ADHD in school careers
What do young adults with ADHD think about their time at school?

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Abstract
This work is about the experiences of young adults with ADHD they gained at their time at school. ADHD gets more and more attention in public due to a bigger amount of students that has to deal with this problem nowadays. In the background we collected information about ADHD in general, its history and reasons as well as social aspects concerning inclusion and exclusion in the class/lessons.

To get access to empirical material we interviewed young adults with ADHD and asked them about their school career to find out more about the subject. The short and open questions we used made the interviewee talk about their experiences in a focused and comfortable manner. We could see that our participants had a lot of things in common due to the wide range of answers we got, but also some contradictions.

The results point to a need to change the situations in some classes. Teachers in general should know about ADHD and the impact it can have on the lessons and class climate. All of our participants felt that it was important to get help somehow. This could be a teacher’s support, medication or just being seen.
1 INTRODUCTION

Both participants in this essay have seen special education for kids with ADHD in the field, and been critical to if, and how it works. Is it really special or is it different education? We want to find out how the situation was for young adults in their school-career from their point of view. What recourses were provided and how much did they realize as help or different treatment? How did they feel about inclusion in the classroom? Even though the questions are not negative in anyway, we will probably find some negative feelings from the young adults, and we will probably find signs of stigmatization.

The reason why this is an important topic is because the special education classes are being shut down and inclusion of children with special needs in the general classroom are increasing. This is a topic that we have heard in the teachers’ lounge and in similar places and situations. We have also read about similar problems and situations in media. One of us also had a course that covers inclusion and integration, which contributed to a change of perspective when it comes to inclusion of kids with special needs.

More and more children are getting diagnosed with different learning difficulties and as a teacher it’s important to know about this. Three times more children have ADHD than seven years before. (Newspaper: Barometern, 25.03.2013). In our point of view this topic is relevant for everyone who wants to become a teacher. So they can manage to meet and understand children with ADHD later in class. We went out to ask adults who finished school a few years ago what they think about their school career.

In the curriculum from 1980 (Lgr 80) it was stated that all students “independent of gender, geographical residence and social and economical conditions” were to have “equal access to education and compulsory school”. School difficulties were not really mentioned and special classes not mentioned at all. In the latest curriculum (Lgr 11) it’s stated that “Education should be optimized to suit every child prerequisites and needs” and that is this study's core, to find out if this is actually done.
2 BACKGROUND

This chapter is going to cover what ADHD is and what its history has to tell as well as recent research. It will also cover what kinds of effects it has in the classroom and how this affects not only the child but him or her peers, family and teachers. The second part of this chapter will cover inclusion and exclusion of children with special educational needs from a sociocultural perspective.

The background will take a closer look at the medical point, causes and the diagnoses of ADHD to understand the complexity of this disorder better. The reason for this is to have a proper and broad background when the empirical data from the participants is being analyzed. As a teacher it is also important to know more about the complexity of ADHD in order to recognize the disorder and to help/support students with this problem.

2.1 ADHD

ADHD or attention deficit hyperactivity disorder have been described as having three core elements, which is hyperactivity, impulsiveness and inattention (Anderson, 2002). Dupaul & Stoner (2003) explains that these three elements varies or are different in level depending on the subject with ADHD, and that subtypes of ADHD exist for this reason. Still (1902) identified a group of children with behavioral problems which are associated with ADHD today, though the term or category “ADHD” was not used (Laurence, 2008). Still (1902) argued that the abnormal behavior that presented itself in these children was of a biological origin. Amphetamine (benzedrine) was one of the first drugs used to medicate Children with ADHD in the 1930s according to Laurence (2008). The British Psychological Society (1996) points out that around the 1950s and 1960s, if any abnormalities were present in a child the diagnosis “minimal brain dysfunction” was given. MBD (minimal brain damage) was a medical condition or a diagnosis that was used to categorize many children that went to special schools. It was not a real diagnosis, more an escape of making one (Ingram, 1973). This diagnosis was used for nearly everything that had to do with abnormalities even though the subject of the diagnosis had no apparent neurological dysfunction. The diagnosis ADHD itself did not see the light until the 1970s (The British Psychological Society, 1996). Dupaul & Stoner (2003) bring up that social performance problems such as lying, stealing and fighting are more frequent in children with ADHD compared to its peers, though these behaviors are not clear symptoms of ADHD but is more associated oppositional defiant disorder.

2.1.1 Getting the diagnosis ADHD

Kay (2007) brings up the circumstances around getting a diagnosis. Children normally get an ADHD-diagnosis during their early childhood. The criteria for a diagnosis involves: “lack of concentration, impulsive behavior, inability to sit still, lack of self-confidence, disruptive and/or destructive behavior” (Kay, 2007, pp.43.) Anderson (2002) brings up that no universal ADHD test exists, and that tests that are used today are very individual. As the tests used right now are as individual as the people involved (test subject, psychiatrist and special-teacher) the outcome is very
different depending on where you are geographically, though similarities do exist. Problem solving difficulties, motor control difficulties, language problems, hyperactivity and impulse control are some of the more general terms that can be found in ADHD tests and evaluations. Hjörne (2004) brings up that the meaning of ADHD is a very broad term. It needs to be described further or on a more individual level to actually be accurate.

Anderson (2002) states that inattention, hyperactivity and impulsiveness are the three ways how ADHD presents itself. This is also brought up by Dupaul & Stoner (2003). Six or more symptoms related to these categories have to been present for a minimum of half a year. Some examples of these symptoms are: “Difficulties in maintaining attention, inability to listen and carry out instructions, difficulties in organizing tasks, distractibility and forgetfulness” (Anderson, 2002, pp.2). These symptoms are significant for the diagnosis ADHD as well as that they occur before the age of seven. Furthermore the symptoms normally appear in two different settings, for example at school and at home. Within the broader categories subgroups can be found, such as children where problems with attention doesn’t appear but where behavioral difficulties can be used to set a diagnosis. This would be called “predominantly hyperactive/impulsive type” (Anderson, 2002, pp.2) the same diagnosis have been stated by Dupaul & Stoner (2003) which also state that oppositional defiant disorder is often present with the children with this type of disorder.

Dupaul & Stoner (2003) point out those two more types of ADHD exists apart from the predominantly hyperactive/impulsive type. These are predominantly inattentive type and combined type. The predominantly inattentive type is described as a new term for ADD (attention deficit disorder), where the subject or child just lack the hyperactivity and lack of impulse-control but have problems with attention. Inattention is described as lack of focus and inability to keep on track with schoolwork. The combined type is a combination of the inattention and the hyperactive/impulse type (Dupaul & Stoner, 2003).

2.1.2 Causes/reasons to ADHD

Dupaul & Velasquez (2003) point out hereditary influences (genetics) as the cause of ADHD that has most support in the scientific society, or have the most research backing it up. Neurological variables and toxins are also considered as acceptable theories of ADHD causes (a.a). Bender (1997) states that most of the research findings are corresponding and do not indicate a cause - effect relationship. There are some different causes which may lead to ADHD.

