

**PUBLIC CLASSROOM TO HOMESCHOOL: FINDING A PLACE FOR AD(H)D
CHILDREN IN ALBERTA IN 2010**

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DEDICATION

In the name of Allah, the All-Merciful, the Very-Merciful, I dedicate this work to my son, as well as all of the parents and children who were a part of this project and who generously shared their time and personal stories with me, and to all “people of determination.”¹

¹ In the United Arab Emirates, people with special needs who strive and struggle on a daily basis are referred to as “people of determination.”

ABSTRACT

In the year 2010, some Albertan children exhibiting behaviours that matched the medical diagnostic category of AD(H)D experienced difficulty accessing additional funding for special education programs, classroom supports, and modifications that may have more fully included them in classroom settings. Through semi-structured, qualitative, in-depth interviews with parents, this study explored parental perceptions of the types of school practices that led to their decision to homeschool. The study uncovered how insufficient special education coding and funding for classroom supports and assistance, lack of consistent one-on-one assistance and other unofficial supports, large classroom populations, and lack of consideration of parental input by educators, impacted parental choice—resulting in the decision of some parents to pull their AD(H)D children out of classroom settings to homeschool them. The study also uncovered educational choices available at that time for AD(H)D children and how parents first learned about the option of homeschooling through other homeschoolers.

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TABLE OF CONTENTS

Dedication	iii
Abstract	iv
Acknowledgements	v
Table of Contents	vi
Chapter 1: Introduction and Overview	1
Personal Standpoint.....	7
The History of Public Education in Canada and the Construction of Categories	9
Alberta Education Reforms	10
Summary	16
Chapter 2: Literature Review	18
The Hidden Curriculum	18
Cultural Capital	22
Foucauldian Theory.....	24
Homeschooling in Alberta	29
AD(H)D and Medicalization.....	36
Historical Context of AD(H)D.....	36
Select Literature on the Medicalization of AD(H)D.....	38
Summary	42
Chapter 3: Methodology	43
Method of Inquiry: Qualitative, Semi-Structured in-Depth Interviews	47

The Interview	49
Interview Guide.....	51
Deductive vs. Inductive Approaches.....	52
Research Participants: Description and Recruitment.....	53
Research Participants: Sampling.....	56
Voice and Representation.....	58
Ethical Considerations.....	62
Critical Strategies	64
Analysis	65
Summary	65
Chapter 4: in-School Classroom Dynamics	66
Reasons for Transition	66
How Are the Children Different?.....	67
Why Do Parents Make the Transition?	72
Special Education Coding and Funding.....	73
Teachers and Schools	85
One-On-One Assistance and Class Size.....	89
One-On-One Assistance.....	89
Class Size	96
Repeating Grades	100
Summary	105
Chapter 5: Discovering Homeschooling	107

Anne's Story.....	108
Beth's Story.....	109
Carly's Story	110
Diane and Frank's Story.....	113
Evelyn's Story	116
Fay's Story	118
Gloria's Story	122
Hope's Story.....	124
Irene's Story	125
Jane and Kirk's Story	127
Kate's Story.....	129
Linda's Story.....	132
Summary	136
Chapter 6: Conclusion.....	138
The Research Questions Answered.....	138
What Worked and Did Not Work?.....	140
The Emerging Pattern.....	142
Existing Literature Re-Examined.....	143
Further Research	147
Limitations	150
Concluding Comments.....	151
References	155

Appendix I: Consent Form.....	165
Appendix II: Interview Guide	167
Appendix III: Face Sheet	169
Appendix IV: Example of the Process of Analysis.....	171
Appendix V: Timeline of AD(H)D	172
Appendix VI: Demographic Information.....	176
Appendix VII: Biographical Information on Respondent Mothers	177
Appendix VIII: Spouses on the Idea of Homeschooling	182
Notes	184

LIST OF FIGURES

Figure 1: Parental Reasons for Transitioning from Classroom to Homeschool	67
Figure 2: Process of obtaining specialized educational supports and services	74

CHAPTER 1: INTRODUCTION AND OVERVIEW

I begin with a general statement: *there is something about the public school classroom setting that may not suit every student*. This statement, which implies categories of suitability, is not about the student and why they do not fit the classroom; it is specifically about the classroom setting in public schools. In the case where that “something” may be in relation to students identified as having Attention-Deficit/Hyperactivity Disorder (AD(H)D) in Alberta, Canada, I attempt to answer some specific questions that arise from the statement.

This thesis examines that “something” and, more particularly, the process by which some parents come to decide to homeschool their children. I focus on parental accounts of their interactions with Alberta public schools in the year 2010 in relation to their AD(H)D identified children.² With that focus in mind, I explore answers to these questions: *how do parents experience, make sense of, and respond to the classroom experiences of their AD(H)D identified children; and, how do those experiences inform parents’ subsequent decisions and efforts to homeschool? How do parents come to know about homeschooling, how do they communicate their decision to homeschool with their child’s classroom teacher, and how receptive are teachers and others to the parent’s decision?*

What is a regular public school in Alberta?³ It is a publicly-funded system of education operated by a board that residents of Alberta between the ages of six and 19 have a right of access

² This project focuses on the accounts of homeschooling parents’—a standpoint that is currently lacking in research on AD(H)D. Other voices, such as those of educators of AD(H)D children and AD(H)D children themselves, are represented elsewhere. For the present study, however, I must stress that children were not involved in any way—their parents spoke for them.

³ Regardless of the fact that homeschooling is legislated under the same Act and can also be operated by a board, throughout the thesis I refer to regular brick-and-mortar public schools as “public schools.”

to (*Education Act*, S.A. 2012, c. E-0.3, ss. 3, 10). It is a system of education that takes place through a “school building,” as defined in the *Education Act* (S.A. 2012, c. E-0.3, s. 1(1)(y)). It is also a system of education where a number of teachers, qualified under the *Education Act*, provide instruction competently, teach courses and programs of study as prescribed and authorized, promote goals and standards, encourage and foster learning, regularly assess and periodically report student assessments, maintain order and discipline among the students, and carry out duties as assigned by the school principal or the board (S.A. 2012, c. E-0.3, s. 196(1)). It is a place where technologies such as school handbooks, attendance sheets, absentee check programs, school bells, line-ups, school assemblies, instruction timetables, achievement tests, achievement awards, grade groupings by age, distinct play and instruction areas, specific seating arrangements, teacher placement, the principal’s office and so on are utilized to instruct, monitor, control, and to ensure student compliance throughout the school year. It is a system in which students are expected to display certain behaviours and achieve certain milestones. It is a linear system where students are expected to move progressively, from one grade to the next, accumulating various types of knowledge as they do. It is a system of education that sets minimum hours of instruction based on grade and school, and sets goals and standards for learning outcomes (*Education Act*, S.A. 2012, c. E-0.3, ss. 18, 60). It also a place where there currently are no strict guidelines for the number of students per classroom teacher, where buildings are constructed to accommodate approximately 25 students per classroom, and where classes can range in size based on grade (with lower grades typically having lower numbers of students per classroom teacher), location (urban schools tend to have less students), and subject (e.g. trades classes having lower numbers of students per classroom teacher) (“Class Size”, n.d.; “The Schools We Need: Implement Class Size Guidelines,” 2003).

What is it about Alberta public schools that make it difficult for some students with

AD(H)D? First, we need to get a clearer sense of what was generally expected of students at the time of the study (i.e. 2010); and, how, if at all, those expectations may have changed over time. At the time of the study, in Alberta, student responsibilities were legislated through the *School Act* (R.S.A. 2000, c. S-3). The *School Act* listed student responsibilities as follows:

A student shall conduct himself or herself so as to reasonably comply with the following code of conduct:

- (a) Be diligent in pursuing the student's studies;
- (b) Attend school regularly and punctually;
- (c) Co-operate fully with everyone authorized by the board to provide education programs and other services;
- (d) Comply with the rules of the school;
- (e) Account to the student's teachers for the student's conduct; and
- (f) Respect the rights of others.

(R.S.A. 2000, c. S-3, s. 12)⁴

In September, 2019, the *Education Act* (S.A. 2012, c. E-0.3) came into force and replaced the *School Act*. While the *Education Act* made slight changes to the wording and ordering of student responsibilities, they remain essentially the same.⁵ Each school then provides students and parents with handbooks outlining expectations in more specific terms, and teachers and administrators communicate further details in person and through school newsletters and meetings. In sum, then, students were—and continue to be—expected to be diligent in their studies, regular and punctual in attendance, cooperate with those in positions of authority, comply with rules, be accountable to teachers, and respect others.

Next, we need to understand what was meant by AD(H)D in the context of Alberta public schools at the time of the study (i.e. 2010); and, how, if at all, that meaning may have changed over

⁴ While this description was taken from the *Revised Statutes of Alberta*, 2000, the wording itself had not changed since 1988 until three additional sub-sections (g-i) were added in June, 2015.

⁵ Section 31 of the *Education Act* (ibid.) lists current student responsibilities, which are similar to those listed here, and are accessible online.

time. At the time of the study, in Alberta, the American Psychiatric Association's previous *Diagnostic and Statistical Manual of Mental Disorders, DSM-IV* was in use and defined the essential features of Attention-Deficit/Hyperactivity Disorder as: "a persistent pattern of inattention and/or hyperactivity-impulsivity that is more frequent and severe than is typically observed in individuals at a comparable level of development," where some symptoms must have been present before the age of 7 and some impairment must have been present in at least two settings (American Psychiatric Association [DSM-IV], 1994, p.78). According to the American Psychiatric Association (DSM-IV, 1994), there were 3 subtypes of this disorder: the combined type, the predominantly inattentive type and the predominantly hyperactive-impulsive type (p.80). In May, 2013, the American Psychiatric Association released the 5th edition of their *Diagnostic and Statistical Manual of Mental Disorders*, the *DSM-5*, replacing the previous edition and any associated updates. The *DSM-5* lists Attention-Deficit/Hyperactivity Disorder as a neurodevelopmental disorder with diagnostic features of "a persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development," where several symptoms must have been present before the age of 12, and "manifestations of the disorder must be present in more than one setting (e.g. home and school, work)" (5th ed.; *DSM-5*; American Psychiatric Association, 2013). The *DSM-5* expands its definition of Attention-Deficit/Hyperactivity Disorder with examples as follows:

Inattention and disorganization entail inability to stay on task, seeming not to listen, and losing materials, at levels that are inconsistent with age or developmental level. Hyperactivity-impulsivity entails overactivity, fidgeting, inability to stay seated, intruding into other people's activities, and inability to wait—symptoms that are excessive for age or developmental level.
(5th ed.; *DSM-5*; American Psychiatric Association, 2013)

Furthermore, like the previous edition, the *DSM-5* lists three presentations of this disorder: the

combined presentation, the predominantly inattentive presentation, and the predominantly hyperactive-impulsive presentation.

While the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* continues to list three presentations of a single diagnostic category, Alberta Education, in their *Special Education Coding Criteria* have only ever noted two separate clinical diagnostic categories during the period in question and to the present day: "attention-deficit/hyperactivity disorder (ADHD)" and "attention deficit disorder (ADD)" (*Special Education Coding Criteria, 2019/2020*, 2019, p. 11). It is noteworthy that the criteria have remained essentially the same since the time of this study (i.e. 2010) and that neither ADHD nor ADD are necessarily coded for special education, nor are they necessarily reported to Alberta Education—neither were they then, nor are they now.

In their accounts, parents⁶ also distinguish between ADHD and ADD, bracketing hyperactive behaviours as troublesome for teachers (and, in some instances, for themselves)—behaviours that parents refer to as "getting into mischief" or "getting into trouble." Since this study explores parental accounts, the acronym AD(H)D is used to represent both ADD and ADHD or all three subtypes noted in the referenced American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders*, where the specific type is not noted.

In light of the above descriptions and definitions, and in an environment where certain behaviours, characteristics and achievements continue to be expected of students, some students are simply unable to deliver on the expectations and requirements.

⁶ Throughout this study, I use the term *parent* or *parents* to refer to those persons who make decisions regarding the schooling of children under their care. *Parent* therefore, can mean biological, adoptive or step-mothers and fathers of children, older siblings, grandparents, other extended family members such as aunts, uncles and cousins, foster parents, and so on.

What happens to some students with AD(H)D in Alberta public schools? When a student's "behavioural, intellectual, learning, communication or physical characteristics, or a combination of any of them, impair the student's ability and opportunity to learn, a board may determine that the student is in need of specialized supports and services" in order to provide the student an opportunity to meet the standards of education (*Education Act*, S.A. 2012, c. E-0.3, s. 11). That said, though they may still benefit from additional support services and specialized programs, some students (such as those identified as having AD[H]D) may not necessarily meet the criteria for special education coding and may not be assigned a code or reported to Alberta Education (*Special Education Coding Criteria, 2012/2013*, 2012, p. 1; *Special Education Coding Criteria, 2019/2020*, 2019, p. 11); nor may they necessarily need to in order to receive services (*Special Education Coding Criteria, 2013/2014*, 2013, p. 1). While they may not necessarily need to have a special education code to receive additional specialized supports and services, having a code might make it easier for the student to access such supports consistently, from year-to-year.⁷ Lack of special education coding and funding is one issue that is explored and analyzed elsewhere in this thesis.

Without special education coding and funding, children with AD(H)D are not guaranteed specialized supports and services; and, this limits resources available to teachers and also limits parents' options on courses of action to take in terms of their child's education. One remedy available to parents is medication. While medication may not be consistently accessible, prescribed, used, or effective, it is an option that schools and educators more readily communicate to parents—both directly and indirectly. Medication as an option and medicalization of AD(H)D

⁷ In addition to an absence of funding for special education, a lack of consistent coding and reporting also renders children with AD(H)D invisible in that we cannot properly gauge the number of children who are currently labeled AD(H)D nor can we see changes to indicate whether or not numbers are increasing or decreasing.

are taken up under various headings, elsewhere in this thesis.

Another option that is available to parents is homeschooling⁸—an alternative to the classroom setting. However, as parental accounts highlight and will be taken up elsewhere here, information about homeschooling as an option is one that parents often discover through other homeschoolers rather than through communications with their child's school and educators. Furthermore, while the option to homeschool may be limited for some parents due to financial and other constraints, and while other factors may play into a parent's decision to homeschool (i.e. religious and cultural reasons), some parents from various socio-economic and cultural backgrounds talk about turning to homeschooling as the only avenue left for them to explore.

Personal Standpoint

Before I continue, I must add that my personal standpoint as a previous homeschooling mother of a child identified as having ADHD is one that guided me throughout this study. My quest for answers was borne out of the frustrations I personally experienced in navigating the public classroom environment for my child, the feelings of inadequacy and constant introspection as to where I must have gone wrong, and my questions about whether I had not only the necessary mothering skills but also the intelligence to comprehend what was happening to him. I wondered if I lacked the ability to make well informed, sound decisions when it came to my child. I could not understand what was happening to him and felt completely and utterly helpless and frustrated from the barrage of experiences that hounded him in the classroom environment. Was I alone? Did others feel this way too? What was I to do? What could I have done?

⁸ Throughout this thesis, *homeschool* refers to any form of formal learning that is governed by legislation and Alberta Education, and is conducted primarily in a home environment, regardless of resources and methods used.

As it turns out, I was not alone. Others have expressed similar feelings of frustration stemming from interactions with Alberta public schools and have also looked to homeschooling as an option. However, while a large body of research exists across the disciplines of medicine, psychology, education, and sociology on issues related to the above listed concerns, I was not able to locate any from the standpoint of the parent of a child with AD(H)D that relates specifically to the intersection of AD(H)D, schooling, parenting, and homeschooling, specifically in Alberta, Canada—this was the case at the time of the study and remains the case now, at the time of reporting. As such, I sought to sociologically examine these accounts through qualitative, semi-structured, in-depth interviews with other homeschooling parents, guided by my personal account and the accounts of other parents, thus grounding my work in lived experiences. To do so, I employed standpoint theory and hermeneutic methodology, to which I return in detail later—in chapter three—where I also describe my research participants, detail the form of interview method, outline ethical considerations, and state the method of analysis I used in this study. Before continuing here, however, I wish to state that, while this issue is indeed very close to my heart, I made every effort to remain objective throughout the process of this thesis, thus taking a neutral arms-length position while critically examining the issues.

In order to understand the complex and dynamic set of concerns outlined above, in addition to looking at theoretical contexts, I next examine factors such as educational reforms, AD(H)D, and medicalization that frame the cultural context of this particular problematic.⁹

⁹ Henry Giroux (1988b) defines the *problematic* as follows: “All modes of rationality contain conceptual structures identified both by the questions raised and questions ignored... Problematics refer not only to what is included in a worldview, but also, to what is left out and silenced” (p. 4). This concept becomes particularly important when considering the *visible* versus *invisible* in educational theories through a consideration of the *hidden curriculum* later in the chapter.

The History of Public Education in Canada and the Construction of Categories

To understand the present situation of Alberta public schools in more detail, it might help to review the history of public schooling in Canada. Historically, education in Canada was both limited by and functioned to serve, religious, cultural, political and economic priorities (Axelrod, 1997). Paul Axelrod (1997) describes major developments since the 19th century and explores the complex and dynamic interaction between various social actors, including parents, students and teachers in terms of social class and gender, and provides a description of who education has privileged, and continues to privilege, highlighting the persistent gap between opportunities that are available to the privileged and those available to “the rest of us.” Axelrod (1997) helps uncover how education moved from the private domain of the family to the public domain of the institution of brick-and-mortar schools; and how, during this shift, religious, cultural, political and economic categories were constructed, differentiating one child from another, and privileging some.

For the purposes of the study at hand, the construction of such categories is particularly important because, as living situations shifted from rural to urban settings, economic expectations shifted from subsistence farming to industrialized competition. Further, as education became universal, certain technologies were created by psychologists in order to measure and categorize differences between individuals, privileging certain characteristics and traits over others and identifying areas of weakness. For example, intelligence testing was constructed by psychologists to assess, rank and categorize children based on their test scores (Gould, 1981/1996; Rose, 1999). Results obtained from such testing were then used in a number of ways: educators used the results to justify an inability to deliver services built to cater to the putatively average or normal child (Gould, 1981/1996); individuals used the results to justify their differences, thus absolving themselves from blame for shortcomings—they were not to be blamed for being deliberately lazy

or difficult, they simply were incapable of performing as expected (Gould, 1981/1996); and psychologists, medical professionals and educators used them to justify certain claims to truth and attempts to normalize those children who did not appear to fit the norm (Rose, 1999). An example for this last point, examined more fully a little later in the chapter, is the medicalization of behavioural differences where, as in the case of AD(H)D, prescription medications are used to alter behaviours deemed inappropriate for classroom instruction in an attempt to render the child better suited to the classroom setting.

Alberta Education Reforms

Focusing on the situation of education in the Province of Alberta, I next outline some of the literature on education reforms, dating back to the early 1990s.¹⁰ One particular educational reform¹¹ that remains relevant to the study at hand occurred when, through the hidden efforts of certain stakeholders, Alberta Education constructed the idea of parental *choice* as a right parents' have in relation to their children's education (Taylor, 1999). The notion that parents have a choice was, as suggested by Taylor (1999), what satisfied otherwise dissatisfied parents that their demands for changes in schools were being met, while also satisfying dissatisfied employers that their need for skilled labourers was being secured (p. 102). While these efforts date further back, to the 1980s, it was during the years commonly referred to as the "Klein Revolution" (particularly 1993 to 1995) that significant cutbacks to education and restructuring, such as "the amalgamation of school boards, centralization of funding, development of accountability and performance measures, ... business involvement and technology integration," and amendment of the *School Act* to allow for

¹⁰ For a brief history dating further back, to the 1800s, see Linda Matsumoto's (2002) concise timeline of the changes that had been affecting education in Alberta.

¹¹ Significant revisions to education policy, law, funding and practice.

charter schools took place (Taylor, 1999, p. 99). Ironically, as Jerrold L. Kachur (1999) points out, consumer choice brings less citizen voice; citizens are led to believe they are free to choose while their freedom “occurs at the same time as the diversifying changes to the education system exhibit more centralized control by state authorities” (pp. 109, 118). The implications of such educational reforms for students with AD(H)D is that, because they may have been left out of educational funding and programming supports for children with special needs, their parent’s choices are limited even further.

Taylor (1999) lists four key organizations “that have arguably influenced the direction of educational reforms in Alberta since the early 1990s,” narrowing the goal of Alberta Education to the preparation of students for particular jobs while “providing business people with more control over their ‘investments’ in education” (pp. 100, 104). Taylor’s list includes Albertans for Quality Education (AQE), the Alberta Chamber of Commerce, the Calgary Educational Partnership Foundation (CEPF), and the Science Alberta Foundation. In the fall of 1993, the Government of Alberta selected and invited these four stakeholders to roundtable talks to advise “government on spending priorities and reforms” (p. 99). As noted earlier, the reforms that followed include amalgamation of school boards, increased centralization of funding for education, development of mechanisms of accountability and measures of performance, delegation and clarification of roles and responsibilities, business involvement, and integration of technology (Taylor, 1999, p. 99).

Of particular interest to the study at hand is the disproportionate representation of the four stakeholders during the roundtable talks, their overlapping memberships and interests, and their connections to the business community. For instance, the AQE, representing roughly 325 Albertan parents at that time with a membership base that included businesspeople and educators (including those from tutorial services and private schools), half of which were located in Calgary, claimed to

be the voice of *all* Alberta parents (Taylor, 1999, pp. 101-102). Further, the Progressive Conservative provincial government of Ralph Klein, knowing the province had a total student population likely exceeding 500,000¹² in 1993, sent out twice as many invitations to the AQE to roundtable talks as they did to other, larger stakeholders, like the Calgary Catholic Board (whose student numbers more recently, in 2018-2019, represent approximately 24% of all students) (Taylor, 1999; “Student Population Statistics,” n.d.). Given the business and educator base of included stakeholders like the AQE, it is not surprising that the same government put through reforms that mirrored stakeholder recommendations, amending the *School Act* to allow for charter schools (Taylor, 1999, p. 101). Alberta Education defines charter schools as “autonomous public schools that would provide innovative or enhanced means of delivering education in order to improve student learning” that, while following Alberta Education’s Program of studies, sets them apart from other public schools in meeting the needs of particular groups of students and that improves the acquisition of student skills, attitudes and knowledge in measurable ways (“Charter Schools Handbook,” 2015).¹³ Left unsaid here is one other need charter schools satisfy—namely, the employer’s need for skilled labourers (Taylor, 1999). With that in mind, it is particularly noteworthy that, while the Government of Alberta recognizes charter schools as public schools,

¹² I was able to find figures for the 1997/98 school year and beyond. The total student population for 1997/98 was reported at 569,972 according to one source and 574,622 according to another. Interestingly, Alberta Education notes that “the method of collecting the data changed between 1994/1995 and 1995/1996 with the implementation of the Alberta Education Student Information System (SIS). Between 1995/1996 and 2000/2001, student population is a count of students registered in SIS as of September 30. Starting with the school year 2001/2002, student population is a count of students for whom a school authority receives funding, plus a count of students (not funded) but with a registration in effect September 30 of that year.”

¹³ Though the Alberta Government is revising the Charter Schools Handbook and will be posting the updated version online once available, the version that is currently available at the time of writing remains the 2015 version.

meant to enhance choice, it does not require them to provide special education programming “since that responsibility is already delegated to local school boards” (“Charter Schools Handbook,” 2015).

While reforms in the 1990s were marked by severe cuts to educational spending, the Klein government restructured their priorities to ensure funding was being diverted to charter schools. This highlights the shift from a child-centered approach to a teacher-or administrator-centered approach where a government, whose interests are synonymous to those of business, regulates education through set standards delivered by teachers. In essence, it is no longer the child’s needs that are met through government educational legislation and policy but rather the needs of business and the economy. This is particularly important for the project at hand which explores the ways in which some AD(H)D children, who do not seem to fit the system, are dealt with.

Trevor W. Harrison and Jerrold L. Kachur (1999), and Kas Mazurek (1999), provide a broad view of education reforms and highlight the impact neo-liberal ideologies have had on all public services in Alberta, including education. These include unequal conditions created through control of student funding and access to various forms of schooling, spurred by corporate interests, and an emphasis on job preparation. Similar reform efforts to synergize education with corporate interests have been noted south of the border. Henry Giroux (1988a) notes “an alarming ideological shift regarding the role schools should play in society... to redefine the purpose of education so as to eliminate its citizenship function in favour of a narrowly defined labor market perspective” (p. 177). Accordingly, previous attempts at cultural pluralism and diversity, and efforts to redistribute political power and authority are replaced instead with servicing corporate interests (Giroux, 1988a, p. 177).

The problem of accommodating diversity within neo-liberal educational reform is evident

in the Alberta example. While education reformers purportedly aimed to provide the best education possible for all students in Alberta and set general outcomes to measure results and normalize the student population, they faced the difficulty of consistently accommodating for, integrating and including differences within the student population across and within jurisdictions. To address the different needs of students across the province, Alberta Education funded a number of projects. One such project involved the development of “student outcomes for students who are either limited in some capacity or who are gifted” (Zatko, 1990, p. 16). Another project involved the recommended implementation of inquiry based learning strategies to accommodate different learning styles (kinesthetic, auditory and visual) through a “process where students are involved in their learning, formulate questions, investigate widely and then build new understandings, meanings and knowledge” (“Focus on Inquiry: A Teacher’s Guide to Implementing Inquiry-based Learning”, 2004, p. 1). Yet another, more current, project involves strategies for inclusive learning that “embraces diversity and learner differences and promotes equal opportunities for all learners in Alberta,” where funding is met out to school authorities and is not dependent on coding (“Inclusive Education”, n.d.).

In 2015, Alberta Education further introduced the *Inclusive Education Policy* to supplement the *Standards for Special Education*, which came into force in September 2003 and was later amended in June 2004. These policy and standards documents are used by school boards to identify, support and deliver effective programming and appropriate instructional supports for students with special education needs in Kindergarten to Grade 12, to ensure they have access to meaningful and relevant learning experiences (*Standards for Special Education*, 2004; Guide to Education: ECS to Grade 12 2018-2019, 2018, p. 31).

Despite the efforts noted in the paragraphs above, it appears the difficulty in accounting for,

integrating and including differences within the student population remains an ongoing issue. Earlier, a report put out by Alberta's Commission on Learning in 2003 drew attention to the debate about the inclusion of special needs children into classrooms, noting that: integration was not working well, lacked support and resources necessary for success, the "true costs" were not covered, "inadequate funding" was impacting all students (not just those with special needs), and was difficult for teachers to implement without proper funding and support (*Every Child Learns, Every Child Succeeds: Report and Recommendations*, 2003). While there was great optimism for the new, inclusive model of education, the government did not live up to its pledge to develop detailed implementation and transition plans (Grigg, 2018). This in turn prompted a major stakeholder, the Alberta Teachers Association (ATA), "to strike the Blue Ribbon Panel on Inclusive Education" resulting in a report which was delivered in 2014 (Grigg, 2018). While some of the important recommendations flowing from the report have since been implemented, resources and supports have not materialized in schools but have instead been reduced (Grigg, 2018). Furthermore, the ATA's panel found "that the inclusive model was struggling: only 14 per cent of respondents indicated that inclusion had a positive effect on teaching and learning in their classrooms, compared with 61 per cent in 2007" (Grigg, 2018). In other words, the inclusive model was struggling, funding for the program was lacking, and funding-dependent supports for special needs students were also necessarily absent.

Fast forward to 2019 and, despite the above-noted efforts and funding for inclusive education to the tune of \$465.4 million¹⁴, it appears the difficulty in accounting for differences within the student population may still not have been remedied. Alberta Education continues to

¹⁴ Please see the *Education Annual Report 2018-19* for more details on allocation of funding.

restructure education to give the appearance of choice and equitable access while simultaneously acknowledging that the integration of students with special needs is incomplete (and may not be possible).

With the neo-liberal ideological shift well underway in Alberta, this project helps unpack the impact exclusion of AD(H)D from consistent special needs programming, classroom supports and funding has had on some AD(H)D identified Albertan children in the year 2010. To do so, I first provide a brief summary of this chapter then move onto the next chapter where I review literature relevant to the study and outline the methods used in the study, before delving into issues uncovered through parental narratives, namely: in-school classroom dynamics, discovering homeschooling as an option, and looking at what worked and what didn't for the families involved. I then conclude by noting some emerging patterns and possible avenues for further research.

Summary

In this chapter I outlined the problematic at the heart of this thesis—namely, that some Alberta children identified as having AD(H)D do not seem to fit the public classroom setting and are then pulled out of the setting by their parents, to be homeschooled. I also provided a brief outline of the history of education and educational reforms in Alberta, as well as that of homeschooling, and provided an overview of how categories of difference were constructed. This thesis attempts to answer several broad questions related to the experiences of parents whose children have been diagnosed as having AD(H)D, namely: *how do parents experience, make sense of, and respond to the classroom experiences of their AD(H)D identified children; and, how do those experiences then inform parents' subsequent decisions and efforts to homeschool? How do parents come to know about homeschooling, how do they communicate their decision to homeschool with their child's classroom teacher, and how receptive are teachers and others to the*

parent's decision? The next chapter reviews literature that helps contextualize these research questions.

CHAPTER 2: LITERATURE REVIEW

This chapter reviews literature relevant to key theoretical constructs important to this study, in particular such concepts as hidden curriculum, cultural capital, biopower, discursive practices, rhetoric of choice, governmentality and medicalization. These concepts assist in broadly contextualizing the experiences of those interviewed in this study, thereby lifting the same experiences beyond the particular to a more general understanding of the lived reality of parents of AD(H)D diagnosed children and their involvement in the school system.

The Hidden Curriculum

In the previous section, I outlined literature on how competing agendas of various stakeholders were dealt with through educational reforms in Alberta; how the agenda of employers was downplayed (hidden) while being catered to through the diversion of funding for specific programs and the creation of charter schools; and, how the agenda of dissatisfied parents and educators was more visibly being addressed through the creation of a rhetoric of educational programming choice—a choice that was disseminated through publications such as parent handbooks. In this study, I explore parental accounts of how the rhetoric of choice in educational programming influenced their decision to homeschool their AD(H)D identified child—with some parental perspective on how wide they perceived their scope of choice to be.

Before I continue under this heading, I want to clarify that my intended use of the concept of *hidden curriculum* throughout this thesis is one that aligns with Foucauldian notions of power, the production of subjectivities and the effects of discursive practices. In this sense then, schools and families serve as political sites of struggle through which various effects are produced and reproduced by the practices and relations of everyone involved in them—including those who perceive themselves as being disadvantaged. In relation to educational reforms, one such effect is

a false sense of cohesion between the various aforementioned stakeholders, another is the rhetoric of choice, and yet another is the abstract mechanism of capitalism. I take up Foucauldian concepts in more detail later in this chapter. To be precise then, in this study I take curriculum to mean a form of power and my analysis incorporates various literature on the hidden aspects of curriculum, as outlined in the following paragraphs.

Literature indicates curriculum is more than just academic (Anyon, 1980/2006; Axelrod, 1997; Giroux, 1981, 1983, 1988a, 1988b; Jackson, 1968; Martin, 1998; Ray & Wartes, 1991; Snyder, 1970). While academic curriculum is obvious, explicit and formally acknowledged; a second type of (hidden) curriculum is inferred, covert and silent. According to Jackson (1968) both are familiar to us, although the hidden curriculum, while familiar, goes unnoticed and is taken-for-granted. According to Benson R. Snyder (1970), “less obvious tasks” relate to formal ones in that, while schools instruct students on what to learn, they also instruct them on how to learn (p. 4). What comprises the hidden curriculum, however, is not simply the covert task of how to learn, but the means to the mastery of learning which is “rooted in the professors’ assumptions and values, the students’ expectations, and the social context in which both teacher and taught find themselves” (Snyder, 1970, p. 4). Jean Anyon (1980/2006) adds the dimension of social class contexts to the mix, concluding that “the ‘hidden curriculum’ of schoolwork is tacit preparation for relating to the process of production in a particular way” (p. 268). Like Anyon, Henry A. Giroux (1988b) also considers social class and states that “schooling is a political process, not only because it contains a political message or deals with political topics on occasion, but also because it is produced and situated in a complex of social and political relations from which it cannot be abstracted” (pp. 52-53). To this, Karin A. Martin (1998) adds the dimension of gender, suggesting that the hidden curriculum “of disciplining the body is gendered and contributes to the embodiment of gender in

childhood, making gendered bodies appear and feel natural,” a process she notes “ordinarily begins in the family” but is further facilitated and encouraged through the hidden school curriculum (p. 496). The hidden school curriculum thus includes efforts in achieving obedience and docility and efforts in political socialization, while schooling differentially by social class and gender (Martin, 1998, p. 495). In both accounts, Giroux and Martin illustrate that schools serve to prepare children for “appropriate” class positions and roles as disciplined workers and as properly gendered citizens. Axelrod (1997) parallels Giroux and Martin when writing about the early years of public education in Canada, noting that, while schools demonstrated the importance they placed on literacy, “instruction in good manners, good morals, and good taste comprised the ‘hidden’ curriculum of the colonial school” (p. 22). Giroux (1981; 1988a; 1988b) also explores the reproductive aspect of the hidden curriculum of education and proposes that public schools act as “agents of social and cultural reproduction” (1981, p. 18).

Further, Giroux (1988b) notes that the hidden curriculum shapes what students learn more than the formal curriculum and that: “... the hidden curriculum often acts at cross-purposes with the stated goals of the formal curriculum, and rather than promote effective learning, it vitiates such learning. Under such conditions, subordination, conformity, and discipline replace the development of critical thinking and productive social relationships as the primary characteristics of schooling experience” (p. 51). Schools convey implicit messages not only about comportment and docility, but also about compliance as normative, a point particularly relevant to AD(H)D children who may struggle to achieve these objectives. Thus, the hidden classroom curriculum may operate in particularly limiting ways for children with AD(H)D.

Literature reviewed under this heading indicates that schools function both as sites of “*domination and contestation*,” where class relations, gender relations and racial relations of the

dominant group are reproduced and resisted (Giroux, 1983, pp. 62-63)¹⁵; but also as sites where subjectivities are produced (Foucault, 1995). Given that the hidden school curriculum is as much an exclusionary mechanism as it is an inclusionary one, in that it does not only recruit and create some characteristics but also bans certain ones by virtue of the conditions under which it is transmitted to students (subordination, compliance, conformity, and discipline), I set out to understand from parents how the hidden school curriculum excluded their AD(H)D identified children who appeared unruly and non-compliant; and how they saw their schools as including or transmitting such a curriculum to their AD(H)D identified children under the aforementioned conditions.

Before continuing, I would like to add that homeschooling, as with any educational practice, also has a hidden curriculum as described and outlined in this section. While it is difficult to ascertain how it operates in relation to AD(H)D identified children in homeschool environments (I was not able to locate any research data available for this sub-set), research comparing homeschooled children in general with those who attend public classrooms indicates that homeschooled children suffer neither academically nor with respect to socialization (Ray & Wartes, 1991).¹⁶ Instead, as Brian D. Ray & Jon Wartes (1991) note, homeschooled children consistently score either equal to or better than public school educated students in achievement tests, are “emotionally well-adjusted,” are involved in numerous social activities with various age groups and report high self-concept (p. 57). While Ray & Wartes (1991) compare American

¹⁵ How such *power dynamics* play out and how they are reproduced and resisted, in other words the *mechanisms of domination* are covered later in the chapter.

