsibilities regarding students’ socioemotional wellbeing. Learning is not to be conceptualized only through acquisition of academic but also social skills and the perception of self as part of community of practice.

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