Genetic Factors: In twin and family studies (Cunningham& Barkley, 1978; Gilger, Pennington & DeFries, 1992; Goodman & Stevenson, 1989; Heffron, Martin & Welsh, 1984) proof for a genetic disposition has been found. Goodman and Stevenson (1989) were saying that the heritability for the characteristics for hyperactivity is 30 to 50 percent. Studies that were published in 1991 estimate that mothers, fathers and other biological relatives of children with ADHD are more likely to have a history of childhood ADHD (Biederman, Faraone, Keenan & Tsuang, 1991; Frick, Lahey, Chrits, Loeber & Green, 1991)
None genetic Factors:
Prenatale/ Perinatale Factors: Decreased levels of oxygen to the brain (without noticeable brain damage per se) for many different reasons during pregnancy and birth can be linked with the occurrence of ADHD (e.g. Barkley, DuPaul & McMurray, 1990)

Food Additives/ Refined Sugar: “In the 1970s, one of the more popular theories about ADHD was that food additives (Feingold, 1975) and/or refined sugar (Smith, 1975) were direct causes for the disorder” (Bender, 1997, pp.25). Later research was not founded on either of these theories.

Allergies and Atopic Disorder: 20-50 % of children with ADHD have allergic reactions (Barkley, 1982; Egger, Carter, Graham, Gumby & Soothill, 1985). Further studies did not support those results and saw no connection between allergies and ADHD. Bender (1997) states that McGee and his partners (McGee, Stanton & Sears, 1993) concluded that there is no coherence between allergies and atopic disorders and ADHD.

Thyroid Disorder: Hauser and his colleagues (Hauser et al., 1993) found out that in families that are affected by thyroid disorder ADHD appears more often. Bender (1997) shows that in a separate study that was done by Elia, Gulotta, Rose, Marin and Rapoport in 1994 the results of testing children with thyroid disorder didn’t relate to ADHD. 41 children were “normal” and 53 children referred to ADHD.

Psychological Factors: Bender (1997) summarizes that there is not much evidence that ADHD results from social or environmental facts. Even though it is not easy to attribute the psychological factor as a reason for ADHD, it should be seen how important it is for the treatment (Bender, 1997)

2.1.3 Who is diagnosed with ADHD?

Statistics presented by Evaldsson & Velasquez (2012) show that lower class citizens get higher rates of ADHD diagnosis. It also shows that boys have higher rate of diagnosis given. They point out that even though it’s proven that boys from lower class families more often get diagnosed. The social circumstances and social chain of events that makes these boys more diagnosed and more susceptible to school problems are not well investigated in the scientific community (a.a). They continue with an interesting claim that the criteria for ADHD are different depending on the gender of the subject that gets diagnosed (Evaldsson & Velasque, 2012). Boys are twice as likely to have learning difficulties as girls according to Kay (2007). Ethnicity is also brought up by Kay (2007) as a factor to being diagnosed with learning difficulties and ADHD. A lot of children who are living in the UK with South Asian background have learning difficulties, the reason can be related to the poverty or certain academic expectations from citizens with Asian descent. Depending on the skin color (racism and discrimination) children are more likely to have learning difficulties (Kay, 2007).

“Black Caribbean and With/Black Caribbean children are 1,5 times more likely to be identified as having social, emotional or behavioral difficulties than (SEBD) than white children. This may be due to racism and different expectations and treatment of black children in schools” (Kay, 2007, pp.29)

Children with ADHD often have social problems as maintaining a relationship regarding to their bad self-control of behavior, unstable emotional states and physical and verbal aggressive behavior (Kay, 2007)
2.1.4 Neurobiological basis of ADHD

One problem by localizing or identifying the neurological basis of ADHD is the inability to map behavioral descriptors onto relevant neurological components. Several different brain structures and systems are involved in the attention process (Colby, 1991).

Originally ADHD was projected as the result of minimal brain damage. Damage which was caused by infection, trauma or complications during pregnancy. Neurological examination of children with ADHD is generally normal- CT, MRI and EEG studies usually do not show abnormalities. (Shaywitz, Byrne, Cohen & Rothman, 1983; Voeller, 1991; Bender, 1997. pp. 27)

This is an overview of research about the brain functions that was done on subjects with ADHD and without.

<table>
<thead>
<tr>
<th>Study</th>
<th>Subjects</th>
<th>Age</th>
<th>Methode</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lou, Henriksen, and Bruhn (1984)</td>
<td>11 ADD/H 9 control 2 dysphasic</td>
<td>6/7-15</td>
<td>rCBF (regional cerebral blood flow)</td>
<td>Decreased blood flow (hypoperfusion) noted in all ADD subjects in the frontal lobes</td>
</tr>
<tr>
<td>Hynd, Semrud-Clikeman, Lorys, Novey and Eliopulos (1990)</td>
<td>10 dyslexic 10 ADD/H 10 normal</td>
<td>x = 9.9  x =10.0  x =11.8</td>
<td>MRI (magnetic resonance imaging)</td>
<td>ADHD and dyslexic group demonstrated reversed asymmetry of frontal lobes (left greater than right)</td>
</tr>
<tr>
<td>Hynd, Hern, Voeller and Marshall (1991)</td>
<td>7 ADHD 10 control</td>
<td>x = 9.08  x = 11.79</td>
<td>MRI (magnetic resonance imaging)</td>
<td>ADHD children had smaller corpus callosum, particularly in the region of the most anterior portion (genu), most posterior portion (splenium) and the area anterior to splenum.</td>
</tr>
<tr>
<td>Zametkin et al. (1993)</td>
<td>10 ADHD 10 normal</td>
<td>x = 14.5  x = 14.3</td>
<td>PET (positron emission tomography)</td>
<td>Using an auditory attention task, ADHD subjects were not significantly different on global measures but demonstrated reduced glucose metabolism in 6</td>
</tr>
</tbody>
</table>
of 60 regions; disorder symptoms stand in relation with reduced metabolism in the left frontal lobe

Studies: (Bender, 1997. pp. 28-29)

2.1.5 Medications used for people with ADHD diagnosis.

Stimulant medication treatment was very popular in the 1960s, Bradley was the first who used it. This medication is also today the most used medication because of Ritalin (methylphenidate) which is around 90% of the stimulant medication on the market for ADHD. The dosage can vary but usually 0.3 mg/kg twice a day is the recommended dose for the beginning. The maximum is 08 mg/kg (DuPaul & Stoner, 1994). After taking the medication it takes about 30 minutes to notice the effects. Ritalin loses its efficacy after four to six hours. A similar drug to Ritalin is Dexedrine or dextroamphetamine (Bender, 1997).