¹⁶ Parental level of education, level of income, amount of religious content in the house, and whether the parents were state-certified teachers were all included as measures of socio-economic status and were all found to be insignificantly related to the child's level of achievement on exams.

homeschoolers to American public school students, researchers report similar results in Canada (Basham, Merrifield & Hepburn, 2007; Van Pelt, 2007; Van Pelt et al., 2009). That homeschooled children are “well-adjusted” in relation to classroom schooled children is indicative that the hidden curriculum operates in and through this setting too and that the “equal to or better than” results obtained could be taken to mean that it is possibly more effective at producing particular subjectivities.

Cultural Capital

In this section, I outline the Pierre Bourdieu’s concept of cultural capital, relating it to notions of biopower and hidden curriculum by way of uncovering hidden meanings and (re)producing power through discursive practices. According to Bourdieu, theoretical tools such as cultural capital are not only descriptive but also constructive—making “it possible to produce things that one could not see previously... dis-covering that which is both unveiled and veiled by ordinary language” (Bourdieu, 2010, p. 431). As such, while commonplace explanations of variations in classroom success among children attributes their success or failure to natural aptitude; Bourdieu’s notion of cultural capital uncovers and explains the variation through social class—uncovering the embodied, objectified and institutionalized forms of cultural capital (Bourdieu, 1986). While cultural capital examines class differences, for the purposes of the study at hand, I use the notion of cultural capital, indirectly and in a limited way, to explore and explain the exclusion of certain behaviours from classroom settings. I accomplish this by limiting my examination for the most part to the embodied form of cultural capital and to the standpoint of the parent. In doing so, I explore how some parents describe their children as being different from others and how they see their children’s actions as being aligned (or not) with the dominant way of being. What I do not explore here is how the embodied description, as understood by the parents,

aligns with the objectified forms (as described in videos, pictures, books, official publications from Alberta Education and so on), which are then re-presented to students in classrooms (institutionalized).

According to the parents in this study, some of the kinds of cultural capital schools value in children relates to their ability to be quiet, polite and acquiescent, and to sit still and work independently whenever they are required to do so; these are the types of cultural resources that parents describe their AD(H)D identified children as being unable to access or deploy. Another aspect of cultural capital relevant to my study is the importance of parental cultural capital when encountering issues related to the schooling of their children (Kelly, 2007; Malacrida, 2003). Claudia Malacrida (2003) notes that while economic capital is important in that those with the economic means that enable them to stay at home, to purchase extra educational materials and assistance and/or to volunteer in classrooms may be better equipped to navigate, negotiate and, where necessary, resist the system; cultural capital, which “consists not only of material and class resources, but also of available time, information about systems, and a sense of entitlement and assertiveness,” likely enabled even those with limited economic means to support their resistance efforts (pp. 238-239). Similarly, Anthony Kelly (2007) notes that the parents’ knowledge about schooling, education and learning affects their level of engagement and that the parents’ knowledge stems from their own experiences and “activated” capital, particularly cultural capital (pp. 23-24).

For the purposes of this study, I use the concept of cultural capital when examining parents’ accounts of how schools excluded their AD(H)D identified children who were unable to sit still, be quiet, be polite, attend to tasks, or work independently, by virtue of their levels of activity and/or attention. I also explore the role cultural capital plays in parents’ decisions to homeschool their AD(H)D children. Do all parents have equal access to the choice of homeschooling their AD(H)D

identified children who lack the cultural capital to do well in classroom settings? Or, is the choice of homeschooling limited to those parents who possess the economic and cultural capital to do so? Also, do parents choose to homeschool because by doing so their children's lack of cultural capital in classroom settings is then made invisible? Or, do parents choose to homeschool because by doing so they believe they can work up their child's cultural capital to acceptable standards? Finally, do parents choose to homeschool because by doing so they can shift the distribution of value given to certain characteristics, taking the weight off of those characteristics their children are unable to access or deploy and putting it on other characteristics they can?

Foucauldian Theory

In order to understand what behaviours and differences are excluded from the classroom, and how, I now outline literature on divisive practices—focusing on how and under what conditions these divisions are effected (Foucault, 2003, p. 247). Practices like education are to be “understood here as places where what is said and what is done, rules imposed and reasons given, the planned and the taken-for-granted meet and interconnect” (Foucault, 2003, p. 247). To elaborate on divisive practices, I rely primarily on Michel Foucault's literature on biopower (1980a/1975, 1980b/1977, 1991, 1995). In doing so, I begin by outlining the broader complexity of power relations; however, since the focus of this study is limited to the specific descriptions provided by parents of children with AD(H)D, I limit my exploration to such descriptions of particular instances of divisive practices.

Practices of governance in the classroom are tied to the institution of education and, in turn, these practices are tied to the larger political landscape. Foucault (1991) points out how multiple practices of governance, including the practices which construct and designate such entities as the head of a household, the educator of a student, and so on, are “internal to the state or society” yet

their practices are tied to “one special and precise form [of government]” that is radically different, transcending the plural forms (Foucault, 1991, p. 91). It should be noted, first, that the link between this transcendental form and the remaining forms of governing is “a purely synthetic one and there is no fundamental, essential, natural and juridical connection” between the two; in other words, the relationship between the transcendental and those more attenuated practices of governance are constructed contingently—through violence, heritage, treaty, complicity or alliance (Foucault, 1991, p. 90). It should also be noted that while this transcendental form of governing both appears to be and is presented as omnipresent and unchanging, it is neither. While in pre-Enlightenment periods, it involved more centralized and sovereign practices, shifting to the emergence of an “art of government” in the sixteenth century where the central aim was to control economy through governance and policing of the family, and finally, to the emergence in the eighteenth century where the central focus of political practice continues to be the economy, but the “common welfare of all” is now controlled “at the level of the entire state” instead of just at the level of the family (Foucault, 1991, pp. 91-95). Now, Foucault (1991) notes, “to govern a state... means exercising towards its inhabitants, and the wealth and behaviour of each and all, a form of surveillance and control as attentive as that of the head of a family over his household and his goods” (p. 92). As it relates to the study, what this says about educating at home or in a school in my view is that both are instances of the same practice of education, but also that they are sites of struggle where the politics of discourse plays out—where discipline, rules and limits are imposed *and* contested, undermined and diverted.

Governance thus involves the management of all things, requiring that emphasis shifts from the knowledge of the divine for justice and equality (religion) to the knowledge for the management of things. What emerges then is a political science. This shift is particularly important as it sets the

stage for the study of populations, where the population is the focus of government and the family is now only seen as a unit—albeit one that remains privileged above others—as an instrument through which to obtain information and manage populations. The family, then, is no longer the subject model of society, the “singular social value,” but instead, population emerges as “the subject of needs. . . aware, *vis-a-vis* the government, of what it wants but ignorant of what is being done to it” (Donzelot, 1979/1977, p. 4; Foucault, 1991, p. 100). Indeed, as Foucault (1991) notes, discipline gained in importance with political science, “when it became important to manage a population. . . in its depths and its details” (p. 102). In this sense then, sovereign justice and discipline become administrative and eventually governmentalized. As it relates to this particular study, while homeschooling is available as a choice for Alberta families to engage in if they so wish, the choice to educate at home does not save the family from inclusion in population management practices because even the practice of home education is governed by the state, and families in Alberta are required to notify the government of their intentions to homeschool and comply with requirements to continue to do so.

As noted earlier, however, governmentalization only appears to be coherent and omnipresent; it is neither. Rather, meanings are constantly negotiated and re-negotiated between various actors through “discursive and knowledge-based activities that produce the effect of making one’s claims act as though true, natural, and real, despite their constructed nature,” activities Foucault refers to as games of truth (Malacrida, 2003, p. 45). Within this landscape, neither meaning, nor truth making, nor the exercising of power are fixed, “located at—or emanating from—a given point” (Foucault, 1980b/1977, p. 198); and, although they may seem enduring and fixed, neither institutions nor the practices tied to them (such as classroom discipline) are fixed. Further, these truth claims and practices are typically exercised both on and through bodies. Jacque

Donzelot (1979/1977) summarizes this as Foucault's "biopolitical dimension: the proliferation of political technologies that invested the body, health, modes of subsistence and lodging—the entire space of existence" with techniques called policing (p. 6). This form of policing, biopower, involves the invasive regulation and disciplining of bodies through multiple means, where power is not simply localized to the government or specific institutions but functions "outside, below and alongside [it], on a much more minute and everyday level" and includes practices of self-policing, mobilized by desire and knowledge (Foucault, 1980a/1975, p. 60). The literature I outlined previously on Alberta Education reforms is one example of how education is managed and re-defined in ways that sustain the focus on the economy while attempting to pacify various stakeholders; however, government efforts do not determine how parents and educators behave—these are the contextual factors which help and hinder what parents and educators, as agents, actually do and are able to do in particular, local situations. Therefore, while I provide this literature to show the complex relations involved in practices of education, I do not explore such broad relations but rather explore the particular instances of how some parents of AD(H)D children perceived the effects of biopower and how they negotiated friction or contestation, caused by their child's inability to access or deploy cultural capital, with educators.

What I have outlined thus far under this section culminates in a couple of crucial, interrelated points that Foucault makes—key points that I take up later in my analysis. The first crucial point is that power is productive and recursive (1995; 1980a/1975). While the effects of power are often described in negative terms (such as exclusion, repression, censorship, abstraction, masking and concealment), Foucault (1995) calls on us to "cease once and for all to describe the effects of power" in such a manner (p. 194). Instead, Foucault (1995) notes that while power exercised through modes of repression is fragile, limited and limiting; exercised through desire and

knowledge, power is strong, productive and mobilizing since it produces subjectivities rather than erasing them. As it relates to the study at hand, this may help explain how parents' desire to see their AD(H)D identified children succeed academically and be happy may impact their decision to homeschool. Also, it may help explain how homeschooling itself may be seen by some parents as an exercise of power. At the same time, this may also help explain how the repression of certain AD(H)D categorized behaviours in classrooms, through modes such as exclusion from activities, frequent visits to the principal's office or use of prescription medications, may be limiting in its scope of reproducing subjectivities; while homeschooling itself may also be limiting by way of masking, concealing or excluding certain behaviours from a communal classroom context thereby limiting the scope of subjectivities being produced.

Another critical point Foucault makes is that with the creation of political science, the docile body is achieved through and is a product of discipline; it is a body that can be analyzed, explored, broken down, rearranged and improved (Foucault, 1995). The Foucauldian notion of discipline is a complex, deeply rooted process involving many techniques such as the distribution of individuals in space which sometimes involves enclosure, separation, coding, classifying, isolating, ranking, and subdividing. As it relates to AD(H)D, schools go further than simply grouping and segregating students by age and grade; they also categorize students in individual classes by degree of demonstrated ability (and inability) to perform as expected. Discipline also involves the control of activities through time-tables, rhythms, and cycles of repetition to regulate individuals' times, bodies and actions (Foucault, 1995, pp. 141-169). The Foucauldian notion of discipline also includes the dimension of self-discipline (also referred to as self-policing or self-surveillance), a preventative process where the "painstaking daily discipline of institutional routines and the constant possibility of surveillance" mobilizes the individual to engage in preventative measures,

and technologies of the self which work to accomplish self-discipline (Malacrida & Low, 2008, p. 4).

Foucault's model gives me a framework for examining how the discipline of children's bodies in school and at home is indeed an exercise in disciplining and constructing the subject that, although not directly related to the state or exercised through brute power, is, nevertheless, effective and understandable as power. As such, for the purposes of this study, I seek to uncover answers to questions such as: What kinds of knowledge and claims to truth do parents of AD(H)D children encounter in the public classroom about their children? About themselves? About AD(H)D? About educational possibilities for their AD(H)D identified children? How do parents of AD(H)D children produce or contribute to the production and reproduction of such knowledge about their children and their children's education? What kinds of truth claims do they produce in their efforts to resist claims made by others? How does a parent's access to available knowledge impact their decision to homeschool? Finally, given that docile, compliant individuals are held in modernity to be normative, I also explore the question: what happens when an individual is non-compliant?

Homeschooling in Alberta

Having outlined some literature on educational reforms and what various theorists have said about the hidden curriculum of education, cultural capital and biopower, I next outline literature on homeschooling, tying it into these theoretical concepts.

Homeschooling in Alberta is not a phenomenon that is easy to situate historically. One reason for this is that the practice¹⁷ of homeschooling pre-dates public schooling (Galen & Pitman,

¹⁷ It should be noted that the term *homeschool* likely had not been coined yet to distinguish between those who public school and those who homeschool. Homeschooling during the pre-schooling era was likely more along the lines of passing on knowledge, customs, beliefs, traditions and certain

1991; Lines, 2000; Stevens, 2001). Another reason is that there is frustratingly little literature available or readily accessible on the history of homeschooling in general, let alone the history of homeschooling specifically in Alberta. A further reason is that homeschooling has meant different things at different times and takes different forms—there are many ways to homeschool and many reasons why parents choose to homeschool.¹⁸ This last reason has made it difficult for researchers to study contemporary homeschoolers—Which method or form of homeschooling are they to focus on? Which parental justifications for homeschooling do they wish to address? Furthermore, as Mitchell Stevens (2001) notes, possibly “because home schoolers challenge the expertise of school authorities, perhaps because so many homeschool families are deeply religious, or perhaps because homeschool parents are, almost by definition, little interested in school reform, their movement has rarely been given the scholarly attention it deserves” (p. 11). Further, obtaining “methodologically rigorous statistical” information on homeschoolers has been difficult because some homeschoolers are leery of government involvement and distance themselves from government efforts to count them or access information about their homeschooling efforts (Stevens, 2001, p. 13).

The practice of educating children or passing knowledge, customs and traditions onto children is neither new nor does it occur only within formal settings. What is new is “universal, compulsory, and comprehensive schooling” (Lines, 2000). The family¹⁹ has been and continues

trades from one generation to the next in a relatively informal manner, likely with little to no *choice* involved in the matter.

¹⁸ For the purposes of this study, the term homeschool covers any form of schooling provided to the child primarily in the home environment. The Alberta Homeschooling Association (AHA) has a helpful comparison chart which shows the various forms of education, where the last 3 columns would fall under the definition of homeschooling for this study (“Alberta Education Programs,” 2017).

¹⁹ Throughout this thesis, I will use the term *family* or *families* loosely, to include all situations where children reside with and/or live under the care of those older than them be it a mother (biological or adoptive), a father (biological or adoptive), older siblings (biological, step or

to be instrumental in the education of children. Not only do families continue to personally educate their children within the home but they also coordinate further educational opportunities with other homeschoolers and institutions within their communities. As noted elsewhere in this chapter, families often collaborate in an effort to enhance the cultural capital of their children through such efforts as assisting with homework, obtaining tutorial support, and enrolling in extra-curricular activities, often willingly and often in competition with other parents. It seems then that parents were and continue to be involved in the education of their children in various ways, whether they identify as homeschoolers or not. It should be noted, however, that while the practice of homeschooling is neither new nor unusual, the practice of contemporary homeschooling—which started off as a social movement²⁰ in the 1960s and 1970s and has been growing and becoming more mainstream since then—is still fairly new (Kachur, 1999; Lesch, 2009; Lines, 2000; Ray, 2017; Stevens, 2001).

One historical figure in contemporary homeschooling, whose work is still celebrated and quoted by some homeschoolers, is an educator, John Holt. In 1964, Holt wrote *How Children Fail*, noting that “most children in school fail. . . . because they are afraid, bored, and confused” (p. xiii). Locating children’s failure in the way schools and classrooms are set up, Holt (1964) indicated that real learning could not occur in school “if we think it is our duty and our right to tell children what they must learn” (p. 179). Instead, Holt (1964) suggested alternative learning environments:

in which each child in his own way can satisfy his curiosity, develop his abilities and talents, pursue his interests, and from the adults and older children around him get a glimpse of the great variety and richness of life. In short, the school should be a great smorgasbord of intellectual, artistic, creative, and athletic

adoptive), extended family (aunts, uncles, cousins, and so forth), foster care, grandparents or otherwise.

²⁰ Where parents fought for the right to choose and access alternative ways to educate their children, more particularly the practice of homeschooling.

activities, from which each child could take whatever he wanted, and as much as he wanted, or as little. (p. 180)

In 1967, Holt followed up with his book titled *How Children Learn*, describing how children use “their minds well, learning boldly and effectively” (1967/1972, p. vii). Holt (1967/1972) noted that children likely do their best learning before they get to school and tried to show “that in most situations our minds work best when we use them in a certain way, and that young children tend to learn better than grownups. . . because they use their minds in a special way. . . that fits their condition, and which they use naturally and well until we train them out of it” (p. vii). According to Holt (1967/1972), what school accomplishes is to change the way children learn, teaching them to think badly and as a result “most of them get humiliated, frightened, and discouraged” (p. vii). Holt (1967/1972) also noted that since “it cannot be proved that any piece of knowledge is essential for everyone. . . . [and since] knowledge changes, becomes useless, out of date, or downright false” it does not make sense to force children to learn “certain things” (p. 186). Holt (1967/1972) called on educators to let the learner learn independently, believing the learner to be “the best judge of what he should learn next” a method better known as “child directed” learning (p. 187).

Holt’s critique of public schooling fueled the contemporary homeschooling movement, while also fueling educational reforms, and was a “significant impetus that initiated the increased desire by many parents to remove their children from traditional schooling” (Lesch, 2009, p. 91). While Holt was writing in the United States about the American education system, his impact on both the homeschooling movement and educational reforms was broader and was picked up across the border in Canada as well.

While Holt’s critique of public schooling may have fueled some “parents who teach their own children primarily for pedagogical reasons,” other parents were also fueled by ideological

reasons, believing homeschooling to be “God’s general plan for Christian parents and His specific plans for their families” (Van Galen, 1991, p. 71). Hence, not only is “homeschooling” split conceptually into pre-schooling practice and a contemporary social movement but parents of the contemporary movement are then further categorized as either *ideologues* or *pedagogues*, (Van Galen, 1991, p. 66); or, as Stevens (2001) notes, contemporary homeschoolers are categorized as *believers* (Christian homeschoolers) and *inclusives* (encompassing a diversity of faiths and lifestyles), each with very different levels of organization within their respective categories (pp. 19-20). Stevens (2001) found that the believers were more homogenous than the inclusive, were much more organized and had more money to support their members and objectives.

In Alberta during the 1970s, some Alberta parents began to homeschool their children for religious reasons in reaction to the secularization of education (“AHEA: AHEA’S History,” n.d.). Other parents started to question the role of the education system along the lines of Holt’s critique of classrooms as stultifying and opted to homeschool their children instead. During the early years of the movement, while some parents received support from school officials, “for many more, the authorities were hostile” and since their numbers were small, it may have made it easier for school officials to “intimidate parents,” especially since legal methods through which homeschooling parents could appeal for assistance were limited at the time (“AHEA: AHEA’s History,” n.d.). These Alberta parents then joined together to develop not only support groups but also organizations through which they could collectively act and react. Some of these groups and organizations eventually registered with the Government of Alberta. For instance, the Alberta Home Education Association (AHEA) registered as an Alberta society on November 26, 1986 (“AHEA: AHEA’s History,” n.d.). During the early 1980s, in a period that coincides with Alberta Education reforms, parents interested in homeschooling their children lobbied the government for

the right to homeschool. After several legal battlesⁱ, in 1988²¹ the Government of Alberta revised the *School Act*, allowing parents the right to choose to homeschool their children as long as they registered with a school board. Following the revision, parents started approaching schools, requesting to register as homeschoolers. One example of this is the St. Jerome's School in Vermilion where, over time, as the number of registered homeschoolers grew, a separate program called the "Vermilion Home Schooling Program" was formed and became an official school program recognized by Alberta Education in the early 1990s ("School of Hope: History," n.d.). Then, in 1996, in response to government cuts in funding for homeschoolers and to provide more support for their homeschooling families, the School of Hope (SOH) was created ("School of Hope: History," n.d.)²². After Alberta Education introduced a Blended Program that year—where students could take some of their classes at home and some in a classroom school environment—the SOH was registered, opening up the Blended Program²³ option to their families as well ("SOH: Handbook 2010," n.d., p. 3). That a blended program was being offered is relevant because it provides another example of how the notion of parental choice in educational programming was constructed and offered to homeschooling parents.

Various municipal governments also became involved in the business of homeschooling, experimenting with different options under the public school system. The Argyll Centre, an

²¹ It should be noted that the 1988 revision was the last major revision of the *School Act*, which was replaced by the *Education Act* in September, 2019.

²² It should be noted that the online publication where this information was retrieved from is no longer available. Despite my repeated efforts to obtain a copy directly from the SOH and other homeschoolers, I was unable to locate one.

²³ It should be noted that SOH now refers to their blended program as the "shared" or "shared responsibility" program.

Edmonton Public School, is one such example.²⁴ The following is a summary of how the Argyll Centre came to be:

Argyll Centre grew out of an experiment of the mid-1990s that asked the question, “*What would happen if learning opportunities were made available to students, through technology, 24 hours a day, seven days a week?*”. . . By 1998, Argyll Centre had been created to amalgamate the learning that had taken place about online 24/7 learning as well as to become Edmonton Public Schools' center for home education services. . . serving students across the province of Alberta, with teachers acting as learning facilitators available to students as and when the students required help. (“History of Argyll Centre,” n.d.)

Thinking back to Foucauldian concepts, I think it is fairly evident from the above outlined histories that, while there is a limiting dimension to the creation of contemporary homeschooling (such as the refusals, restrictions and legal actions homeschoolers encountered), there is also a productive dimension. For instance, during the early years, parents joined together, appealed court decisions, lobbied the government and achieved changes to the *School Act*; in other words, the parents’ power to resist produced change.

Homeschooling remains a legal option in Alberta, and is currently legislated and regulated by the *Education Act* and the *Home Education Regulation*. According to Alberta Education, parents may choose to educate their children at home but they must then assume primary responsibility for “planning, managing, providing, evaluating, and supervising their children’s courses of study” (“Government of Alberta: Education—Home Education,” n.d.). Furthermore, parents are responsible for notifying “a school board or an accredited private school operator of their intent to home educate their children” (“Government of Alberta: Education—Home Education,” n.d.).

²⁴ While the Argyll Centre is a part of the public school system, it does not comprise of classrooms where children congregate, though some on-site classes are offered. Similar programs are available in other Alberta cities. As such, this type of programming still fits into my description of homeschooling and is included here.

For the purposes of this study, I examine how parents of AD(H)D children arrived at the decision to homeschool after having encountered the public classroom setting. While religiosity or pedagogic dissatisfaction may have also influenced parental decisions, my focus here remained centered on the relationship between AD(H)D and the decision to homeschool.

AD(H)D and Medicalization

Before I narrow my focus on certain aspects of AD(H)D, it is worthwhile at this point to provide further background information pertaining to AD(H)D. While debates or *truth games* continue as to the validity of AD(H)D as a medical and psychiatric disorder, or whether AD(H)D is a social and cultural construction, my aim is not to join such debates but rather to examine, through a sociological lens, the perceived effects the label AD(H)D has on children and their families. I take AD(H)D as I find it in the narratives of parents and I let parents inform the study on how AD(H)D has affected the schooling options of their children.

Historical Context of AD(H)D

I reviewed literature, both historical and current, on the phenomenal medicalization of certain childhood behaviours under the heading AD(H)D that account for how AD(H)D came to be constructed as a medical diagnostic category in the form currently recognized by the American Psychiatric Association (APA), how it still remains a contested category, and how it has become accepted around the world (APA, n.d.; APA, 2013; CADDRA, 2011; Comstock, 2011; Conrad, 1975/2006; Conrad & Bergey, 2014; Crichton, 1798; Hallowell & Ratey, 1994; Malacrida, 2003; Meerman et al., 2017; Rafalovich, 2004; M. Smith, 2008). Appendix V, provides a selective, point-form, historical time-line account of how AD(H)D came to be constructed as such.

The time-line at Appendix V may not cover all events and literature relevant to the phenomenal medicalization of certain deviant childhood behaviours categorized under the heading

AD(H)D, with suspected organic causes presumably requiring pharmaceutical treatments. It does, however, provide the basics that are relevant and necessary to help historically situate the phenomenon. In addition to those events listed in the time-line, it is noteworthy that while Ritalin (methylphenidate) was the drug of choice in the 1960s (after it received FDA approval in the US), since then a number of other stimulant and non-stimulant pharmaceutical alternatives have been produced, approved by the Canadian government, and marketed and sold in Canada—including Adderall (mixed salts amphetamine), Biphentin (methylphenidate), Concerta (methylphenidate), Dexedrine (dextroamphetamine), Foquest (methylphenidate) Intuniv (guanfacine XR), Strattera (atomoxetine), and Vyvanse (Lisdexamfetamine dimesylate) (CADDAC, n.d.; Vincent, 2019).²⁵ Additionally, and in conjunction with the development of various pharmaceutical treatments, certain tools²⁶ have been constructed—initially to rate symptoms and behaviours during drug studies and later to rate symptoms and behaviours during the diagnostic process.

Furthermore, the time-line at Appendix V helps us see how, over time, the diagnostic category AD(H)D was constructed to include an ever wider array of behaviours deemed abnormal. At the same time, various technologies such as rating scales used by professionals and public institutions such as schools, coding manuals developed by professional associations, and pharmaceuticals approved by government for treatment of AD(H)D in children narrowed the possibility of acceptable individual behavioural differences through classification (labeling),

²⁵ It is noteworthy that, as of July 2019, Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD) listed 25 medications approved by the US FDA (CHADD, 2019); whereas, as of September 2019, only 9 medications are authorized for sale by Health Canada (Vincent, 2019).

²⁶ More specifically, the Connors Rating Scale was initially developed in the late 1960s by Dr. Keith Connors as a teacher's rating scale to be used during a drug study of dextroamphetamine with children identified as having learning and/or behavior differences (Connors, 1969).

diagnosis (rating and coding) and control (medicating). These observations, however, are not new and others have explored them in more detail, examining them through a sociological lens to uncover how and why such phenomenon occur and the various combinations of factors in the creation and reproduction of the diagnostic category—including cultural differences, racial differences, socioeconomic factors, family structure, pharmaceuticals, changes in the professions of medicine and psychiatry, world events, government action, and so on (Adams, 2008; Brewis, Meyer & Schmidt, 2002; Christian, 1997; Conrad, 1975/2006; Conrad & Bergey, 2014; Exley, 2008; Graham, 2008; Kean, 2005; Kos, Richdale & Hay, 2006; Lloyd & Norris, 1999; Neufeld & Foy, 2006; Norris & Lloyd, 2000; Malacrida, 2003; Malacrida, 2004; Maturo, 2013; Rafalovich, 2001b; Rafalovich, 2004; Rapp, 2013; Simon, 2018; Sluiter et al., 2019; M. Smith, 2008; Wood et al., 2009).

The time-line also helps us see how physicians, psychiatrists and psychologists monopolized control over AD(H)D by virtue of the key way in which they suggest AD(H)D be dealt with: pharmaceutical medications—suggesting, as some have noted, a *pharmaceuticalization* of medicine, which may be contributing to the increase in medicalization (Conrad & Bergey, 2014, p. 31). Indeed, as Conrad and Bergey (2014) note, the forces behind medicalization seem to be shifting, expanding and changing from the “medical profession and social movements to biotechnology (e.g. the drug industry), consumers, and the insurance industry—with medical professionals increasingly taking more of a secondary role as gatekeepers” (p. 31).

Select Literature on the Medicalization of AD(H)D

Peter Conrad (1975/2006, 1992) defines and critically examines the increasing medicalization of deviant childhood behaviours. He defines medicalization basically as “a process by which nonmedical problems become defined and treated as medical problems, usually in terms

of illnesses or disorders” (1992). He analyzes how certain behaviours are defined under hyperkinesis (now AD[H]D) as medical problems, how the treatment of such behaviours predates the creation of hyperkinesis as a medical diagnostic category, and how the science of medicine, particularly the profession of psychiatry, and pharmaceutical companies, in conjunction with government, act as agents of social control, employing the bio-medical model approach to the problem of hyperkinesis. Conrad concludes that, as technology and medical knowledge increase, the likelihood will also increase of other deviant behaviours being medicalized.

Adam Rafalovich (2005a) explores medicalization from the point of view of medical clinicians (such as pediatricians), noting their ambivalence in the diagnosis and treatment process of children with AD(H)D. His qualitative study explores issues such as *boundary expansion* and the effects of contrasting knowledge, both popular and academic, on clinicians and their position in “reflexive social circumstances.” Rafalovich also notes clinicians’ concerns regarding over-prescription of stimulants and the social-psychological as well as physiological side-effects of the medications on children with AD(H)D. It should be noted that clinicians in Rafalovich’s study criticized the language used in the diagnostic protocols. Many indicated they viewed the protocols simply as a manual, in particular because the protocols were not seen as relevant to their practice. Also, clinicians in this study discussed the need to determine whether or not the child’s AD(H)D is primary (neurological) or secondary (environmental/social)—a dichotomy not covered in the protocols at the time of the interviews. Also, and particularly interesting to the study at hand, is that clinicians expressed that “a child may be allowed to engage in explorations that are not mediated by medication. ADHD children, from this perspective, can be better understood through less-structured, un-medicated experiences” (Rafalovich, 2005a, p. 316). Furthermore, as one clinician states: “we might need to be focusing on the kid’s learning process, rather than the

problems he may have with attention or concentration’, denoting that what DSM IV calls ADHD may just be a way of problematising a different learning style” (Rafalovich, 2005a, p. 311).

Rafalovich (2005b) also examines the role educators play in the pre-labeling of children, prior to medicalization. He explores how educators first interpret children's deviant behaviours informally. Then, if the behaviour persists they act officially by bringing in more players who are further removed from the child, such as a psychologist. Rafalovich examines how the school then operates in a semi-official manner though it lacks the authority to officially diagnose AD(H)D. In this sense, the educators are seen as playing a hybridized social role (educational/clinical) and mediate between the family and the official clinician in a semi-official capacity. In his conclusion, Rafalovich (2005b) notes the “porous definitional boundaries between institutions” where educators act and serve the interests of the institutions of education and medicine (p. 41).

Examining the issue of AD(H)D cross-culturally, Malacrida (2004) compares Canada and Britain (UK), two different systems that use two different diagnostic criteria, where the degree and process of medicalization of AD(H)D at the institutional level (education) and the availability of alternative forms of social control differ. She notes that, while educators in both Canada and the UK are involved in the process of medicalization, their ambiguous roles as non-medical professionals who are involved in the identification of AD(H)D and their exclusion from collaboration with medical professionals at the conceptual level, is problematic and results in what mothers in both countries identify as ambivalence of the educators towards their children’s needs. As it relates to the study at hand, parents’ perceptions of educators’ ambiguous roles and their ambivalence towards their children’s needs is particularly interesting since the identification of AD(H)D is not at all significant in guaranteeing classroom modifications and assistance for AD(H)D identified children. In other words, a lack of special education coding and funding

specifically for AD(H)D limits both parents' and teachers' choices of available strategies; making the option of medication appear to be the most viable. Despite this, some parents note another option that I take up later, in my analysis: that some teachers encourage parents to seek alternative diagnosis instead of or in addition to AD(H)D, that are designated special education coding and funding, thereby making it possible to guarantee certain resources that are funding dependant such as the use of a teaching aide for one-on-one assistance. What these instances highlight then is that, through negotiations, parents and educators create space to contest, divert and challenge the official yet fragile limits to educational practices.

There is yet another complexity, an irony, that attracts my attention here and ties into my previous discussion on the hidden and the explicit. On the one hand, it is interesting that while AD(H)D is officially excluded from special education program funding in documents produced by Alberta Education, as I explore later in my analysis, many parents are not aware of this. This is significant because lack of access to this information has an impact on how parents interact with their children's teachers and schools, and this in turn has an impact on how they come to choose to homeschool their AD(H)D identified children. On the other hand, it is equally interesting that while options to medicate or seek alternative diagnosis are more openly discussed with parents, they are not necessarily included in documentation produced by Alberta Education and made available to parents as options for them to consider. This is significant because, through their interactions with their children's schools, parents come to understand these alternatives as official and legitimate, and emanating from a level higher than their particular schools.

The research outlined under this section provides a basic understanding of the process of medicalization of AD(H)D and highlights the role medicalization continues to play in the education of AD(H)D identified children in Alberta. Despite educational reforms, including initiatives that

take individual learning styles into account, prescription medications seem to continue to be the preferred unofficial method of normalizing AD(H)D identified Albertan students. As previously noted, currently in Alberta, AD(H)D children do not qualify for special needs program funding that may help normalize them in non-medicated or supplementary ways. AD(H)D identified Alberta students are thus expected to successfully fit the classroom setting and meet the learning outcomes established by Alberta Education without dependence on consistently available extra classroom supports.

Summary

This chapter has reviewed literature relevant to key theoretical constructs important to this study, in particular such concepts as hidden curriculum, cultural capital, biopower, discursive practices, rhetoric of choice, governmentality and medicalization. The next chapter turns to the logistics of the study—namely, the methods I chose, the structure and approach of the interviews, the recruitment and description of study participants, ethical considerations, and the method of analysis I employed in focusing a lens on the experiences of parents with AD(H)D identified children and how those experiences informed their subsequent decisions and efforts to homeschool.

CHAPTER 3: METHODOLOGY

Following review of literature and reflecting on my personal experiences as the mother of a homeschooled child identified as having ADHD, I resolved to undertake this research project to explore the homeschooling experiences of other parents of AD(H)D children. I feel this topic continues to be relevant and very important at a broader level, given ongoing social debates about AD(H)D, the importance education has in our culture, the increase in medicalization as a form of social control of AD(H)D, and the option to homeschool in Alberta. Having said that, as previously noted, the focus of my study is contained to a specific time period—namely, 2010—and is local, where the topic is likewise relevant and very important to parents whose everyday work is embedded in social relations that are not readily visible to them, thereby complicating the availability of options towards emancipation from problems relating to “knowing how things work [and] how they’re put together” (Smith, 2005, p. 32). With that in mind, I start with a bit of an outline into the philosophy behind research and list the major paradigms available to social researchers, then follow it up with the methodology I favour.²⁷

Either implicitly or explicitly a philosophy of research (i.e. epistemology, theoretical perspective, ethics, etc.) informs each of these components: methodology, research design, and the methods of data collection (Crotty, 1998). The major paradigms of social research include these four types and their many hybrids: positivism, hermeneutics, critical realism, and pragmatism (Benton & Craib, 2001; Crotty, 1998; Hollis, 1994; Manicas, 2006; Mantzavinos, 2009; Turner & Roth, 2003). The particular methodology I favour here is a variant of standpoint theory

²⁷ I would like to acknowledge Dr. Jerrold Kachur to whom I am hugely indebted for helping me better define the statement of my methodology in the following few paragraphs. In both the thesis defense and afterwards, he helped me to better draw out and clarify the implicit methodological approach that I have used throughout my thesis.

emphasizing the multiple perspectives of homeschooling parents and their quest for alternative avenues of learning for their children, and who, in this case, are mostly women, too.

