A NEWSPAPER CAMPAIGN TELLS.

The Launch of Neuro-Psychiatric Diagnoses in the Swedish Daily Press 1997 - 1999

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Abstract: Around the time of 1998 a number of articles about the situation of the educational system appeared in the daily swedish press. A large proportion of the articles (concerned with science journalism as well as general debate and narratives) centered on children with the neuro-psychiatric diagnoses DAMP, AHDH, Tourettes or Aspergers Syndrome. The occurrence could be described as a launch or a campaign in favour of a medical perspective on children's problems. This article is attempting to give some explanations to the large amount of attention given to these diagnoses. The rhetorical forms used to convince readers of the accuracy and humanity of diagnosing children are also analysed. Special emphasis is placed on the commercial terms that journalism operates under, and on its tradition as an educator. We can see, on the whole, that medicine, journalism and parents' testimonies tell the same story. The material represents a wide consensus relating to the question of how diagnostics and the importance of placing these children into special areas are viewed. The study has been carried out within the framework of a social-constructivist perspective.

Introduction

In the period of 1997-99 a large number of articles about the problems of the educational system flourished in the Swedish daily press. A large proportion of these were about children with neuropsychiatric problems - about the diagnoses of DAMP, ADHD, Asperger´s - and Tourette´s Syndromes. Some of the articles were published in the debate section of the paper, while others were written by the papers´own journalists. The contents of the articles were indicative of a desire to influence public opinion and improve the situation of children suffering from the problems associated with these diagnoses. In addition, there were contributions highlighting the story of the lives of individuals and their families. These articles were portrayals with emphasis on the suffering these individuals were subjected to due to the reluctance of the welfare state to accept the nature of these disabilities and provide resources accordingly.

The intention with this text is to provide a summary and analysis of the contents of the material of the articles and to attempt explaining the extensive cover of the topic in the press. The basic questions are: Who are the actors represented in the discourse? How is the social and individual problem launched? What rhetorical means are used to convince the public of the safety of the diagnoses and of their beneficial effects? What types of proposal for remedy are represented? And how is the attention the phenomenon was given in the media during this period to be understood? The specific context will also be the subject of analysis. The representations of scientific findings and of individual lives presented are filtered by the journalistic process. Hence, journalism as an institution of society will also be subjected to analysis.

The newspaper articles have mainly been sorted manually.[1] The selected articles were published in Dagens Nyheter (DN) and Göteborgs-Posten (GP), the two largest Swedish daily broadsheets, during 1997-1998 and the first six months of 1999. The principal aim, however, has not been to carry out a total survey of printed voices on the theme of school children and defined variations on the theme over time, but rather to glean qualitative themes that may have emerged in the discussion over this period of intensive activity.

Altogether 55 articles were published during this period, articles with a direct bearing on this diagnostic theme. On working with the material I have divided it into two categories. To the first category belong the articles on scientific discoveries; the journalistic attention to new research and different kinds of secondary studies launching something new into our understanding of the nature and extent of the problem. To this category belong also the articles focusing on possible measures that have been taken, or that might possibly be taken, in aid of children with neuro-psychiatric conditions or hidden disabilities. These are measures such as arranging small educational groups, starting special boarding schools, or medication. In the other category of newspaper material I have included articles highlighting individual life stories; these make up a kind of portraying testimonies of children, their parents and their situations which are represented as resulting from the condition. The focus of the study is here the narrative form within which individual life stories are told, and the "child-political" stance related by these voices.

Theoretical Premises

Earlier studies into how social problems are formulated, launched and realised in action programmes have referred to the term "claims-making" to describe the process (Spector & Kitsuse 1987; Lindgren 1997). Inherent in this is that a trial of strength takes place between different actors, and the outcome depends on the prestige of the actors rather than on the question as to which social problems are the most troublesome on an "actual" level.