Another stimulant is Cylert (pemoline). It has not been studied in detail or as thoroughly as Ritalin and Dexedrine by the time the book was published. Typical dosage is 2.25mg/kg in the morning and the treatment takes 3-4 weeks to reach clinical effects. Negative effect of Cylert may include hypersensitivity and abnormal liver function. (Bender, 1997)

Bender (1997) brings up that psychostimulants are by far the most common medication for students, and that some of these student might not benefit from this kind of treatment. Antidepressant drugs are another kind of treatment that is often used for students who show motor tics and/or anxiety disorders. Bender (1997) states that “there is a wide general agreement in the research literature that stimulants medications help alleviate the problematic symptoms associated with ADHD in the short term of approximately 70% for the children with ADHD” (Bender, 1997, pp. 111)

Side effects: Psychostimulants- decreasing appetite, weight loss, irritability, headaches, abdominal pain, increase in nervous tics
Antidepressants (Norparmin, Torfanil) – Increased blood pressure, increased heart rate
Antihypertnesives (Clonidine) – Sedation, sleepiness (Bender, 1997. pp.113)

It’s argued by Allan (2003) that medication is unnecessary and that the problems are created by social situations rather than biological deficits. Similar arguments are made by Kay (2007) who points out that the problems present itself through the social setting, and if you change the setting a different result will become present.

2.1.6 ADHD in the class/school

It’s pointed out by Dupaul & Stoner (2003) that it’s not really that the children with ADHD have a lack of skill or lacking cognitive ability. It is rather a lack of strategy and patience with certain tasks associated with schoolwork and that it is important as a teacher to understand the difference of these two theories (a.a). Kay (2007) argues
that the different behavioral problems that can be present in children with ADHD are
effects of social isolation rather than cognitive deficit. Evaldsson & Velasquez
(2012) bring up that the children who receive a diagnosis already have a strained
school-identity and that the diagnosis may make it worse. If teachers make special
groups for children with ADHD, a negative impact on the individual with ADHD
might happen. The problem lies in very few or nonexistent studies of how this work
actually is conducted in the classroom and in the group for children with ADHD
(a.a). ADHD as a group scores the most negative both from teachers and peers
compared to other diagnosis in studies that covers attitude toward Special
educational needs or SEN - children in the regular classroom according to De Boer et
al (2012).

2.1.7 ADHD Academic underachievement

According to Bussing Et al. (2010) the symptoms related to ADHD are very common
in academic underachieving children, even if the symptoms present are not enough to
get an ADHD diagnosis. Dupaul & Stoner (2003) point out three different
hypothesized casual connections between academic underachievement and ADHD.
The first connection theory is that the academic underachievement gives the child
symptoms of ADHD because of negative feelings such as not being good enough
(Dupaul & Stoner, 2003). The second theory is about behavioral symptoms of
ADHD which are inattention, impulsivity and over activity, those disturbs the
learning process and performance. The third and last theory shows that ADHD and
problems with learning derive from a third or more variables such as neurological
deficits. (a.a)

Kay (2007) points out that children are always changing their behavior; sometimes
they behave badly because they react on changes of their environment (e.g. a
newborn in the family, parents who get separated and so on), mostly the children get
through this depending on how the people around act on the child. For children with
long term behavior difficulties the situation is worse. It’s hard for them to have a
“normal” social life (friends in school, teachers how like them). Behavioral
difficulties may lead to learning difficulties and the other way around. A child that
has problems to study/learn might get bored, frustrated and develops feelings as
anxiety and failure. According to Kay (2007) Children with ADHD may lose
confidence in schoolwork which in turn can lead to bad behavior as frustration, anger
and distress with the learning process. Challenging behavior designed to distract
from the learning process, refusal to be involved in learning activities, non-
compliance, aggression, attention-seeking behavior and distraction of other children
from the task at hand. Poor concentration, restlessness and lack of application, low
self-esteem, problems with peers, social exclusion”. (a.a)

2.2 Inclusion/ exclusion from a sociocultural perspective

Inclusion and Exclusion in relation to school are two terms used to describe different
phenomena in group dynamics. In a sociocultural perspective, these two terms are
often used to describe how the group forms and makes the individual and either
make it part of it or excludes it (Säljö, 2010). According to Stigendal (2004)
inclusion or being included is a phenomenon of social relations, and there are clear
lines that in context of social relations can be called inclusion. If there is no social
context to be included to the exclusion is impossible as one can not be excluded from something that does not exist (a.a). Inclusion must have a meaning or agenda that makes the group to what it is, for example a team of football-players have one agenda or meaning while a chess-club has different agenda or agendas. Without agenda or meaning a group falls apart or it will find one to keep it from such (Stigendal, 2004). The reasons for exclusion are many. One of these reasons can be voluntary, as not wanting to be part of the group but the more relevant reason for this study is involuntary exclusion such as bullying, which may be results of poor health or physical problems, linguistic/communicational problems or not well educated in the groups agenda (Stigendal, 2004). Basically not being able to hold up to the expectations or qualifications of being part of the group.

2.2.1 History of inclusion and exclusion

This underheadline gives some information about the history from including and excluding pupils in school/class up until recent years. During the last years the way how to treat students with learning difficulties changed a lot. It also provides a short overview on the different disorders.

In 1904, Alfred Binet was given the task of constructing a tool by means of which pupils with learning difficulties could be identified (Hjörne, 2004). This tool is called the Stanford-Binet intelligence test and it had a big impact on education all over the world during decades. The idea was to forecast the pupils’ achievements at school and provide a mechanism for separating the children that did not enjoy education. The resulted in those children who were not intelligent enough to succeed got more or less ignored instead of actually helping them (Hjörne, 2004). This method was further developed in Sweden by Jaedersholm in 1914 to get a deeper measure of the childrens intelligence. The test was conducted by a teacher and a doctor in cooperation. In the 1940s Sweden, it was discussed to “create a school for all” (Hjörne, 2004). The Swedish comprehensive school was introduced in the 1950s and 1960 and was running parallel to the old grammar school system. The first national curriculum was published in 1962. In this document 8 different types of special classes could be found (Hjörne, 2004).

Johnson (1962) and Österling (1967) showed that for mentally handicapped children there was no evidence that those who enrolled in special classes performed any better than children remaining in regular classes. When pupils go to special classes most of them stay there during the whole school period instead of going back to regular classes. During 1964-1968 50 percent of the students who dropped out where from special classes (Emanuelsson 1976). In the mid 20 century 2/3 of all pupils in special classes were boys. (Hjörne, 2004)

Damp (in Sweden) = dysfunction in attention, motor function and perception; US used the term ADHD, The UK, HKD (Hyper Kinetic Disorder) are different names of ADHD used throughout History, though many are still used (Bender, 1997).

Kärfeve (2000) is a Swedish sociological researcher whom says that there is not enough research and furthermore the focus is placed on the children instead of considering social and environmental issues. The medical expert Elinder (1997) states that ADHD is a cultural handicap instead of a medical one.
According to Hjörne (2004) the percentage of how many children have ADHD is not clear, the research give different numbers. The saying that there is “one child in every class” that has ADHD got a lot of attention. (Hjörne, 2004. pp. 32-34).