According to Sandra Harding (2003: 291-310), standpoint methodologies are highly critical of traditional social science research, especially when it comes to understanding and accounting for gender relations. Adherents point out that the dominant philosophies of research tend to be politically regressive, philosophically weak, and maximally ineffective. Two dominant criticisms are political and scientific: first, politically, the researched usually belong to less powerful social groups than the researchers and the research concludes a kind of surveillance which disempowers the marginalized. Second, scientifically, this disempowerment tends to facilitate distorted accounts of the researched persons' beliefs and behaviors which are then internalized by the marginalized social groups while also reinforcing the dominant social group's perverse understanding of them. By drawing on Dorothy Smith (1999: 45) and other standpoint methodologists, I take a distinctive standpoint for women but not necessarily as a general attribute of women, but rather to write as a mode of experience of and for homeschooling that is distinctive to women and mothers as marked off from men. Thus, this work knowingly locates the knowing subject mostly outside the dominant textually mediated discourse in my own life and situates itself in my own self, my own local and particular place as someone (like marginal others) who has a body, a mind, and an imagination to produce knowledge.

As epistemology, then, my research tends toward variations of constructionism and subjectivism and certain theoretical research elements of positivism, interpretivism, poststructuralism, and hermeneutics play important secondary roles. For example, my qualitative semi-structured in-depth interviews provide a rich data base for inductively and deductively identifying empirical patterns in the thinking and feeling of my interviewees with valid and reliable

findings; however, unlike a positivist approach with strict analytical divisions between facts, values, and practices, my commitment to standpoint methodology draws from a kind of pragmatic poststructuralism where the research is ethically driven on the side of the marginal subjectivities with a further commitment to freeing subjugated knowledges. These knowledges, I propose, intend also to question institutional coercions, to identify the workings of normalizing power, and to seek potential strategies for emancipation or liberation from oppression.

Interpretivism is also clearly evident in the interviews and was supplemented with a kind of participant observation during situated activities which I monitored. Furthermore, I did not let these “specific descriptions provided by parents” or the “observed practices” stand alone. I understood them as texts open to hermeneutic reflexivity. I triangulated them with my own “auto-ethnographic” experiences and understandings of public schooling and homeschooling. Hermeneutics also alerts the researcher that the interpretation of someone’s experience has to locate the experience in a pre-interpreted domain of “culture” for both the researcher and the researched. My hermeneutic interpretations, thus, also included an understanding of the institutional and cultural dynamics of schools, families, and governments and the texts that they produce, particularly those around the lack of coding and funding for AD(H)D in Alberta (something I did not know when I started this research) and those around the special legislated rights parents in Alberta have that are not found in other provinces (also, something I did know when I started this research). While, the analysis of the institutional and structural dynamics of Alberta education was not central to my research, the secondary literature on these dynamics played an important role in providing a context for developing my interpretive understanding of the relationship between special needs education, institutionalized public schooling, and home-schooling in Alberta, Canada. To summarize, then, there are multiple kinds and levels of interpretation I utilize in this

thesis through standpoint and hermeneutic methodology, namely: (1) previous secondary literature and published research; (2) the key concepts found in established literature; (3) the in-depth interviews; (4) the observed situated activities; (5) my auto-ethnography of personal experience; (6) my normative commitments and ethical positioning; and, (7) the deductive and inductive connections I made to develop an interpretive understanding of AD(H)D and homeschooling in Alberta. I return to my deductive and inductive approach, as well as the critical strategies I employed in this thesis, with a few additional details a little later in this chapter.

As the mother of a child with ADHD, I bring compassion, empathy, interest and understanding to this research. By analyzing the reasons behind parental decisions to homeschool AD(H)D children, I am able to understand how they and their children experience inclusion and exclusion in formal public school environments, how they make sense of and negotiate the handling of their children in such environments, and how, when, and if they comply with or resist the ways public schools handle or have handled their AD(H)D children.

As noted earlier, this study builds primarily on Michel Foucault's (1980a/1975, 1980b/1977, 1991, 1995) theoretical work on *biopower*. In light of Foucault's theoretical work, I explore how parents of AD(H)D children come to know what is understood to be acceptable and unacceptable behaviour in their schools; how parents understand the monitoring and disciplining of the *unruly bodies* of their AD(H)D children in school; and how parents respond to the experiences of their *unruly* AD(H)D children who do not fit the school environment. To understand what behaviours and differences are included and excluded from the classroom and why, I explore how each is understood and "*how* these divisions are effected" (Foucault, 2003, p. 247). Through qualitative interviews with the parents of homeschooled AD(H)D children about the issue of AD(H)D in classroom schools, the target of this analysis is how parents negotiate educational

practices. In doing so, I am engaging in political work (or Foucault's *truth games*) by critiquing and challenging the "normalized images and messages that issue from dominant institutions" by affirming the "received identity" as something to be celebrated, and valued in hopes that space is created for reinventing who children with AD(H)D are, where their differences can be appreciated as part of "different colours and hues in the human tapestry" (Carroll, 2004, p. 9).

As I discuss below, in hopes of remedying any gaps in educational practice that may be uncovered or inferred through this study, I deliberately limit my focus to parental experiences of homeschooling AD(H)D children. I do so both because of my personal standpoint as a parent of a child with ADHD and because homeschooling parents offer a unique insight into inclusive and exclusive practices as well as issues of choice and coercion, and compliance and resistance when it comes to decisions relating to their AD(H)D identified children.

Method of Inquiry: Qualitative, Semi-Structured In-depth Interviews

Critical, interpretive qualitative research creates the power for positive, ethical, communitarian change, and the new practitioners entering this field deeply desire to use the power of the university to make such change.
(Denzin, 2006, p. 779)

Having encountered difficulties and frustrations navigating inclusion for my son in regular classroom settings, I entered graduate school with the desire to contribute to change through social and academic activism and so, since it lends itself to such activism, the methodological focus of my study is qualitative. Qualitative methods allow me to actively engage in and contribute to ongoing critical conversations with an effort towards emancipation of a certain group of people. In this research, the group I hope most to uncover emancipatory knowledge with and for, are parents of AD(H)D identified children. It is also my hope that knowledge uncovered in this study will provide emancipatory information for educators and policy makers—whose practices may be

positively informed and transformed by parental insights.

Also, my research expands on previous studies which critique practices of normalization and classification of behaviour in the area of education (cf. Conrad, 1975; Conrad, 2006/1975; Exley, 2008; Finley, 2007; Graham, 2006; Graham, 2008; Hjärne, 2005; Lloyd & Norris, 1999; Malacrida, 2003; Rafalovich, 2004), where behaviour seems to be quantified into groups based on the presence or absence of certain normally expected expressions. In doing so, I adopt qualitative methods, which allow me to stay mostly within a “discourse among women” where there is a continued, fluid mixing of academic and non-academic work, and where the knowledge that parents (mostly mothers) and I construct about ourselves is accomplished within such a shared discourse (Smith, 1987, p. 7).

Another reason I chose to engage in qualitative methodologies is because, as *experts* and *sources of knowledge*, I wish to focus on the *voices* and *experiences* of parents of homeschooled children identified as having AD(H)D as the standpoint (or, starting point) from which the problematic is explicated (Smith, 2005, p. 38). The interviews reveal the problems explored from the standpoint of parents—with them—in order to uncover how they understand their AD(H)D children have come to be managed in classroom schools and how that management seeps into and organizes the work they do, is mitigated by their work and is sustained by such work (Griffith & Smith, 2005, p. 4). Allison Griffith and Dorothy Smith (2005) have already mapped out and made visible the mothering work involved in schooling, at both the political and the economic levels. While my project does not specifically cover mother work, it does explore other interconnections on the fluid matrix Griffith and Smith (2005) have uncovered—pulling at a specific type of work: parenting children with AD(H)D and more specifically parenting work as it relates to homeschooling.

While Smith's sociological practice of institutional ethnography influences my research, my research is not a full example of institutional ethnography. Foregoing all of the subsequent steps involved in institutional ethnography, I start instead with the actualities of my lived experiences (standpoint), formulating some questions based on those experiences, and simultaneously build on those questions while gathering and analyzing the standpoints of other homeschooling parents of children with AD(H)D.

A further reason I chose qualitative research methods is because they allow discovery and insight to reflexively guide the direction my inquiry takes. For instance, during the course of interviewing parents, as I discovered dimensions not included in my interview guide, I included questions in further interviews to cover those dimensions without jeopardizing the information contained in prior ones.

The Interview

Knowledge evolves through a dialogue. . . The interview is a stage upon which knowledge is constructed through the interaction of interviewer and interviewee roles. (Kvale, 1996, p. 125)

In order to qualitatively uncover how and why parents of AD(H)D children come to do the work of homeschooling, I utilized the method of in-depth, semi-structured interviews. These interviews took place when it was most convenient for the parent and where they felt most comfortable speaking with me (e.g. their homes, a library, a coffee shop, an office, etc.).

The dialogue I had with parents during these interviews allowed for dialectical inquiry later, during the analysis. In the interviews, I allowed categories of conflicting truths to emerge from the parents rather than limiting those truths through questions I posed to them or through suggested categories. As an example, going into this research I was unaware that the category of funding would present as an area of conflicting truths. As the parent of a child with ADHD, I was personally

unaware that special education coding and funding was not necessarily available to children with AD(H)D. On the contrary, my understanding at the time was that it was available and that understanding, in part, guided me in my decision to homeschool. When the funding problematic became apparent to me during the course of interviewing other parents, many of whom also did not know funding was absent, I realized I had discovered a category for dialectical inquiry. Such discoveries made it possible for me to locate and code the anecdotal instances in the narratives of parents. Allowing for dialectical categories to emerge through the interviews allowed me to explore, analyze and make sense of how parents come to homeschool their AD(H)D children and how they understand such phenomenon to be connected to the historically mediated and socially constructed category of AD(H)D (Guba & Lincoln, 1998, p. 206). By engaging in dialectical inquiry and analysis, I uncovered conflicting claims to truth and opened up space within current debates around the issue of AD(H)D where such socially constructed, seemingly inflexible structures and categories as AD(H)D can be altered in ways that make them more flexible and reflexive to the needs of society.

Also, through the interviews, I engaged in situated activities and a situated personal subjectivity where I—as both researcher and subject—am located in the worlds of parents of children with AD(H)D. For example, my interpretations of emerging phenomena were not only made within the context of my location at that particular interview moment but also the historical context I brought with me—both through my own personal experiences as a homeschooling parent of a child with AD(H)D and the meanings I imparted to such experiences, but also through the interpretations of any prior related activities I had engaged in (i.e. previous interviews, academic work, literature review, etc.). Furthermore, my interpretation of each instance of interview was also laden with all the meanings the parents brought, and those meanings in turn were informed by the

multiple contexts that shaped them, and so on. In short, I heard parents' stories from their own positions and histories while drawing on my own theoretical and personal knowledge to re-convey parents' knowledge in coherent and meaningful ways; and also opening up my personal and theoretical narrative to examination. Ultimately, it is my hope that this study will contribute to and inform ongoing inquiries—both qualitative and quantitative—across disciplines and into public policy concerning education.

Further, in order to obtain as much descriptive detail from the parents as I can, I kept my interviews as open as possible; keeping a loose structure through questions aimed at focusing the interview on a specific topic with specific themes without necessarily limiting the interview to a predetermined set of questions—learning from parents and restructuring subsequent interviews and analysis (Kvale, 1996, p. 127). Maintaining such a structure not only served to focus the topic and themes, it also allowed the interview to flow in a way that permitted the parent and me to be placed in positions of *expert* when speaking about our negotiations with particular schools. A key element to the interview process was my view that transformative power would be available through collective action. Without my role as researcher, the voices of the *expert* parents may not have had an outlet to collectively claim a truth. Likewise, without the parents, I would not have had a collection of narratives to call attention to through research.

Interview Guide²⁸

In order to investigate whether or not parents felt coerced to choose homeschooling over public school, whether or not their decision to homeschool was related to difficulties experienced in public school environments and what those difficulties may have been, and to understand what

²⁸ See *Appendix I: Interview Guide* and *Appendix II: Face Sheet* for details.

kinds of experiences related to AD(H)D may have led them to decide on homeschooling as the best alternative for their children, I conducted interviews with parents who homeschooled in the past, were homeschooling at the time of the interviews, or planned to homeschool in the future. I attempted to ensure the quality of the interview by allowing as much spontaneity and flexibility as possible while providing focus through general themes. For this purpose, I followed a semi-structured interview design. I asked short questions that elicited long answers and followed-up and clarified meanings of answers I felt were relevant. I interpreted the interview “throughout the interview,” connecting my interpretations of what the interviewee had emphasized, and finally allowed the interview to self-communicate without extra descriptions and explanations (Kvale, 1996, p. 145).

I framed the interview with research questions focusing the interview on themes I was interested in pursuing (see Appendix II). For each of my guiding research concerns, I included a set of possible interview questions; however, since the semi-structured interview is thematic and dynamic, I asked various types of questions, such as follow-up and probing questions, that were not necessarily listed on my interview guide but rather flowed from the interaction between the parent and myself (Kvale, 1996, p. 132). Such questions proved useful during the “analysis, verification, and reporting” of the interview (Kvale, 1996, p. 132). My interviews also included briefing and debriefing moments where I communicated “the purpose and the procedure of the interview” and obtained informed consent for the study and use of the interview data (Kvale, 1996, p. 153).

Deductive vs. Inductive Approaches

For my research, I used some methods outlined by Barney Glaser & Anselm Strauss (1967) in their grounded theory approach. More specifically, I used those related to inductive and

deductive approaches, and reflexivity. As such, this research involves a complex blend of induction and deduction. For instance, my interview guide, which outlines the focus of my research, is informed by my personal experiences in which the research questions are grounded to some degree and therefore, is induced from my experiences. The research questions themselves are, however, also built on some speculation—that other parents have or have had similar experiences and reasons, as I have, regarding the homeschooling work we perform for our AD(H)D identified children—and therefore, are deduced from those anticipated possible other instances of experience.

Another instance where my research involves a complex blend of inductive and deductive approaches relates to the theoretical position I take. Since I arrive at such a position from my lived experiences, I collected, analyzed and interpreted data from that standpoint. Once again, my personal experiences grounded the research inductively while the collection of other possible instances of similar experiences informed my analysis deductively.

While I described, defined and focused the themes of this research, I was conscious not to let that focus rule out phenomena that was uncovered during the interviews. In other words, I responded reflexively in order to allow for other possibilities and to see other phenomena that were happening that I may not have noticed before, or may not have personally experienced myself, or that may have appeared differently from other standpoints. The issue of funding discussed earlier is an example of this.

Research Participants: Description and Recruitment

The purpose of this research was to uncover how, in the year 2010, parents of AD(H)D identified children encountered and made sense of classroom negotiations related to their children. While I aimed to uncover inclusionary and exclusionary practices through dialectical inquiry, I accepted that there may have been AD(H)D identified children schooled in regular classrooms who

may not have experienced similar difficulties. There may speculatively have been others who experienced what they perceived to be adequate classroom accommodations that were effective as inclusionary practices in perpetuating power relations. There is an abundance of literature in the disciplines of psychology and education that outline how inclusionary practices such as classroom accommodations work in the ideal and in practice. Instead of adding to this already rich literature, I chose to focus on exclusionary educational practices, adding to a much slimmer body of literature that unpacks how such accommodations and management programs break down or are dealt with in practice for some parents and their AD(H)D identified children. As such, I wanted to understand the reasons why some parents of AD(H)D children subsequently *chose* to pull their children out of regular classroom environments to homeschool them.

While some parents pulled their children out of regular classroom environments for pedagogical and religious reasons, my personal experiences indicated to me that there were other parents of AD(H)D children who pulled their children out because of difficulties they experienced in obtaining full inclusion and accommodations for their AD(H)D children within regular classroom environments. Thus, taking my personal experiences and that of prior research as the starting point for this project, I limited the scope of my research to those parents who had or were considering pulling their AD(H)D children out of regular classroom settings—without specifying any criteria for their reasons to do so. Instead, during the interviews, I uncovered the reasons why parents chose to or contemplated doing so (see Appendix III). Therefore, this study only highlights those parents who chose to or were contemplating homeschooling and not those parents who chose to engage with the classroom school setting by keeping their children in school and advocating for them in that space. I must stress, however, that by focusing on parents who had or were contemplating homeschooling, I am not criticizing nor am I advocating for parental choice to do

so, or not to do so—I am simply stating the limits of this particular study.

Since education falls under provincial legislation in Canada, this research was limited to parents who homeschooled within the Province of Alberta, and more specifically those who did so or were planning to do so around the year 2010. I conducted in-depth interviews with 14 homeschooling Alberta parents of primary and secondary school-aged children with AD(H)D—while I called on parents for participation in this study, all respondents were mothers (12) with only a couple of fathers participating during the interviews. Similar to Malacrida’s (2003) findings, one of the fathers presented himself in a supportive rather than primary role—attending marginally, in comparison to the mother, to the schooling of their children. The other father seemed equally involved as the mother, though it was the mother who responded to my call for participants.

After obtaining ethics approval from the University of Lethbridge’s internal review board, I recruited parents from Lethbridge, Edmonton and Calgary; along with suburbs, other municipalities and rural areas around each city. Since homeschoolers are harder to access in that they do not necessarily gather in one place collectively and consistently, through my personal connections to homeschool communities in Edmonton and Lethbridge, I used a snowball sampling approach to reach some parents who might be interested in participating in the research project—this included communications through on-line homeschool groups and forums. I also posted free ads through on-line local classifieds sites in each major city. Further, in the City of Lethbridge, I placed ads on public notice boards in grocery stores, the main library, a major fitness centre that I knew to cater some classes for homeschoolers, and the municipal family services office—calling on interested parents to participate. Since this research was not funded, I did not take out any paid ads online or through print media, television or radio.

I based criteria for inclusion in this research on whether or not the parent: was

homeschooling an AD(H)D identified child; had homeschooled an AD(H)D identified child in the past but no longer did; or was contemplating homeschooling an AD(H)D identified child in the near-future (within a year or so). I chose to include those parents who had not started homeschooling but were contemplating doing so because they offered more immediate access to sense making, not yet mediated by the effects of homeschooling. I further limited inclusion in the study to those parents who had AD(H)D identified children in school grades ranging from kindergarten to grade 12, and whose homechoooling efforts²⁹ were in line with Alberta legislation.

I intended to exclude from this research any parent under the age of majority (18), any parent unable or incompetent to give fully informed consent due to cognitive impairment, and any parent homeschooling an identified AD(H)D child outside of the Province of Alberta, regardless of whether or not they were doing so in line with Alberta legislation; no such parent responded to my call for participants. Since no interpreters or translators were used, non-English speaking parents were also to be excluded; again, no such parent responded to my call for participants. In sum, all those who responded to my call for participants were included in the study and none were excluded for reasons outlined here.

Research Participants: Sampling

While I expected responses mainly from mothers, based on my own experiences and interactions within the homeschooling community in three different cities in Alberta, I did my best to reach out to all parents who were homeschooling, were thinking about homeschooling or had homeschooled in the past. In the end, all of the respondents were mothers.

²⁹ Even if only in a supporting role—such as those parents of children who were registered with a school board and whose work was the responsibility of that school or school board, rather than the parent.

Twelve mothers answered my call for participants . Of those, eight were homeschooling their children at the time of the interview and planned to continue to do so, three had homeschooled their children in the past but no longer were doing so, and one had never homeschooled her child but was considering starting within a year. Though they had not answered my call for participants, two fathers took part in the interviews alongside their partners.

Appendix VI, coupled with the biographical information contained in Appendices VII and VIII, provide information on the sample characteristics. The ages of the respondents ranged from 34 to 55 at the time of interviews, but was much more varied when we take the age at which the mothers actually started homeschooling into account.

Most respondents identified themselves as Caucasian while one indicated she was part Métis. Most respondents identified themselves and their families as belonging to various denominations of the Christian faith while one indicated she was not religious but that her husband and child were of the Jewish faith. All participants were married at the time of the interviews: one family involved a step-parent arrangement, one other family involved multiple adopted siblings and another family had a single child; all other families had two or more children.

Three families moved to the Province of Alberta from other provinces and two moved to Alberta from the United States. All families were living in single family dwellings and owned their own homes. Of the 11 mothers who were or had homeschooled their children, only one was employed outside of the home (part-time) during the time that she homeschooled her ADD identified child. Some had to stop working in order to homeschool their children (three mothers) while others were not employed at the time (eight mothers). Many mothers referred to homeschooling as a “full-time job.” The mothers had varying levels of education: one was not asked her level of education; another reported highschool completion; one other had some college

education but had not completed it; yet another had completed three years towards a bachelor of science degree before stopping and had not returned to school; four others had college diplomas; and four had university degrees—one of which held a degree in education while another held two university degrees. The men that were directly involved in the study as interviewees both had university degrees; one was working on his master's degree at the time of the interview and the other held a PhD. Most families sent their children to school before deciding to homeschool, while one never sent their children to school because of personal experiences of having ADD in classroom schools, and two families only sent their children to school for kindergarten before deciding to homeschool.

Participants contacted me about their experiences involving 15 children (11 boys and four girls); however, when the number of siblings who were also identified as having AD(H)D but did not qualify under the criteria of the study were tallied, the total number of children with whom parents have had experience increased to 18. Of the girls included in the study, two were identified as having ADD and two as having ADHD. Of the boys included in the study, five were identified as having ADD and six identified as having ADHD.

In addition to the children, two parents identified themselves as having AD(H)D. One identified himself as having ADD—he participated in the interview and indicated he “grew up on Ritalin.” Another identified herself as having ADHD but had not been officially diagnosed. Two other mothers indicated their spouses likely have AD(H)D, although they had not officially been diagnosed.

Information reported in this thesis flows from the accounts of participant parents over the course of some 22 interview hours between September 17, 2010 and December 30, 2010.

Voice and Representation

Since I take a critical perspective in order to uncover hidden truths narrated by parents, the voice mirrored in this study is that of both *transformative intellectual* (Giroux, 1988) and *passionate participant* (Guba & Lincoln, 1998, p. 215). On the one hand, as a *transformative intellectual*, through a critical perspective, I build on previous work in the area of AD(H)D and in doing so, bring my "expanded consciousness" about the social construct AD(H)D to the production of what is hopefully a more equitable understanding of educational practices relating to some children with AD(H)D (Guba & Lincoln, 1998, p. 215). Change in this manner is facilitated through confrontation. Starting at the local level, where parents of AD(H)D identified children negotiate and advocate for their children, through parents' narratives, this study exposes the "existing state of affairs (the nature and extent of their exploitation)" in the particular classrooms where their AD(H)D identified children are managed (Guba & Lincoln, 1998, p. 215). In turn, such exposure adds to what some parents are already doing through acts such as homeschooling; this shows that inclusion is not complete, and expands our understanding of inclusionary and exclusionary practices where some AD(H)D identified children are concerned.

On the other hand, as a *passionate participant*, I am "actively engaged in facilitating the 'multivocal' reconstruction of [my] own construction as well as those of all other [parents]" involved in the research study (Guba & Lincoln, 1998, p. 215). By exploring local instances, knowledge uncovered and constructed through this study may facilitate the reconstruction of common understandings of inclusion and exclusion, of what AD(H)D is, and of how it is managed in educational and home settings. Change in this manner is facilitated through reconstruction. The work of uncovering, constructing and reconstructing common understandings that occur through the interviews themselves will, I hope, potentially inform and influence the homeschooling work parents perform. The homeschooling work some parents perform as a result of their child's

AD(H)D can then be viewed as an indication that inclusion is not quite complete or effective in the school setting for some AD(H)D identified children; which may in turn help policy makers chart the path of policy changes that may still be needed.

When exploring who can speak, who can represent, and who will be represented through this study, I asked myself: will my inquiry enable the further empowerment of parents of children with AD(H)D and perhaps also enable better practices of classroom inclusion of those children (Alcoff, 1995, p. 116)? To answer these questions, I examine the issue of authority to speak as given to certain privileged locations (i.e. medical professionals, psychiatrists, teachers, policy makers, social workers, academics, etc.) as opposed to others (i.e. parents—especially mothers) and how this authority or lack thereof affects representation in terms of how AD(H)D and its management occur. Further, I examine whether or not it is possible for me to speak adequately or justifiably for and on behalf of homeschooling parents of AD(H)D children about their children, but also about the contexts within which their children’s educational experiences unfold (Alcoff, 1995, p. 98).

In examining the range of practices of speaking for others and the problems in doing so, I looked at two claims Linda M. Alcoff (1995) identifies. The first claim is that the individual speaker’s social location and identity “affects both the meaning and truth” of what is said, making it difficult for the speaker to “transcend her location” (p. 98). The second claim is that “persons from dominant groups who speak for others are often treated as authenticating presences that confer legitimacy and credibility on the demands of subjugated speakers” and this does not disrupt the “discursive hierarchies” that operate in public spaces (Alcoff, 1995, p. 99).

The first claim may or may not be problematic for me. It may be problematic in that I am a parent of a homeschooling child with ADHD and my location and identity as such affect the

meaning and truth of what I say since I may not be able to transcend my location. Having said that, it may not be problematic because, as such a parent, I am already immersed in the context I wish to study. In this sense, I view my location and identity as a benefit, allowing me to speak with the group of which I am a member (Alcoff, 1995, p. 99). Having noted this, the “complexity of discursive responsibility” becomes evident when I realize that this is not an either/or, yes/no issue but rather a spectrum of possibilities, possible limits and possible problems. As such, noting a benefit to speaking based on a broad group identification is not sufficient since “the complexity and multiplicity of group identifications could result in [specific] ‘communities’ composed of single individuals” or the exclusions of some members (Alcoff, 1995, p. 99). In other words, I was likely the only Turkish-Canadian, Muslim, sociology graduate student, single mother of a non-medicated homeschooled ADHD child, residing in Lethbridge, Alberta, Canada, in 2010. As such, these identities may limit my capacity to speak for others since I am the only one in this group and can then only really speak for myself. Speaking for myself, however, becomes problematic, too; because, if I do not speak for or along with those who are less silenced than I am—who are, in my opinion, oppressed and marginalized—I believe I am “abandoning my political responsibility to speak out against oppression” (Alcoff, 1995, p. 100). I could go on and on with this sort of reasoning, however, for the purposes of this social inquiry, I put myself in the broader group as a parent of a homeschooling AD(H)D child, without imposing further limitations so as to grant myself the right to speak but also to allow a wide range of parents to speak alongside me.

The second claim, again and for reasons similar to those listed for the first claim above, may or may not have been problematic for me when doing the research. Assuming that academia has or at least has the potential to have an effect on social policy, for the purposes of this study, I am, through my position as a graduate student of sociology, identifying myself as a social

researcher. As such, I am aligning myself with a group that is more privileged—relative to parents alone—though, in its own way, marginalized vis-à-vis politicians, policy makers and so on. Having said that, my position as both parent and researcher may act as a bridge between the two spheres, thereby providing an avenue for parents to take part in a more influential discourse, too. In other words, my desire is that, through my current location in both academia (albeit limited) and as a parent, I will be able to provide some legitimacy to the voices of other parents in the marginalized group to which I also belong (i.e. parents of homeschooling AD[H]D identified children). As such, my presence is, as Alcoff (1995) puts it, an “authenticating presence that confers legitimacy and credibility [for] the demands of subjugated [parents]” while actually disrupting the “discursive hierarchies that operate in public spaces” (pp. 98-99).

Ultimately, during dialogue with other parents of homeschooling AD(H)D children, I made a conscious effort to listen to the parents and fight the urge to speak “for mastery and domination” and instead encouraged the parents to speak while I listened. Aligning myself with a more legitimate group (i.e. academia) while identifying with a marginalized group, I hope to encourage dialogue between at least these two separate spheres of discourse: academia and parents.

Ethical Considerations

To ensure the rights and safety of the research participants were met, before I began recruiting parents for the research project, I submitted an ethics proposal to the ethics committee at the University of Lethbridge which included sections on the protection of anonymity and on the confidentiality of parents’ identities and data gathered during the interviews (Guillemin & Gillam, 2004, p. 268). The proposal also included details of how I proposed to obtain informed consent from parents, any potential risks the research project may pose to parents and how I proposed to remedy such risks (see Appendix I) (ibid.).

Once I obtained approval from the committee, I began recruiting parents by posting ads in various places—calling on parents to participate. As parents responded to my call for participants, I spoke with each privately over the telephone and asked them if I may mail a consent form and interview guide to them ahead of time—in order that they may review it and get back to me with any questions or concerns they may have. Once I received approval to do so, I mailed each parent a copy of the informed consent letter and a copy of my interview guide in an envelope specifically marked “private and confidential” along with a cover letter confirming and specifying the date, time and place of our scheduled interview meeting.

On the appointed date and time, immediately before the interview, I reviewed the consent letter with the parent and clarified any aspects of the project the parent sought clarification on. I reminded the parent that they were under no obligation to answer questions they were uncomfortable with. I also reminded them that they could withdraw from the study at any time prior to the conclusion of the research project. I did not turn on my audio recording devices on until after I obtained the parent’s informed consent and I honoured the conditions of the consent throughout the process.

In order to protect the parents’ and children’s identities, I replaced all names of people and places and any other personally identifying information with pseudonyms. I kept all audio recordings in a locked filing cabinet in an office and ensured audio recording folders and containers did not carry any personally identifying information on them. I kept the master list of names and addresses and any face-sheets generated during the research in a separate, locked filing cabinet.

With regards to the issue of potential physical, emotional or social harm to parents which are “hard to specify, predict and describe,” I anticipated that some of the experiences parents spoke to me about may have been difficult for them to cope with (Guillemin & Gillam, 2004, p. 272). To

alert parents to this potential harm, I included a section in my informed consent form notifying them of such a potential and offered to provide them with a list of local support groups and counseling services should they need it.

Critical Strategies

Informed by previous work on AD(H)D as a socially constructed phenomenon that is produced and managed by educational, medical, political and economic groups, (cf. Adams, 2008; Conrad, 1975; Exley, 2008; Graham, 2008; Loe & Cuttino, 2008; Malacrida, 2003; Malacrida, 2004; Neufeld, 2006; Norris & Lloyd, 2000; Rafalovich, 2001; Wood et al., 2009), I used parents' narratives to examine how they encountered and made sense of the definition of AD(H)D. To that end, I examined some of the expansive range of behaviours that parents indicated were attributed to AD(H)D and whether the likelihood of categorizing children as AD(H)D based on such behaviours may have been a factor in the classroom exclusion or inadequate classroom inclusion of those children.

To avoid playing a role in the reproduction of injustice by taking a neutral *arms-length* position on this matter, I took a critical perspective (Carroll, 2004, p. 3). As such, my analytic strategy includes the investigation and criticism of practices of managing AD(H)D in a dialectical manner—by uncovering instances of contestation, as narrated by parents, to the status quo arrangements that educational practices appear to enforce and protect. My strategy also includes a radical analysis of the situation in an attempt to get “at the root of matters: to grasp the deeper, systemic bases of the challenges” AD(H)D children, their parents and educators face in and as a result of educational practices (Carroll, 2004, p. 3). As a subversive critic, I set out to disturb the “ordinary, taken-for-granted assumptions and understandings” about AD(H)D in the classroom that cram a wide range of behaviours into a “limited set of identities and practices” with the hope that

such disturbance allows for the possibility of emancipatory more-inclusive alternatives and better practices of classroom inclusion of children with AD(H)D (Carroll, 2004, p. 3).

Analysis

The interviews in this study were audio recorded with permission from the participants, and each was then transcribed into text. In total, transcriptions were accomplished at the rate of roughly one hour of transcription per 10 minutes of recording—for a total of some 132 hours of transcription. The transcribed text was then fed into Atlas.ti (version 5.2) software for *de novo*, line-by-line, coding for emerging data; and, constant comparative analysis—moving back-and-forth between the codes and the emerging data—to look for similarities and differences. As a result of this method of inductive analysis, codes emerged made up of recurring words or word sets that were interrelated and structured hierarchically into code families that represented common themes. Finally, those code families were reviewed for repetition and some of those that were repeated most often, were reviewed in more detail and were then chosen to be reported on here as issues directly related to the interview questions. Additionally, these four main themes emerged from the interviews: ambivalence, access to information, claims to truth, and mother work. The table at Appendix IV provides an example of the process of analysis undertaken in this study.

Summary

This chapter examined the methodologies used in this thesis. Informed by my own experiences, I conducted 22 hours of qualitative, semi-structured in-depth interviews on 12 mothers (and 2 fathers) with 15 AD(H)D identified children (11 boys and four girls) between the period September 17, 2010 and December 30, 2010. The following two chapters dive into the data obtained from these interviews, connecting the results with the literature outlined in chapter two.

CHAPTER 4: IN-SCHOOL CLASSROOM DYNAMICS

As previously mentioned, schools serve as political sites of struggle where certain hidden curricula (which can be contradictory to formal curricula) and biopower operate, governance and discursive practices take place, and power is produced and reproduced. In such sites of struggle, some children are simply unable to access or deploy behaviours necessary to self-police, act, and work in line within the dominant culture of the classroom setting. The child's inability to do so then leads to frustration which triggers a succession of events culminating in some children being pulled out of classroom settings to be homeschooled. In this chapter, I explore some of those classroom dynamics that trigger the decision to homeschool by examining possible reasons behind a child's transition from one setting to the other through the narratives of parents. I explore how some children are different and why some parents make the transition; and, what impact, if any, special education coding and funding has on parental decisions. I also explore what role teachers and schools play in the transition; and, the impact one-on-one assistance, class size, and the ability of parents to choose whether their child repeats a grade or not, has on their decision to make the transition.

Reasons for Transition

Despite their children having attended different types of in-school classrooms and despite choosing different homeschool options, many parents in this study provided similar reasons for pulling their AD(H)D identified children out of classrooms settings to homeschool them. The following figure demonstrates the reasons parents in this study gave for the transition, which was contested and difficult—not fluid, nor readily available—hence the difficult passage from one setting to the other:

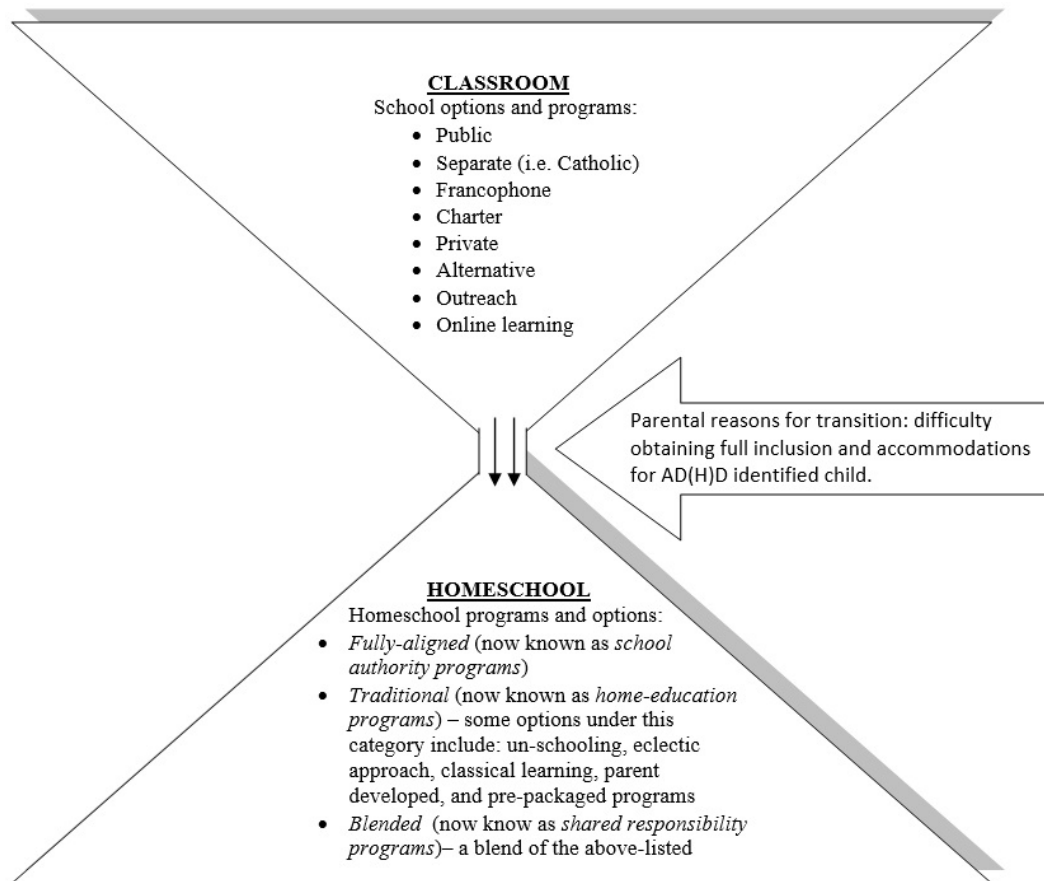


Figure 1: Parental Reasons for Transitioning from Classroom to Homeschool

How Are the Children Different?