These trials of strength can thus be viewed as struggles about who sets the agenda on different kinds of political arenas (Hilgartner & Bosk 1988, Griswold 1994). Other central objects of analysis of this study are the processes of interpretation carried out by different actors, the questions of who the stake-holders are that carry forward the dominant narrative versions of the phenomenon, and of cultural elements laid bare in the narratives (Boje 1991; Kellner 1989). Within the motley tradition of studies of the creation of meaning there have also been attempts made at understanding how normative messages are implied, even in scientific pronouncements (Hunter 1991; Polanyi 1985b; Knorr-Cetina 1981). The kind of medicine applied here, entails a social approach which codifies and understands suffering in specific, culturally and time relevant ways. Illness, disability, and suffering always refer to societal and political conditions perceived as actual and not exclusively tied to clinical medical settings (Wright & Treacher 1982).

In this perspective it is about the power of the actor groups, but also about analysing the character of the formulated claims, their contents and cultural influence. Attention is also given to the limited capacity of public arenas to harbour multiple and simultaneous discourses and to the sense in which there is competition between the problems launched as candidates around which claims are made (Hilgartner & Bosk 1988). As regards the press material, a connection can be made here to the discussion about an ongoing tendency for different actors to use mass media to get their message across on the public arena (Sommardal 1997). The focus of my analysis is on the rhetorical, moral and political contents of the press material. The amount of attention that has been given to the phenomenon during the period studied confers to it the appearance of a campaign. This view guides my approach to the press material as a whole. The reason for this is the prevalence of a widespread concorde regarding problem definitions as well as remedies, and the fact that the various actors refer to one another to a high degree. It would, in my view, be wrong to characterise the press material as representing an ongoing controversy on a par with, say, the question of nuclear energy, or the problem of whether an oversensitivity to electricity is a diagnosable physical complaint (Brante & Norman 1995). It should be noted, however, that ”campaign” is here used not as a description of a specific group of people acting together towards a common goal as in, for example, an association. It should instead be seen as an analytical concept in line with the tradition of sociology of knowledge.

Previous research analysing patients’ accounts of their situation has often found large discrepancies between these and, above all, doctors´ descriptions of chronic illnesses and disabilities (Steinholz-Ekecrantz 1996). In relation to this it is very important to try and understand the relative absence of controversy. The consensus about the importance of neuro-psychiatric diagnoses of school children is in evidence whether in contributions from those taking part in the discourse in the press, news articles or articles resulting from investigative journalism - and independently of who the actor or the actors are. But the questions of who the authors are, and to whom the voices, heard through the journalistic process, belong need, of course, be made the subject of scrutiny by way of a critical research method. This material will therefore be handled mainly institutionally, that is, according to the types of actors and interests that feature in the campaign.

These aspects of content of the newspaper material will be further developed, in the concluding section, to a more generalised picture of society in an attempt to place the campaign in a wider context and provide some conceivable general explanations of the strong impact of the neuro-psychiatric diagnoses applied to children. Expressed in a different way, the task is to relate discourses and expressions of culture to the structural contexts that surround them (Wuthnow 1992; Bourdieu/ Thompson 1992).

Discovering a Diagnosis - The News Item

Introduction

In March 1997 DN publishes an article by two medical doctors. Among a lot of other things it is claimed that 120 000 children in Sweden suffer from DAMP, ADHD, Asperger´s and Tourette´s Syndromes most of whom have not been acknowledged and who therefore have to suffer hardship in their everyday life.[2] The solution to serious problems such as mobbing, ignorance, suicidal tendencies among teenagers, meaningless violence and criminality lie in attention being paid to these diagnoses, according to the authors. The problem is presented as "probably the biggest threat to public health". Knowledge and expertise about the peculiarity of these children must be disseminated to all levels of society, according to the authors. This alarming picture was the starting point for a long series of articles launching neuro-psychiatric explanations to the problems of children, the educational system, and society. A large proportion of the articles that were to follow centered on the conditions that children with these types of neuro-psychiatric diagnoses lived under. The discussion came, in the two subsequent years, to circle around the new scientific discoveries regarding neuro-psychiatric problems in children; a critique of the educational system's stance towards these deviating children; an expression of indignation over society´s lack of understanding of these children; and the perceived need of a number of firm school political reforms in order to remedy the problems.