2.2.2 Handling diversity

According to Säljö (2010), children learn by being part of the environment. This process can go both ways, as the child learn to either succeed or fail depending on how the environment (place, peers, teachers) and the individual correlate with each other. (Daniels & Hedegaard, 2011). The rate of success in the class depends on how well the teacher can control the environment and handle the diversity of the children, where ethnicity, culture, gender and special educational needs and so on makes every child an individual with different strengths and weaknesses (Säljö, 2010). Stigendal (2004) points out those definitions such as problem-children or immigrants are a possible cause to the making of different groups within schools. It’s important for teachers to understand that through definitions a teacher/team can continue forward with problems within certain groups of people but it can also limit progress for both the teacher(s) and the “defined” pupils within the groups. Campbell (2003) brings up the complexity of being ethical as a teacher and that uncertainty is very common because of this complexity when it comes to being there for all pupils. The reason for this uncertainty is described as having a hard time interpreting the world or trying to find precise/perfect actions or answers when the world itself is very imprecise and can be interpreted in as many ways as there are people walking this earth (Campbell, 2003).

2.2.3 Special educational needs and socioculturalism

Daniels & Hedegaard (2011) point out that from a socio-historical point of view, children with special educational needs (SEN) have to work and function correctly in institutions that are made for “children with normal psychophysical constitutions” (Daniels & Hedegaard, 2011. pp.13). Children with SEN can and should master the same cultural skills as its peers through compensatory techniques which in turn makes them equally competent individuals as the children’s peers (Daniels & Hedegaard, 2011). Compensatory techniques have to be developed not only by analysing the child, but having his or her thoughts in consideration while making them (Daniels & Hedegaard, 2011). While analyzing the child, the teacher must also have an understanding that biological defects are not stable constructs but dynamic, such as having different outcomes depending on forum or situation (Daniels & Hedegaard, 2011).

By watching the history of socioculturalism you can see the limits and strengths of school as an institution, such as what can be done differently and what can be further developed (Säljö, 2010). Daniels & Hedegaard (2011) refer to Vygotsky bring up the zone of proximal development, this basically means what the child can do as an individual and as a part of a group. To get to these zones of proximal development the child must experience changes to not fall behind its peers, and that the changes “have to be seen as recurrent events in children’s development” (Daniels & Hedegaard, 2011. p.114).
2.2.4 Learning environment

Kullberg (2004) states the importance of making a lustful learning environment and the importance of believing in oneself, both as a pupil and as a teacher. A teacher can inspire pupils to believing in its ability to succeed through being positive, understanding, having all pupils in consideration while conducting a lesson, having democracy as a natural part of the classroom and so on (Kullberg, 2004). Kay (2007) brings up the environment as a factor in how problems present itself, a statement that is similar was made by Bremberg (2004) whom brings up the factors of psychological unhealthiness within schools, that it’s a correlation between the child’s problems such as ADHD or other aspects and the environment (peers, teachers and physical factors like material and classroom). It’s important to not look at only one side of the problem, for example only see the problems in the child when the actual problems present itself in situations in the environment (Bremberg, 2004). Stigendal (2004) points out the importance of social perspective in the classroom, the understanding of how the small classroom is a part of something much bigger and that the teacher is responsible of making it a natural part of the rest of society where everyone fits in.

3 AIM

Today more and more children get diagnosed with ADHD. As a teacher you should manage to work and understand pupils with ADHD. Mainly it is important to know what can be done in the school situation to make it better for everyone, both teachers as well as children. Therefore we want to know what students with ADHD think about their time in school. How did they feel treated and what do they wish that could have been done differently? What do people with ADHD, who finished with school a few years ago, think about their school career?

Research questions:
* How did the young adults with ADHD experience their time in school?
* Do the participants have any thoughts about how their school career could have been different?
4 METHOD

In this chapter we present the process of this study, its surrounding ethics and a short explanation to the chosen method of obtaining data (interviews). We also have a short presentation of our participants’ age, sex, country and current occupation (no names).

4.1 Qualitative research interviewing

An interview by its essence is according to Brinkmann & Kvale (2009) a “conversation that has a structure and a purpose” (pp.3). Looking back on the history of interviewing, the term itself was invented during the 17th century, though obtaining knowledge through conversation was an idea thought by Socrates and Thucydides in ancient Greece (Brinkmann & Kvale, 2009). Through an interview you “attempt to understand the world from the subjects’ point of view, to unfold the meaning of their experiences, to uncover their lived world prior to scientific explanation” (Brinkmann & Kvale, 2009, p.1). Basically you try to see what already has been seen and experienced by the person you are interviewing. Therefore we choose qualitative research interviews as our source of empirical material for this study.

We decided to do interviews because we wanted to have more than just a short answer which can happen when you give questionnaire, and during an interview you can get a good impression about the feelings from a person. If more information is necessary you can just ask for it in a very direct manner. When you do an interview and something is interesting so that you want to know more about it you can ask for more information in comparison to a written questionnaire. Because of the lack of oral interviews we had to expand to use written interview via mail. Brinkmann & Kvale (2009) state that interviewing depends on the practical skills and the personal judgment of the interviewer; it does not follow rules or clear steps.

4.2 Work process

Our first course of action was to contact parents at the ADHD-Center Attention and schools (special teachers and headmasters). We wanted to ask them to let the children do a question sheet or interview. The Organization “Attention” posted our letter on their webpage so we waited for parents to contact us. At the same time we got negative answers from the schools. Due to that we had to ask parents for permission and the law of anonymity we realized that our plans might not work. Unfortunately we could not get a hold on children with ADHD so we had to change or plan. We decided to get in contact with people about our age, who already had finished compulsory school. Still it was not as easy as we thought. The facts that they are adults and we could contact them more directly because they are in our environment (circle of friends, university) made it simpler.

We hung up flyers asking for interviews in different buildings of the university, student houses, at the hospital and at important public points as the shopping center, around Kalmar. We posted the information on “Facebook” and asked our friends. We finally got a positive reply and after two weeks of persistence we started to find people to interview. Two of them contacted us because they saw the flyers. Those
two interviews we did at the library. We had one interview in a cafe due to that the
subject was a friend. Two others are from other countries (Spain and Austria) so we
had to do the interviews via Skype.
We recorded the interviews and made transcripts in order to find important
information and our headlines for the results.
We also found three people who live in other parts of Sweden which did not feel
comfortable skyping so they answered our questions via e-mail.

While we were waiting for answers we started searching for books and articles. We
found some good references and spend a lot of time reading and writing on the
background.

After we got our empirical data through interviews, both through mail and oral
communication we started to transcribe the oral interviews into text. While we did
the transcriptions for the first two interviews other interviews were lining up, so we
did not have all the interviews when the transcriptions started. The mailed interviews
were already in text form which made it easy to handle.
The next step we did was to sort out relevant data and compare them to find
similarities and differences to make sense of what we had to work with. We
found it difficult to make sense of the data at first, but as we slowly got used to
comparing, the work was starting to come together. When we had made the
comparing data part of this study, the discussion began to take form.

4.3 Ethical aspects
When conducting research, there are four main principles that should be considered.
These are the following:

- Informant requirement, which means that the researchers should inform every
  person involved about the studies purpose and consequences.
- Consent principle, this means that all participants involved in the study has
  the right to either accept or decline any involvement.
- Confidentiality requirement, the participants identity and individual data has
  to be confidential.
- Use requirement, which means that the data collected from participants can
  only be used in the purpose of research.