To analyze parental reasons for transitioning from classroom to homeschool, I first examined parents’ descriptions of not just how their AD(H)D children were perceived as being different, but how those differences aligned with or stood outside of the parameters of what was discursively represented as appropriate and acceptable classroom conduct. For instance, when a parent indicated that their child “does not respond well to strict structure,” *responding well to strict structure* was inversely implied as the appropriate and acceptable form from which their child deviated. Likewise, a child who was “distracted” was silently contrasted to those who were *attentive* and displayed appropriate and acceptable forms of classroom conduct. Also, where a parent talked about how their child “has meltdowns” for example, the inverse was the *absence of*

meltdowns.

Parental descriptions in this study, uncovered a broad range of differences—each of which implied the inverse as the norm from which they deviated. Parents spoke about differences in a various ways. The following is a list of some of the descriptions extracted from the interviews, followed by a few descriptions from parents:

- | | | |
|--|---|------------------------|
| • Does not respond well to strict structure | • Cannot finish class work and/or homework | • Cries |
| • Has few friends | • Cannot remember tasks | • Feels “stupid” |
| • Does not know how to, or cannot express emotions | • Cannot follow more than one or two instructions at a time | • Bites |
| • Needs one-on-one assistance | • Is inattentive or has trouble paying attention | • Hits |
| • Needs to be redirected | • Cannot focus on tasks | • Throws things |
| • Is slow in getting through work and movement | • Does not like change in daily routine | • Is a mover |
| • Needs someone to stand-over or “sheep-dog” | • Is disorganized | • Is very active |
| • Does not fit into the school environment | • Restless | • Is a climber |
| • Needs more time | • Distracted | • Is hyper |
| • Does not do class work and/or homework | • Hides | • Bothered by noise |
| • Has meltdowns | • Day dreams | • Bothered by light |
| | • Is quiet | • Stimulation overload |
| | • Has temper tantrums | • Stomach ache |
| | | • Tired or exhausted |
| | | • Sleeps a lot |
| | | • Shuts down |
| | | • Becomes quiet |
| | | • Is distracting |
| | | • Talks a lot |
| | | • Is defiant |

To demonstrate, Anne described Adam’s differences, how those differences were brought to her attention by his teacher, the family support worker and school psychologist, and what was done about them, as follows:

Even though he was excited to be at school, he was restless and distracted and he couldn’t get his work done in class, and never did any homework, and, you know, was distracted to the point of distracting everybody else in the class. So, I was called in for an IPP meeting and requested that I take him to the doctor and discuss the possibility of ADHD.

Here, we see the strategies used to govern Adam's disruptive behaviours, the categorization of his behaviours as ADHD even before the involvement of a medical professional, and the deployment of medicalization as a practice of governance to bring Adam's behaviours in line with classroom norms. The option being offered at the IPP meeting was medication to subdue those behaviours deemed disruptive.

Another mother, Beth, described Ben's difficulty dealing with certain teachers and carrying out multiple instructions as follows:

he would just shut down if the teacher was excessively strict and excessively harsh. He didn't respond very well to those kinds of structures. . . . He just didn't handle that and often that was the response that of a lot of the teachers, because of his day dreaming and because of the way he couldn't remember and he would only take, at best one or two instructions and [not] be able to remember the second one or the third one. So then they would be like "(Ben) you were told to do this" but yet he couldn't remember that that was what the next thing was to do.

In Beth's description, we see how Ben was unable to internalize the structures needed to keep him compliant with classroom norms and the frustrations born out of the struggle to govern him. Through her description, we see that Beth characterized the teacher's actions as *excessive* given Ben's inability.

Some of the children's differences as narrated by their parents, likely slowed the teacher down, making it difficult for the teacher to transition the classroom (as a whole) from one activity to another. As an example, Diane described how Jacob was slow to start an activity like reading and he would just "sit for half an hour, he could read whatever he wanted to but he would dream and drift for half an hour and then sort of, then read."

Another mother, Evelyn, described Danny's difficulties with keeping quiet and attending to detail in class as well as his difficulties with keeping things organized at home as follows:

Teachers would always say, “he’s distracted in the class; chats too much with his friends; doesn’t pay attention to detail.” . . . the teachers would say this to him when we’d have parent-teacher conferences: “(Danny), I think you’re, you seem to be capable of doing so much more” and yet there didn’t seem to be any interest on his part to do that. And so, I guess it was all of those things got me thinking and plus just the disorganization and not being able to keep track of things that got me thinking about, you know, maybe we’re dealing with a kid with attention deficit here.

In terms of her description of Kevin’s difficulties, Evelyn started describing his experiences in the classroom by first describing him as a very active, cheerful, and sociable child; then, went on to list his behaviour within the classroom environment as being very disruptive, uncooperative and defiant. In her description, Evelyn noted how noises would bother him and how he was “in over-drive the entire day and of course he was exhausted by the end of the day.” Evelyn also noted differences in the way Kevin was at school from the way he was at home and in other environments as follows:

I thought, there’s something wrong here because when he’s in other environments, when he’s playing soccer, he has some issues but not near to the same extreme as in the classroom. When he’s in a group of kids, he has some behaviour issues but not nearly like what they were in the classroom. I mean he was running out of the classroom, he would run and hide. He would throw things. He’d have what they would describe as temper tantrums.

Evelyn’s description of Kevin helps us see how biopower operates more fully through certain settings, and how it seems to be incomplete generally with children—hence Kevin’s ability to interact with children outside of the classroom environment with less disruption. In other words, generally speaking, Kevin and the children he was interacting with outside of the classroom may not have been fully subjugated into such control and were still immature in that regard, hence they may not have found Kevin’s actions as disruptive. Or, perhaps the other children were well controlled and knew when to self-police and when to expect compliance of others, hence him

having some difficulties, though not quite as bad as in a classroom setting. Or, perhaps there were some other explanations for the differences across settings for the same child (e.g. level of activity and being in movement, as opposed to having to sit still). It also helps us see how his repertoire of behaviours may work to his advantage in certain settings where he was expected to move and make noise (e.g. when playing soccer) as opposed to settings where he was expected to sit still and be quiet (e.g. the classroom). In other words, those behaviours that may have been advantageous in certain settings may have been a disadvantage to him in others, possibly complicating his repertoire of cultural capital.

Before moving on, one may question whether there are any other contributing or co-existing factors that should be accounted for. While differences may be attributed to or complicated by additional reasons, for the purposes of this study, parental involvement in the study and descriptions of children were what set the parameters of the investigation. Where parents indicated co-existing conditions, I made an effort to note them; otherwise, I did not take it upon myself here to tease out behaviours specific to AD(H)D. To help demonstrate the issue, Diane, whose son Jacob was diagnosed with ADD *and* learning disabilities, indicated: “it has been very difficult sometimes teasing out what is the ADD operating and what is the learning disability and yeah, they’re very entangled. . . . I guess they’re often quite entwined.” As Diane indicated, separating the two has been difficult; therefore, while I note that her child also had a learning disability, I did not tease out behaviours attributed solely to ADD.

Similarly, Evelyn, whose three youngest sons were adopted, described the difficulty the eldest of the three adopted children may have experienced transitioning from foster care, the limited amount of information she received about his background, and the resulting difficulty in determining the source of his behaviours. She noted:

when you adopt kids you don't always get as much information as you might like and so you don't know a lot about their backgrounds. . . . I thought that it could have been any number of things. The fact that he was plucked out of, you know, foster care that he's known for a while into a completely different household. I mean, I expect there's going to be a period of transition.

Hence, while I note that her son was adopted and that he has had earlier experiences outside of her household, I did not attempt to tease out behaviours attributed solely to ADHD.

Throughout the narratives—as demonstrated by the few that were shared here—we see that it is particularly the mothers doing the work of trying to understand the difficulties their children face in classroom settings. We also see that the unavailability of information makes that work harder for them (e.g. limited background information for Evelyn's adopted sons). Furthermore, we see that mothers also work to negotiate claims to truth as to the behaviours deemed to be problematic in classroom settings (e.g. children not demonstrating the same level of disruptive behaviours in other settings).

Why do parents make the transition?

As indicated earlier, many parents in this study pulled their children out of classrooms to homeschool them because of difficulties they experienced in obtaining full inclusion and accommodations for their children. To expand on the *difficulties* encountered, in listening to parental narratives it was apparent that the main reason for their transition from classroom to homeschool was the various forms of *friction* they encountered in classroom settings.

To put the study into perspective, it was conducted at a time when Alberta Education was following a mainstream education model but was in the process of transitioning to an inclusive one. It is in the context of the time and education model that parents narrated experiencing friction, resulting in some parents pulling their AD(H)D identified children out of classrooms to

homeschool them.

During the interviews, most parents narrated instances of friction between themselves and the education system, themselves and particular teachers or schools, or a combination of these. Furthermore, most parents tied such experiences to their subsequent decisions to pull their AD(H)D identified children out of classrooms to homeschool them. Additionally, some parents spoke of desperately wanting to communicate with their child, wanting to protect their child, or wanting to do more for their child than what educators had the resources, ability and willingness to do in the classroom.

Unpacking *friction* a bit further, parental reasons flowing from the interviews can be broken down into four: (1) lack of special education coding and funding for assessments and consistent classroom supports, assistance and modifications; (2) problems with a specific teacher, group of teachers, school, or system; (3) lack of one-on-one assistance, especially where student numbers (in relation to the number of teachers in a given classroom) are high; and (4) repeating grades. While these reasons also overlap, parental narratives do distinguish between them to some degree and so, in the sections that follow, I explore each in turn.

Special Education Coding and Funding

One area of friction that caused issues for parents was the lack of coding of AD(H)D, which was necessary to be able to access funding for some special education supports and services in classrooms. Not only was the issue of coding and funding not apparent to many parents—I certainly was in the dark about it as a homeschooling mother and researcher going into the study and have since come to realize that others were equally clueless—but also, many of the other issues they brought up during the interviews were tied to it.

Many parents in this study did not seem aware that Alberta Education does not necessarily

code AD(H)D for special education funding. This is significant because parents report feeling frustrated by the process, a frustration that led some eventually to homeschool their children. During the course of the 12 interviews, the only parent who made it clear that AD(H)D was excluded from coding was Gloria, a school teacher herself. Another mother, Anne, was informed by her family support worker that AD(H)D was not coded and that if they were to code every child that went to school, “the whole school would be coded.” Of the remaining 10 interviews, coding and funding was addressed indirectly in two interviews, while the remaining eight interviews shared direct narratives on the issue.

Generally speaking, in Alberta the process of obtaining specialized educational supports and services for behavior and learning issues flows as follows:

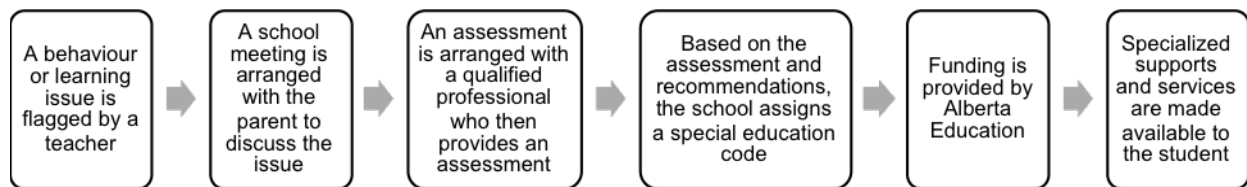


Figure 2: Process of obtaining specialized educational supports and services

Alberta Education requires documentation to support any assigned special education code—including a diagnosis of disability or disorder by a qualified professional and a clear indication of how the disability affects the child’s learning in the educational environment (“Special Education Coding Criteria, 2019/2020,” 2019, p. 4). The Coding Criteria, however, specifically excludes AD(H)D as a primary diagnosis under Code 42 (severe emotional/behavioural disability) and as a mild or moderate disability in combination with other disabilities under Code 43 (severe multiple disability) (2014). Noting this, I contacted Alberta Education to find out if perhaps AD(H)D was reported under a different code. In their written reply to me, Alberta Education indicated Code 58 (Physical or Medical Disability) was generally entered

but that some use Code 54 (learning disability) for students assessed with both AD(H)D and a learning disability. The reply was ambiguous and had me wondering if, like Code 54 for a learning disability, Code 58 was also applied for a co-existing condition. In any event, other communications put out by Alberta Education specifically for teachers make it quite clear that AD(H)D is *not* coded for special education supports and services on its own (“Focusing on Success: Teaching Students with Attention Deficit/Hyperactivity Disorder,” 2006, p. 13). As for the use of Code 58, according to the Centre for ADHD Awareness, Canada, its use seems to have declined (CADDAC, 2017). I was unable to access any specific data to verify that coding for AD(H)D children using Code 58 exists at all—let alone that its use for AD(H)D children has declined—and was informed by a manager at Alberta Education that special education codes are not broken down further to identify specific diagnoses such as AD(H)D. Given the inconsistency in what Alberta Education reports and what parents in this study report, it is safe to state that AD(H)D is—at best—inconsistently coded and only when presenting with a co-existing condition. Without funding, specialized supports and services are neither guaranteed nor consistently available to AD(H)D identified children. Given the absence or lack of consistency of coding, coupled with parental narratives, it appears Alberta Education’s preferred method of dealing with AD(H)D in regular public classroom settings is through medication, thus restricting the choice parents may have in the matter.

While the education system in Alberta continues to undergo major revisions³⁰ and the diagnostic criteria relied on for assessment and diagnosis of AD(H)D also continues to undergo

³⁰ Alberta had been moving to an *inclusive education model*, a move which was a work in progress and may have been thwarted by a recent shift back to a conservative government.

revisions³¹, it is hoped that the narratives provided by parents in the following paragraphs will inform changes in the education system into the future—especially since medication is not an option that is acceptable to all parents (or children), nor is it always effective.

Firstly, it is important to note that the parents in this study were aware of the general connection between special education coding and the availability of funding for schools. To demonstrate, Frank summarized the connection in a few words when he said: “besides, you know, kids with disabilities, coded kids, would bring money into the school.” We also see the connection in Fay’s words when she acknowledged that she “never brought [ADHD] up for any sort of funding or anything;” and, in Anne’s account when she stated:

I don’t know if it’s a rights thing, an insurance thing, or just a financial thing but, without the coding, there isn’t the funding; and, without the funding they don’t offer the service. . . .and to get your child coded, there’s some very, very strict lines that are drawn and Adam was always on that line so, he was never coded.

We also see it in Gloria’s account of a conversation she had with her son’s school teacher at a time when she was looking for resources for him, as follows:

she said, “if we go through the school board, they’re a little biased because they look for something that can be coded so they are able to get funding to help the child. If you want a more objective analysis, go to your doctor.”

Two other parents spoke about funding in more detail—outlining their understanding of where the money goes once it is received by the school on behalf of the student. Evelyn stated:

It’s a monetary issue and the principal has to decide how much money they spend on aides and how much they spend on everything else. So, it’s a very pretty school, they have beautiful new playground equipment, they have a beautiful library, they have nice clean carpets, but. . . . it’s the principal’s decision whether to put a full-time aide in the class. They have their pool of

³¹ The 5th revision of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-V) was released in May, 2013 with a supplement added in October 2017. Prior to that, the 4th revision (DSM-IV) had been in use since 1994.

money and they say, “okay, well” and so this year they decided they would cut back to a half-time aide and use the money for something else; that’s her decision. So, that’s where it’s at.

While Hope stated:

that all comes through Alberta Education anyways. But, in doing my research, the thing that really put me off about putting Cam in school is, private schools have to account for the special funding they get but what they don’t spend, has to be sent back. . . public schools do not. And in fact, I just found out that the (Specific School) here used their funding for special needs kids to build themselves a playground. . . . I’m like, “well, how is it that these guys are telling me he’ll get occupational twice a week but you are saying it’s maybe once a month, maybe, and he might get an aide, and he might get this. And, when I researched more, I found out they don’t have to account how they spend any of that money.

Secondly, parents in this study extended their general awareness of the connection to their own children and looked to coding as either being necessary and important, or unnecessary and potentially harmful. Those who looked to coding as being an important and necessary step, did so hoping to obtain classroom supports to help see their children succeed in school—especially where those supports could be used instead of medication; whereas, those who looked to coding as being unnecessary and harmful, viewed it as a form of labeling and differencing that may be harmful to their children in the long-term. Either way, it seems parents (particularly mothers) invested a lot of their time, energy and resources either pursuing coding (and labeling) or resisting it; and, in some instances, it did not seem to matter what the parent thought, once their child had been flagged by teachers in school they were treated differently.

Kate, for instance, initially resisted coding until she had a conversation with a friend who was assessed while in university. She explained the shift in her thinking as follows:

I was really against coding at first but some good friends of mine are in university. . . . The one girl is very ADHD, very hyper, very fidgety. She made it through school. She did independent learning or something, it wasn’t homeschool but independent learning whatever that meant. . . . but she went

to [A University] and she's in education, and she went through university. . . she said, "you know Kate, it gives them help when they need it so maybe it's a good thing to let them code" because I was really anti-coding, "they're going to be singled out, they're going to be not judged with their peer level, they're going to be judged like a little two year old instead of a six. . . ."

Fay, on the other hand, had her daughter assessed in another province but chose not to bring the assessment up here, in Alberta. She expressed her choice as follows:

I've had the one psychologist and another in (Another City) [in another Province] a pediatric neurologist who spent time with her and who did officially diagnose her. . . . I've never brought it up for any sort of funding or anything [here]. . . . The most she needed to succeed academically didn't really require a code per se; it just required an understanding teacher.

Since there was no guarantee who her daughter's teachers would be from year-to-year, or how understanding they may have been, or how able and willing they may have been to assist her, we see that there is no consistency; and, it may well be that Fay brought up the assessment later on, if she felt it necessary. In such a setting, we see that, while it was Fay's choice not to divulge the assessment and she did what she could to define her daughter without it, she or her daughter may have ultimately had to let it go if they wanted to access certain services.

Hope sensed her son was different and expected to encounter difficulties in school. Unaware of the process of seeking a diagnosis or of PUF³² funding, she did a lot of research looking for the best setting for him and finally decided on a private Montessori pre-school. By the time he was in kindergarten, Hope expressed experiencing a lot of difficulties and feeling like she was at the "end of her rope with him all the time, not knowing how to handle him or what to do and that he needed help." It was during this time that a friend of hers told her about PUF funding and she

³² Program Unit Funding (PUF) is available to Alberta children between the ages of 2 ½ and six who have been assessed as having a severe disability. For more information, please refer to the Early Childhood Services (ECS) page on the Alberta Education website.

started looking into it right away. She was given the name of a private kindergarten and, even though her son did not attend that particular school, they were very helpful. They suggested she start by getting a diagnosis and referred her to an occupational therapist for an assessment and diagnosis. The occupational therapist did not assess AD(H)D but assessed Cam with issues that attracted funding and “that did start the ball rolling on getting PUF funding.” Unfortunately, in Hope’s view, the owner of the Montessori contested the claim that Cam required anything other than the environment she was providing for him at the Montessori. Hope felt the owner of the Montessori would not accept the assessment and felt that she was not going to administer the PUF funding either and started looking for a different school that she felt would. Unfortunately, the owner of the Montessori found out about Hope’s efforts, called her and “tore a strip off” her, saying “he doesn’t need that, why do you want to label your son!?” and stated that Cam was no longer welcome there “as of yesterday.” Hope let the owner of the Montessori know that she did not appreciate the disrespectful way she spoke to her and reminded her that “he’s a little boy who’s not acting out is this way to be spiteful to you. He’s not doing it on purpose.” Hope encountered ambivalence in the reply she received from the owner of the Montessori who told her that Cam was “so sick that there would be nobody who could ever help him.” This was the same person who, up until that point was adamant, in Hope’s view, that all Cam required was her Montessori school. The owner of the Montessori school would not even allow Cam to finish the week off nor would she allow him to return to say goodbye to his friends and teachers. It should be noted that Hope’s younger son was also attending the Montessori by then and she was told he “was welcome to stay because he was such a delightful little boy.” This was a program which Hope and her husband were paying quite a bit of money for and so she pulled both of her children out and requested a refund. After much research, Hope and her husband decided to homeschool because they felt they would

have had to send Cam to a private school to ensure he received the full supports available to him through special education funding for which they had been informed private schools were held responsible, whereas public schools were not. Ultimately, the decision boiled down to the availability of supports and the cost of the program—while supports were available through private schools, they cost “a lot of money.” In other words, in contrast to those who may be financially unable to homeschool, this family was financially unable to *not* do so as the only other alternative was too costly for them.

Back to Kate, even early on, it did not seem to matter that Samantha was not coded, the teachers had, in her view, flagged Samantha as needing help and, unbeknownst to Kate at that time, were extending help to her in the classroom. She described the situation as follows:

she was going for extra help but she wasn't coded then. . . . I think she was struggling in the school. . . . she told the teacher she has a hard time paying attention. That's when they used the cardboard [trifold] around her in grade one.

The trifold not only functioned to literally make Samantha invisible to others in the classroom, it also served to enforce the idea that certain behaviours are best kept hidden. It was through such discursive practices that everyone in the setting would have come to know which behaviours were included and wanted, and which were excluded or hidden. By not informing Kate about the strategies employed in the classroom, the educators not only excluded Samantha by hiding her behind a trifold (however good their intentions may have been), they also excluded Kate by not giving her a voice or a choice in the matter.

Kirk and Jane, parents to Eric (who had never been assessed or diagnosed but whose parents strongly suspected AD[H]D), shared their detailed personal views on diagnosing behaviours—touching on some of the key theoretical constructs outlined earlier, without naming them—and

how diagnosis tied into their decision to homeschool. Kirk summarized their views as follows:

for homeschooling the ADD kid, it helps to have their own agency in choosing and helping guiding to what's important to them, in what works for them. . . . I think that's what the system, or the formal education system doesn't allow—that creativity. So he doesn't know, he's not compared to the norm, so he has a better self-worth. . . . So the system normalizes you and so if you're not keeping up or if you have issues then you get told that you're not right and he's never heard that; he's not defined by that. . . .

Finally, some parents experienced frustration and withdrew their children from classroom schools when they came to know that coding was *not* available for AD(H)D, or they learned their child has other disabilities that are coded and still experienced difficulties accessing what they felt were the most appropriate services for their child, or they continued to be under the impression that their child could be coded and receive funding if only the school would assess and report on the coding properly. Ultimately, as Kirk summarized the choice, homeschooling parents of children with AD(H)D often felt: “what we're doing is situational, in terms of homeschooling. We're dealing with it situationally. We create an environment that the problem is not a problem. . . . We approach it to the point or adjust it so we've created our own system.” On this point, interviews yielded a wealth of parental accounts; however, given the similarity in the process many families underwent, I chose to focus on Gloria's account because it also helped uncover the discursive practices and the process of biopolitics and medicalization—with all its poking, prodding and manipulating—that goes into coding, culminating in the decision to homeschool.

For Gloria, it all began when Sean's kindergarten teacher flagged an issue and brought it to her attention. Gloria recalled the teacher saying: “He's really, really smart but we can't get him to finish any work unless he's got somebody sitting beside him.” Assuming his issues were related to sensory processing, the school decided to bring in an occupational therapist and a physical therapist to work with Sean. After some treatment, while Sean seemed to have improved in his fine motor

and gross motor skills, he continued to struggle with inattention. By the end of kindergarten, Sean's teacher said they needed to pursue something but that the school board would be biased—looking for a disability that can be coded for funding—so she suggested Gloria go to their doctor. Gloria agreed and both she and the teacher wrote their concerns on paper for Gloria to take to her family doctor. In the meantime, Sean's kindergarten teacher forwarded his file to the school board psychologist. After meeting with Gloria and Sean, and conducting his own test (which consisted, for the most part, of having Sean bring his favourite book and read from it), Gloria stated that the family doctor “started ranting and raving” at her, saying there was nothing wrong Sean, that there was “No way this kid has ADHD.”

Around the same time, Gloria received communication from the school psychologist. The school psychologist wanted Gloria to complete a “child behavior check-list and behavior assessment scale” and referred Sean to a speech language pathologist. On reading the check-list and assessment scale, Gloria did not feel it described Sean and so she called the psychologist to voice her concerns. The psychologist explained, “well, we need to call it something, even if it's just temporary, so we can get him the help we know he needs.”

Ultimately, for grade one, Sean was diagnosed PDD by the school psychologist and was coded. He was given “an aide who was just about full-time, one-on-one. . . . and he still got physical therapy and occupational therapy.” However, the school psychologist indicated to Gloria that, for grade two, Sean would have to be diagnosed by a pediatrician or some other professional and recommended Gloria seek a referral to a specific pediatrician from her family doctor. Gloria went back to her family doctor for a referral to the recommended pediatrician but he refused to provide it. Instead, he sent Sean to a different pediatrician—one, as Gloria stated, he trusted.

During grade one, in preparation for what was to come in grade two, Sean was first seen by

the speech language pathologist who concluded there was “nothing wrong with his language skills, he’s got average to above-average intelligence, [and] structure” but that “the traditional standardized testing didn’t work for him because she couldn’t get him to focus long enough, so she said, ‘follow up with a developmental pediatrician and see what you can do to get him to stay on task’.” Sean was then seen by the pediatrician whom he was referred to. The pediatrician examined Sean and asked both Sean and Gloria questions—which was, according to Gloria, “the first time anybody had done that.” In the end, the pediatrician asked Gloria how she would feel about having him screened for ADHD and gave her a reading list and a rating scale to be completed on four different days. He sent the same rating scale to Sean’s grade one teacher. The pediatrician also sent Sean for blood-work to rule out any vitamin deficiencies, problems with his thyroid, etc. Based on the blood results, his examination of Sean, and the rating scales filled out by Gloria and the teacher, the pediatrician diagnosed Sean with ADHD and recommended medication (Concerta). Before trying the medication, Gloria and her husband researched it “like crazy and just process[ed] it for a month.” They concluded that: “it’s been around forever, it seems to work well for most people, we can stop it any time we want, let’s try it.” They then went back to their family doctor who reluctantly provided the recommended prescription for Concerta. They decided to try the medication while they were on a family holiday in order to keep an eye on Sean. They found the medication did not help his inattention, it did not seem to do anything other than producing what appeared to be a tick where he licked his lips almost constantly. They returned to the doctor who reiterated his view that Sean’s issue was not ADHD but he did not offer any other explanation. The doctor doubled Sean’s prescription for Concerta and the family tried it on him on a Sunday. Again, it did not seem to help his inattention. Instead, he still could not focus and was now twitchy, weepy and sad. They tried it again on Monday and his teacher called home to let them know that “it’s not

working at all, he just looks droopy and sad.” At this point, Gloria decided she would not put her son on “anything that makes him sad.” Especially since, as she put it: “at that point, he was really down on himself and he was starting to talk about ‘mom, what would it be like to be dead? What is it like to be dead?’ . . . and so that’s when we seriously started thinking about [homeschooling].”

Gloria continued:

When I told the VP that he was diagnosed, and I was really relieved “this is what we’re dealing with,” she said “oh, Gloria, we don’t get funding for that.” I was a little annoyed but now I understand, she was already thinking of practical, “let’s do what we can do to help him” but the Alberta Education coding criteria specifically says, if a student’s difficulties are due to ADHD, no coding and no funding. So, grade two, no coding, no funding... no aide time, nothing. And I struggled with that because we’re going to a Catholic school and, you know, all the church values of honesty and whatnot, okay, but, if we call it something it’s not, to get the coding, to get the funding, that’s dishonest. If we’re honest about it, then it crushes the child and he doesn’t get an education. So, I was really torn, but I thought, “you know what, we’ve got the homeschooling option.”

Gloria mentioned her thoughts about homeschooling to Sean’s grade one teacher, who used to be a homeschool facilitator³³, and felt encouraged to try it when the teacher replied that she felt Sean would “do so well” with homeschooling. Gloria decided she would give homeschooling a try in grade three.

By this time, since he was no longer coded and did not have access to certain accommodations in class, grade two proved to be a challenge for everyone. Sean’s grade two teacher tried what she could to assist him, including placing him beside a student who had access

³³ *Facilitator* is the title commonly used in homeschool communities and groups to refer to an Alberta certified teacher employed by an associate board or private school, mandated by legislation to provide assistance and recommendations to homeschooling parents, provide supervision of the homeschool program, conduct at least two evaluations of the progress of the student in each school year, and report on the student’s progress (Home Education Regulation, Alta. Reg. 89/2019).

to a one-on-one aide in the mornings so he could benefit from her assistance as well. Unfortunately, as Gloria noted, there seemed to be nothing more the teacher could do and her son's anxieties seemed to worsen.

The only other option, at this point, seemed to be medication. Sean's teacher suggested they speak with his doctor about trying a different medication before grade three and the stress of provincial exams. Gloria and her husband sought assistance from the pediatrician and he recommended they try Stratera. Upon researching Stratera, they discovered it had not been out for long and so they decided not to try it. Instead, they made the final decision to pull Sean out of school at Christmas, and start homeschooling him earlier than they had initially planned.

When compared to the neat, linear flow chart at the start of this section, it is easy to see that the accounts of parents such as Gloria, do not fit and flow as neatly, nor do they end as neatly as the chart suggests. With that in mind, it is not difficult to recognize how frustrating the situation must be for all involved, not to mention the amount of time and energy invested in trying to find a solution within the classroom setting. It is also quite easy to see the amount of work parents (particularly mothers) invest in the process, having to deal with not only the claims to truth of educators and medical professionals, but also having to deal—at times—with feelings of guilt, over misleading the system in order to access services they know their children need and would benefit from. Accounts such as Gloria's also help us see how difficult it is to access relevant information and services (e.g. the doctor making it difficult; and, believing all that is needed is a diagnosis, getting it, only to be told it is not enough).

Teachers and Schools

Another friction that emerged from the interviews, is that parents felt they were not being heard, that their recommendations and requests for classroom accommodations were not being met,

or that they had to make an effort to educate their child's teachers by explaining their child's needs and requesting specific accommodations in order to alleviate any difficulties that were pronounced in the classroom environment. In part, parental accounts flowed from my question to parents requesting that they tell me about any treatments, classroom modifications or services they requested from, or recommended to, their child's teachers (see Appendix II for details). Requests and recommendations, and accounts of responses received from teachers and school administrators were addressed in nine of the 12 interviews. What follows are some examples from the interviews which highlight how the classroom setting is a political site of struggle where discursive practices are employed, claims to truth are made and contested, choice only appears to be rhetorical, students are governed in certain ways, and the cultural capital of both parents and children are either leveraged or dismissed.

Again, Gloria, an educator herself, provides a profound example here. Both Gloria and her husband were school teachers and she relates how she was able to get some accommodations through their connections—they personally knew many of their son's teachers—but, she also relates the difficulty she experienced in getting Sean assessed and communicating his needs. What follows is Gloria's description of the latter situation:

When I was a classroom teacher, I had a kid who had a lot of learning and behavioural problems and they asked me for my opinion and it counted. Now I've got a student, my son, who has learning and behavioural problems, my opinion doesn't count as much. Why? I'm the same person. I've got the same experience, the same education, the same background, I know my son better than I knew that student. Why does that opinion count for less? Yes, I'm more subjective but can't we at least look at that possibility that maybe there is something going on there? Oh, well, no, you get the brush-off.

Another example of parental requests for accommodations and modifications came from Diane who pulled her son out of French class in order to teach him, herself. Diane described the

situation as follows:

I think he found French language learning. . . . at that point in his development anyway, it seemed beyond him and so he, I think he would just sit there and tune out and I think that was very, very frustrating for this teacher. . . . In grade six, sort of to help out both of them, because he was not happy with her and she was not happy with him, I asked for permission to take him out of French classes and I would go to his school and I would teach him French myself. And this teacher was very, very fine—she was fine with that, she was cooperative with that, she showed me all of the materials and she was very supportive of that.

Here, we see that Diane's request was accommodated presumably because the teacher was aware that Diane was capable of providing French instruction. In other words, Diane may have been able to leverage her ability with the French language, but may have had to do so by putting in her own time and by pulling her son out of the classroom setting, presumably also making it easier for the teacher to focus on governing the remainder of the class in his absence. Classroom pullouts function much like the trifold, by literally making the child invisible to the rest of the class; and, also function to reinforce and reproduce those behaviours that are valued, wanted and present.

Evelyn's story provides an example of parental efforts at educating the educator, requesting changes and pushing for them, only to feel "slammed down and squashed." Evelyn described the situation as follows:

I had an OTs report that said what he needed to have success in the classroom. I had to educate the teacher and the administration on what sensory processing disorder is, brought in the DVDs, showed them. I said, "he needs the ball, he needs water breaks, he needs this and that." The teacher said, "sorry, I'm the only one in the class, I can't do this." And then, the school said, "he can have OT support in the classroom an hour a day three times a week for eight weeks and then its pulled." I said, "if he needed a wheelchair, would you take the wheelchair away?" "Well, that's all we can do." So I said, "well then, maybe I need to homeschool him." Well, they couldn't have gone out of the system fast enough. I was just, I was so offended by, just—there was no dialogue. I said, "can we look at this?" the next thing I know, he's out of the school.

Yet another example is Beth's story about her son, Ben. Beth spoke about her attempts at explaining her son's differences to his school for five years in order to obtain accommodations for him, but his school only seemed to begin seriously considering her requests for accommodations when she informed them that she would be homeschooling him. In seeming contradiction to what Evelyn and Gloria described, Beth viewed the school principal and psychologist as not very receptive. The principal called a meeting with Beth, the teachers and school psychologist, where the psychologist asked: "why would anyone want to put themselves through that kind of hell? Why would you want to do that to yourself?" Beth described her view of the situation and possible reasons for the school wanting to keep Ben enrolled, as follows:

the school system wasn't exactly great about it. The particular, they wanted to fight is keep, particularly Brianna in the school system. Ben was moving onto middle school at the time so it wasn't like it was a huge deal. But right there and then when we did that, suddenly they were trying to come up with assessments and trying to do whatever they could. . . . they were suddenly trying to come up with more help. . . . they were trying to help and see us stay. . . . Westward is where we were before and it's a smaller school so every kid that leaves is a huge knock on them. Cause it's an older community and so it's hard for them to get kids. . . and it's kids that are inner-city so losing students isn't what they want.