The role of science journalism is to inform readers about the results of new research in a way that is easily understood. The task entails reading scientific publications and reports, but also to interview and give voice to those involved in research. Very rarely is the basis for scientific and clinical findings exposed in the articles. This, of course, has to do with the form: publishing scientific findings in the daily press requires not only a large amount of space, but also a kind of language that lacks attractiveness in the context of the daily press. But in addition there is a further explanation, namely that the experts do not actually need to present the scientific evidence in is entirety. One simply claims that a certain percentage of school children have - and therefore should be assigned a diagnosis such as DAMP or some other diagnosis. This is supported by rhetorical forms prevalent in professional contexts; the two doctors mentioned above, for example, claim that this concerns the kind of "diagnoses that only doctors can make". The item of scientific news is thus assigned unquestioned credibility by referring to the social prestige of the medical profession. The arguments supporting an opinion in the professional context is often carried by an excluding rhetorical language where only the profession in question is considered capable of the correct kind of interpretations of the phenomenon (Abbott 1988). In addition, it can generally be said that the voice of an expert is accorded greater weight in our culture than the judgements of amateurs. Experts' more "serious talk" and professionals' discourses are conferred greater importance and safety than every day discourses and forms of experience (Ward 1995; Rorty 1988; Hesse 1988).

New Findings About Eternal Nature

Scientific journalism produces here a campaign about the variations in schoolchildren. Nature is here presented as the basis and limit for the types of educational and social policies that are possible, reasonable and desirable. Society and social problems are explained with reference to conditions of nature, which, of course, is not the only conceivable order of things (Callon & Latour 1992; Latour 1992; Woolgar 1992). Neuro-psychiatric problems are compared or categorised with examples of physical conditions such as Diabetes or being a wheelchair user. We can see how these points of comparison function as attempts to convince for the purpose of achieving the same status of safety and seriousness regarding the neuro-psychiatric diagnoses. The categorisations that are made can be viewed as products of cultural assumptions, and these are shaped in accordance with the knowledge of interested parties (Douglas 1986; Lakoff 1987). But categorising is also a means to creating meaning and understanding of different phenomena. By placing the diagnoses in a somatic context one is attempting to change the direction of a discussion seen as all too judgmental, not to say moralising. The actors of the campaign, above all, go against the view that it is about a lack of parenting ability. An attempt to launch a natur-alised version of the phenomenon takes place.[3] The explanation models launched in the material presented by science journalists are of various kinds. They are concerned with the damage during pregnancy/delivery, an excessive consumption of alcohol by mothers, foods/environmental poisons (heavy metals), genetic defects/ abnormalities in the brain's receptors of Serotonin, and the natural variation in giftedness and personality.[4] But the large quantity of explanations is never described in terms of an internal medical controversy. The field is rather characterised by an ad hoc type of argumentation, where a harmonised range of physical explanations is given.

Since it is about launching and distributing medical discourses, socially and psychologically complicated conditions of life are described as "secondary complications". The variations of nature, defects and accidents, are considered grounds for the dysfunctional syndromes to blossom and become acute in unfavourable circumstances, such as in problematical family- and/or educational contexts. We can see how deviations from the norm and - the culturally established - normality are analysed and described in medical terms (Conrad & Schneider 1980). In the main, the arguments refer to "nature", a rhetorical form that also in a historical perspective has been very successful (Potter 1996). Through establishing nature, which can not be influenced, as the basis for illness, handicap and suffering, one makes it more difficult to apply contrastive arguments.

In GP, one article is introduced in the following way: "Children who are deaf, blind and wheelchair users are able to go to main stream classes. Pupils with invisible disabilities like DAMP - do, however, not fit into our new school".[5] The plot in this typical article is that the demands made by the educational system and by society have become greater, which means that pupils with hidden disabilities, above others, find themselves in difficult situations when resources in education are being cut. When diminishing resources and changes in the education system are being discussed, it is done with a view to point out that the price for certain children will be that they no longer will have the possibility to live a dignified life. When the educational system and society are brought into the campaign it is to serve as a catalyst, which exposes the natural variation in the population. What have always existed as an expression of nature's immutable constancy, one argues, are the "natural" and chronic variations in school children.