According to Vetenskapsrådet (2002), research in its essence is very important for
everyone, not only the subjects (as in people) of study and the authors but to every
individual that has a relevant connection to the subject (in this case ADHD) of a
study. It is also stated by Vetenskapsrådet (2002) that its unethical or even
irresponsible to not conduct research that may improve society and the lives of the
people involved in a study. The authors are responsible for the safety of the subjects
because of the threat of being subjected to physical and psychological harm, verbal
threats, humiliation and violations if they are not anonymous in a study
(Vetenskapsrådet, 2002). The need of research and the need of protection of the
individual are not described as two absolutes, but two counterparts that need to be
weighed against each other (Vetenskapsrådet, 2002).

Beneficial consequences are something that Brinkmann & Kvale (2009) brings up. This can be awareness of the subject of study, in this case ADHD. The next step up from that could be changes that benefit people with ADHD in whatever forum one can find problems that relate to them. Such forums can be school or workplaces. Hopefully we will see positive consequences for the subjects of this study (Brinkmann & Kvale, 2009).

### 4.4 Participants

In this study we got a hold of 4 male subject and 3 female subjects which make a total of 7 subjects. The subjects are categorized as female = y and male =x.

X1 is 22 years old, male. He is studying at a University in Sweden.

X2 is 24 years old, male. He is studying at a University in Sweden.

**X3 is 21 years old, male. He lives in Austria, never graduated from school and is now unemployed.**

X4 is 22 years old, male. He is studying at a University in Spain.

Y1 is 21 years old, female. She is studying at a University in Sweden.

Y2 is 25 years old, female. She is studying at a University in Sweden.

Y3 is 24 years old, female. She is studying at a University in Sweden.
5 RESULTS

In this chapter we are going to present the results from the interviews we did. Regarding to our research questions we are going to point out the most interesting and important answers we got.

5.1 Experiences from their time at school

In this chapter we summarized the positive memories from our participants. Their experiences of teacher and peers in the school environment are brought up.

5.1.1 Teachers

Some of our participants could gain good experiences with their teachers. Especially the homeroom teachers were there for them, tried to understand and help them. First and foremost appreciation and understanding for their problem and treating the students equally were important for most of our subjects.

When Y1 started her time in the gymnasium she felt a connection with her teacher. There were consequences if she did not follow the rules but they were fair so she respected her homeroom teacher also because she tried to help and understand.

“It was my first teacher in the gymnasium, my homeroom teacher that was very.....she understood me and she told me of but she had other ways, she gained my respect. She wanted to understand it more, and help”.

This feeling of respect seemed to be mutual in nature, and the teacher in question had no problem to set her foot down to show Y1 were the “limit” were.

Y3 states that she had a good teacher during her time in the gymnasium, which helped her with her least favorite subjects. This teacher also tried to treat them all equal and he had the talent to motivate every student.

“He was incredibly pedagogical and always succeeded with getting all on the train. He never wasted time to separate us according to our weaknesses, but put focus from the start to get everyone involved”.

Basically, Y3 felt that this teacher did not waste time with categorizing his students, at least not during the lessons.

X2 says that his first teacher was the most memorable of all of the ones that he had, and that she explained to him what his actual problem was, though no diagnosis was made. This is another example that points out how important it is that the teacher understands the problem and knows what is going on.

“I remember one good, my first teacher, had her in first to third grade, she pointed out, things that are very significant to ADD and ADHD, the things I find funny I will do, the things I do not like will be ignored.”

The fresh honesty that X2 experienced from this teacher who told him “the truth” made him understand himself a little better.

Furthermore a few of the participant remember those teachers that had a humorous character and created a good atmosphere in the class.
X4 points out that the teachers were never really important for him. The only teacher he didn’t forget was the primary school teacher because she had a humorous character. “Well I remember “Miss Belinda” because she was the funniest one but I had her in the second of primary school. About the others I did not really care.” Through making a safe environment where humor is part of the lesson, this teacher made an impact on X4 whom still remembers her in a positive manner.

X1 points out that he had most success around teachers whom had a firm yet gentle atmosphere in the classroom, where humor was a natural part of the class. 

He was an ex-military and he was really....he was really good...he was kind of funny and structured, pushing and good.

Similar to what X4 already stated, humor helped this teacher to get through to X1 and help him by being a pushing, but gentle teacher.

X3 and X4 spoke about similar experiences. Competent teachers that can motivate the students, and teachers with “special character” remained in the mind of our participants. X4 remembers this whom said:

“My biology/chemistry/physics teacher. He was smart, engaging, witty and competent. Best teacher I ever had and my gym teacher. Friendly, gentle, always seemed to brighten up the room.”

By just being gentle and engaging with a touch of humor, a teacher seems to be able to get trough according to our participants

5.1.2 Exclusion

The participants that spoke about exclusion saw it more in a positive way. Being separated from the class was nothing bad, it was more to help them rather than to be mean, and to not to disturb the other classmates, .

X1 states that in primary school (the fourth and fifth grade), his teacher placed him in front of his classmates with his bench, with him facing the class. Surprisingly this was seen in a positive light by X1 whom said:

“then it was Miss DX that I had in fourth/fifth class...changed classes there...she was...she was really good, because she was very...good sense of justice but still strict, it was she whom placed me furthest up turned towards the class.”

Subject X4 went to a private school focused on English. His classmates were supposed to take advantage from the special focus on English and do exams like “Cambridge”. The teachers made a special class for him and his friend because he was disturbing the other children in the class.

“the teachers but me and my friend in a special class for only the two of us because in the other class we did so much mess that they didn’t wanted us to be there. The other kid had not the same problem but he was from the same town and because of me I was really concentrating every time and he was like my best friend and we were always together.”

X4 also stated that for him it was better to separate but for other students it might be not the best solution. He had his class but did not spend the whole day there which was in his case advantageous.

“I was in one class but if I would have been there the whole time, all my classmates would have been distracted as well because of me. So the teachers were always taking me out of the class. The better thing is to separate! But
then depending on the boy he maybe gets upset I think the best thing is to see if the children have ADHD when they are young (10 years or so) and not like me when I was 17.”

5.1.3 Social aspects
The majority of the people we interviewed had good experiences due to social aspects. They felt included and accepted by their classmates. Mainly girls had none or less problem with getting and staying in contact with people, they always had a lot of friends

Y3 have good memories. She is really social and never had problems with her classmates. How to deal with people and solve problems is something which Y3 is good at.

“Because of that I have always, (and still is) been social, I have never had problems getting friends or keeping them. Nowadays people have been telling me that my ADHD never been interpreted as offensive, or hard to deal with for other people. So in school I have always been fairly treated by my comrades, which can be because of that I have always stood my ground when someone was being mean because of my stutter or because of me being “slow” sometimes. I was quick to defend myself instead of taking offense.”

Y3 made herself out to be a person whom could defend herself from bullying and similar offences, and had no real problem gaining friends because of this.

X3 had a good relationship with his classmates too. He was included and enjoyed the climate in the class.

“Pretty good, actually. I felt included and accepted. I did not form any lasting relationships with them, but it definitely felt like a good working environment.”

Even though X3 do not have any relation with his former classmates, he still feel that he was a part of the class.