Other parents expressed similar feelings of frustration. Anne spoke of how her request to switch her son's classroom so he could have a different teacher was denied. Carly spoke about how she met and worked with teachers, volunteering in classrooms, trying to get implemented the accommodations doctors recommended for her son but, in the end, without success. Hope spoke about how her son was kicked out of kindergarten when she went against the views of the owner of the Montessori and sought assessments and PUF funding for her son. Kate spoke about how she requested an assessment for her daughter from school, but felt she was turned down and told that they would assess her if she continued to experience problems in grade six. Kate also tried to let

the school know that her daughter had a different learning style, but was always told to use the same strategies that were, in her view, not working. Linda sought to have her son assessed and the school finally agreed to the assessment when he was in grade two.

Through parental accounts, we see that, while there is a rhetoric of choice, those who were unable to conform to the dominant reality or educational structure, those who were ungovernable as they were, and those whose claims to truth were not accepted, felt they were either pushed out of the classroom setting in order to preserve and reproduce power there, or were made to *choose* medications—even if only through an absence of alternatives. We also see that, again, the work fell mostly on mothers.

One-on-One Assistance and Class Size

One-on-One Assistance

Another area of friction that parents reported relates to the lack of one-on-one assistance or supports for their children (i.e. from a teacher, a teacher's aide, or an occupational therapist). All interviewees narrated experiences related to this issue and some tied it to their ultimate decision to homeschool.

Here, the most profound example is Anne's view since it offers a comparison of two children (boys) in the same family who had very different issues going into school and who received very different treatment in school. Anne narrated her story and concluded that, based on her experience, the single most important thing about educating a child with AD(H)D is one-on-one time with the child—starting early. For that, according to Anne, it did not matter if it happened in a classroom or at home; however, in most classrooms, children were often overlooked and did not get the one-on-one time they needed.

Anne and her children moved to Alberta from another province. She first encountered

difficulties with Joe and Adam's schooling while they were living in another province. Both boys were tested: Joe was assessed as having ADD in addition to dyslexia, hypoglycemia, Oppositional Defiant Disorder (ODD) and Pervasive Developmental Disorder (PDD); and, Adam was assessed as being hypoglycemic and severely ADHD. Adam and Joe were both prescribed medications for AD(H)D and, both later refused medications themselves.

Joe, the younger of the two boys, required and received one-on-one assistance as well as other specialized classroom supports throughout grades kindergarten through three, and then again when he started a private Christian school in grade five. He homeschooled during grade four.

Following a year of homeschooling, Joe returned to classroom school in a private Christian school. He continued to receive support and it is through the details and explanations that Anne provided about the one-on-one support and impact it had on Joe, that we can see what may work for some other children with AD(H)D:

Joe's first year in that school was the first year that he had a shared assistant between a couple of kids. It was the first year that he had only a few modified classes. He didn't take French because he was struggling with English so, why teach him French? So, he had pull-out during French. . . . at noon hour, he had 20 minutes where he would go with the special-ed teacher and they would do music therapy. He'd be put on the ear phones and it's orchestra music but the whole point of the music therapy was to strengthen the listening skills. . . . and while listening to that, he was doing some kind of writing assignment. . . he loved it. . . . And in that year, he jumped another two years in his reading skills and comprehension.

Adam's experiences were quite different and it is Adam's story, when compared to Joe's, that really highlights Anne's view on the impact lack of one-on-one assistance early on in schooling can have on children. Anne explained that, unlike Joe, Adam "was really excited to go to school" junior kindergarten, kindergarten and grade one; however, by grade one, he started to find that school was not "quite so much fun" and by grade three, he was struggling with learning. Anne

continued:

So, the school psychologist did some testing with him and he came out at low average in almost everything so he didn't qualify for extra help or for pull out or for an assistant or for a tutor—he didn't qualify for anything.

In grade four, Adam had a very loud male teacher. This was his first male teacher since moving to Alberta, and he “was really, very scared”; so scared that he would do whatever it took to avoid going to school. Anne explained her view that Adam likely feared his teacher because of the abuse he endured at the hands of a trusted male in another province, which was the reason they had moved to Alberta in the first place. As noted in the previous section, Anne asked that Adam's classroom be switched but the school refused, indicating it would not be appropriate to switch classrooms in the middle of the year.

Next year, in grade five, Adam had the opposite experience at school—he had “a female teacher that took a special interest in him” and even did some unofficial pull-out work with him. Anne described the teacher's special interest in Adam as follows:

even things outside of school, like he was in hip-hop dancing and he requested that she come and see the final outcome of the class and she came and she sat with him through assignments, she helped him with homework everyday, she really took special interest in him and he went through the roof, like academically and emotionally and mentally, physically—he had a great, great year.

Grade six, the first year of middle-school, was another very bad year for Adam. Anne expressed her view that Adam's teachers had not read his records when he transferred to the school and “so, he was put in a classroom and just expected to keep up.” Additionally, at the school, Anne's understanding was that the policy for the administration of medication was such that it caused Adam social trauma. He was called to the office to take his medications, but this was always done “after going into the classroom” in the morning and then again “at noon, just before the bell

rang for everybody to have lunch, he was called back to the office to take another pill.” Anne reflected that the social trauma Adam experienced in middle school caused him to refuse taking his medication. On top of the lack of classroom support and the socially stigmatizing manner in which she felt he was administered his medications, Anne noted that Adam continued to experience the highs-and-lows he was experiencing on medication, and was experiencing the “the beginning of adolescence—it was a terrible, terrible year.”

Due to the trauma and difficulties Anne expressed Adam experiencing, and her view of the lack of classroom supports available to him, Anne pulled Adam out of school to homeschool him before the end of the school year in grade six. Anne explained the changes she observed in Adam at the time just before she pulled him out, as follows:

this child had been so social and very sports minded, he refused to get involved in any kind of sport, he didn't seek any kind of social contact, he stopped doing his homework, and then, he stopped doing class work, he just sat in the classroom all day and did nothing. . . . So, not only had he stopped achieving academically but, emotionally he became withdrawn and suicidal—just so depressed.

Anne continued to homeschool Adam the next school year and had him repeat grade six. Also, at the request and insistence of her other children, she homeschooled them all that year as a single parent. Anne explains the experience as follows:

It was such a wonderful experience. . . . he really didn't struggle with any subject per se, he just struggled hard with concentrating, sitting still long enough, or giving complete answers. Like, he just liked to race through everything and give bare minimum. My goal with him was to try and teach him to give more than the absolute minimum. And I think he kind of got that. It was a really big struggle for him though, because he refused to take medication still. . . . So, we were ahead of the game when I went in for surgery. . . . Then, by the time we started hard core at it again, we were behind and a little stressed. At that point, I said “ok, guys, boys, if we're going to get through the school year you're going to have to concentrate. So, can I suggest that we try the Ritalin again?” And so they agreed to and they were really happy about the difference it made for them. But they only took

it first thing in the morning because we were finished bookwork by noon or one. And then, the afternoon, we spent at the Y, gymnastics, and swimming lessons, and multi-sport, and they didn't need to concentrate then. . . . And they had a great year. . . . it pulled our family together so incredibly. Our family was happy, healthy and, socially, all of the children bloomed that year.

Unfortunately, due to physical setbacks, Anne was unable to sustain homeschooling on her own; so, the following year, when Adam was in grade seven, after doing her own research, meeting with schools, and obtaining subsidized tuition from a private Christian school which she was most impressed by and felt her boys would do well in, Anne sent her children back to school. Anne notes that, with the exception of Adam, all her children "loved" the school; "he seemed to have some kind of separation anxiety."

While Adam experienced some sort of separation anxiety at his new school, Anne noted that "he did okay the first year there" but then, "the second year, he nose-dived again." During his first year in the new school, the doctor switched Adam (and Joe), from Ritalin to Concerta and, as Anne noted, this made a "wonderful difference." Unlike Ritalin, Adam would take Concerta once a day, "it didn't affect his eating as much and it didn't affect his sleeping at all" plus he did not experience the "mountain and valley" effect. However, as Anne went on to note:

because he always fell through the cracks in his earlier years, he was low average but not so low as to be labeled anything. Or, "yes he has some behavioural problems, but not so much that we need to do anything extraordinary for him." And the stresses of post-traumatic stress and ADHD and depression and all the stuff that he was dealing with, the second year at the school he fumbled hard. He stopped doing his homework, he started not coming home after school and I have to go searching for him. . . . and then he started being sick all the time, quote on quote... by this time, he had refused to take the Concerta too. . . . He took it for one year, his first year at the school, and he did very well. And, the second year that he was in the school, he refused to take it. He was oppositional.

Anne pointed to the lack of early interventions as one of two hindrances for Adam. She felt

“he really could have benefitted very much from them.” It should be noted here that Joe was coded between Kindergarten and Grade Three, whereas Adam was never coded; and, so, Joe was afforded assistance, whereas Adam was not. The other hindrance Anne pointed to was the abuse Adam endured while he was in another province. Unfortunately, unlike his siblings, Adam had not responded to “multiple waves of counseling” and Anne believed he was “still suffering hard from the treatment that he had been exposed to in another province.”

The following year, as a result of his ongoing issues and refusal to attend school, Anne homeschooled him again but the experience this time around was very different. Anne was experiencing multiple health setbacks which made it difficult for her to be there to physically supervise Adam during his classes. As a result, Adam did “mostly everything online,” did very poorly and did not finish his classes. He also took part in a program through Canadian Mental Health called *Stepping Away* and did that from September to December. Unlike the online courses, Adam did really well with the Stepping Away program—a hands-on, trades based learning program designed specifically for children with ADHD and ODD.

Since Anne continued to suffer from physical setbacks, she put Adam back into the Christian school but, at some point between the previous year and the year back in the Christian school, Adam turned to substance abuse. At the time of the interview, however, Adam was continuing to attend the Christian school and was taking some responsibility with his learning; so, Anne was hopeful.

Another interesting perspective is offered by Irene, a mother of five whose children only attended kindergarten for classroom schooling and were then homeschooled. Though Irene indicated she would have homeschooled regardless of AD(H)D, it is interesting to note that there were years when she and her husband considered sending everyone to school but decided to keep

homeschooling because, as Irene put it: “When [Andrea] was having struggles with the reading and the grasping concepts, we didn’t feel comfortable sending her out to get that because we knew she wouldn’t get the one-on-one that we could offer. ”

Irene noted how she provided one-on-one assistance to Andrea at home—helping her master her spelling words, work with math manipulatives, do hands-on projects to learn other subjects like social studies, by adapting curriculum and projects to meet her sensory learning style. She also noted that by homeschooling, her daughter was able to sit on an exercise ball when she did her school work, to help “keep the wiggles out.”

When I ask her what she felt would be most helpful if Andrea was to go to classroom school, Irene replied:

I’m almost afraid that she’d go in and be diagnosed as either a slow learner or require an aide. [Whereas,] she might actually need someone to keep her grounded or have a very compassionate teacher who could work with her energy; so, know how to steer her.

In addition to these examples, you will recall the example of Diane who pulled her son out of French class in order to teach him, herself—providing that one-on-one assistance she felt he required. Through the narrated experiences of parents such as Anne, Irene, and Diane, we can see that the medicalization of behavioural differences without a fuller gamut of options to more fully include students, can lead to frustration on the part of not only the parent but, also the student. We see how some parents may struggle to keep their children in line with the status-quo by tapping into their own cultural capital to access services and to provide assistance themselves. We see that some parents exercise power through homeschooling, but that power then is used to try to align or re-align their children with the classroom curriculum (both hidden and formal) in hopes that they can then seamlessly step back into the communal scene—whether in a classroom or in a job

setting—and carry-on with more ease and less disruption. We also see that some children seem to do better in certain types of settings that not only involve more opportunities for one-on-one assistance but, also more opportunities to move around (e.g. Joe’s music therapy, Adam’s hands-on Stepping Away class, Andrea’s modified classes, and Jacob’s French lessons); yet, these are not part-and-parcel of the day-to-day routine of regular classroom settings and those subjects (i.e. reading, writing and arithmetic) and subjectivities (i.e. docile bodies that can sit quietly and attentively, carrying out the task at hand efficiently and effectively) that carry more social value, do not seem to leave enough room for all students.

Class Size

Connected to the issue of lack of one-on-one assistance is the issue of class size. Alberta Education defines class size and differentiates it from student/teacher ratios as follows:

Class size averages should not be confused with student/teacher ratios. Student/teacher ratios measure the ratio of students to all professional staff that provide services and support to the classroom, which could include counselors, teaching assistants, librarians, principals and central office staff. Class size averages measure actual class sizes—the number of students that are in a classroom being taught by a certificated teacher. As a result, class size averages are typically higher than student/teacher ratios.

That said, for the purposes of analysis, any reference to class size by the parents was taken as meaning either of the definitions provided above.

Ten out of 12 families interviewed here offered their views on the issue of class size. For instance, of the various kinds of classroom schools her children attended, Anne noted the one they loved the most, had the smallest classes. Anne’s views in this regard uncover the link between coding, funding, one-on-one assistance, and class size. She stated:

I think the biggest class any of them have been in since starting that school was one teacher and, 15 kids or two teachers and 23 kids. . . . And the

smallest class was, last year my oldest daughter was in physics. And there were one teacher and four students. . . . I think the public schools are overwhelmed with the class sizes and the teacher, there's just not enough funding to get enough assistants into the classrooms. There isn't enough funding to have, especially in the middle school age, appropriate programs to help kids through those awkward years where they have to choose between: "should I stand out and be true to me or, you know, get sucked into, whatever, it takes to be cool?" There, isn't nearly enough support in that way. I think the coding is redundant. The greater majority of the children out there that need help don't get it because they're just not quite bad enough or, whatever enough to get coded.

That said, as stated earlier in the chapter, Anne indicated her son Adam did not respond to the school quite like his siblings and that, while classrooms with smaller student to teacher ratios are better suited for him, he likely would have still been a distraction to those around him and so, homeschooling or a significantly smaller class size would have been most beneficial for him in her view.

Another parent, Beth, narrated how bigger elementary school classrooms that are "so packed jam full," despite multiple classrooms for the same grade, coupled with the lack of an assistant to provide one-on-one help, do not meet the needs of AD(H)D children; especially, as she notes, those with ADD. Narrating the situation in Ben's last year in classroom school (grade five), Beth stated:

They had no TAs, all they had was an IPP. . . . he was in a class of 30. . . . it was a huge class, quite a few kids had autism, quite a few kids were much higher needs than he was. . . . Nobody would even notice—he was just this quiet little boy in the corner and nobody would notice that he was just not understanding and just kind of floating. And, particularly when he did not understand something he'd just totally would go off.

To contrast, Diane and Frank were quite happy with Jacob's elementary school because classes were small, grades were combined and two teachers were present in the class. They described an intimate setting where "the small size of the student body meant that everybody knew

each other. . . it was harder for people to feel left out [or stigmatized.]" Although the school was an ordinary public school, as Frank put it, "it was a little special. . . it was a very tight knit community and it was small so the principle knew all the kids and the teachers knew all the kids so he had a lot of really good support that he might not have had otherwise."

Evelyn described how both she and her son Kevin liked the social aspect of the classroom setting where other kids are around "as long as it's not too big"; and pointed to the flexibility homeschooling offered, and the smaller one-on-one experiences that are encountered, as advantages for Kevin.

Another interesting snippet from my interview with Evelyn was how, in her interpretation, administrators at Kevin's school, while he was in grade one, were looking to "farm" him out. They had set up a placement for him at another school and described the other school to her, pointing to class size, among other things, as a possible advantage for Kevin. Evelyn narrated the exchange of information as follows:

Grade one, he had an aide for the first month, wasn't working. I was told that "he should go in the behaviour class and weren't we lucky, there just happened to be a spot left at (Specific) school and he was fortunate to get in". . . . they said that "this is the best site and we were just so lucky. . . . to get in here because they have smaller class sizes, they have a full-time aide, and really this is a behaviour issue, that's where he needs to be."

Hope and Kate both narrated stories of shocking conditions in schools, where the student population had outgrown classrooms, spilling into hallways, taking over libraries, and squeezing into emptied storage rooms. Hope described how her city was booming and schools—no longer able to handle the larger student population—"had to actually take out libraries out of the schools or make them a lot smaller to put in classrooms because they have way more students than they actually have room for." Kate described a similar situation in schools her daughters attended as

follows:

I think that's a huge issue. . . . this 17 kids a classroom, I don't know where they come up with the statistic but I just think it's hogwash because any school in this south end is 30 minimum, minimum 30. So. . . when (Samantha) started grade two, they started her in the emptied, it was like the storage room cause they had no classroom. So, she was in a storage room. If one kid on the end had to go to the bathroom, they had to all slide out because it was only a little, narrow room. . . . There was no library for the first three years because the library was the classrooms for most of the kids. . . . They had no room in [(Natalie's)] school. Do you know where the classroom was? . . . in the hallway. They had cardboard partitions in the hallway, down the hallways and in front of the office and I'm looking at these people going "oh my gosh, my kid doesn't even know her colours, she can't even focus, how is she going to learn in a hallway with the school phones going, students constantly walking by."

Kate offered a solution for teachers if they were to go on a strike: "when you guys strike, you strike and demand that those classes are not bigger than 20 kids a class, demand it. If a class is bigger than 20, you're not teaching that class."

Gloria offered yet another interesting perspective into class size and the availability of assistance for all students; a perspective from having homeschooled her son for some time. In speaking about what she thought would be best for Sean, Gloria said "the ideal classroom situation for him would probably be a very small group. . . definitely under 10, I would say five or six. . . with one teacher, maybe even two so that if somebody wanted to go off on a tangent, the teacher would be able to do that."

Another interesting perspective was offered by Linda, a mother who was contemplating homeschooling but had some anxieties getting started. On the issue of class-size and assistance, as well as medications, she stated as follows:

I think he enjoys being in a classroom but this year, he's got 16 kids in his class instead of six and just one teacher and a part-time TA. So, there's not a lot of help. . . . and when he is on his meds, the teacher is very happy. But, like he says, they make him feel nauseous. So, she's happy.

Despite government initiatives to reduce class size, it continues to be an issue in Alberta. According to the views of parents interviewed in this study, large class sizes pose added difficulties for their AD(H)D identified children.

Repeating Grades

Yet another aspect of classroom friction that parents report on relates to whether or not the child should be held back a grade. While I did not specifically ask parents whether their children repeated grades, or whether the schools requested their children repeat grades, of the 12 families whose interviews are reported here, seven spoke to this issue in a variety of ways. For the most part, parents see homeschooling as advantageous for their children who struggle in school because they are able to focus on the child's needs and take their learning at a pace that best suits them. Indeed, some parents even expressed these concerns prior to their children entering school.

Two mothers, Anne and Kate, indicated that part of their motivation for homeschooling was because doing so enabled them to keep their children back a year, the first year they homeschooled—one in grade six and the other in grade two, respectively. Three others—Diane, Evelyn and Hope—indicated that, for them, homeschooling allowed them to keep their children back one year, in kindergarten. Another mother, Linda, who had not started homeschooling yet, was worried her child would be kept back a year if they were to homeschool for a short period of time and then return to classroom schooling again, later.

While some mothers actively sought to have their children held back a grade, others opposed such action. Kate, for instance, talked about how she felt her repeated requests to have her daughter repeat a grade (from kindergarten through to grade three) were refused by teachers and school administrators. Conversely, Beth spoke about pressures she felt from teachers and school

administrators to have her child repeat grades one and five, and her refusal to allow it.

These parents spoke in a variety of ways about how homeschooling related to their child's grade placement and how the friction between their desires and those of the school's contributed to their decision to pursue the option of homeschooling.

As noted, Kate indicated that part of her motivation to transition to homeschool was to be able to keep her daughter back a year the first year she homeschooled. Kate spoke about how, in her view, teachers and school administrators denied her repeated requests to have Samantha repeat a grade in order catch up to her peers academically. She described the situation as follows:

I felt she wasn't ready to continue on with the academics. Socially, she could have but academically she did not have the understanding basis that she needed to continue moving up and I thought, if she kept on going, it would just snowball—she would just get more and more and more behind. And they would not let me hold her back a grade.

Kate's commentary uncovers friction between her and the educators around the issue of core academic and social qualities expected of Samantha. Further, we can see that perceived coercion from teachers to have Samantha continue on from one grade to the next posed a parenting dilemma for Kate, who likely also felt her insights sidelined and a pressure to deal with her daughter in ways that she herself disagreed with.

Kate's parenting dilemma helps illustrate the role cultural capital plays in both Kate's insistence and what she feels is the teachers' refusal, the kinds of knowledge and claim's to truth Kate encounters, and the production of Kate's own truths and knowledge through the dilemma she faced. On the one hand, Kate felt she was made aware of what was expected of her daughter—she was expected to move through the grades with her classmates. On the other hand, Kate felt Samantha was not academically ready to do so and felt it would be better for her to repeat a grade. In this case, the kind of cultural capital valued by the school may have been Samantha's ability to

move through grades with classmates and indeed this seems to be what her teachers were pushing for; yet, it seems Kate sought to limit this in favour of academics—a resource she felt was more valuable in the long-term. Here, we also see how the hidden and formal curricula are sometimes at cross-roads and can see the ambivalence in what is expected and why—where students and parents feel they are told one thing yet the schools do another, because the impetus behind the school’s actions is hidden while the words are formally recognized.

Since Kate felt her daughter was not ready to move onto the next grade academically, she deployed her own cultural resources to deal with the school in order to push for action. Although Kate contested what she viewed to be the teachers’ claims to truth (i.e. that Samantha was both academically and socially able to move onto the next grade) and although she activated her biggest cultural resource for the task (i.e. her sense of entitlement and assertiveness), it seems she was not successful in getting the school to allow Samantha to repeat grades.

There appears to be multiple issues that may be at play here and could be either one of, any combination of, or all of them. It could be that: (1) the school may have placed more value on the educator’s qualifications and knowledge of age-appropriate norms³⁴, over Kate’s qualifications and knowledge as Samantha’s mother; (2) Kate may not have been fully aware about the systems in place at the school; (3) Kate may have placed higher value on certain cultural capital over others (i.e. academics over social standing); (4) Samantha’s school may have placed higher value on certain cultural capital over others (i.e. students’ social standing over academics); (5) Samantha’s school may not have had the resources or may not have been able to afford to allow children to

³⁴ It should be noted that, in the assessment and treatment of children with AD(H)D, the APA *formally* placed greater value on teacher’s perceptions over that of parent’s presumably because they were seen as having “greater familiarity with age-appropriate norms” (Kiger, 1985 as cited in Malacrida, 2003, p. 28).

stay back a grade; (6) Samantha's school may not have been consistent or effective in their communications with Kate regarding grade expectations and reasons for wanting to pass Samantha on to the next grade despite her poor academic performance; or (7) Some other reason or reasons not listed here.

By contrast, Beth spoke about her continued refusal to give in to pressures from teachers and school administrators to have Ben repeat grades despite his academic success. Beth described the situation as follows:

... it happened twice that they wanted to fail... the biggest irritant is that he would work so hard to get his grades where he was passing and then the teacher... "you're not mature enough to go to the next grade." ...And now, what am I supposed to say to my son?... "Yeah you tried so hard but no, you can't pass."

Like Kate, Beth's commentary also uncovered friction between the parent and educators around the issue of standardized, core academic and social qualities expected of a child. Likewise, we can see that pressure from teachers to have Ben repeat grades posed a parenting dilemma for Beth, who likely felt her efforts to get Ben to do the school work were being undermined. This frustration caused by ambivalence was particularly evident when Beth stated:

... as a parent, it was our choice. If he wasn't fundamentally ready with his education to go to the next grade, I can sort of understand that; but to hold him back because of maturity saying he won't be able to handle the junior high scene and won't be able to socialize as well with the next group, wasn't fair or right for him.

Beth's commentary also helped uncover the differential treatment of certain behaviours by some educators and the categorization of some AD(H)D children as being "immature" and "unable to handle" new social situations. It is noteworthy that only some of Ben's teachers wanted him to repeat grades, reflecting the inconsistency in teachers' efforts, further compromising Beth's parenting efforts, disrupting parental involvement in education, and causing further friction

between parents and educators.

At first blush, it is not clear why having Ben repeat grades would be an appropriate response to learning. In school records (i.e. report cards and standardized test results), teachers often only report on students' academic progress and efforts towards that progress. This value placed on demonstrated academic skills that align with standardized curriculum keeps hidden another aspect of schooling that is not quite as standardized and consistent: the socialization of children in preparation for adulthood and their ultimate participation in the economy. That said, the reader may recall that Ben's school was a smaller inner-city school in an older community, struggling to get students enrolled and this may well be a reason why some educators were more willing to see students who they felt were struggling socially, repeat grades.

Despite their differences, both Kate and Beth's narratives uncover a similar friction between their desires and those of the school as a contributing factor to their eventual decision to pursue the option of homeschooling.

One other mother, Linda, who had never homeschooled, expressed conflicting ideas. Linda was thinking about pulling her son, Billy, out of a specialized school program to homeschool him for half a year but worried that he would lose a grade if she did so. Interestingly, Linda contradicted her worries by also indicating that classroom schools discouraged having children repeat grades. Linda also worried about the impact repeating a grade might have on Billy, socially. Linda expressed her worries as follows: "I mean, if I pulled him out let's say in January and he went back in September, he would still be in grade four. I mean, those things I worry because he's big for his age."

From Linda's commentary, it seems the friction was in what she knew—she was trying to reconcile the conflicting knowledge she had gained. She spoke of homeschooling as a practice

different from classroom schooling and administratively dealt with in ways that imply it was inferior when transitioning back to the classroom, yet superior and more in tune with “realistic life.” Linda’s narrative is quite interesting in that it uncovers the knowledge and truth making processes at play. Perhaps this is a thread that can be picked up and explored in more detail in subsequent studies.

Summary

This chapter examined two questions at the heart of this thesis: *how do parents experience, make sense of, and respond to the classroom experiences of their AD(H)D identified children; and, how do those experiences then inform parents’ subsequent decisions and efforts to homeschool?* The findings related here deal with the friction parents encountered when their children were not fitting into the classroom environment. Most profound of the causes of friction given was the lack of special education coding and funding—something that was not apparent to all parents. Without funding, parents were unable to ensure their children received consistent assistance and any modifications they may have required to successfully fit the classroom environment. Some parents noted a lack of understanding teachers, of one-on-one assistance, of more intimate (smaller) classrooms, and the inability to repeat grades without encountering social isolation or stigma, as specific stressors. Given that parents were mostly unaware of the lack of coding, their efforts—which often spanned years and included in-class (e.g. volunteer work and meetings) and out-of-class (e.g. completion of incomplete classwork at home, plus additional homework) assistance—resulted in frustration and dissatisfaction with the system, resulting in them turning to homeschooling as a way to remedy the situation while also sheltering their children from what they perceived as ineffective and possibly harmful practices, and also as a way to strengthen their family bond. Of note is that throughout the interviews, it was the mothers who were mainly (if not solely)

involved in communications with educators, advocating for services for their children, working to gain knowledge about the system and what might be required to see their children succeed in classrooms, volunteering their time at their children's schools, and ultimately also when it came to the actual work of homeschooling. Next, I explore how parents came to know about homeschooling.

CHAPTER 5: DISCOVERING HOMESCHOOLING

In this chapter, I analyze the narratives of parents to explore how they came to know about homeschooling, if and how they communicated their decision to homeschool with their child's classroom teacher, and how receptive teachers and others were of their decision.

While discussing and negotiating education options with their schools, not a single parent reported initially having received information directly from educators about homeschooling as an option available to them. Of the 12 families that were interviewed, three reported receiving encouraging feedback from educators, but only after the parent discovered homeschooling through other avenues. The narratives of those who reported encouraging feedback suggests they were likely seen as capable of doing the work of homeschooling. Seven other families reported encountering discouraging comments from educators. One family had not started homeschooling. And, one other family had not taken the issue to their child's school, though they did encounter discouraging comments from family members.

The parents in this study explained how they discovered homeschooling through friends and other parents, rather than teachers and school administrators. While homeschooling remains a legal option in Alberta and publications are put out by Alberta Education and are made available to the public, it is not a mainstream option nor is it readily apparent to some parents that such publications and laws exist; some wonder if they actually are allowed to homeschool, not just whether or not they can do it. As is the case here, often it is only after encountering positive examples of homeschooling and asking other parents about it, that parents begin to look into it as a viable option in more detail. In this chapter then, starting with Anne, I examine the stories of each

of the interviewees—some in more detail than others.³⁵

Anne's Story

Anne first learned about homeschooling years ago from a large homeschooling family while she was living in another province where homeschooling was “unheard of.” Later, after she moved to Alberta, she met a couple of other families that homeschooled. Anne notes that, aside from the family support worker, Sheila, who “carried” Anne and her family through some very difficult times, Grace, a homeschooling mother, was “one of the most significant people” in her life since moving to Alberta.

Now, before going further, it is significant to note the impact both Sheila and Grace had on Anne's life, and their differing views on homeschooling as Anne narrated it:

the family support worker. . . was the first one to raise an eyebrow when I said “well, you know Adam is doing really poorly in school and I'm concerned that Joe is not reading and I think I'm going to homeschool next year.” And she was like, “are you serious? Do you really think you can manage that and?”. . . She was just concerned with like “how are you going to do that?”. . . then, she discussed it with Joe's teacher and assistant. And then, somehow, all three of them got me all at once kind of thing and I was like “well, you know I've made up my mind. I'm going to do this.”. . . So, they couldn't change my mind. . . . [Grace] was homeschooling her youngest daughter. . . . well she had her in (Name) Christian School for a couple of years and she said, “no, I can do it better.”. . . She homeschooled and I thought, “. . . . I want that for my family.”

According to Anne, both Sheila and Grace went out of their way to help Anne and her children through some tough times, and Anne trusted and respected both women. That said, perhaps partly because Sheila worked with(in) the system, trying to get what was best for Anne and her children and Anne understood this; or, perhaps because Anne felt she was physically and emotionally strong

³⁵ It should be noted that the narratives—both quoted and summarized—reflect the experiences of the parents and should be read as *their* views, experiences or truths.

and ready to take back control over her life and make critical decisions that would impact both her and her children's lives—including decisions regarding their schooling; or, perhaps because Sheila's views on homeschooling were so different from what Anne held, after having observed homeschoolers; whatever the reason, having experienced friction and frustration (as was noted in previous sections), Anne appears to have been ready and determined to homeschool despite resistance from Sheila and her sons' teachers.

As a single mother of four, Anne was already busy working to provide for, care for, protect, support and encourage her children. She was also busy advocating for her children, arranging necessary care and support from professionals, and meeting with educators. Having encountered road-blocks in navigating the education system for her older ADHD son, and having arrived at the decision to homeschool, she not only had to do the extra work of learning about this “new” method of educating and thinking about how to logistically make it happen, but she also had to work to counter the claims to truth from others (i.e. the support worker and teachers). She felt ready and able whereas others did not feel she was. It would appear Anne's was an uphill battle on that front and one wonders how it would have been if she received encouragement and assistance from educators and the education system.

Beth's Story

Beth first learned about homeschooling through her homeschooling friends. She spent six months helping one family homeschool their child to “research to understand whether this would be good for” her family, too. She also had exposure to other homeschoolers through the church her family attended and learned about the various methods of homeschooling through them. While Beth did the extra work of communicating with Ben's school, and actually homeschooling another child and learning about homeschooling, she only arrived at the decision to homeschool her own

son after she did her research and after she discussed it with her husband. Once decided, Beth was the one who did the extra work of communicating the decision to Ben's doctor and his school, and was the one who did the most of the homeschooling work.

Ben's doctor was supportive. He said: "yeah, that would be a good thing to do. . . that would be very helpful in a lot of ways." Ben's school, however, was not and it seems Beth was met with resistance. Beth described the school's reaction as follows:

the principal was very, wanted to have a meeting with the teachers and me and wasn't received very well. The psychologist. . . said, "why would anyone want to put themselves through that kind of hell?" . . . "Why would you wanna do that to yourself?" . . . A lot of teachers just don't see that, think that you're capable or think that that's something that should be done. . . . yeah, the school system wasn't exactly great about it.

As mentioned in the previous chapter, the school was particularly interested in keeping Beth's daughter, Brianna, in school; likely because, as Beth suspected, they wanted to maintain their student population and not lose any students. To do so, the school started looking into Ben's issues in more detail—offering assessments and wanting to help more such that, as Beth put it: "things that they couldn't do before, became available all of a sudden."

The school psychologist's reaction was particularly shocking and full of irony. Afterall, Beth was informing them that she would be doing the work the educators were attempting to do—educating her son. It is not quite clear if the school psychologist meant the work itself was "hell" or if they meant the setting would be. Whichever the case may be, perhaps that reaction and the possibility that the work itself (both Ben's school-work and Beth's mother-work) in the school setting was "hell", was enough to cement the decision in Beth's mind. That, of course, is speculation on my part.

Carly's Story

While I did not ask Carly specifically how she first came to know about homeschooling, her narrative makes it clear that she first learned about it elsewhere and not through her children's school. Interestingly though, she looked for an appropriate program for her children before she started homeschooling them; and, while she "was okay with the idea of homeschooling," she actually preferred a school program because "their needs were too specific." Both Gavin and Jessica were gifted and were, what is commonly referred to as, *twice exceptional* or *dual exceptional* kids—referring to their intellectual gifts and special needs. As such, Carly was not able to find a public school program that fit their specific needs.

Carly initially had both children in a neighbourhood Catholic school and, when Gavin was in grade one and Jessica was in grade three, she started homeschooling them half-days. At this point, neither child had been formally assessed as being gifted nor had they been assessed for AD(H)D; however, their differences were so significant that Carly felt the classroom was not working for either one. During this time, Carly decided: "okay, I gotta get some good information on these kids." And, after doing her own independent research, she decided to have her children assessed with a specialist in the field of gifted education. Her motivation for doing so was: "I really wanted for an assessment to make sure that whoever was doing the assessment was able to tease all this stuff out, and make really good recommendations." In the meantime, Carly transitioned from half-days to full-time homeschooling. She described the transition as follows:

my facilitator finally said, "you're going to have to choose one way or the other because this is going to get worse cause they get older and you won't be able to straddle the chasm." So, at that point, we had to make a decision if we were going to go to school or if we were going to homeschool; and, I couldn't, I couldn't put them back at the school.

Carly took both children to the specialist and both were assessed as being gifted. The specialist would not assess for anything else. Later, both children were diagnosed AD(H)D by their

pediatrician. By then, Gavin had already been diagnosed as having sensory integration disorder and Jessica would later also be assessed as having tourettes.

Carly had originally planned to put both children in an extensions program for gifted kids who are “really far ahead” but they required assessments for the children before they would even sit down to discuss the possibility. While Carly waited for the assessments, she decided: “I’ll just homeschool until we get accepted into this program.” Unfortunately, as Carly narrates:

during the timeframe where we were waiting to get the assessment. . . they made a new policy at that program that they weren’t going to accept twice exceptional children cause they were so much work. I mean, it’s really hard to find, for instance, printed material that is large print for a child who has sensory integration disorder and whose eyes don’t focus on the same place but that’s also three years ahead of grade level. . . . when they saw my kids’ profiles they were like “okay,” because, they were so, they had such highs and lows in their assessments. So, they said “yes,” the IQs were high enough to get them into the program but they would be reassessed every year to decide whether or not they were still appropriate for the program, and if the twice exceptional stuff got in the way, they’d be booted. At which point I was like, “well, see you, goodbye, I’m not doing that.” . . . I’m not driving 45 minutes each way, just so you guys can toss us over like yesterday’s newspaper. So that’s when we decided to homeschool full-time.