In our science-based culture, numbers have an advantage in relation to words when it comes to rhetorical persuasiveness. The percentages that are put forward are based on an idea of the qualitative difference between normal or well-adjusted children, on the one hand, and those who deviate from the norm, on the other. To be able to describe the deviations in terms of percentages you need to know the actual, safe, and distinct line between normality and deviations from the norm (Johannisson 1988; Alonso & Starr 1987; Rorty 1988) Under the headline ”Autism More Widespread Than Expected” we can read that:

> *”It is up to ten times as common than earlier believed that children have autism or similar symptoms, disturbances which mean that the children are unable to manage in an ordinary class at school. These are the results of a hitherto unpublished report from a study of 800 school children in Karlstad.”* [6]

This is followed by the usual enumeration of findings, among others, that two percent had been found to suffer from a serious case of ADHD. A further five percent were children who ”have difficulties concentrating”, but who did not entirely meet the internationally recognised criteria for ADHD. Six percent of the group ”had symptoms equivalent to the criteria for DAMP, that is, difficulties concentrating combined with an impairment in the ability to co-ordinate movement. Out of those, half a percent had a serious condition of DAMP.” It was further reported that ”The investigation shows that autism or autism-like disturbances are not an extremely unusual condition. It has been found in 1.2 percent of the individuals in this group.”

But from what proportion, of what kind, how does the one group relate to the other? The general impression one gets from reading the article is simply that a measure of the unknown has been discovered, an unknown of a size that is surprisingly large. Clearly evident is, furthermore, the gliding scale against which children, imaginably, are to be measured. Writers refer to varying degrees of DAMP, such as severe, moderate and mild forms, respectively, which shows that one is open to the idea of degrees. But there is no information as to how the study has been carried out. This applies generally to the articles. There is no information about test methods, nor about interviews or numerical values used to distinguish between those ”with” a diagnosis from those ”without.” The defining lines between severe, moderate and mild DAMP are not revealed in the articles. Neither are the criteria used for defining the severity of the condition. The problem inherent in drawing a sharp line between health and disease is not discussed. Metaphors, analogies and classifications have the rhetorical function of naturalising the phenomenon which is to be brought to the fore (Douglas 1986; Lakoff 1987; Hacking 1992).

We are simply to assume that the scientific methods used are the most valid, that they are beyond the possibilities of alternative interpretations, in fact, the only methods worth considering. At the same time it is clear that the actors are having difficulties with the evidence itself. The diagnoses are presented as names for something in the body, which leads to some children behaving in an undesirable way, at the same time as, in other contexts, these diagnoses are seen as based on behavioural indi-cators. In addition, it should be emphasised that the general standard of judgement always is how pre-school and school (and our culture as a whole) expect children to be (Prior 1993).

Under the headline "DAMP - Or Just Messy?" a psychologist working with pre-school children is reported as saying that there is a big difference between children with DAMP and children with emotional problems. The psychologist refers to a study which showed that difficulties with concentrating and delayed language development existed in both groups, but that the children with DAMP much more frequently had problems such as an uneven level of activity, clumsiness, left-handedness, problems with their vision and perception. Only aggressiveness was more common in children with an emotional disturbance. "But this was prevalent also in a sizeable proportion of the group of DAMP-children, and often as uncontrollable and inexplicable outbursts, and characterised by more marked mood swings." A diagnosis and indications of the diagnosis are thus viewed as identical things. It is simply decided that the above-mentioned problems in children with DAMP are - DAMP. But nowhere is any evidence as to where the DAMP "is", being offered.[7]

Dr. Kadesjö, who was interviewed for one of the articles, wishes, however, not only to carry out a study of prevalence, but also to launch simple methods for use in the school health system to help identify and handle pupils with special needs through provision of special classes and personal assistants. The battery of measures suggested here, and also generally in the press material, entails segregation of children who are difficult to manage, this being a distinguishing mark of the campaign. We can thus see how the interests of medicine extend beyond a mere description of the extent of the problem. The different articles give account of a clear approach to educational policy, which holds that the school children in question do not fare well from attending integrated classes, but need the "peace and quiet" of special classes where the expectations placed upon them are reasonable, that is, lower. Arguments in support of boarding schools emerge from time to time, and in connection with this, criticism of the prevailing official policy of integration and normalisation. In the following article this is particularly evident:

> *"Of all the children with severe concentration problems, 40%*

> *have clearly expressed suicidal thoughts as early as the age of ten. This is a measure of the extent to which the self confidence of these children is hollowed out by the repeated criticisms they receive for failing to manage a normal kind of behaviour in the school context. At around fifteen, the children avoid, in a pathological way, all the demands made on them. At around twenty, 70% have psychiatric problems. This was stated by the Head of School Health, Dr. Sophie Ekman, at a conference. /.../ Also at the conference, the special needs teacher Göran Häggfors, based at the Psychiatric Youth Clinic at Kalmar, said that the educational system was devoting itself to "qualified self deception ": " It is time we refer to things as they are and slaughtered the wave of inte-gration from the 70's, when everybody was placed in the same class, he said."* [8]

In the press material the diagnoses are generally undergoing a process of naturalisation, where the most frequently used points of comparisons are epilepsy, diabetes, hearing and visual impairments and being wheelchair bound. The articles discuss the phenomenon as body and not as social maladjustment. Awkwardness and unruliness and other types of behaviour that would indicate problems of upbringing are what the argument is against. The actors take their examples from the somatic field and try to convince us readers of the quality of the cultural independence of the disability they wish to launch. The purpose of the comparison is to remove those deviations from the kinds of human problems to which the solutions can be immediately associated with morals and upbringing.

In line with this, the campaign for the neuro-psychiatric view also meant the launch of proposals of a segregating kind. A number of actors suggest that separate teaching rooms should be established in school for children with DAMP, ADHD as well as for those with autistic conditions. It is about a whole spectrum of proposals of educational policy; they range from small special classes of children with similar or varying diagnostic families, to school day nurseries and, in some cases, boarding schools for specific kinds of clients. We can here see how the defined new research findings generate proposals of a very firm school political nature. The experts' new findings are far from being only about the number who have (or ought to be assigned) certain diagnoses, but they are also about the kind of education these children in need require, and what kind of professional perspective that should be applied.

Throughout the press material there are warnings of a gloomy future lacking in humanity, if the diagnoses and the measures required as a result were not launched in society. The threat concerns the future criminality of these children, teenage pregnancies, "crashed marriages", speeding offences, substance abuse, chronic mental suffering in adult life, unemployment, etcetera. [9] The basic message is that these are conditions that are not possible to outgrow. The professional actors become, precisely through their professional positions, the front troop of humanity towards the future, both on the level of the individual and of society. But on the level of the individual, the medical profession is interpreting life stories through a stereotypical intrigue (Hunter 1991; Hacking 1986). And on the level of statistics, all the strong correlations not yet revealed in the daily press or in scientific articles will be required.

The Critics

It would be wrong to insist that there were not any countering voices during the period studied, but in the few cases where dissident voices emerged, it was a question of articles of debate or chronicles. And it was about a handful of critics, who voiced the kinds of objections described in the following. The most noted critic was Dr. Leif Elinder of the Education Health Services. In his opinion diagnoses were being attributed arbitrarily, that is, they would depend on the doctor involved in the individual case. Diagnoses were mainly a means to gain access to support and resources, continued Dr. Elinder, who claimed that the proportion of children ("at least 15 % of all boys") said to suffer from brain damage, represented an exaggerated estimate.[10] Elinder was, on one occasion, interviewed in GP, and wrote an article published in the same newspaper during the studied period. The alternative line of argument brought forward was that a child's difficulties are something that parents are "duped" into believing. Children are defined as brain damaged on dubious grounds in order to make support and resources available, which, according to Elinder, is "ethically questionable":

> *"Diminishing expectations easily become self fulfilling. Those who are singled out are brought into passivity and isolation. Personal responsibility and motivation to solve problems gradually slip away. The possibilities of selection for military service and future employment will diminish. Prospects of becoming accepted for children- and young person's insurance are nullified or will be associated with higher premiums. When the number diagnosed increases to nearly epidemic proportions the support to those most severely affected is under-mined. At the same time the number of individuals assigned a diagnosis without being offered support increases. When interest is focused on the individual, the interest for measures to deal with the causes, which could well be inherent in societal structures, is diminished."*

Elinder, therefore, launches the concept ”cultural disability”, the meaning of which is not ”denying the existence of definable neurological variations, or the existence of children with severe personality changes” - but to emphasise, above all, that the problems must be understood in their contexts: ”The responsibility for children’s external environment (that is, school, TV, video violence, commercials, peers etcetera) should be shared equally by all of us.” Another critic from within the medical profession was Per Södersten, who pointed out that no one had so far been able to show that brain damage was the cause of the problems in question, and who drew parallels with the diagnosis popular at the turn of the century, neurasteny:

> *”A few years ago MBD (Minimal Brain Dysfunction”), a brain disorder which no longer exists was a subject of discussion. Currently other ”disorders” caused by brain damage are being discussed. Tourette (working at the turn of the century) believed that the syndrome given his name was caused by a degenerative process in the brain, but such a process has not been identified. The enthusiasm among those who participate in the discourse on disorders of the brain can be confused with a scientific approach by less critical readers.”*[11]

Kerstin Vinterhed, like Elinder and Södersten, suggests that it cannot be a matter of as many children as has been claimed. Furthermore, she points out that this has become the lucrative niche for experts in special education and producers of different kinds of aids, and that an ”extremely individualistic outlook is becoming increasingly evident, where in the end the individual child gets to carry the whole burden: negative expectations, passivity, lacking motivation and dwindling communication”.[12] Bengt Pohjanen applies a critical power perspective from the view of the artist: ”Behind the designated letters may emerge some of this era’s men and women of resistance.” In addition, Pohjanen wishes to bring attention to the drug companies’ interests in profits.[13]

We can see that the critics remained few in the campaign’s numerous articles and those that were noticed had to make themselves heard in the debate section of the newspapers or in the columns. This could be described in terms of a develop-ment of patterns where certain voices came to represent the copyright holders of the diagnostic narratives. The prevailing tone of these narratives precluded alternative interpretations and values (Boje 1991).

To have a diagnosis - The testimony
Research into the question of how stories are lifted on to the public arena has shown them to be stereotypical and rooted into different types of basic

moral intrigue (Bury 1991). A number of studies have analysed how narrators construct their account around a dramatic turning point, for example the process of becoming ill or well, but also around the justification of significant choices (Kleinman 1988; Pollock 1993). Not infrequently the object of study of this research has been the question of how individuals suffering chronic conditions work through their difficulties using metaphors and likeness with what is seen as the healthy and the normal (Radley 1993; Williams 1984). These are stories relating the struggle for acceptance of a sense of being different and finding a moral justifi-cation for the condition. Life stories represent, among other things, attempts to find meaning and reach an understanding through chronology and causality. The life story of a troubled individual needs, above all, to be understood in terms of some kind of chronology, which may allow the intrigue of the drama and its parts to emerge. The telling of the story does in this sense become an attempt at convincing through the use of language; emphasising a point and thereby also attempting to project a normative statement (Kellner 1989; Bruner 1990; Kohler-Riessman 1993; Polanyi 1995b).

Some studies have focused on the sense in which collective identities have been constructed by means of narrative accounts (Somers 1994). This is where the stereotyping of life stories comes into the picture. Individuals perceived as similar deliver similar accounts of their lives, turning points, and purpose, which, naturally, are culturally determined (Cain 1990; Good & Good 1994). Herein lies also the reinterpretation of the past as the individual identity is being remoulded. With a new identity, childhood and its problems take on a meaning not seen earlier in the person's history. The purpose of each biography is to present a consistent account of a person's history, where the different parts are integrated and (consistent with the new identity) will progress towards the necessary climax of the drama (Börjesson 1994).

The descriptive articles assume the form of drama in which the troubled history of the individual is described in terms of a few stereo-typed phases - and concluded by improve-ment, or relief. It is about an escalating drama, where parents fight against society's disapproval of their children's behaviour and against, what is seen by them, as moralising over their method of upbringing and even verdict of failure of parenthood. Also the question of professional expertise becomes an issue here. The parents show a strong sense of mistrust in the capabilities of society's functionaries to distinguish and correctly deal with children having neuro-psychiatric disabilities.