A little bit different but still not bad was the situation for X4. He was mostly by himself but he did not talk about it in a negative way, it was more his character due to ADHD.

“I didn’t want to talk to them. Because I was really concentrated on some intelligent stuff, (and myself). Once I took the pills I always start reading something (like newspaper) then for half an hour I was really concentrated. My classmates knew what’s going on with me so they didn’t speak with me and I didn’t want to speak with them because it was nothing intelligent. I was always with myself.”

X4 had no problem being by himself because of personal preferences, mostly because academics became very interesting when he started on medication

5.1.4 Academic achievement/help
In this section we point out what the different participants achieved in their academic life but also what the teacher achieved by motivating them and/or providing help. Most of our participants liked practical subjects such as technology, art and chemistry, though some exceptions were present. Some of our participants liked
language-subjects such as Swedish and English, though these subjects can be very practical in nature depending on the teacher.

X2 said that technology and computer classes was his favorite subjects because it was very concrete subjects, and that it was more practical.

“the practical subjects - In elementary up to high school it was probably technology and computer classes that were my favorite subjects.”

Subject X1 also explains that his favorite subjects were of the more practical nature, though the teacher made a lot of difference when it came to actually liking a subject. His math teacher for example made the subject interesting by giving the students the requirement to solve a hard mathematical problem.

“I liked math, never understood why I liked math, did not like to count, was a little too much stress there but I became so happy when I solved a hard equation” “music was fun...painting arts....” “then it depended on which teacher I had, in high school...the teachers then social science was the favorite.”

Favorite subjects were chosen as such because of the teacher or because it was kind of a handy and practical work. Similar to X1, Y2 pointed out that she liked art due to its practical nature.

“Before the gymnasium my favorite subjects were arts and Swedish”

Y1 states that English and gymnastics were her favorite subjects.

“it was English and Gymnastics”

X3 points out that biology/chemistry/physics were his favorite subject at school. Probably regarding to the teacher he had in all this subjects he liked them a lot.

“I really liked biology/chemistry/physics - I had the same teacher in all 3 subjects and so the subjects would often blend into each other.”

Y3 stated that her favorite subjects which were and are religion and Swedish, were based on her own personal preferences outside of school and that she is going to work with these subjects in her future career choice.

“I loved, and still love religion and Swedish, which is also the subjects i am going to teach as a teacher in the future. I have always had it easy to understand others, which make it easy to understand religion and culture. I have always expressed myself through texts which have led to my interest in people’s linguistic development”

This is quite contradictory in comparison to most of our other participants, mostly when it comes to religion which seems to be a very theoretical subject.

Subject X4 said that there was no favorite subject. He liked every subject in which he had to think a lot and use his brain. It was mainly like this because of the medication he took, it made him able to concentrate for a long time.

“This medication is that you don’t care about a specific subject. You like everything that is something to think it was good for you. I can not tell you a favorite subject.”

This Participant has shown similar traits of academic “unfavorism” in his results due to his medication.
5.1.5 Medication

Some of the subjects took medicine (Ritalin) against ADHD but just one person talked about it directly. For him it was the solution for his problem and he wishes his ADHD would have been diagnosed earlier. X4 got the diagnosis when he was 17 years old. He states that it helped him a lot taking the pills. He was really lazy and had problems to concentrate before taking the medication. Later he was the best in the class and it became a topic between the parents and the teachers.

“They find it to me when I was like 17 years old. In school before I was the crazy in the class, the teachers did not know what to do with me because they knew that I was clever but I never did the homework. I was a bit of a disaster but not in a bad way. When I took the pills it was the other way around. I was really concentrated did all the work and I was nearly better than the teachers. When I started with the medication the teachers and the fathers talked...Most of the teacher’s couldn’t understand this problem. When I took the pills the teachers could see the difference with taking the pills so it was positive for me to take them.

He also points out that the teachers before did not understand him and could not really help. Even though they tried to, he got separated special lessons and a person that encouraged him in and outside school. Getting special help as a teacher that supported him with homework etc. did not change his achievement that much. What really helped him was the medication.

“It’s not just about special help. For example me once when I took the pills I was first one of the class. I always got good marks and did the homework. I was the best one but before no, I was always failing because I did not listen the teacher on the day before the exam. The problem was from the teachers of the school. In a period I was going with a person that helped me in a special way but in fact it did not help me.”

5.2 Thoughts about the school career, negative experiences

The majority of the subjects we interviewed had thoughts about how they were treated from a negative point of view. Our subjects did not have definitive, or no answers on what the teachers or the school system should do to help pupils with similar problems, but our subjects did point out that many of their teachers did not understand or try to help them. The teacher should know about this disorder and try to make the best out of the situation.

5.2.1 Teachers

Some of our subjects were treated by the teachers as if they were something special but in a bad way. New rules were made which counted just for them and made them feel treated unfairly. Y1 for example felt that she was categorized as a problem by her teachers.

“Unfair, like a problemchild, messy, mean, they told me of, but nobody tried to do anything about it.”

Y1 also felt like the teachers made her responsible for the problems.
“it was my problem, it was not like, what could they do to improve/do different for me but it was my problem.”

Subject X3 gave us another good example. Concerning to the support and help he got during his school career, he feels really bad. X3 states that he was treated really differently in comparison to his classmates. The teachers judged him unfairly and sometimes even ignored him.

“Rather unfairly, to be blunt. If I had questions or requests they would often be ignored, I felt like I had to behave according to a different set of rules, or that my work was judged by different criteria in comparison to my classmates. One time a classmate copied all answers on a test from me (literally word for word) and was awarded with an "A" while my test was graded "D". It was quite frustrating”

X2 thinks that the most negative ability or inability in a teacher is not caring, which he more or less felt or saw in all of his teachers. Some teachers that didn’t know how to deal with children with ADHD just reacted with ignorance.

“Teachers that ignores everything; teachers that acting nonchalant towards you”.

Y1 felt that no teacher “stepped up to the challenge” and feels that school before the gymnasium failed her.

“all the teachers i had during my time in school before the gymnasium was just, it was nobody special that i liked but, to be clear, everyone was just freakin crap.”

X4 considers that the teacher should be the first one to know what’s going on. In his school career the teachers were not really helpful most of them could not understand him.

“I did not feel bad when I was at the playground or making mess but the teachers were really on top of me. It was irritating for me and it was difficult for me to concentrate. It was hard for me because they did not understand me, they did not know about this problem!!

I think that the teachers should be the first one to know what’s happening!!

So if they see a young boy that maybe has this problem they need to tell to the parents and go to the doctor.” Because it’s not good to wait too long!

X4 felt that his teachers either ignored or did not understand the problems that are associated with ADHD, which in turn led to him feeling put down all the time

Subject X1 stated a negative remark concerning how one teacher made him copy the blackboard which made him last in class more or less every time, which caused stress for him.

He said: The teacher really sat and (bang bang bang X1 hits the table)”X1 are you done soon?” which made me more stressed.