At some point, Carly tried another gifted school and felt the teachers there did not have the training needed to understand and properly meet the educational needs of her twice exceptional children. She narrates the situation there as follows:

In Jessica’s class, they did timed math facts. They did mad minutes for multiplication. Okay, you have a child with ADHD, tell me how well that works. So, that was the first thing they did. I could tell, I could see it on the teacher’s face when she scored Jessica’s paper that she said, in her head, “this child is not gifted.” And, you know, treated her like an outsider for the rest of the time. So I was like, “okay, we’re not doing this school.” So, that was our experience there.

Going back to the time she decided to homeschool her children, I asked Carly how the school reacted to her decision—first to homeschooling half-days and then full-time. Carly narrates

their response as follows:

the school wanted me to get (Gavin) diagnosed as having autism. . . . the principal, she was pushing it pretty hard actually. . . then he would have an aide. . . . by the time I started doing it, because I had worked with the school so much and I tried so hard to be diligent. . . I volunteered in both classes. . . I couldn't even make little adjustments without it becoming a big deal. And every time I tried, it was a big deal. And, with Gavin we had IPP meetings. . . . Jessica was not coded. I was just trying to make her life easier. . . . But, Gavin had sensory integration disorder he was coded for that. So there were these meetings where we talked about everything we were going to do and then nothing happened. . . . so, we worked so hard so by the time I decided to homeschool, the principal was supportive of that.

Diane and Frank's Story

Jacob is another child deemed to be twice exceptional. His parents narrated his assessment and outcome as follows:

Diane: the ADD is a problem, the learning disability is a problem, but he's got some real strengths. . . .

Frank: well his IQ is right in the middle but it's because some of the scores are in the top 90. . . . so if you've got some things that are way up in the 98s or 99 and then ones 1s and 2s, it means that you've got extraordinary gifts in some areas whereas you've got the same IQ all the way across the board then

It is in relation to Jacob's twice exceptional characteristics that Diane and Frank felt they encountered difficulties accessing services; and, it is because of these difficulties that they ultimately decided to homeschool him. While Jacob experienced some difficulties during elementary school, it was in junior-high school that his parents felt he experienced more. With input from Jacob's teachers and school principal, they decided to enroll Jacob in a school Diane referred to as a "learning disabled strategies school." Unfortunately, in their view, the school did not fit Jacob's twice exceptional needs. Diane detailed the situation and their transition to homeschooling, as follows:

He did quite well but he wasn't that happy there. . . . most of the kids'

learning disabilities were in the area of reading. . . . So, the language arts curriculum was very simplified. The reading materials were very basic so he found it boring. . . . the homework situation again was absolutely ghastly. And then they had something called homework club where if you didn't finish your homework, you had to go to this homework club at lunchtime. So, there was never any, he didn't have a break. So, he was exhausted all the time and I think it's probably in grade seven that he started having even more severe sleep problems because I think he got tired during grade seven. . . . I think he was just exhausted. Plus he found, being in the junior high school, he found it very noisy. There were quite a few disruptive kids and so it wasn't that happy a situation although his teachers were very, very good. They were very supportive. . . . Then, when he was in grade eight, it was all the same problems and he was even tireder Jacob and I started thinking quite seriously "oh, maybe we should homeschool." Because we would be able to time things so that he could have his late bedtime which his body seemed to want and then he could sleep in the mornings and he wouldn't be so tired all the time. So that was one of the reasons. So we talked all this over with his teachers and they were very fine with this. They were very supportive. We thought about different ways to do it and what we decided for grade eight, along with his teachers, and the curriculum coordinator at the school, they offered to keep him registered at the school for the rest of grade eight so that if he decided to come back, then there wouldn't be a whole "who-haw" with re-registering. And they gave us all the materials and things. . . .

Like Carly, Diane also expressed frustration at not being able to access programming for her twice exceptional son. Diane notes:

they don't have programs for what they call twice exceptional kids. So kids with ADD or LD problems who are at the same time gifted. . . this is an interesting point because, as I said, we had good experiences with the schools and we never felt excluded or un-catered for; but, one thing where I do feel a little bit excluded is in the whole area of gifted programs. . . . I have the impression that gifted programs don't want kids with learning disabilities. . . . who would need special help to keep up with their standards.

This is particularly interesting because the needs of twice exceptional children are amplified in that they do not fit a regular school program, they do not fit a gifted school program, nor do they fit a special needs school program. We see from Carly and Diane's concerns, that the work of looking for information on appropriate programing and supports for twice exceptional children is difficult,

such programing did not seem to exist at the time of the interviews, and that the mothers expressed feeling they had no other alternative but to homeschool—even if only for a short period of time.

Another area that is really interesting in Frank and Diane's narrative relates to choice, power, and access to knowledge. While discussing the issue of special needs accommodations in the AP program, it was interesting to see where each parent took their knowledge from, how they reasoned and how, ultimately, they decided to look into the issue in more detail. At issue was whether or not Jacob would be able to write his final exams on a computer as opposed to handwriting it. The discussion flowed as follows:

Diane: they don't allow any accommodations for the AP exams. . .

Frank: but he can use a computer.

Diane: Isaac was telling us that they don't. The AP exams are set by an organization which has nothing to do with the Alberta school system; It's a completely different body and apparent, according to Isaac, everybody has to sit down at the same time, all over the country, to write the AP exams and you're not allowed to use a computer. Unless they changed things. [Frank: yeah, I—] Cause Isaac said he wasn't, he didn't get to have any special accommodations.

Frank: but Isaac didn't have a diagnosis. . . it's not possible, it's not possible under the Charter of Rights and Freedoms that somebody, say, who is handicapped and cannot handle it, cannot use a computer.

Diane: you know what, my impression, and this is just an impression, is that things like international baccalaureate and the AP program, I don't think they really are that concerned with helping people with problems, I think they—

Frank: yeah, but I think, say if a student comes along who's got spina bifida or has got, you know the student is handicapped and is unable to write. . . they are obliged by law to accommodate such a person. I think by law they are obliged to accommodate such a person.

One other interesting issue uncovered through this conversation is that some of the parents recognize ambivalence in the system—in that, some programs seem to leave no space for children with determination (such as those deemed AD[H]D) yet the same children are afforded a legal right to access them. It then becomes a point of knowing what the parameters of such programs are and

what qualities in the student are required in order to access them; what differences are permitted and what are not; and, what qualifies as a disability such that the student is legally protected against discrimination. With all that said, acceptance for some students may be further complicated by quotas and first-come-first serve rules such that children with determination have more hoops to jump through to get accepted, and by the time they have done so, the quotas are filled and space is no longer available for them. In Diane and Frank's conversation, we see Diane focusing on the work required to get Jacob into the Advanced Placement program, whereas Frank accepts that there is work to be done but is more focused on Jacob's right to at least try.

Evelyn's Story

Evelyn, a mother of four, first encountered issues with Kevin's school and so I explore her narrative in that regard. Kevin started schooling in the public school system. He had not been assessed and did not have a diagnosis for AD(H)D at the time; nor was he medicated for it. Like many other parents in the study, Evelyn also tried all of the programming options that she was aware of as being available for Kevin at the time, before finally pulling him out to homeschool him.

Evelyn narrated the situation as follows:

He started grade one in the public system, switched to the behavior class, and the last three months, I pulled him out, we homeschooled. . . . So, after we tried [the behavior class] experiment for six months. . . . I said "look, this is not the place for him; I'm just going to take him out of school until I figure out what to do." That's when I decided to homeschool because he needed an education, he couldn't go to a public school, he couldn't go to the special behaviour class and I didn't know anything about homeschooling but I knew that this environment was not good for him.

In order to help meet Kevin's educational needs, Evelyn took a leave of absence from her work to homeschool him. She made it very clear that her decision to homeschool was due strictly to "behavior issues" which, in hindsight, were "stemming from AD(H)D" and for no other reason.

While I say it was a *decision*, Evelyn reported feeling coerced and frustrated. When I asked her about whether Kevin's schools ever mentioned homeschooling as an option, Evelyn replied:

Nobody mentioned homeschooling. But, nobody mentioned any other options when I was going through this. . . . All I got was, "he's a problem child, he's a problem child, he's an angry child, he can't function here, he needs this." But there was never any question about what does he need to be successful? What are the triggers that are causing this behaviour? And, nor was there any suggestion about "well here's some alternatives you might want to look at.". . . I thought "this is the educational system, isn't there some onus on them to say 'here's a child, he's entitled to an education, here's some options that you might want to look at.'" Nothing was ever offered. And then, and I certainly got the distinct impression that they were happier—very, very happy—to see him out of their system. . . they were very happy not to have to deal with the problem anymore.

In total, Evelyn homeschooled Kevin for two and a half years and Liam for eight months. They were both back in classroom environments at the time of the interview, both were attending the same school for children with learning disabilities, and Kevin was on Concerta. It is interesting to note, however, that Evelyn spoke of ongoing frustrations, mainly in what she perceived to be the lack of training, knowledge, and insight some teachers at the school seemed to have in terms of how to help children with AD(H)D learn. She noted that she was working on educating the teacher and that it was difficult. As an example, Evelyn narrated the following situation:

[the teacher] finally recognized when she started using the "defiant" language, I said, "please understand, he's not doing this to be willfully defiant." I said, "he needs movement. . . when Kevin does this, it's not that he's trying to get attention but, I mean, just for the sake of getting attention, he needs to move"; so I asked, "are there ways that he could have, you could incorporate more movement into his day?". . . I brought a theraband to class because we talked about some options for getting more activity and she said. . . "well, maybe after a certain time we could all just get up and have a stretch, the entire class." I said, "that'd be a really good idea." I mean, everybody needs that. But just no understanding of what an AD(H)D kid needs, which, again surprised me given that what I'm told from the learning disabilities association, is that this school, half their kids probably have AD(H)D, you know, associated or in conjunction with a learning disability. So, its really a process of educating her and, without being too pushy, trying

to get her to understand what his needs are. . . . So, the teacher seems to be learning but it's frustrating that she doesn't seem to really understand much about AD(H)D. . . . I phoned Alberta Education, I said "look, here's my child", I gave her a summary of the background, "where do AD(H)D kids go?" and she said, "that's the best place for them, that school was the best place for them." . . . So, if you can't make it there, I don't know where, I mean there's no other place for him to go. And in fact, when I talked to them, I laughed because I said "what are the options?" "Well, option number one, put him in a regular school." I said "are you kidding?" like, I said "obviously that doesn't work." The second one was "put him in the behaviour class" and I said "we tried that and, it just got worse." So the third option is where he's at now—the school for kids with learning disabilities and just trying to educate the teachers I guess.

It should be noted that, at the time of the interview, while she was no longer homeschooling, Evelyn was on stand-by for Kevin—in case his teacher needed her to pick him up from school early. As such, though she had two university degrees and a professional career, she had not been able to return to work and did not know when she would be able to do so. Her husband worked and was, at one point, working overseas, so all of the schooling and homeschooling work that Evelyn described, fell on her shoulders and, in the eyes of the children, she felt she was "the disciplinarian" and he was seen as the fun parent. At the time of the interview, Evelyn was 50 years old and the time away from her professional career could have—depending on the length of time she stayed away and the amount of changes in her career field—made it difficult for her to return to her career. In Evelyn, I saw a mother who sacrificed a high-paying career that took years of education and experience, to do the extra unpaid mother work that comes with the care of special needs children, and to educate teachers—mostly on her own.

Fay's Story

Fay learned about homeschooling through her husband who thought it was a great idea and provided resources for Fay to learn from. So, by the time Nancy was born, Fay too was, as she put it "pro-homeschooling;" and, by the time she was ready for pre-kindergarten, Fay was gearing up

to homeschool. She was ready to purchase homeschool curriculum when her son, two at the time, was diagnosed as being severely autistic. When she received the news, Fay called her husband at work and said, “we can’t homeschool right now. I need to be focused on him right now.” Instead, they picked what they felt was the next best thing for Nancy and “which ended up to be *the* best thing,” a particular private Christian school in another province.

When provincial funding for their son’s therapies were cut off at the age of six, they decided to move to Alberta where he would have access to necessary therapies until the age of 18. By then, and while they were still in another province, Nancy had been attending the private school and was experiencing difficulty completing her class work on time, especially math. As a result, Nancy’s teachers would keep her in at recess so she could finish up any work that was incomplete but, this deprived her of opportunities to be active and work off her energy. Fay spoke with Nancy’s teachers about her daughter’s need for additional processing time and movement but felt nothing was done about it. In the end, Nancy was kept in at recess time during most of her grade one year and by the first month of grade two, she would come home crying, saying: “you know, all the other kids are noticing and they think I’m stupid. . . I can’t finish on time, why can’t I finish with the rest of them?” At this point, Fay felt something more needed to be done and wondered if a regular public school would be better for Nancy; she resolved to wait to see what would happen in her new school, after their move to Alberta.

In Alberta, Nancy started attending a Christian school that was closer to what she was used to in another province—with school uniforms and certain philosophies. She started school roughly three months into the school year and, as Fay noted:

she cried herself to sleep every single night. . . of course, a move across the country could do that to any child; but she just wasn’t fitting in at the school. And it wasn’t just, you know, a child coming in mid-year, everybody knows

everybody else and “oh, I’m the new kid.” The math thing was carrying over and, although they’re using Alberta curriculum, she still was never finished her math in class. And, she was doing okay but math is her worst subject. All other subjects were A’s, math tended to be a B. But, she still needed an extra 10 minutes. And, the teachers weren’t keeping her in at recess, which was good, but if they had a time to do something, or, you know, “okay, you’ve had all class, you know, to finish your work, hand it in now.” She would get zero on the ones that she didn’t even get time to do. And I just thought, “you know this is bringing her grade down. This is not fair. If she just needs an extra 10 minutes of processing time, I can give that to her. If she just needs movement time between subjects, I can give that to her.” . . . It all came down to 10 minutes of processing time in math and movement. Just those two things.

Fay and her husband decided they would speak with Nancy about the possibility of homeschooling. After they did so and after they received Nancy’s overwhelming agreement to be homeschooled—she expressed her enthusiasm and joy at the possibility by adding to a scale Fay had drawn from one to 10 on a piece of paper, extending the scale to 100 and circling it a few times—they decided to start homeschooling.

The decision having been made, Fay had to inform Nancy’s school and find placement with a homeschool board for her daughter. It was now January, well past the deadline of September 30th for school registrations. Fay narrated the response she received from Nancy’s school and a couple of homeschool boards as follows:

[the school was] very supportive. . . this principal, anyhow, was very aware of homeschooling. In fact, her sister-in-law homeschooled six of her kids and she just loved how they turned out or are turning out. . . she was pushing me towards (A Homeschool Board) which, in (Big City), is a very schooly homeschooling. . . . So I contacted (A Homeschool Board) and they were so rude. . . . it was: “do you realize, it’s past September 30th?” I said, “I was in (Another Province) September 30th.” Yeah, its all about money. They said, “I’m sorry, we can’t help you.” And they hung up. So I called back and I said, “well, what am I supposed to do? Like, I know enough to know that legally I need to be with a board here and you’re telling me that you won’t take me?” “well that’s right, if we take you then we’ll have to take everyone after September 30th.” And I said, “well, what’s the problem with after September 30th?” and she said, “you don’t come with any funding.” I said,

“okay, but legally I still need to be with a board right?” and I’m trying to get some sort of direction cause’ I don’t know what to do now. And she says, “I’m sorry, I can’t help you. You’ll have to figure that out.” . . . So, I went back to the principal of the school and I said, “okay, (A Homeschool Board) isn’t working out, like, they’re being jerks, like, I’m scared now, I don’t want to be called truant right?” I’m thinking I’m going to end up in prison or something. So, she did the search for me and printed off some stuff and she said, “there’s several boards that will take you without funding, it’s not all about funding.” And I said, “oh thank you.” . . . I called them and I said, “(A Homeschool Board) won’t—” I’m crying “(A Homeschool Board) won’t take me, I don’t know what to do.” And he’s like, “let me ask you something” and I said “what?” and he’s like “does God care that you don’t come with funding?” and I’m like “no!” He’s like, “well neither do we, who cares. Send us the forms.” “Oh, thank you.”

Ultimately, Fay came to learn more about homeschooling through her husband’s efforts and was pro-homeschool by the time her daughter was ready to start school; that said, she was not anti-school. Fay and her husband made decisions about their children’s schooling that involved both classroom schools and homeschooling. She made this very clear when she compared the needs of her two children at the time of the interview, and stated, “well, his needs are best met in the school right now and her needs are best met at home so; just whatever is best for each kid.” Fay also made it clear that their choice to homeschool was the result of difficulties they felt Nancy faced in the classroom, making it difficult for her to learn and also affecting her self-esteem.

Being new to Alberta, Fay was not familiar with the homeschool laws here, and feared legal reprisal if she did not follow the rules. She knew her daughter needed to be homeschooled, her daughter wanted to be homeschooled, her daughter’s school was supportive of her decision to homeschool, and she just needed to follow the rules and get her daughter registered with a homeschool board in order to start the work of homeschooling. It is at this juncture that another interesting dynamic comes out in Fay’s story—namely, the ambivalence in the system. On the one hand, Fay had support from Nancy’s principal who allayed her fears about legal reprisal and on the

other hand she faced obstacles in exercising her legal right to choose to homeschool through a homeschool board that is, unlike other boards, a part of the public school system. The information she received was conflicting and left Fay confused, frustrated, and scared. It is interesting that the board that is a part of the public school system refused to accept Nancy's enrollment part-way into the school year, but what is even more interesting is that others were willing to do so but that information was presumably not shared with Fay, nor was it readily available to her. It was only after relaying the issue to Nancy's principal that she received assistance and a list of those traditional, independent, homeschool boards that it seems would have accepted her with regardless of the availability of funding.

Gloria's Story

Gloria came to the decision of homeschooling in a very interesting way. While she knew about homeschooling as a classroom teacher (having encountered it years before Sean's schooling), her encounter at that time was negative. She described the encounter while she was teaching "up North," as follows:

the families up there would use homeschooling as a weapon, "if we don't like what the school is doing, we're going to pull them and we're going to homeschool them. So there, you better do what we want or we're going to homeschool them." And because education wasn't very important, the ones who were homeschooled and came back did really poorly academically. So, I had this picture in my head of the right-wing religious fanatics.

That said, Gloria's negative experiences were followed by what she perceived as a positive encounter with another family in their neighbourhood, a family with which they continued to be close. According to Gloria, this family was really instrumental in helping her decide to homeschool Sean. This family had pulled their son out of classroom school partway into grade one when he "hit depression, similar to Sean," realizing it was not a good fit for him. Gloria indicated

homeschooling “worked really, really well” for this family, so well that they homeschooled their younger daughter from the beginning—she did not attend classroom school until grade nine.

Since, as Gloria put it, this family was not “right-wing religious fanatics and they believed very strongly in academics” and they did not teach their children to hide from the world but rather to be a part of the world, “you get out there and you do stuff and you interact with lots of people, not just the ones that go to your church and believe the same things that you do,” she liked them and felt really comfortable asking them questions about homeschooling. The answers Gloria received were both “very reassuring and really realistic.” Gloria loved the flexibility homeschooling offered her neighbour’s son and narrated this about how she underwent a paradigm shift in her mind about homeschooling afterwards:

I’d look at these kids and I like where they’re at—they’re quirky and Calvin is still a little odd but you get that in a classroom school and in a classroom school, those kids are crushed; if you don’t fit the mould you’re weird and ostracized. In homeschool, he doesn’t fit the mould, there is no mould, whoopi-ding. And so you’re free to be weird if you want to be weird, it’s ok. . . you know, what’s special needs if there’s no such thing as normal needs. But these kids were outgoing and responsible and polite. And they got along well with really young kids and seniors. . . they were really involved with the community and upstanding pillars and I thought “I really like that. I like how her kids are turning out.” . . . I thought “I can make it anything I want it to be.”

As mentioned in the previous chapter, when Gloria shared her thoughts and decision about homeschooling with Sean’s grade one teacher, the teacher replied in a way that left Gloria feeling encouraged further—the teacher felt Sean would “do so well” with homeschooling.

Through Gloria’s narrative, we see that she valued academics but also characteristics such as being outgoing, responsible, polite, being able to get along with people of all ages, backgrounds and worldviews, and being involved in community. We also see that in the home environment where classifications such as normal and special needs are not needed, Sean’s differences were a

non-issue, he was not differenced and did not need to fit a specific mould to succeed. So, while what Gloria did was similar to what the parents “up North” threatened to do (i.e. she did not like that her son was not fitting the classroom setting, and pulled him out to homeschool him), she did not exercise her right to homeschool as a show of defiance or as a threat to the education system; she simply did it because the public classroom options available to Sean at that time were not working for him and she wanted to both safeguard him and to provide the education he needed.

Hope’s Story

While she did not have much knowledge about homeschooling at the time, Hope described the thought of homeschooling crossed her mind “in the very beginning. . . before Cam was ever diagnosed or he was like maybe two or three years old.” At that time, she did not like the way the school system was run and felt “driven to the fact that [she] knew he would not get the help he needed at school.” Hope suspected Cam had problems since he was a toddler because “he was a mover, he climbed, he moved, he never stopped moving.” And so, from the time he was a toddler, Hope already had her “radar on” and, when she put him in pre-school for two hours a day, a couple of days a week, she became concerned about what he would be like in school if he was already like this in pre-school. She did not feel “he was ever going to fit in to a classroom.” Her own suspicions coupled with “some really negative experiences in kindergarten. . . kind of sealed that fate that ‘yes, we’re going to be homeschoolers.’” She did not want another teacher to treat Cam the way he was treated in kindergarten, she was not going to let it happen even though she acknowledged that there are “a lot of teachers, good teachers out there” but, as she put it, “all you need is one bad one.”

Hope also expressed her concerns about having children attend school at a young age, likening it to “putting them in a full-time job at five years old.” She homeschooled both her boys,

and stated that she would not go back and would not put them in classroom schools for the reasons she had stated.

When I asked Hope about how she came to know about homeschooling, she, like other parents in the study, indicated she learned about it from friends and other homeschoolers. Hope described her experience as follows:

I have a friend that, her kids are just a couple of years older. . . . she started homeschooling her daughter and so I knew from her experience. . . . I ended up, quite by accident, meeting a bunch of homeschoolers. . . . a friend of mine was invited to. . . . an Usborne book party and they said, “oh, if you want, you know, bring a friend.” So, she said, “hey do you want to go?” and we went. We were the only non-homeschooling moms there and there were all these moms from (A Specific Homeschool Board). I went, “okay, this is a sign.” Cause I’m like, “should I, shouldn’t I, should I? I don’t know if I have it in me yet.” Then, meeting with them and of course they’re all, all these homeschoolers, I had a gazillion questions. . . . I went and looked at (A Specific Homeschool Board). . . it was probably a few weeks later I went and checked it out. . . I thought, “yeah, I think I can do this,” after talking with other moms and then seeing the kind of support system that (A Specific Homeschool Board) had.

Since Hope’s boys had only attended pre-school and kindergarten at a private Montessori school, she did not have to speak to any school administrator about switching to homeschooling. Hope registered her children with a homeschool board well in advance of the deadline that first year and was still homeschooling at the time of the interview. Like other mothers in the study, Hope was the parent that took on the responsibility of advocating for her children in school, researching options, and of doing the actual work of homeschooling.

Irene’s Story

At the time of interview, Irene was the parent who had been homeschooling the longest—for eight years. Additionally, she had been homeschooling four children who were working at different grade levels, and likely had the most experience with the doing of homeschooling (i.e.

deciding on courses, curriculum, method of delivery, as well as keeping track of and assessing their progress). By the time Andrea, her younger daughter with AD(H)D, was ready to attend kindergarten, Irene was already homeschooling her two oldest children and she had planned to homeschool Andrea after a year in a classroom for kindergarten.

Like Carly, while I did not specifically ask Irene how she came to know about homeschooling, it was apparent from her narrative that it was not the classroom teacher who informed her of this as an option. Mind you, Irene had already been homeschooling by the time Andrea was of school age and Irene says she would have homeschooled her regardless. That said, Irene's narrative is also relevant here because it explains how she started homeschooling her children and also captures the teacher's reaction to the news:

the first child, he went to school for one year. . . grade one. And then the next one, she would have had to do kindergarten again cause she was put in as an early admission, just cause she was—she's our strong willed one and she was not doing so good at home, and her brother was gone, cause she was bored. So I put her in kindergarten and she thrived cause she needs to be kept challenged. So, the next year, the year we decided to homeschool it was either put her in kindergarten again when she was already reading and have her be bored silly or homeschool. And we decided to homeschool and I said "well I'm going to homeschool the older too because I'm not going to be driving to school for one and then homeschooling another." So, that's how we started. . . . [The teacher] wasn't really excited about it cause she had seen a lot of homeschoolers who didn't do anything and so. . . she wasn't sure but, after a year or two, she came back to me and said if she would have had the option, she would have homeschooled her child.

When it came to Andrea, Irene noted that, with the exception of her kindergarten year, she had always been homeschooled and "excelled with it at home." Irene acknowledged that Andrea struggled with "reading and grasping concepts" but indicated that she didn't think Andrea would do well in a public school environment, stating "I don't think she would do well in a box." When Irene did send Andrea out to school for kindergarten, she felt Andrea "didn't thrive in the

environment. . . the structure just didn't appeal to her, she didn't like being told what to do and how to do it all the time." Andrea's kindergarten teacher confirmed this when she informed Irene that "she just wasn't fitting into the environment securely." After she started homeschooling Andrea, Irene noted:

we did grade one work twice and still things didn't click. And then we were kind of limping along with grade two. And the warning bells came beginning of grade three when we're trying to get ready for the achievement test cause you know those are coming. So, we started to go through more reading again and just review everything. And she could not read her math problems and I was like "this is not good." So, I went back and had some formal testing done first with the school.

Once she had Andrea assessed, Irene felt she was able to pin-point issues to the point where she felt she could now make the necessary adaptations to Andrea's education to help alleviate some of the struggles she was experiencing. Irene felt determined that Andrea was "not going to go back" to classroom schooling; and, was quite excited to find a pediatrician who encouraged her to continue homeschooling, one who stated, "yes, go for it because this will give your child the best opportunity."

Experience was Irene's biggest asset—her cultural capital—when it came time to homeschool Andrea. By then, presumably she was familiar with the process and knew where to go and who to approach. In other words, Irene had likely figured out the terrain of homeschooling and had mapped out all of the avenues to access information, resources and supports she may have needed. She was able to move at her daughter's pace and was not in a rush to do whatever was necessary on her part to give her "the best opportunity."

Jane and Kirk's Story

Jane and Kirk had been homeschooling from early on and when the question of how they first heard about homeschooling as an option came up, Jane took the lead and explained:

Well, my son was about two months old and I was at a ladies retreat and a woman there brought it up. . . she was so excited about it. I said, “well, I’m not a teacher.” “Oh, but you don’t have to be. The material does it all, you’re just their facilitator.” So, “okay, well, I guess I could then,” but, and then, a learning process for many years, just researching and researching and researching before we started. . . and so I researched it. When we moved here, he was just turning three and so I went on the (Silver) homeschool site and just read their forum day after day. . . . It gave me a good glimpse of the different varieties out there. It really gave me a good understanding of what we were doing. When I first started, I was so nervous about my plan and getting it all together; and, it’s like, cause we didn’t do anything different when we started homeschooling than we did before. We were learning, we were doing all the developmentally appropriate things.

From Jane and Kirk’s interview, it was clear that, for them, the freedom to homeschool was important but more-so it was the freedom to, in their view, “be able to do it in the way that is best for the child and for the family—cause it’s all inclusive.” As Jane put it, it was about “being able to have input and having them have the best education that we feel that they can have in the situation that we’re in.” On this point, Kirk expanded their reasons, narrating a part of their story as follows:

its about adventure. . . it was a long time ago when we decided to do that because we had known other people who had homeschooled their kids and liked the results that we saw. That they were able to talk to adults, they were able to interact, they were more responsible.

Kirk continued, explaining that AD(H)D was not the main consideration in their choosing to homeschool because the children were “too young to tell.” Also, despite his own dyslexia and ADD, for which he had been medicated during school and was on Adderall as an adult, he still felt that their son’s AD(H)D was not one of their main considerations in choosing to homeschool.

Jane and Kirk had not had their children formally assessed for AD(H)D but felt their eldest, Eric, likely was ADD. They noted that Eric’s distractedness and inability to follow a sequence of instructions had not necessitated an assessment for them because, as Kirk states: “the way we homeschool, it doesn’t interfere.” Kirk continued:

he has trouble focusing on tasks and sequencing. . . if you give one task or two tasks is fine, when you give him a list of tasks, he can't do that. Or, he gets distracted and doesn't get anything done then. Or, if he's just working that one thing it doesn't get done. If it's something he wants to do, like a lego project, no problem there. Which I read on one site that, if your child can build his own lego creation and finish it without interrupting, he doesn't really have ADD.

Experience was also the biggest asset for Jane and Kirk in that their decisions seemed to also be informed by both Kirk's personal experiences as a person with AD(H)D as well as someone studying to work in the field of psychology, and by the positive experiences they had previously had with other homeschoolers. Through their narrative, it was clear that both parents seemed to want to shield their son from labeling and stigma but in doing so, they seemed to also be shielding themselves from the frustrations they may have anticipated they would encounter were they to send their son to a classroom school.

Kate's Story

At the time of the interview, Kate had been homeschooling Samantha for two years while Natalie continued in a classroom school. Both girls had AD(H)D. In the previous chapter, I outlined Kate's main reason for homeschooling Samantha—to allow her space to repeat a grade. When I asked her if there was any other reason for her decision to homeschool, besides that and AD(H)D, she indicated: “well mostly I just found her academic needs weren't being met, so that was the main reason; and, she was being kind of separated from the norm which I didn't agree with, and her esteem was going down.”

Kate felt she knew from the time Samantha was in pre-school that she was different. She noticed that Samantha “just didn't retain the information, she didn't know her colours, she didn't know her alphabet, she didn't know, whereas other kids were, you know, already picking all of this up right away.” And, by the end of kindergarten, “she could not name anyone in her classroom

from her memory” nor could she count higher than 10. Kate felt Samantha was not where she should be, academically. When Samantha was in grade one and Kate was experiencing difficulties getting an assessment and assistance for her, Kate paid for psychoeducational assessments for both her daughters. The assessments for Samantha and Natalie showed both girls had ADD, but Samantha was also dyslexic, and had memory and processing issues.

Once she received the results, Kate was able to go to the school and demand assistance for her Samantha. As Kate put it:

once I got that coding, I submitted it to the school. . . I kept saying “she needs extra help” they wouldn’t give it to her. . . . then, I finally came up with the coding. I had to have a meeting with the principal. . . . I said “she’s coded now, she needs extra help, you have to legally give her extra help.” They started pulling her out. By the end of grade one, she was finally [seeing a resource teacher] very sporadically.

Finally, at the end of grade two, after a number of “not so pleasant” experiences with the school—some of which have been described in the previous chapter—Kate pulled Samantha out to homeschool her. Natalie continued on through with classroom school because, according to Kate, she did not have the memory issues that Samantha has and, therefore, she was better off and could “kind of, float through school.” It is noteworthy that Kate likely would have kept Samantha in school too, had her needs been addressed to some extent. Here, Kate stated:

if I would have felt that her needs were being more met, and I understand they’re strapped or whatever but even somewhat met, but I just found with her, they were not even being addressed. . . she’s a tactile learner. She needs manipulatives in her hands. She can do the work but she needs something in her hands to help her with that work. She’s not a worksheet kid. If the teacher is going too fast, she does not put up her hand to ask a question, she just will not do any of the work. The teachers don’t have time for her. That’s just what I find.

All in all, Kate found that Natalie was doing okay in school and that Samantha did better at home than she did at school. Kate felt that, if Samantha had continued in the classroom, her issues

would have snowballed and, while she was still not working at her “normal grade level,” Kate noted:

she does try very hard and I just let her be at her level. . . she’s not being compared everyday to other kids or being taunted by other kids for using a finger to follow along. . . she needs help tracking of course with dyslexia so she would always use her finger, she got started making fun of. She stopped using her finger, she stopped being able to read. She lost a lot of ground in grade two because of that.

While I did not explore how Kate came to know about homeschooling as an option, it is clear from her narrative that it was not school administrators and teachers that informed her that such an option exists. Kate described how she communicated her decision with the school and the replies she received, as follows:

I did talk to the teacher. . . . She didn’t really say too much. And I talked a lot with Natalie’s grade five teacher more-so about it and she said, in her opinion “homeschooling is a very positive thing.” Samantha’s teacher, she just kind of ignored the issue. . . she didn’t really say “yay” or “nay” or anything.

As she homeschooled Samantha, Kate learned more about homeschooling, she found groups, resources and curriculum that would best meet her daughter’s needs. When she found Samantha was “a little bit isolated and missing the social,” during the first year homeschooling, she did some more research and found a program that resembled classroom school, yet was quite different—a program Samantha really enjoyed.

It should be noted that, Kate was doing the work of advocacy and homeschooling on her own. While she was married, her husband (Samantha and Natalie’s father) worked long-distance and was often absent; he also had difficulty with reading and writing due in part to what Kate felt was a learning disability but also due to a surgery he underwent. In Kate, I saw a mother who was struggling to make sense of what was expected of her and her daughter, trying to do whatever was

needed in order to get what she felt was her daughter's legal right (including paying for a private assessment), and finally doing the actual work of homeschooling and looking for connections for her daughter so that she did not feel isolated since they lived in a rural setting.

Linda's Story

Linda's story adds an interesting dimension to the study. When Linda contacted me about the study, she indicated she was really interested in learning more about homeschooling. Our interview was split between my questions to her and her questions to me. She did not personally know anyone who homeschooled though she had been talking with various people in passing and had actually spoken extensively with one mother who was homeschooling "all four of her children." Linda admitted that "it's kind of foreign territory to me, to be honest." Linda was most concerned about the growing lack of communication with her son—it seemed he was becoming "quite depressed" and was communicating less-and-less with her and her husband. So, ultimately, she was looking at whether homeschooling would help in that regard, as is reflected in her question to me: "How did your relationship change in the year that you did the de-schooling³⁶ and the time that you were spending with him?"

Back when Billy was in grade two, both Linda and her husband and his school wanted to have a psychoeducational assessment done on him; so, they had a psychologist assess him at school. It is interesting to note here that, while Linda and her husband were deciding on whether or not to have Billy assessed, and how they wanted to have that happen, they debated whether they

³⁶ *De-schooling* is a term that is commonly used amongst traditional homeschoolers to indicate an adjustment period for the child and the parent when moving between the process and form of schooling (with its specific schedules, routines and expectations) and homeschooling. It is a time that is devoid of formal education, where learning occurs naturally through play and other daily activities and tasks.

should have something done outside of the school system “just to keep it all private” and not have it documented in his school file. Ultimately, they resolved that the school needed to know too and so they had the assessment done at school.