X1 felt like he was less intelligent then his classmates when he was always last to copy the blackboard.
5.2.2 Inclusion/Exclusion

We didn’t get many negative answers concerning inclusion and exclusion. The participants had hardly any problems with being separated from class. Furthermore most of them felt included in the class and got on well with their classmates. Even if Y1 did not have any problems with peers, she felt left out during her school career because of her problems with the teachers, she also felt that the teachers were making the stigma worse. This example shows how careful the teachers must be not to judge and influence or destroy the class climate. How they act on the problem reflects also on the classmates.

“I could feel very left out and stigmatized because of that I was the, hey run a lap around the house”

5.2.3 Social aspects

Two of the people we interviewed have bad experiences in social life at school. They felt bullied, left out and without friends/alone.

X1 explains that during his time in school, he did not have many friends, and that he felt bullied by his peers.

“that on the other hand is a little...did not have many friends during the larger part of my time in school..... was kind of bullied.”

X2 also felt like an outsider, and that even in adulthood before he received a diagnosis he felt lonely and like an outsider.

“yes it was kind of like that, even here on the university before i got the diagnosis, few knows about it though, very few.”

5.2.4 Academic achievement/help

The following examples are generally about situations at school that went more or less wrong and should have been done differently. In some cases not enough help was provided. It shows what the participants could not achieve and how they felt due to ADHD.

Y1 states that finally in gymnasium she got help and understood the school work. She knew what to do and comprehended the topic. That makes her feel better in general - at school and personally. Before she felt bad, didn’t like school at all, hated the teachers and was afraid that they would call home because of problems in school.

“It was good in the gymnasium - when I actually understood it and someone was helping me it went so much better, both in school and in myself, but before that in low/middle grade i felt terrible i was always afraid that some teacher was going call home or something, i was angry, i practically loathed my teachers there”

Similar feelings were felt by subject Y2 whom said that it was not until the gymnasium that she felt that something was done to help her. This example is somehow related with exclusion because she also points out that separating her from the class and being in a smaller group helped her.

“it was in the gymnasium that I first felt that i really got help when i was placed in a separate smaller group.”
Something that subject X1 felt was lacking was the importance, or relevance of what he studied. He felt that a lot of teacher could not justify what was taught.

“but hello, give me an explanation to why it should be like this. What’s the point to this? - relevance was very important to me.”

X3 did not get a lot support and now he wishes some things would have been different. He never had the chance to finish with school and this is the reason why he can not study at a university nowadays. He feels treated unfairly and wanted to have more help and a second chance.

“actually planned on staying at my school for another year and give it my best shot, finishing off with good grades in all subjects, so that i could switch to a different school afterwards, able to start a new chapter someplace elsewhere with my slate wiped clean. But then I got suspended 2 days before summer holidays, without even being given a valid final report card. I applied to over two dozen schools in the two days before the holidays, but couldn't get a spot on such short notice. I will start evening classes this fall, so that maybe someday I can finally start higher education.”

As already mentioned by the subject X4 in the part “teachers” it is significant that the school and teachers have an eye on children who might need more help. To be diagnosed with ADHD as early as possible is important and helpful for the students. It should be one of the first steps so later the teachers can understand the problem better and support them.

Y2 feels that the school failed her by not giving her help according to her problems, and that they should be more vigilant to finding children with neuropsychological problems.

“I can feel that the school system should be better at observing and noticing problems and that many have problems or feel bad, and that it's not just a “phase” or that it is natural to the age, but can be some other problem like neuropsychiatric handicap or psychological illness, this can also be school nurses or counselors, which I have bad experience with”

X2 claims that he under a number of times had pointed out that he could not concentrate, but this plea for help was ignored.

“They did not care – I pointed out at a number of occasions that i had problems with my concentration”

When we asked subject X2 about the help he got in school he answered that other than the normal education, no help was given (“not at all”).
6 DISCUSSION
This chapter is going to be about the results we got from our interviews in comparison to the background. It also sums up the results we got and shows our own opinions about this subject.

6.1 Teachers
As we interviewed our subjects of this study, we discovered that the teacher’s abilities and attitudes were key factors to whether or not the subjects felt that they succeeded in school.

6.1.1 Social competence in teachers
In our results, we found a repeating pattern of social competence as an important factor in the teachers to succeed in helping children with ADHD and ADHD-related problems. As many of our subjects put it, humor, being empathetic, trying to understand and being there are some of the things that are regarded as important. One female subject pointed out that being able to get every pupil involved within the lesson, without putting too much emphasis on learning difficulties when teachers can help individually outside of the lesson. One male participant said that the subject itself is not as important as the actual teacher who teaches it, and by being a good teacher one can influence pupils thoughts about a subject. The same subject pointed out structure and being strict but funny is important, being a good person who cares. Another subject states that the worst kind of teacher is the kind that does the exact opposite by ignoring his or her pupils and acting in a nonchalant manner. According to Säljö (2010), the best kind of lesson is when a teacher creates an optimal environment for learning, where difficulties are not a hindrance to achieve good grades and skills. Daniels & Hedegaard (2011) describe this as zones of proximal development where change is a must for children’s development. We draw the conclusion that teachers must be able to handle diversity and having good people skills. A teacher must be good at inspiring people to learn, especially when it comes to special cases such as ADHD.

6.1.2 Help
Many of our subjects felt that no help that was given. Especially according to their problems and that in many occasions or situations their pleas for help was ignored. One female subject points out that the responsibility of her problems was put on her, instead of the teachers actually doing their duty as teachers. One male subject felt that his problems were ignored and that the consequences of this resulted in bad grades and poor social life. Another male participant stated that the teachers treated him differently due to his ADHD than the other classmates. He felt bad because he had his own rules and grading that only were applied to him. What we could see was a pattern of the gymnasium as being a point of change for many of our subjects. More understanding teachers and more people sharing interests (both peer and teachers) seem to be major factors in the success of the gymnasium. The subjects were almost in adulthood when they attended the gymnasium, which makes an important factor of their success there. One subject makes clear that it’s really important that the teacher understands what is happening to a child with ADHD. The teacher should be the first who sees it and speak with teachers and doctors.
The teacher is responsible of making an environment for everyone in an institution that from a sociohistorical perspective is made for “normal children” (Daniels & Hedegaard, 2011), and we conclude that many teachers seem to ignore this duty of “teach anyone”. We believe that being a teacher means more than just impart knowledge to students. A teacher has a lot of responsibility not only to teach, but to make the pupils want to learn and to create a good learning environment. Teaching is not a one way communication; it is an interaction or two way communication where the message is not as important as the method of delivering it and making it into knowledge.

Furthermore, we feel that a teacher has to take care of every child in the class. Especially in primary and compulsory school social aspects have to be a topic as well, such as respect and acceptance also in order to create a good climate in class.

6.2 Inclusion/Exclusion

Inclusion and exclusion can be seen as positive and negative, right and wrong. On the contrary, it seems to be a very grey reality where neither is an ultimate solution. This chapter is going to cover how the subjects fitted in to the group dynamics of the classroom, not how good their social skills were (see social aspects).