When the assessment was completed, Linda noted that the psychologist, on her way out of the assessment, stated: “well, I just think that’s a parent, or a teacher-child conflict of personality.” Linda continued: “he was assessed as having a problem but basically walked out of that appointment saying, ‘let’s not worry about it.’” Billy’s psychoeducational assessment qualified him for learning strategies placement which he started in grade three. It was recommended he stay in the program for two years but, as Linda stated: “it’s really up to us as to how long he stays here”; the program runs through to grade 12. Some of the accommodations Billy was able to access through the learning strategies program included: smaller classes, access to an assistant, typing (rather than handwriting), verbal tests, more time for tests, and the use of headsets to block out noise.

Linda described Billy and his difficulties with school, her impression of the learning strategies program, the research she had done, and her reasons for looking into homeschooling, as follows:

academically he’s never suffered—he’s well above grade average with reading. There might be some learning disabilities as far as working memory but, intellectually, I know that if I had him one-on-one, that we would explore the world together and it would just be amazing cause he’s so interested. I considered de-schooling for September because. . . our summer was so bad. . . . And I’ve been to Learning Disability Association of Alberta group meetings, I’ve been to ADD meetings, group meetings. . . . I have all the information I need and I know that we can’t protect our kids from life but we need to prepare them for it. . . . I know he enjoys going to school but, depending on the teacher who he’s with. And, I don’t like being disconnected from him. It was from the moment he started kindergarten that he was traumatized—from kindergarten. He peed the bed every night and nobody addressed it. We told his teacher, we said, “you know, we think he’s

going through some trauma.” Cause he doesn’t talk.

Also, Linda expressed feeling confused by the ambivalence of teachers over the years. She mentioned Billy’s grade one teacher “just kind of said, ‘oh, you know Billy, he has a hard time paying attention but he’ll be fine, he’ll be fine in the long-term.’” But then, within the first two weeks of school for grade two, Billy’s teacher told Linda: “your son has a severe deficit in attention. . . . he can’t even look at me for more than 10 seconds.”

During grade two, Linda narrated additional frustrations that perhaps also contributed to her contemplating homeschooling at the time of the interview. She noted:

grade two started and the first week of school we had an appointment with his teacher—and she was an older teacher. She was couple of years away from retirement and I don’t think she had the energy. And, she didn’t have strategies to deal with him. She would say, “I took a tally chart today and I redirected him 57 times” and I would say, like, “I don’t think that’s working.” . . . her and I went back and forth. . . thinking of strategies to keep him on task because she was more regimented in her teaching structure. . . . if you didn’t do your work, then you didn’t get the play time. It was always a punishment kind of basis. . . . And that was the year we saw him kind of just shrivel up as a person. He would come home and just be silent. I think that, he didn’t know how to identify any of those emotions and he really liked his teacher. . . . it was a very destructive year—damaging.

It is noteworthy here that neither Linda nor her husband felt Billy’s behaviours were unique to the school environment. Indeed, Linda acknowledged that they were seeing behavioural things at home, too, that the behaviours “were calling out at home by the time they were at school as well.”

I asked Linda if she had spoken to Billy about homeschooling. She had, and, as she put it: “he’d love to not have to go to school every day” even though he would miss out on things he loves, like ski trips. For Linda, she just wanted to rebuild her relationship with her son, in part to be able to help him overcome some of his anxieties around group sports by “building social groups together for him that he could really benefit from.”

While Linda explained how she had always thought about homeschooling, she had been “feeling really positive about [Billy] being in the strategies school,” and had since lost contact with the lady she had learned the most about homeschooling from. Having been in the program for a few months already by the time we had our interview, Linda was no longer feeling as positive about the strategies program. Just before school was let out for Christmas break, Linda met with the vice principle to discuss her concerns and, it was during this meeting that she brought up homeschooling; but, the vice principle did not, as Linda recalls, comment on it.

Linda continued to wonder if they were “ready to take the plunge” into homeschooling. Linda’s concern stemmed in part from her husband’s in that he was worried about what would happen if they were to pull Billy out half-way through the year—would he “lose his grade” and have to repeat it if he was to return to a classroom school? They worried about this mainly because Billy was already “big for his age” and because they felt, in a classroom school, “you need them with like aged children or else, that would just be a mess.” That said, Linda expressed that, in the case of homeschooling, the opposite would be the case and it would be “wonderful to mix ages” because “that’s more realistic to life.” She also expressed she “would love to build on his leadership” and that she loved the idea of him mentoring because “when he does, he’s got a very tender heart.” I asked Linda what made them think that Billy would lose a grade, she replied: “I don’t know.” I then asked her if anyone told them this would happen, she replied “no.”

By the end of our interview, Linda felt more ready to try homeschooling and indicated she would “kind of start getting the ball rolling.” She said she felt like this was what she had to do and added, “I guess I’ve known it for a long time.”

Linda’s narrative helps uncover the decision making process as it happens, and to see how it may play out in the minds of other parent who are unsure and unclear about the option. Through

her narrative, we also see the added mother work at play, the ambivalence of teachers, the problems she encounters in accessing information and validity of such information, as well as the added task of convincing others about homeschooling before making a final decision.

Summary

This chapter examined the question: *how do parents come to know about homeschooling, how do they communicate their decision to homeschool with their child's classroom teacher, and how receptive teachers and others to the parent's decision?* Through parental accounts covered in this chapter, we see how the classroom—as a political site of struggle—extended beyond the four walls, to include the method of education and claims to truth and knowledge. Some of the mothers in this study experienced a contest with educators about the best way to educate their children and experienced a lack of guidance and support from classroom educators for homeschooling. In consequence, some mothers (and perhaps parental couples) hesitated, wondering if they truly could manage the task of homeschooling—a hesitation borne in part from negative feedback from others. At the same time, some mothers—especially those of younger children—wanted to take a more holistic approach to their children's education, tying it in with everyday activities, connections and values at home, without the disruption of what they viewed as potentially negative and competing activities, connections and values in classroom settings. Their ultimate decision to homeschool involved more than just ensuring their children learn academic subjects, but also involved ensuring they grow in their repertoire of cultural capital in positive ways—something others contested, viewing homeschooling as negative. The mothers interviewed in this study, carried out a lot of the work leading to the decision to homeschool—researching viable programing for their children and communicating the decision to educators and others—and eventually doing the actual work of homeschooling, oftentimes putting their careers on hold to do so.

The final chapter answers the questions at the heart of this study, and lessons learned; in particular, what parents felt worked best for their children and what did not work; the relevance of past theory, some limitations of the study, and possible further research.

CHAPTER 6: CONCLUSION

This chapter returns to the questions that underpin this thesis. It examines what worked and did not work for the parents of AD(H)D diagnosed children in their efforts to deal with schools, and the decision finally to homeschool. The chapter also links the observations made in this study with existing literature dealing with homeschooling, AD(H)D and, more generally, theories of power as couched in the works of Foucault and others. Finally, the chapter addresses the limitations of the study and possible future directions for research.

The Research Questions Answered

Returning to the first of the research questions laid out in chapter one: *how do parents experience, make sense of, and respond to the classroom experiences of their AD(H)D identified children; and, how do those experiences then inform parents' subsequent decisions and efforts to homeschool?* I start by offering this concise conclusion: the parents in this study—many of whom were unaware of the options available to them and the lack of special education coding and funding for AD(H)D—chose to homeschool after struggling unsuccessfully (a struggle that often spanned years) to obtain certain services for their children, culminating in frustration and dissatisfaction with the classroom system as it was. While some parents turned to homeschooling as a temporary method, others took to it as the only method through which they felt their child would attain success and continue to be successful at whatever the parents felt were of value to them and their families (e.g. academics, interpersonal relations, mentorship, family bonds, etc.). One family was informed by their own personal classroom experiences, the others were informed by their child's direct experiences in classroom environments. Many received assistance from various educators along the way, but this assistance was inconsistent; and, a few experienced some truly horrendous issues (e.g. child being kicked out of kindergarten, white time-out rooms, children being forgotten in

resource rooms, children being yelled at and physically dragged, children being singled out when being administered medication, overcrowded schools with children spilling into hallways, libraries and gyms, children being removed from certain activities and classes, etc.) All-in-all, the parents in this study came to acutely believe that the classroom was an ill fit for their child. While most advocated for various modifications and services to make the environment more suitable for their child, they also viewed the schools as either reluctant to allow, or out-right refusing to make, these changes. The legislation, policies and programming in place at the time of the interviews, and the issues parents were experiencing then with their children's classroom environments, simply did not leave much room for alterative solutions.

A decade has passed since this study was first undertaken but little has changed in terms of relevant legislation, policy and programming. In September, 2019, the *School Act* (R.S.A. 2000, c. S-3)—which underwent it's the last major revision in 1988—was replaced by the *Education Act* (S.A. 2012, c. E-0.3). Despite the change, those parts of the Act that deal with issues relevant to this study, remain—for the most part—unchanged. As for the *Special Education Coding Criteria*, 2019/20, it too remains very similar to the one in place in 2009-2010—AD(H)D continues to be excluded from coding and, as a result, is also excluded from special education funding and supports. A quick look at the 2019 *Class Size Initiative Review*, reviewing an initiative which was started 15 years earlier, and we see that the grade group most parents in this study reported on (K-3) actually have more students now than they did in 2009-2010, which was more than the recommended guideline amount to begin with. Given that changes to legislation, coding criteria, and class sizes initiatives reflect little to no change related to issues uncovered in this study, it would not be unreasonable to assume that—should the study be repeated today—results related to special education supports, class size and related issues (i.e. one-on-one assistance and repetition

of grades), would likely also remain unchanged. Other issues, such as those related to special education programming, medicalization of AD(H)D, the option of homeschooling, and the inclusive education model are harder to predict and may well yield different results now.

As for the second research question: *How do parents come to know about homeschooling, how do they communicate their decision to homeschool with their child's classroom teacher, and how receptive teachers and others to the parent's decision?* Most of the parents in this study reported first coming to know about homeschooling through other homeschoolers or family members. Parents reported having encountered positive examples of homeschooling they felt would work for their children and families, too. When it came time to report their decision to homeschool with their child's classroom teachers, some parents did so reluctantly, some did not report it at all, and others did so more forcefully or by standing their ground, so to speak. The reactions they received from teachers and other educators was mixed and seemed to depend on whether the educator had prior positive experiences with homeschooling and homeschoolers, and whether they viewed the parent as capable of doing the work.

What Worked and Did Not Work?

While each family situation is unique, interesting commonalities exist in the narratives of parents involved in this study on what did and did not work in terms of accommodations for children with AD(H)D. Some examples are captured below, in point-form:

- Parents need to be empowered with all of the options available to them, rather than being told what they should or shouldn't do.
- Homeschooling allows parents to give as much individual attention to their child as needed.
- Rather than waiting for an assessment and then approval for accommodations to be put in place in a classroom setting, homeschooling allows parents to cut through all that "red-tape" to be able to do whatever works best for each child.
- Rather than having to work on incomplete schoolwork at home, after school, making the parents enforcers and taking away from quality time with their child, homeschooling allows parents to deliver education to their child at a pace that works for them, reducing family

stress and unhappiness.

- There are conflicting opinions about medications and their side effects, and pediatricians are not always keen on prescribing them. Also, parents are reluctant to start their children on medications, and, though they may work for some, they do not necessarily work for everyone.
- Rather than labeling the behaviour and trying to make the child fit the environment, we should look at what triggers the behavior and look for ways to modify the environment to support the child.
- Giving children extra processing time and allowing them to move around or providing frequent movement breaks helps them succeed and feel successful in their education.
- Homeschooling allows children to go off on a tangent, engage in an activity for as long as is necessary for them, and engage in more hands-on learning opportunities of their choice.
- Financial constraints, space limitations and admission requirements make it difficult for some parents to consider options such as private schools and specialized programs.
- By homeschooling their AD(H)D children, parents are able to work “outside the box”, reduce frustration, find purpose in educational assignments, and help their children thrive.
- Homeschooling children are able to engage with their siblings and others, read with them, model behavior to them, and learn without a set routine structure, allowing them to become lifelong learners who use their own agency in choosing what is important to them.

The observations outlined in the above-list—generated from comments provided by parents in the 12 interviews—is not by any means meant to be exhaustive. They are directly related to the themes that were uncovered in this study; namely, educational options, special education coding and funding, parental decision making and input, one-on-one assistance and other supports and modifications, smaller more intimate learning environments, consistency, and pace of learning for children identified as having AD(H)D.

One other observation I would add as the researcher is that the current system of identification, assessment, diagnosis, coding, funding and the availability of extra educational assistance and supports becomes known to most parents as they work through the steps identified in chapter four. What remains hidden from most, however, is that coding is *not* available for their AD(H)D identified children and, as such, they end up spinning their wheels and getting nowhere, so to speak, working with(in) the system desperately looking to reach that goal of extra educational supports and assistance for their children. That the availability of such extra educational supports

and assistance is implied yet not available is an ambivalence that needs to be addressed by Alberta Education as it gives false hopes to parents who are already struggling. This is *the* pivotal conclusion that can be drawn from this study as, for the most part, it is what parental decisions pivot on.

The Emerging Pattern

Regardless of whether their children were being homeschooled at the time of the interviews, were homeschooled in the past, or were going to be homeschooled in the future, all of the parents interviewed for this project voiced the hard work and sacrifice it took to help their children succeed academically and socially. Given that the parents in this study voluntarily responded to my call-to-participate, even their interviews can be viewed as a part of the same effort. It is through these individual efforts that a similar yet fluid pattern emerges.

The emerging pattern often has ambivalence and the frustration³⁷—either real or anticipated—borne from it as the starting point. Frustration is often followed by parental efforts to find options that best serve their children’s needs, and the weighing of those options and any sacrifices they may entail. The weighing of options and sacrifices then culminates in the decision of some parents to pull their children out of public school settings to homeschool them. Then, once they do start the work of homeschooling, some parents maintain it while others continue to seek alternative options or weigh further sacrifices required to sustainably continue to homeschool. A variety of reasons (e.g. financial, social, medical, etc.) make it necessary for some parents to then

³⁷ It should be noted that others also report frustration with the obstacles parents and children face in accessing suitable programs and supports in Alberta. For example, Jeffrey MacCormack (2017) reported frustrations stemming from “barriers to service and weaknesses of design” of programming for youths with autism spectrum disorder and suggested that program designers include contributions from target parents and youth when developing programs.

choose to return their children to public school classrooms. These phases have each been explored in detail throughout this project.

Existing Literature Re-examined

This study was informed by several theoretical concepts, notably those of a hidden curriculum, cultural capital, biopower, discursive practices, rhetoric of choice, governmentality and medicalization. We also see that biopolitics and governmentality extends beyond the classroom, into the home; some parents hesitate, wondering if they truly can manage the task of homeschooling—a hesitation borne in part from negative feedback from others. We see that some parents—especially of younger children—want to take a more holistic approach to their children’s education, tying it in with everyday activities, connections and values at home, without the disruption of potentially negative and competing activities, connections and values in classroom settings. We see that a parents’ ultimate decision to homeschool their child involves more than just ensuring their child learns academic subjects, but also involves ensuring they grow in their repertoire of cultural capital in positive ways—something that appears to be contested by others; in that, homeschooling is viewed to be negative. We see that mothers carry out a lot of the work during the decision-making process—researching viable programming for their children and communicating the decision to educators and others—and when doing the actual work of homeschooling, often times putting their careers on hold to do so.

Expanding the conclusion further, in this study I explored parental accounts of Albertan parents in the year 2010, looking at how the rhetoric of choice in educational programming influenced their decision to homeschool their AD(H)D identified children. In doing so, I explored how the curriculum and cultural capital operate as forms of (bio)power. I uncovered how the hidden aspects of curriculum normalize and operate, how they are inferred, covert, silent and familiar, yet

go unnoticed and are taken-for-granted. I also discovered how the cultural capital of parents and children operate—the parent's, through their knowledge of the system and their financial, physical and know-how ability to not only comply with but also to contest the goings on in the classroom, and to do the actual work of homeschooling; and, the child's through their ability to deploy those normalizing characteristics deemed most appropriate by the dominant culture. I looked at how both schools and families serve as political sites of struggle through which various effects are produced and reproduced by the practices and relations of everyone involved in them—including those who perceive themselves as being disadvantaged. I outlined how the hidden curriculum instructs what to learn and how to learn it, as well as the means to the mastery of learning which is located both internally (through the child's accumulated reserve of cultural capital and their ability to internalize systems effectively) and externally (through the political and social context, the cultural capital of the educators and parents, and through their ability to internalize and disseminate systems to those under their charge). Within a specific cultural context, I explored how familiar (yet unnoticed) instruction also functions to prepare students for the process of production in specific ways; and, while preparing them to contribute positively to the economy, how it also functions to reinforce political relations by teaching them those complex political relations within which they find themselves. Hence, a student, successfully instructed (i.e. one who is obedient, compliant and docile, one who sits still, listens and works attentively and quietly when needed, etc.), carries out compliance naturally and unconsciously—without thinking or choosing; and, is therefore accepted as being normal, able to contribute positively, and possessing the potential to continue to grow in a normal trajectory to then pass on that accumulation to others through discursive practices. This process also involves the removal or different handling of those who are non-compliant, silently letting others know what is and is not acceptable within that particular setting. This in turn not only

reinforces the dominant group's position, it also reproduces it for coming generations. From here, we see that this struggle is more than just political. We also see that the struggle is constructive; and, that some of those who are unable to be compliant (e.g. children with AD[H]D) may find themselves frustrated—both challenged and challenging in classroom settings that are both limited and limiting. This frustration then leads to the removal, silencing or hiding of some children; and, to the raising of concerns and challenges from some parents—ultimately leading to change. Potential change here is neither quick nor easy, and requires selfless effort on the part of parents (mostly mothers) since their children likely will not benefit from the very change they hope to contribute to. Given that what is required of parents then is that they step outside of the norm and outside of those mechanisms they have internalized, willing parents—willing and able to disrupt normalizing practices—are likely few and far between; and, this in turn further complicates any potential change.

Turning back to the theoretical concepts taken up in this study—and, the emancipatory change I hope to contribute to in doing so—the analysis offered here shows how, at least in some instances, the reproductive and exclusionary aspect of these concepts through the public classroom are both added to and contested through friction in the setting, as well as through the effort of homeschooling. In other words, parental narratives help us see that homeschooling does not necessarily lead to emancipation and may actually serve as an agent of social and cultural reproduction by keeping certain children out of the classroom, rather than more immediately championing change within that setting—despite the friction. I must remind myself and readers that change here is slow and occurs in stages, whereas the friction some parents and children face is more immediate, necessitating quick action. For this reason, the effort of homeschooling may appear to be compliant and restrictive; yet, the efforts of some homeschooling parents to contribute

to studies like the one at hand, show that it may also be constructive and emancipatory for future generations.

Furthermore, the study uncovered how parents of some AD(H)D children (from various backgrounds) were able to homeschool but were hemmed in by physical and financial constraints, how their homeschooling efforts allowed their children to catch-up to their peers, and how they were able to modify their child's curriculum to shift the distribution of value given to certain characteristics—taking the weight off of those characteristics their children were unable to access or deploy and putting it on other characteristics they were able to—thereby reducing friction and allowing the effort to be constructive and emancipatory for their children. The effects of their efforts might be another area worth studying, namely: how do the gains the children made during their homeschool years, assist them later on in life?

To expand the conclusion yet further, the following candid insight by Linda—which hit me as a parent but also because it had me thinking: “yes, as much as we may not want to admit this”—helps us understand the shifting nature of claims to knowledge (and truth):

You know how it is, you're just kind of in denial and you can convince people that it just can't be a real mental disability or, I don't know, it's difficult because I find, either you find people that are experienced enough to kind of stand up to you and inform you or, you can just kind of not coerce but encourage people to think like minded with you.

How do we (parents) arrive at the thought that we are in denial? Perhaps it is our truth and the views of others have us thinking, in hindsight, that we are in denial. If the parent is implied here, are we not *experts* about our children? Do we not have the most comprehensive (though perhaps not authoritative) knowledge about our children? So, if this is the case for the parent (as *expert*), it can equally be the case for other types of experts too—such as teachers, pediatricians, and psychologists (though perhaps they lack comprehensive knowledge about our children, no

matter how detailed their notes on their histories, or general knowledge about age-appropriate norms). Once we do this, we can see how *experts* (i.e. those with comprehensive and authoritative knowledge) might be able to convince people that AD(H)D is a real disability and how experts might encourage people to think like minded with them. Now, the crucial question is: who has a claim to that knowledge—whether comprehensive, authoritative, or both? Therein lies the question and therein are fluctuating claims to answers.

Regardless of the answer, the problem remains: aside from pharmacological treatments, there seems to be no consistency in the way AD(H)D is dealt with in public classroom settings. Perhaps it is because of the ambivalence parents encounter in the education system that denial ensues. On the one hand, the parent is aware AD(H)D exists—or, is informed about it—and is made to believe the solution rests in proper diagnosis and special education coding for in-class educational supports and assistance. On the other hand, no such coding specific to AD(H)D seems to exist and the child’s AD(H)D does not seem to fall under the protection of the category of “disability” in order to be guaranteed equal access under legislation. No wonder parents are in denial. The education system (as a whole)—then and now³⁸—seems to know what AD(H)D is, know how to identify it, acknowledge it, and yet remain silent on supports and assistance for it.

Further Research

Other interesting issues were uncovered through the interviews in this study that merit

³⁸ The parents in this study provided their input in 2010 while the final writing was completed a decade later, in 2020. Interestingly, a decade prior, in 2000, Claudia Malacrida (2003) also studied the subject and noted ambiguity – though, in her study, the ambiguity was in that the child was diagnosed ADD but not assessed by a psychologist, thereby leaving the child outside the parameters of special education coding which, in her study, required a “psychological workup [that] would be more likely to include the child’s learning style, capabilities, and challenges” (p. 78).

studies in their own right. One issue worth exploring from the perspective of the hidden curriculum, cultural capital, governance, and biopower, is whether or not and how divisive practices are gendered—where discursive practices may result in bodies that are governed and disciplined differently based on gender, *nurturing* the idea that gendered bodies are natural. This was a task I initially set out to incorporate in this study—along with the overwhelming presence of mother-work involved in the effort to both school and homeschool—however, I consciously stripped most mention of the work out due to space constraints. The choice to strip it out, may be viewed as a form of contest—contesting what is expected of me as a student. Since academia is also a political site of struggle, where female students studying in fields such as sociology are implicitly expected to make mention of feminist theories, female emancipation and work, I chose to do so by being silent (for the most part) on the issue—thereby disrupting what I too have internalized. It is my opinion that any gendered aspect of these concepts deserves to be studied on its own and I do hope that such studies are taken up in the future. Now, by stripping out the topic of mother-work and the ways in which both the work and the gendering of bodies in classrooms is done, some may question how emancipatory the study at hand may truly be? This is a point I acknowledge and appreciate; and, can only remind both myself and readers that the work at hand was intended to serve as a starting point for further discussion and potential change, and to also get readers to think critically.

Another issue that might be worth studying are the characteristics of parents who choose to take part in studies of this sort—what types of cultural capital do they draw on and activate, and, why do they choose to do so? It truly would be interesting to see what methods could be used, what ethical considerations would come into play, what the study would uncover, and how it could then inform the system of education in Alberta as a whole.

Another suggestion is the scouring of texts and looking at discourse to uncover how

homeschooling is presented to parents of children with AD(H)D as an option and perhaps comparing it to how medications are presented as an option. Interviews here have uncovered an interesting irony in this regard and it would be interesting to explore this in more detail. On the one hand, while homeschooling is an option that is legislated through written laws and is outlined in various public communications through Alberta Education, the truth of it remains relatively hidden in that the general public perception of homeschooling tends to be negative, and for the most part teachers and school administrators do not broach the option to parents—parents tend to come to know about it through other homeschoolers, often experiencing a paradigm shift as they do. On the other hand, while medications that assist individuals with AD(H)D are not specifically legislated (i.e. as an option in dealing with AD[H]D during schooling), and one would be hard pressed to find public communications about it through Alberta Education, the truth of it also remains relatively hidden in that the general public perception of medicating also tends to be negative; however, as was uncovered in this study, teachers and school administrators that do not push for other (coded) diagnosis, tend to urge parents to get their children assessed and treated, creating a perception that this is a part of their policy and the only viable option available, when clearly it is not.

Yet another issue that could be explored is how cultural capital, as embodied by AD(H)D children, aligns with objectified forms found in various publications put out by Alberta Education (e.g. videos, pictures, books, official publications etc.).

Some additional issues that were uncovered in this study and could be explored in more detail include: pedagogical, cultural or religious differences in the approach to homeschooling AD(H)D children; paternal involvement in the effort of homeschooling AD(H)D children; the cost of homeschooling a child with AD(H)D; and, the educational options available for twice-exceptional children.

In terms of the study at hand, most of the children whose parents were involved here are now young adults. Had the study been designed to be longitudinal, it would have been interesting to see where they are now—a decade later—to get their feedback, and to perhaps revisit them again in yet another decade.

Limitations

Despite providing numbers when outlining the issues, this study is qualitative in scope and depth with the results informing us “what people think and do” and not necessarily “how many of them think and do it” (McCracken, 1988, p. 49). For this reason, the study should not be judged by quantitative standards. That said, and despite my effort to prolong engagement with each participant (to cover scope) and to persist in observations (to cover depth), there are limitations that should be noted (Glesne, 1998, p. 151).

One limitation relates to the participants and more particularly those who were not included. Given the nature of the study, participation was limited to parents. The viewpoints of teachers and educators, policy makers, and AD(H)D identified children would serve to enrich the analysis and provide for points of comparison to perhaps better understand any fractures in communication between the various groups of people, in hopes that communication is strengthened. Likewise, a more thorough analysis of the viewpoints of parents to uncover further themes such as gendered work, would also help broaden the depth and scope of the study further.

One other limitation relates to the sample representation. This limitation is twofold. First, since education is governed provincially, the sample was limited to Alberta and may therefore not represent the viewpoints of parents in other provinces. Second, while the call for participants was made in a variety of ways and relied in part on a snowball approach, the placement of the call may have left out the viewpoints of parents who are not members of homeschool groups, do not access

homeschool specific programs (e.g. sports groups), who view such research with suspicion, who do not live near the three main urban centers, or who are members of different religious, ethnic and language community groups. Tapping into the viewpoints of these parents would help better understand the needs of AD(H)D children in a broader and more inclusive way.

One other limitation relates more directly to the analysis of the study. Given that the study was undertaken as a graduate studies thesis project, collaborative analysis beyond input, suggestions and feedback from thesis committee members, was not feasible. It certainly would have added to the trustworthiness of the study had I been able to “share the interpretive process with research respondents, as a form of member checking” or to ask friends and colleagues to work on developing and analyzing codes (Glesne, 1998, p. 152). That said, members of two separate thesis committees collaborated by providing guidance, feedback and alternative explanations and this, coupled with the prolonged engagement with the interviewees and persistent observation of the results, certainly added to the reliability of the study.

Concluding Comments

I want to end this work with some retrospection on the research methods and theoretical lens I chose to use. I start by admitting I struggled with both—theory and methodology. It was impressed on me that I had to choose, I had to narrow my lens, I had to focus my methods, and I could not flail between competing methods and theories. Despite this, I made the conscious choice to let some quantitative aspects seep in—it felt very natural to allow it to happen since the system of education is based on categories, is hierarchical and orderly, and is highly governed. While numbers seeped in a little, references to categories of difference came in abundance—they could not be avoided and I was loathe to leave them out.

Methods wise, I made one other choice that left me stripping certain things out of quotes

taken from the transcribed interviews. I had transcribed my interviews to include various sounds parents made while speaking (e.g. “um” and “hmm”) and even to include interjections and long silences. When studied in more detail, these nuances could provide a wealth of additional information; however, since they added no real value to the study at hand, nor did they detract from it, and since space was of the essence, I chose to remove them.

As for the theoretical concepts I used to frame my analysis, I found them extremely helpful. Of those I used, I found Foucauldian concepts the hardest to work with, partly because I found myself struggling to shift between the spheres of power he outlined (i.e. between the punitive and the normative)—in other words, I felt uncomfortable coming to terms with what he outlined and what I had personally experienced and internalized; and, partly because I had a hard time making sense of the abstract terms he used. I found myself constantly looking to others to help interpret Foucault’s meaning for me—much like I did when I was trying to make sense of what was happening to my son, and much like what the parents in this study did when they were trying to make sense of what their children were going through. Yet, despite all that effort, I still felt unsatisfied and unsettled—again, this echoes what I and the parents in this study reported feeling when dealing with classroom settings and the various assessments and modifications that were implemented. I will be perfectly honest here and say: I truly dreaded it. That discomfort was just the exercise I needed to go through—meaning only opened up for me through that *struggle* to understand. Ultimately, what I took from Foucault’s work was that sense of discomfort, that friction, that inability to fully grasp meaning—this was precisely what he was describing. I lived the abstract and, through it, I came to appreciate the value in it. Through that lived experience, what his theory helped me do is to *see* the abstract; because, without seeing it, making sense would have continued to be difficult and pointless for me. I was then better able to understand how: a

child *struggling* to learn in a classroom; a teacher *struggling* to teach students who can't deploy certain normative behaviours expected of them; and, a parent *struggling* to protect their child and ensure they are included in ways that allow them to have a competitive edge, appreciated for who they are, without being made to feel and look different—all *struggled* in similar ways yet were different. There was no way to escape the normative, it made them who they were within the various contexts of interaction. I imagined that movement of the normative through their interactions as being slow, deliberate, and predictable, much like how the Earth turns around the Sun—reproducing the seasons in predictable ways, making it easy to track and have assumptions about; but, making it very hard to stop or change (indeed in the example of the Earth and Sun, this would be humanly impossible). Whereas, repressive and punitive forces didn't seem to equally touch everyone and were therefore more vulnerable and easier to change. They were more like little marbles spinning out of control and easy to stop or to reverse the spin, by hand. However, since those repressive techniques operated under the normative, some were harder to change than others; and, so, the child with AD(H)D provided a brilliant vantage point to see what those techniques were that didn't quite apply to everyone and really had nothing to do with the individual child's choice or seemingly natural ability to deploy certain behaviours in certain settings. In this instance, repressive techniques—such as: poking-and-prodding through assessments, blood tests, questionnaires, etc.; time-outs, grounding, grading, sending to the principal's office, etc.; and medicating or physically restraining the child—were only reserved as mechanisms of control where normalizing techniques appeared to fail. I then realized that some children (more specifically, some children categorized as having AD[H]D) were subject to *both* forms of power while others (those who were normalized and able to comply) really did not have to worry about either one—since the normative would come to them *naturally*, by *choice*, so long as it was deployed and internalized

successfully. One then questions whether the normative really does apply equally to everyone in certain settings and, whether it would then be fair to deploy punitive techniques on anyone in such settings—since anyone deemed to need punitive techniques would imply a failure in the process of normalization or, would imply that the non-compliant individual truly cannot deploy what is required of them to function normally. Given that the individual in the latter scenario has no real control, it makes more sense to work on changing normative measures and not the individual—no matter how hard and painfully slow that change may be. Having been blessed with a lengthy thesis experience and having been blessed to not only be the mother of a person with determination but also counting myself as one, I was able to observe the slow spin of change that the system of education in Alberta continues to undergo. Literature review on education informed me but my lived experience and observations gave me a much deeper understanding, and gave me a very hopeful glimpse at the trajectory of change. As such, while Foucauldian theory initially seemed to disrupt my hope for change, once I properly understood it, this theoretical framework allowed me to see that, change is alive and thriving—turning very slowly in some places, and spinning out of control in others.

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APPENDIX I: CONSENT FORM

[Insert Date]

Dear *[Insert Potential Research Participant's Name]*:

You are being invited to participate in a research study on parents' decisions to homeschool a child identified as having Attention Deficit (Hyperactivity) Disorder ("AD(H)D"). In particular, I am interested in whether or not and how your decision to homeschool a child identified with AD(H)D is connected to experiences you and/or your child have had with public school.

This research will require about 1-2 hours of your time. During this time, you will be interviewed about your experiences with the public school system and homeschooling, as each relate to your child identified with AD(H)D. The interviews will be conducted wherever you prefer (e.g. in your home, a coffee shop or my on-campus office etc.), and will be audio-recorded.

While there are no anticipated risks related to this research, you may find it emotionally difficult to talk about some experiences. Please note that you do not have to answer any questions you are uncomfortable with and you can end the research at any time you wish. Additionally, I can provide the names and telephone numbers of some support groups, if you wish this information.

You may find the interview to be rewarding, as many people who homeschool a child identified with AD(H)D do not often get to share their experiences with an interested and sympathetic listener. By participating in this research, you may also benefit others by helping people to better understand how parents of children identified with AD(H)D make sense of and negotiate the handling of their child and their child's differences while they are in school, and also how parents respond to those events.

Several steps will be taken to protect your anonymity and identity. The typed interviews will NOT contain any mention of your name, and any identifying information from the interview will be removed. The typed interviews will also be kept in a locked filing cabinet at the University of Lethbridge, and only me and my supervisor and possibly a research assistant (sworn to confidentiality) will have access to the interviews. All information will be destroyed after five years time.

Your participation in this research is completely voluntary. You may withdraw from the study at any time for any reason, without consequence. Should you decide to do so, you will have the opportunity to decide what should be done with your data.

The results from this study will be presented in writing in journals read by social scientists to help them better understand the process of deciding to homeschool a child identified with AD(H)D and may include information gathered from the interviews. The results may also be presented in person to groups interested in the topic and news media. At no time, however, will your name be used or any identifying information revealed. Having said that, despite every attempt to protect your anonymity, some readers may be able to deduce your identity from the experiences or opinions that you describe. Complete anonymity cannot, therefore, be guaranteed. If you wish to review any

potential publications in order to offer feedback or wish to receive a copy of the results from this study, you may contact me at the telephone number given below.

If you require any information about this study, or would like to speak to me, please call me, *Pinar Kocak of the University of Lethbridge*, at *[insert contact phone number]*. If you have any other questions regarding your rights as a participant in this research, you may also contact the Office of Research Services at the University of Lethbridge at (403) 329-2747 or research.services@uleth.ca.

I have read (or have been read) the above information regarding this research study on the experiences of parents of children identified with AD(H)D, and consent to participate in this study.

_____ (Printed Name)

_____ (Signature)

_____ (Date)

APPENDIX II: INTERVIEW GUIDE

When and by whom are children first identified as having AD(H)D?

1. Please tell me the story of how you first came to think of your child as different.
2. Who first identified your child as having AD(H)D?
3. Did your child undergo any assessments?
 4. If so: Please tell me about the assessments—who recommended them, what they entailed and what the outcomes were.
5. Please tell me about the recommendations that came out of the assessment.
6. Did you agree or disagree with the assessment results and recommendations? Why or why not?
 7. if disagreed: how was the disagreement with the assessment and recommendations resolved?
 8. If agreed: what happened next?
9. What kind of information did you obtain about AD(H)D? From where or whom? Was that information helpful to you? Confusing or harmful? Please explain.

Does a parent's decision to homeschool relate to difficulties they (both parents and their AD(H)D identified children) experienced in school with exclusion? If so, how did they experience exclusion and how have experiences of exclusion led parents to feel that the only option for them is to homeschool their AD(H)D identified children?

10. Please tell me about the experiences your child has/had in the classroom.
11. Did your child appear to be happy or unhappy when going to school?
 12. If unhappy: What first drew your attention that your child was unhappy?
 13. How did you deal with your child's unhappiness?
14. Please tell me about any differences of opinion between yourself and any school officials and educators concerning your child's diagnosis? Your child's classroom routines? Your child's discipline? Your child's social inclusion?
15. Did you ever refuse any kind of treatment or classroom modifications for your child with AD(H)D, or try to? Please tell me about that.
16. Did you ever insist on treatment or classroom modifications, or have to struggle to obtain treatment, classroom modifications or services for your child? Please tell me about that.
17. Did you ever experience any feelings of stigma or discomfort relating to your child and the label AD(H)D? If so: How did these occur?
18. What kinds of information and assistance did the school offer and provide for your child, you and your family about—any special accommodation that may be available? AD(H)D itself? Rights of the child? Rights of the parents?
 19. Please tell me your response to that information/why?
20. Do you think the label [AD(H)D] has been helpful for your child? Your family? Your own peace of mind. Please explain why and/or why not.

Is homeschooling a coerced choice for some parents of AD(H)D children? If so, how?

21. Please tell me the story about what finally made you decide to homeschool.

22. Please tell me about when you first became aware that you could homeschool your child.
23. Please tell me about how you first felt about the prospect of homeschooling your child.
24. Please tell me about your prior experiences with homeschooling.
25. Please tell me why you felt/feel homeschooling was/is a reasonable choice for your child and your family.
26. Did you feel coerced into homeschooling? Why or why not?
27. If you were in communication with your child's school about the possibility of homeschooling, how did the educators receive the news about your decision to homeschool?
28. What kind of information or assistance did the school provide to you and your family about homeschooling?
29. Did you ever experience any feelings of stigma or discomfort relating to your decision to homeschool? Please tell me about that.
30. What is/was the best part about school for your child?
31. What is/was the best part about school for you and your family?
32. What is/was or may be the best part about homeschooling for your child?
33. What is/was or may be the best part about homeschooling for you and your family?
34. What is/was the worst part about school for your child?
35. What is/was the worst part about school for you and your family?
36. What is/was or may be the worst part about homeschooling for your child?
37. What is/was or may be the worst part about homeschooling for you and your family?
38. Before I conclude the interview, is there anything you would like to add, clarify or ask?

APPENDIX III: FACE SHEET

Parent's Name: _____ Sex: _____

Parent's Age: _____ Ethnicity: _____ Religion: _____

Address: _____

Tel: _____ Email: _____

Living situation (location): _____

Support workers (type & location): _____

Father's education level: _____

Father's occupation: _____

Mother's education level: _____

Mother's occupation: _____

Other Guardian/Parent's education: _____

Other Guardian/Parent's occupation: _____

Please provide details about how long you have been homeschooling or when you plan to homeschool or when you homeschooled your AD(H)D identified child—how many years and which school board you used. I ask this only to provide information that might help me explore the choices homeschoolers make in choice of board and any difficulties you may encounter as a result of choosing a particular board.

What other reasons are there for your decision to homeschool?

Please provide a description of your family structure (for example, “Separated, non-custodial father of AD(H)D child”, “Married, biological father of AD(H)D child and two siblings” “Divorced, with shared custody” etc.) I ask this only to provide information that might help me to explore the challenges you might encounter in dealing with your child.

Please provide the names, ages, and sexes of your children, and any disabilities or health concerns you have with each of them—starting with those with AD(H)D:

Additional Notes:

APPENDIX IV: EXAMPLE OF THE PROCESS OF ANALYSIS

Main Themes	Code Family	Line-by-line Coding	Transcription
	Labelling	Teachers	
Ambivalence	Exclusion	Coding and Funding	<p>I was called in for an IPP meeting and requested that I take him to the doctor and discuss the possibility of ADHD.</p> <p>He came out at low average in almost everything so he didn't qualify for extra help or for pull out or for an assistant or for a tutor—he didn't qualify for anything.</p> <p>When I told the VP that he was diagnosed... she said "oh, Gloria, we don't get funding for that."</p>
		Doesn't Qualify	
	Decision Making and Input	<ul style="list-style-type: none"> - Strategies - Medication 	<p>When he is on his meds, the teacher is very happy. But, like he says, they make him feel nauseous. So, she's happy.</p>
Claims to Truth		Knowledge making	<ul style="list-style-type: none"> - Team decision - Parent as expert <p>She discussed it with Joe's teacher and assistant. And then, somehow, all three of them got me all at once kind of thing...</p>
Access to Information			<p>Now I've got a student, my son, who has learning and behavioural problems, my opinion doesn't count as much. Why? I'm the same person. I've got the same experience, the same education, the same background, I know my son better than I knew that student. Why does that opinion count for less?</p>
Mother Work		Friction	<p>He would just shut down if the teacher was excessively strict and excessively harsh... and often that was the response that of a lot of the teachers.</p>
		Information on Homeschooling	<p>"Why would anyone want to put themselves through that kind of hell? Why would you want to do that to yourself?"</p>
	Choice	Coerced	<p>The biggest irritant is that he would work so hard to get his grades where he was passing and then the teacher... "you're not mature enough to go to the next grade."</p>
		Out of Options	<p>I decided to homeschool because he needed an education, he couldn't go to a public school, he couldn't go to the special behaviour class and I didn't know anything about homeschooling but I knew that this environment was not good for him.</p>

APPENDIX V: TIMELINE OF AD(H)D

- In 1798, Sir Alexander Crichton wrote *An Inquiry into the Nature and Origin of Mental Derangement* in which he included a chapter “On Attention and its Diseases”. In the chapter, Sir Crichton wrote about problems some children have in sustaining attention to subjects in relation to education, suggesting organic causes which cannot be remedied by willing to attend to the particular subject (Crichton, 1798).
- In 1844, the APA was formed. By 2010, the APA stated its concern is “the medical diagnosis and treatment for all persons with mental disorders, including intellectual disabilities and substance-related disorders.” Later, the APA became “the world’s largest psychiatric organization” (American Psychiatric Association, 2010).
- In 1845, Heinrich Hoffman (physician and psychiatrist) wrote a children's poetry book which includes "The Story of Fidgety Philip,"³⁹ where Philip is the portrait of a boy believed to have symptoms of AD(H)D.
- In the 1870s, *idiocy* and *imbecility* were coined as medical terms to describe certain attributes as medical phenomena, marking “a point at which nervous disease diagnoses were made in response to individual ineptitude” (Rafalovich, 2004: 21).
- In 1877, William Ireland distinguished between *idiocy* and *imbecility* by indicating that the “mental capacity of the former is inferior to that of the later,” where idiocy is defined as a “mental deficiency or extreme stupidity, depending upon malnutrition or disease of the nervous centers, occurring before birth or before the evolution of the mental faculties in childhood” (Ireland, as quoted in Rafalovich, 2004: 23).
- In 1890, Charles Mercier (physician) coined the term *congenital mental deficiency* and lumped the terms idiocy and imbecility, while expanding on the distinction between the two, into this single category (Rafalovich, 2004: 23).
- In 1900, William Ireland wrote about *moral imbecility* (Rafalovich, 2004: 24).
- In 1902, Sir George Frederic Still coined the phrase *abnormal defect of moral control* or *morbid defective moral control* during a series of lectures to describe impulsive behaviours in children. Still notes that the children in question had been “raised in benign environments, with ‘good-enough’ parenting” and therefore the cause of these troubling behaviours in such children should be considered to be organic or biological, rather than based on free will or due to social factors such as socio-economic background or family structure (Hallowell & Ratey, 1994: 271). Of particular importance to the study at hand is the way in which Still “contends that at a certain age there are biological standards for moral conduct, and to have less moral control than others in a particular age category is a basis for suspecting a pathological condition” (Rafalovich, 2004: 27); particularly interesting when considering the age segregation of students in public schools.
- In 1904, Hoffman’s poem, “The Story of Fidgety Phillip” was published in *Lancet*, a prestigious medical journal (Hallowell & Ratey, 1994: 270).
- In 1912, the Royal College of Physicians in England adopted a medical definition of imbecility where “an imbecile ‘is incapable from mental defect, existing from birth or from

³⁹This poem can be accessed online through the University of Florida Digital Collections, *Baldwin Library of Historical Children's Literature* at <http://ufdc.ufl.edu/UF00087058/00001/21j>

- an early age, (a) of competing on equal terms with his normal fellows, or (b) of managing himself or his affairs with ordinary prudence” (Goddard as cited in Rafalovich, 2004: 24).
- In the 1920s, following the epidemic of encephalitis which reportedly began in Australia in 1917, the medical term *encephalitis lethargica* was coined to describe a range of some 27 symptoms (sequelae) noted as “behaviour residuals” of the illness that are “firmly grounded in physiology,” which were later attributed to AD(H)D (Rafalovich, 2004: 29-30). It is interesting to note that, as Rafalovich (2004) highlights, symptoms of “delinquency and other symptoms of post-encephalitic infections in children represented a physiological mechanism. This position remains the dominant perspective of today’s neurologically oriented ADHD researchers: ADHD is a syndrome comprising a variety of behaviors with a basic neurological cause” (32).
 - In the 1930s, Kurt Goldstein (neurologist), found that brain-injured WWI veterans “exhibited high distractibility and a forced response to any stimulus” (Malacrida, 2003: 21).
 - In 1937, Charles Bradley administered “recently discovered amphetamine drugs” to a “small group of school-aged children with reported high levels of distractibility,” noting its effectiveness in reducing distractibility and in subduing their behaviour (Malacrida, 2003: 21).
 - In the 1940s, building on Goldstein’s work, Heinz Werner and Alfred Strauss “generalize Goldstein’s findings through a comparative study between children who were developmentally delayed and children who had a dual diagnosis of developmental delay and brain injury” and found that brain injured children exhibited more symptoms of distractibility than non-brain-injured children – then coined *Strauss’s syndrome* (Malacrida, 2003: 21). The Werner and Strauss study led to influential teaching and assessment procedures based on their findings.
 - In 1952, the first edition of the APA’s Diagnostic and Statistical Manual of Mental Diseases (DSM-I) was published. Grob (1991) notes that the publication of the DSM-I “marked an internal transformation that mirrored the growing dominance of psychodynamic and psychoanalytic psychiatry and the relative weakness of the biological tradition,” a transformation that “occurred largely as a result of the lessons learned by psychiatrists during World War II” (p.421).
 - In the mid-1950s, Ritalin (methylphenidate) was discovered and introduced as the drug of choice in the treatment of hyperactivity. Until the discovery of Ritalin, reportedly a relatively safe drug, Strauss’s syndrome was a fairly rare diagnosis (Malacrida, 2003: 21).
 - In 1957, Maurice Laufer, Eric Denhoff and Gerald Solomons coined the label *hyperkinetic impulse disorder* to describe sequelae of attentional and behavioural symptoms that had no clear-cut physiological base (M. Smith, 2008; Malacrida, 2003: 21). This is the year, according to M. Smith⁴⁰ (2008), that research in the field of psychiatry into hyperactivity

⁴⁰ M. Smith (2008) writes about the “evolution of psychiatry from a field dominated by Freudian psychoanalysis to one rooted in the neurosciences,” as viewed through the lens of hyperactivity (p. 541). M. Smith notes debate and competition (truth games) between different fields of psychiatry from which biological psychiatry emerged as the victor to dominate the profession today. The three competing fields M. Smith notes are: social psychiatry, psychoanalytic psychiatry and biological psychiatry – each gaining dominance over the other, in that order. The trajectory M. Smith outlines points to the complex history of the discipline of psychiatry which in turn complicates the

started in earnest where “truth games” are waged between the fields of social psychiatry, psychoanalytic psychiatry and biological psychiatry, in that order, through which biological psychiatry and the pharmaceutical treatment of hyperactivity eventually emerged as the victor to dominate the profession.

- In 1966, the United States Public Health Service (USPHS) adopted *minimal brain dysfunction* “as the official diagnosis of impulsive and disruptive childhood behavior,” a dysfunction that was seen to be fixable through specific types of drug treatment (Rafalovich, 2004: 49). Despite this, other clinical terms such as “‘minimal brain damage,’ ‘minimal cerebral palsy,’ ‘minimal cerebral dysfunction,’ ‘maturational lag,’ ‘post-encephalitic disorder,’” all describing similar symptoms, remained in use prompting Paul Wender to ask the medical community to abandon all other terms and “universally adopt the term ‘minimal brain dysfunction’” (Rafalovich, 2004: 49).
- In 1968, the second edition of the APA’s Diagnostic and Statistical Manual of Mental Disorders (DSM-II) was published, adopting the term *hyperkinetic reaction of childhood* in order to avoid using the terms ‘brain damage’ or ‘dysfunction’ (Rafalovich, 2004: 50). It should be noted, however, that the term was not universally adopted (Rafalovich, 2004: 50).
- In 1980, the third edition of the APA’s Diagnostic and Statistical Manual of Mental Disorders (DSM-III) was published and was the first to include a discussion of symptoms of inattention in addition to hyperactivity under the diagnostic category *attention deficit disorder*, with or without hyperactivity (Rafalovich, 2004: 50); prior to this shift, hyperactivity was the focus.
- In 1987, the DSM-III was revised and the diagnostic term *Attention Deficit-Hyperactivity Disorder* (ADHD), combining both ADD and hyperkinesis into one category, was adopted by the APA (Rafalovich, 2004: 50).
- In 1994, the fourth edition of the APA’s Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) was published. The DSM-IV adopted the term *attention-deficit/hyperactivity disorder*, with 3 separate codes to recognize: both the combined type and the predominantly hyperactive-impulsive type; the predominantly inattentive type; and those that are not otherwise specified (APA, 2010).
- In 2000, a text revision of DSM-IV was published (DSM-IV-TR), with the primary objective to reflect empirical literature from 1992 onward until the next major revision is published in 2012 (APA, 2010c).

previously simplified view of the emergence of hyperactivity “as a neurological, pharmaceutically-treated condition” (p. 554). M. Smith notes that questions remain unanswered by his analysis. Some such questions are: how hyperactivity became the prevalent childhood mental illness it is today; why hyperactive behaviours became pathologized after the war (presumably the Vietnam war, given the timeline M. Smith is interested in); what role the pharmaceutical industry played in the spread of the disorder; and why hyperactivity is particularly prominent in North America? M. Smith notes that psychiatry’s reluctance to “evolve into a more complex, multi-dimensional field” is likely due to a desire for simplicity, though the prevailing single field of biological psychiatry is not satisfactory and “a more sophisticated and constructive understanding of hyperactivity” may have emerged from a unified, complex psychiatry; implying a correlation between the development of psychiatry and hyperactivity.

- In 2013, the fifth edition of the APA's Diagnostic and Statistical Manual of Mental Disorders (DSM-5) was released, listing Attention-Deficit/Hyperactivity Disorder under Neurodevelopmental Disorders to "reflect brain developmental correlates with ADHD." Though some changes were made, the criteria for ADHD in the newest edition continued to be similar to those in the DSM-IV (APA, 2013).

APPENDIX VI: DEMOGRAPHIC INFORMATION

AD(H)D STUDY DEMOGRAPHIC INFORMATION

No.	Sex	Age	Education	Religion	Marital status	No. of children	No. w/ AD(H)D* ADD	ADHD	Homeschool (HS) Past	Present	Future	No. years HS***	Other type of schooling
1	F	37	College Diploma	7 th Day Adventist	Married (1 divorce)	4	1 (Joe)	1 (Adam)	✓ (both)	✓		2+	Public and Private Christian
2	F	34	High School	Christian	Married	2	1 (Ben)	-				2	Public
3	F	38	Some college	Mormon	Married	3	1 (Gavin)	1 (Jessica)		✓ (both)		8	Catholic
4	F	55	BA	Jewish	Married	1	1 (Jacob)	-	✓			1+	Public
	M		PhD										
5	F	50	BSc and LLB	Unitarian	Married	4	1 (Chris**)	3 (Liam, Danny** & Kevin)	✓ (Liam)	✓ (Kevin)		2+	Public, French Immersion School for Behaviour Problems and Special Education School – only HS 2 of the 4
6	F	36	College Diploma	Christian	Married	2	-	1 (Nancy)		✓		4+	Private Christian
7	F	45	BEd	Roman Catholic	Married	3	1 (Sean)	-		✓		3+	Catholic
8	F	46	College Diploma	Greek Orthodox	Married	2	-	1 (Cam)		✓		4	Montessori
9	F	34	College Diploma	Protestant/charismatic	Married	5	-	1 (Andrea)		✓		8	Christian
10	F	40	BA	Christian	Married	4	1 (Eric)	-		✓		6	(never attended)
	M	43	MA										
11	F	40	3 years towards BSc	Catholic	Married	2	2 (Samantha & Natalie**)	-		✓ (Samantha)		2	Catholic – 1 child is still in school, never HS
12	F	34	(unknown)	Christian	Married	3	-	1 (Billy)			✓	0	French Immersion and Special Education School

* including children who are formally diagnosed as well as those who are suspected as having AD(H)D.

** this child is outside the parameters of the study but has been identified as having AD(H)D.

*** at time of interview – interviews took place between September 2010 and December 2010.

APPENDIX VII: BIOGRAPHICAL INFORMATION ON RESPONDENT MOTHERS⁴¹

Anne is a white, 37 year old mother of four children, two of which have been identified as having AD(H)D. Anne's children, from oldest to youngest, are: Sandra, Adam, Joe and Haley. Anne moved with her children from Emerald (another Canadian province) a number of years ago. With the exception of Haley, all of Anne's children started formal schooling in Emerald. Anne divorced the father of her children in Emerald and was a single-parent during the period of time when her children were assessed AD(H)D and she homeschooled. Later, Anne remarried in Alberta. At the time of the interview, Anne was living in Feldspar with her husband and three of her children; Adam left the home on his own a year prior and was living in foster care. At the time of the interview, both Anne and her husband were unemployed. Anne was on disability assistance after having suffered a number of physical setbacks which include injuries from a motor vehicle accident. Anne first encountered difficulties with Joe and Adam's schooling while they were living in Emerald. She had both boys tested in Alberta. Joe was assessed as having ADD in addition to dyslexia, hypoglycemia, Oppositional Defiant Disorder and Pervasive Developmental Disorder. Adam was assessed as being hypoglycemic and severely ADHD. Both Adam and Joe were prescribed medications for AD(H)D. At the time of the interview, Joe was no longer using medications; Adam was supposed to be using medications but, since he no longer lived at home, Anne had no way of knowing for sure whether he was or not but suspected he was not. Anne started homeschooling Adam two months before the end of his grade six school year. At the time, all of Anne's children were attending a public school. The next school year, Anne homeschooled all four of her children and had Adam repeat grade six at home with her. Despite their progress and success at home, Anne was unable to continue homeschooling her children the following year. She enrolled all four of her children into a private Christian school on subsidized tuition. Joe did really well in the new school but Adam had a very bad grade seven year and refused to go to school for grade eight. Anne homeschooled Adam again for grade eight, the year before he left home. During this time, Adam also took part in a special education program that provided hands-on trades classes for children with AD(H)D. Due to various health problems, Anne was not able to devote as much time and attention to Adam's homeschooling and felt it did not work as well as it had the first time they had homeschooled as a family. At the time of the interview, all of Anne's children, including Adam, were attending the private Christian school.

Beth is a married, white, 34 year-old mother of two children, one of which has been identified as having ADD. Beth's children are Ben and Brianna. Beth and her husband Dave moved to Alberta from Copper (another Canadian province) a number of years ago. Ben started formal schooling while they were still living in Copper. Ben was formally assessed as having ADD here in Alberta when he was in grade one. In grade two, Beth and Dave agreed to try Ben on medication for the ADD. When Ben was in grade five, Beth was laid off from work and decided to pull Ben out of classroom school to homeschool him. They also stopped the medications at that time. Brianna also asked to be pulled out to be homeschooled. At the time of the interview, Beth was still homeschooling her children and had been homeschooling them for two years. She was trained as

⁴¹ The brief biographies of respondent mothers reflects their situation at the time of the interviews—in 2010.

a hairstylist but worked part-time as a caretaker. Dave was trained and worked as a carpentry finisher.

Carly is a married, white, 38 year-old mother of three children, two of which have been identified as having AD(H)D. Carly's children are Jessica, Gavin and John (an infant). Carly and her husband Cody moved to Alberta from the United States a number of years ago. Jessica and Gavin were young when they moved and John had not yet been born. Jessica and Gavin started schooling in Alberta and Carly first encountered difficulties with the schooling of her son, Gavin, when he was in kindergarten. She then noticed difficulties with Jessica's schooling as well. Jessica was two school grades ahead of Gavin. Carly started homeschooling her children by pulling them out of classroom school for half-days to school them at home when Gavin was in grade one and Jessica was in grade three. She started homeschooling both of her children full-time the following year. At the time of the interview, Carly was still homeschooling her children and had been homeschooling them for eight years. After years of searching for a diagnosis which also included traveling to the US for assessments, Gavin was assessed as having ADHD as well as Sensory Integration Disorder and was deemed to be gifted, a combination commonly referred to as "twice exceptional." Jessica was also deemed gifted and was assessed as having ADD and Tourette's Syndrome, she too was referred to as "twice exceptional." Until recently, neither Jessica nor Gavin were medicated for AD(H)D. At the time of the interview, Gavin was still not on any medications for his ADHD but Jessica had recently started using prescription medications for her ADD. At the time of the interview, Carly was not employed; however, she had some college education and was an artist and would occasionally be commissioned to do some art work. Cody had a master's degree in computer programming and was employed.

Diane is a married, white, 55 year-old mother of one child. Her son, Jacob, was formally assessed as having ADD in grade four, as well as a learning disability and a sleep disorder. Jacob attended elementary school at his neighbourhood public school—a public school Diane acknowledged as being somewhat privileged in that the classroom sizes were smaller and the students were mainly the children of academics and others who worked at the university. When Jacob moved on to middle school, on recommendation, Diane and her husband Frank decided to enroll him in a public school for children with special education needs. Jacob attended the special education school for all of grade seven and for the first three months of grade eight when Diane pulled him out to homeschool him. During the time he was in classroom school in grade eight, Jacob asked to try medication for his ADD. He tried two different medications but neither one worked well for him so he stopped. For the remainder of grade eight, even though he was being homeschooled, the special education school maintained Jacob's registration and provided all of the materials and assistance necessary for Diane to school him from home. The following year, Diane enrolled Jacob with a homeschool board and continued to homeschool him. Diane indicated the homeschooling experience for grade eight was very different from grade nine and she felt the experience in grade eight was much better. Jacob chose to return to a regular public school for grade 10 and, at the time of the interview, he had just started grade 10 and was trying a different medication. At the time of the interview, Diane was not employed but held a Bachelor of Arts degree. Frank was employed as a University Professor. Frank also took part in the interview.

Evelyn is a married, white, 50 year-old mother of four children, three of which have been identified as having AD(H)D and another who may also have it. Evelyn's children, from oldest to youngest, are: Chris, Danny, Kevin and Liam. Chris is Evelyn's biological son while Danny, Kevin and Liam are an adopted sibling group. Chris was identified as having ADD some 10 years earlier, when he was in either grade one or grade two. For one month, Evelyn tried Chris on medication for his ADD but did not find it helpful. Danny started schooling while he was still living in foster care. Danny joined Evelyn's household when he was nine years old. Danny was assessed as having ADHD and was later started on medications when he was in grade nine. Neither Chris nor Danny have ever been homeschooled. Chris attended public school throughout primary and secondary school and was in university at the time of the interview. Danny was in a public school and was, at the time of the interview, in grade 11. Kevin joined Evelyn's household when he was almost four years old. Evelyn experienced problems with Kevin's schooling from kindergarten onward. Kevin was in a regular public school for kindergarten and the first month of grade one. Kevin was assessed as having severe behavioural problems and, on recommendation from his school teacher and principal, Evelyn switched Kevin to a school for children with behavioural problems. By spring break of grade one, Evelyn felt the special school was not helping Kevin and pulled him out to homeschool him. At the time, Kevin had not yet been assessed as having ADHD. Kevin was homeschooled for the remainder of grade one, and all of grades two and three. He was assessed with ADHD just before he started grade three and was placed on medication. For grade four, Evelyn registered Kevin in a school for children with learning difficulties and, at the time of the interview, he was attending this school and Evelyn was on stand-by. Liam is a year younger than Kevin and was assessed as having Sensory Integration Disorder. Evelyn homeschooled Liam for eight months while she was also homeschooling Kevin. Liam is now back in school and his teacher has been pushing Evelyn to have him assessed for the possibility of ADHD as well. At the time of the interview, Evelyn was on stand-by for her children's schooling and was not working; however, she holds two university degrees—a Bachelor of Science degree and a Law degree. Prior to homeschooling her children, Evelyn was working as a lawyer. Evelyn's husband Tom has some college and works as a project manager.

Fay is a married, white, 36 year-old mother of two children—a daughter, Nancy, who has been identified as having ADHD and a son who is severely autistic. Fay and her husband Earl moved to Alberta from Emerald (another Canadian province) a few years ago to access supports for their autistic son. Nancy started formal schooling in Emerald in a private Christian school and attended that school for kindergarten and grade one. Nancy was diagnosed with ADHD in Emerald. When they moved to Alberta, Fay enrolled Nancy in a Christian school for grade two. By Christmas break in December of that year, Fay and Earl felt the school was not working for her and decided to pull her out to homeschool her. While she was being homeschooled, during her grade three year, Fay and Earl decided to try Nancy on medications for ADHD. They tried three different medications at least six months apart and found they did not work well for her so they did not continue with any of the medications. At the time of the interview, Fay was still homeschooling her daughter and had been homeschooling her for over four years. At the time of the interview, Fay was not employed. She had been trained in college for corporate communications but had not worked since the birth of her first child. Earl was trained as an accountant and worked as an auditor.

Gloria is a married, white, 45 year-old mother of three children, one of which has been identified as having ADD. Gloria's children, from oldest to youngest, are: Sean, Emma and Beth. In addition to ADD, Sean has been identified as having Generalized Anxiety Disorder and Gloria suspects he also has Transient Tick Syndrome. Prior to homeschooling, Sean attended a Catholic school. He completed a couple of years in Catholic school during which time his parents obtained assessments for him. During this time, Gloria and her husband Ken decided to try Sean on medication for his ADD and found it did not do anything despite a change in dosage. They stopped the medication and did not pursue any more after that. They decided to pull Sean out of classroom school to homeschool him towards the end of grade two. Later, Emma also asked to be homeschooled. Beth has always been and continues to be schooled in classroom schools. At the time of the interview, Gloria was still homeschooling Sean and Emma and had been homeschooling her children for over three years. At the time of the interview, Gloria was not employed; however, she had been trained as a teacher and taught for a number of years before she had children. Ken was also trained as a teacher but no longer worked as one. Instead, Ken was self-employed as a communication technician.

Hope is a married, white, 46 year-old mother of two boys, one of which has been identified as having ADHD. Hope's boys are Cam and Henry. Cam was assessed as having ADHD as well as Asperger syndrome. He attended a Montessori play-school and kindergarten. Hope started homeschooling Cam from grade one onwards and homeschooled Henry from Kindergarten onwards. At the time of the interview, Hope was still homeschooling her boys and had been homeschooling them for over four years. Cam had been on medication for his ADHD from mid-year of his grade one year until he was in grade three. Grade four was his first year schooling without medications. Hope was not employed but did have a college diploma and used to work at a bank before she had children. Tad, her husband, was employed as a supervisor in a cleaning company.

Irene is a married, white, 34 year-old mother of five children, one of which has been identified as having ADHD. Irene's children, from oldest to youngest, are: Andy, Alexis, Andrea, Arthur and Abe. Andrea was assessed as having ADHD as well as an eye problem where she has difficulty focusing. Irene and her husband Luke started off schooling their children with Andy and Alexis. Andy attended a Christian Kindergarten and grade one but when they encountered problems moving Alexis into grade one, they decided to pull both children out to homeschool them. They decided they would only send their children to the Christian school for kindergarten and then homeschool them for the remainder. When Andrea started school at the Christian kindergarten, her brother and sister were already being homeschooled. Since Andrea was experiencing difficulties, Irene decided to take her out of school and homeschool her during Kindergarten. Andrea had never been medicated for her ADHD. At the time of the interview, Irene was still homeschooling her children and had been homeschooling for over eight years. Irene was not employed but did have a college diploma and was just starting to assist Luke with bookkeeping for his business. Luke was self-employed as an eavestrough installer and also held a college diploma.

Jane is a married, white, 40 year-old mother of four children, one of which she and her husband Kirk suspect may have ADD. They have not pursued formal assessment. Kirk took part in the interview. Jane's children, from oldest to youngest, are: Eric, Emily, Edward and Eden. Jane and

Kirk moved to Alberta from the United States. Kirk, 43 years old at the time of the interview, indicated he has ADD and is dyslexic and went through school on Ritalin. At the time of the interview, Kirk was working on finishing his master's degree. Jane was not employed but held a bachelor's degree. Jane and Kirk identified themselves as missionaries. Jane and Kirk chose not to send their children to classroom schools from the beginning and indicated that their decision was not based on Kirk's classroom experiences in school but rather was based on pleasant encounters they had had with other homeschooling families. At the time of the interview, Jane was still homeschooling her children and had been doing so for over six years.

Kate is a married, white, 40 year-old mother of two girls. Her daughters, Samantha and Natalie, were both identified as having ADD. Natalie was also identified as having memory issues and dyslexia. Kate started schooling Samantha in a Catholic school and when Natalie was ready for school, she enrolled both girls in the same Catholic school. Both Natalie and Samantha were formally assessed. When Kate encountered difficulties with wanting to keep Natalie back a grade, first in kindergarten and then in grades two and three, she decided to homeschool her. For a brief period, before she started homeschooling, Kate tried Natalie on some ADD medications but weaned her off when she decided to homeschool her. When Kate started homeschooling Natalie, she had her repeat grade three. Samantha continued in classroom school. At the time of the interview, Kate was still homeschooling Natalie, and Samantha was still in Catholic school. Kate was not employed full-time at the time of the interview but was doing some bookkeeping on the side and had completed three years towards a bachelor of science degree prior to having her children. Her husband, Sheldon, was in the trucking business.

Linda is a married 34 year-old mother of three children, one of which has been diagnosed as having ADHD and another whose teacher suspects he may have ADHD. Her youngest is five years old. Her oldest, Billy, was also diagnosed with a learning disability. Billy was diagnosed when he was eight years, in grade two. Billy started his schooling in a Montessori play-school. He then attended a French immersion school from kindergarten through grade two. In grade three, Billy was transferred to a special education school. Just one month prior to the interview, Billy had started medication for his ADHD for the first time. At the time of the interview, Nathan, the middle child, was in grade one in a French immersion school and was experiencing learning difficulties. Nathan's teacher had asked Linda to have him assessed for ADHD as well. At the time of the interview, Linda had been contemplating homeschooling Billy but had not yet actually made the decision to do so. She and her husband James were discussing the possibility.

APPENDIX VIII: SPOUSES ON THE IDEA OF HOMESCHOOLING

In their narratives, mothers also offered some insight into fathers' involvement in homeschooling. All of the spouses of the interviewees here were on board with the idea of homeschooling. There were, however, a few interesting dynamics that came up. For instance, some spouses (fathers in this case) were neutral and left it up to the mother to decide and carry out. Also, some fathers were worried about the doing of homeschooling. In either case, the burden seemed to be heavier for the mother who did the actual work since they either carried it out pretty much alone, or they had the added work of having to convince the father of the decision. What follows is a brief outline on the position of fathers from each of the interviews.

Anne was a single parent at the time she homeschooled her children.

Beth's husband was not only on board with the homeschooling but he was, as she put it, a "very supportive man," helping out with the work at times, especially when she had to go to work and the children needed help finishing whatever it is they were working on at that time.

Carly's husband was hesitant at the beginning but, after he saw how difficult it was for his children in school, was on board with homeschooling. He also helped by providing some French instruction and activities for the children, as well as being there to assist them in any area he may have been better at than Carly.

Diane and Earl participated in the interview together and, while Diane did the homeschooling, it seemed to me that Earl was supportive of the idea though the question was never directly raised nor addressed.

Evelyn's husband was not really involved in the schooling process from the beginning. Evelyn noted that he found it overwhelming having three new kids in the family, particularly with Kevin since he had been very challenging. That said, regardless of schooling, he did, as Evelyn put it, like to read stories, go swimming and play games with the kids because "that's something that he can do that is more collaborative and that's easier for him to deal with." And so, as Evelyn noted, "I'm the disciplinarian and he's the fun parent." Also, in the past, he used to work overseas and was away "half the time... so when he was home, he felt like he was in vacation mode most of the time," which made it difficult for him to be involved with the children's schooling and difficult for him to establish structures that allowed him to be a disciplinarian.

Fay's case, it was actually her husband who introduced her to homeschooling as a positive thing. He was always pro-homeschooling and, by the time their daughter was born, he had convinced Fay that it a good option and so she too became pro-homeschooling. That said, it was not clear from the interview whether or how her husband helped out with the doing of homeschooling.

Gloria's husband was on board with homeschooling and gave up his teaching career to work in another field in order to earn more money to support the family while Gloria stayed home to homeschool. He also supported Gloria's efforts by reading with the children at night and in other ways, like when he set up Rosetta Stone French for the children.

Hope's husband never liked the idea of their children going to school. He had very negative experiences in school and did not want that for his children. So, he was very much on board with the idea of homeschooling and, while Hope was the one who initially brought it up, he encouraged her to do it. Also, he helped ensure they can continue to homeschool by working overtime so Hope could stay at home to homeschool the children.

Irene's husband was also on board with homeschooling and was “completely supportive” of it. Irene mused: “he calls himself The Principal so, you know, if school work is not done, he'll come and do paper work with the kids and do extra school work or do some fun projects with them” so, he is, like many others, very much a part of the team.

Jane and Kirk also participated in the interview together and both seemed to be quite involved in their children's schooling; however, it seemed Jane was the one who did the bulk of the work of homeschooling. That said, it was evident from the interview that they were both on board with homeschooling—particularly given Kirk's own experiences with school.

Kate's husband was also on board with homeschooling but, as Kate noted: “he doesn't have much of an opinion on it, he just says ‘yeah, you do whatever.’” Due in part to his work schedule, which involves traveling for extended periods of time, and in part to his own disabilities, Kate is the one who must do all of the homeschooling work.

Linda's husband shared some of her concerns about homeschooling. They were self-employed and so Linda was home and able to do the homeschooling work once her husband “acclimatized” to her decision. Now, while he had some worries or concerns, it should be noted that they had always looked for alternatives for Billy's schooling, together, and that it was his idea to explore an alternative private school before it closed. Linda's work at the time of the interview, with the decision to homeschool, was to “acclimatize” him to the decision and help alleviate some of his worries by answering his questions—which were, incidentally, the same worries she had, she worked to seek answers to, and, by the end of our conversation, was ready to “get the ball rolling” with homeschooling.

NOTES

ⁱ During conversations I have had with other homeschoolers, a number of them have cited a case involving pastor Thomas Larry Jones who “was charged on March 8, 1983 with three counts of truancy on the part of his three children” for educating his three children along with some 20 other children out of the basement of the church where he was the pastor. Pastor Jones’ program was called the “Western Baptist Academy.” It was not recognized by Alberta Education as a registered school program as he had not approached, and indeed resisted approaching the government for recognition. Also, while he refused to send his children to public school as required by law, he also refused to seek an exemption for his children which he could have done under the School Act at that time. While his refusal is interesting in terms of the homeschooling work he performed for his children, they did, nevertheless, receive schooling in a communal environment resembling other public school environments and for this reason and in light of the focus of my study, I chose only to mention this case but to not attend to it in any depth here.