6.2.1 Out of place

Some of our participants felt like outsiders and that the teachers made matters worse. One female subject felt that her teachers stigmatized her through pointing her out as a “problem child” and that she was often punished by having to run laps around the schools building during primary school. As she was the only one who got this kind of punishment she felt like she really stood out in a negative manner, and that she felt different compared to her peers. Basically when compared to Stigendals (2004) theories, the teacher that sent our subject out to run felt that our subject did not hold up to the expectations of the classroom. One male subject was used as an example in a similar manner by having his desk moved to the front of the classroom, being turned face to face with his peers. The subject did not see this as a negative thing because it did calm him down and made him able to work again. The same subject did feel bullied during his time in primary school when this punishment was administered (fourth to sixth grade) which could indicate that this course of action was a factor that made him feel like an outsider or bullied in the first place. Säljö (2010) points out that a group either includes or excludes the people involved, in this case excludes, this could be because of the teachers actions.

One of our participants was most of the time separated from the class. He and his friend had their own lessons due to the teachers did not want to have him in the class because he was disturbing the lessons. This was no problem for him on the contrary he thinks it was better to get special treatment but he also states that it might be a problem for someone else. To sum up the answers we got from our subjects it is impossible to say inclusion or exclusion is better, it always comes down to the subject/individual.

6.2.2 Not different

Two of the three female subjects expressed that they did not feel any difference in treatment in comparison to the male subjects whom all felt treated differently. Both
female subjects stated that their ADHD were the kind that “did not stand out” or had a lack of impulsiveness or hyperactivity, which makes their ADHD more of the predominantly inattentive type (Dupaul & Stoner, 2003). This leads to some questions for us, such as whether or not ADHD have different outcome depending on gender. According to Evaldsson & Velasquez (2012) it could be because of a social structure that makes females with ADHD to appear more “bossy” and masculine instead of appearing as having neurobiological differences that set them apart from the social norm. One male subject on the other hand had feelings of being set apart in a negative manner such as getting lower grades when similar or the same answers were given by him in comparison to his peers, which is a very interesting find. He wrote an exam when a peer copied his answers, which resulted in two identical answers sheets. Our subject got a lower grade then his peer even though both had the same answers. This leads to a conclusion that children with ADHD get rated or graded differently, in this case negatively so. Another male subject felt that he was set apart and ignored by his teachers. Both getting graded differently and being ignored is very stigmatizing according to Kullberg (2004). The female subject that did feel treated differently gave similar statements of being set apart. This could point to lack of understanding or knowledge of ADHD from the teachers, or that they simply do not care or lack of a sufficient amount of empathy. The teachers are responsible of making an environment that makes every child feel like they are equal to the rest of the class, that they are all pupils who are in school to learn what everyone else needs to learn (Kullberg, 2004).

6.3 Social competence

Social competence in this study is basically about the different subjects social abilities and feelings in relations to others, in contrast to inclusion and exclusion that covers a more overall perspective of how the subjects were treated in the group and how they fitted into the environment.

6.3.1 Peers

According to our results the female subjects had a higher aptitude towards social skills, such as getting new friends, maintaining present relations, though two of the female subjects brought up that conflict were quite usual. They also stated that conflicts were often because of that they did not back down from conflicts or rather were not afraid to speak their mind. In comparison, in the male subjects there were two that felt bullied and outside of the schools dynamics. One male subject stated that it was not until he met people outside of the schools forum that he found friends for real. Basically, one can conclude that subtle differences can be found between the genders, or maybe because of the unwritten rules of society, males become victim of the diagnosis while females actually draw strength from it due to the masculine underlining (such as being strong and dominant) or male dominance of ADHD (Evaldsson & Velasquez, 2012). The criteria for the diagnosis are different depending on gender according to Evaldsson & Velasquez (2012). If the criteria is different depending on gender, then the outcome or consequences of the diagnosis should also be different, which is evidently in the case of social skills.
6.4 Academic achievements

Our subjects of study have been expressing feelings of disappointment towards the teachers when it comes to both the help given and the consequences of the lack of help, which in turn showed in their academic achievements.

Regarding to their favorite subjects it seems like the majority of the participants prefer practical subjects and work that involves practical elements. Some examples of this were shown in the results: Art, computer lessons, sports, chemistry and physics, all the subjects which have practical elements seem to spark the interest of our subjects, which leads to a conclusion that the practical elements are an important factor in the rate of success for children with ADHD.

Most of our subjects have felt that their grades and other results from school have been worse than it should and that they felt less intelligent or even stupid because of their difficulties in certain or all subjects. Compensatory techniques that teachers can make use of in the case of ADHD usually have to do with lust to learn. For example a teacher can use favorite subjects to work in less attractive subjects, as the pupil should want to learn rather than feeling forced to which often leads to taking a distance to school related work (Kullberg, 2004. Daniels & Hedegaard, 2011). All the participants pointed out that an important reason why they liked certain subject(s) were because of that they had good teachers in the subjects that they favored.

We conclude that as a teacher it is important to find the strength in a pupil to overcome his or her weaknesses. We also feel that it is important to make a lustful environment were all pupils want to learn, want to achieve greater things in life.

6.5 Method discussion

We think that it might have been more interesting to ask children who are in school right now and see what they think about it. Due to problems at the beginning to find interviewee in this age we had to change our research although we got some interesting results.

Looking back at our way how to collect data, choosing to do interviews was in our point of view good. By asking people face to face you can pick up their feelings and require more facts if you need so. Doing some of the interviews via skype and in a written form was probably not the best solution but the only way how to get enough information. Also Brinkmann & Kvale (2009) point out that it is the best way to collect data from people when it comes to past experiences.

To do a broader work we would probably need to spend more time on searching for subjects and getting results.

Overall or method did work quite well and we got the information that we acquired. We achieved our aim for this paper and could answer our research questions.

6.6 Pedagogical implications

People working with and teaching children should know about ADHD. The problems pupils with ADHD have in the school setting and in their social live should be clear to teachers. They might be the first ones recognizing it and helping by getting the diagnoses and attention by other teachers and parents. Later the teachers are supposed to support the students. Daniels & Hedegaard (2011) points out that the
teachers have a responsibility to help children with special needs, therefore it is necessary to have some knowledge about ADHD and make the best out of their school situation. The majority of our participants point out that they did not get the help they actually needed because none of their teacher seemed to see their problems.
7 REFERENCES

BOOKS


ARTICLES


Appendix

QUESTIONNAIRE

1.) If you think back at your time in school how did you feel you were treated by your teachers?

2.) How did you feel you were treated by your classmates?

3.) What was your favorite subject?

4.) Which teachers can you remember and why?

5.) How did you feel about the help that you got from the teachers?

6.) Is there something about your school career that you would want to be different?

QUESTIONNAIRE- Swedish Version

1.) Om du tänker tillbaka till din tid I skolan, hur kände du dig behandlad av dina lärare?

2.) hur kände du dig behandlad av klasskamrater?

3.) Vilka var dina favoritämnen?

4.) Vilka lärare minns du? Och vad gör dem minnesvärda?

5.) Vad tycker du om hjälpen som du fick av lärarna?

6.) Är det något med din skolgång som du hade viljat vara annorlunda?