The chronological aspects of a life story are to a large extent recorded through the meetings with the official institutions of society. Families are unhappy with the approach towards them by the officials at the babyclinics, in the educational system, the youth and child psychiatric services, etcetera. Their distrust focuses on the difficulty the families experience in getting officials to adopt a different way of viewing their children. When the families are seen by the "right" doctor who provides a diagnosis, the turning point of their story is reached. With these medically resounding diagnoses the narratives undergo a change and, while still describing the problems faced, the diagnoses apparently bring about a sense of relief and an under-standing of the peculiarity of their child. Society denying these individuals their rightful identity is an important issue in the campaign. The stories tell about a childhood and adolescence where attitudes of prejudice in others had led to an increasingly wounded self confidence of the affected individual, who had been made to feel stupid, worthless and so on. Conferred with the diagnosis the narrators enter into the new identity. [14] Two telling examples:

> *"In the beginning there was a row of children sitting on the bench waiting to be helped with the laces on their ice skates. As the years went by, the number on the bench dwindled. Finally, she was the only one left." "For as long as I can remember I have felt as though I carried a bundle of difficulties, but it was difficult to see the connections. Now it was as if the penny dropped. It was valuable for me to be able to understand more about myself, I felt that it made sense".* [15]
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> *"I read about someone who had DAMP, and recognised myself. It was like a glimpse of light, I felt that it would be meaningful to write about myself. I will definitely continue to write, but not exclusively about DAMP, says Alexander."* [16]

We can see how the past takes on a new meaning in the light of the new identity. History is written backwards, with a basic moral point, a few negative turningpoints concluding with a sense of relief and a feeling of being whole, the struggle having been brought to an end. But at this stage a sense of wrath rises over society's late awakening. It is about time the diagnosis was made, goes the argument, at the same time as it leads to a strong criticism of the lack of knowledge, let alone empathy, shown by the institutions of society in viewing the children in the light of the diagnosis. A strong but telling title of one article is "The wrong diagnosis stole seven years of his life." [17] Here, as in many other places, sharp criticism is directed at "the psychologists", the professionals in the education system, and other categories of professionals, for having considered the problems trivial while long biographical time was passing. Especially forceful is the reaction towards professionals who have said that "they will grow out of it" and who have shown a traditionally corrective approach towards the child. The parental voices plead strongly for the opinion that their children are, and always will be, different.

Out of this emerges an ideological movement prepared for struggle. Those committed to the struggle come forth as intimate families in order to help other families in the same situation. The aim of the struggle thus becomes a campaign to recruit other families to their community in order to enhance their ability to put pressure to bear on what is perceived as a climate of prejudice in the opinions of society and in order to rescue children who are still out there in society at large without a diagnosis. Organisations, whose members have a strong belief in medical explan-ations, make themselves known by publicising details of their addresses and telephone numbers. From the associations for diagnosed children come testimonies to the relief felt about finally being allowed to be among people who understand the nature of the problem and its significance for their lives. "The Damp-House" in Gothenburg has 250 families as members, and receives 25 calls per day from worried parents seeking support. According to the article this is a place where families can be themselves:

> *"At the Damp-House no one will raise an eyebrow at a child behaving differently, and the parents do not need to be ashamed of their behaviour. Those who so wish can bring some food and wine and enjoy a meal in a relaxed atmosphere. Today, a visit to a restaurant is impossible for many families with a DAMP-child".* [18]

The testimonies contain strong criticism of all attempts to view the child in its social context. Instead, emphasis is placed on how, despite a good and stable family situation, the child is not succeeding. Nature can not be altered by methods of upbringing. At the same time, it is precisely a strict method of upbringing that is the suggested therapy. The use of clear structures, straight and simple communication, a low threshold of tolerance, one says, is needed to handle the problems these children have. Medication is sometimes mentioned, but the principal therapy, according to the articles, is simply a straight method of upbringing. This can be seen most clearly in an article about Emil who spends the weeks in a boarding school for children with DAMP. The school presents an ideological view on the principles of upbringing similar to that, commonly expressed by the parents:

> *"Here Emil and his friends are allowed to live with the support of a what can be likened to a well- constructed corset, which in effect prevents much undesirable*

> *behaviour. The staff, who have eyes at the back of their heads, separate the children before they go into a clash. "Sit down in the bus". "No you have not washed your hands". "Homework in your room after dinner". "Here is the key to the TV-cupboard./.../". "If the taperecorder or the book are repeatedly not returned on time, there will be no further loan for two weeks."*[19]

The invisible opponent in the campaign is portrayed as a party with an exaggerated belief in the possibilities of methods of upbringing to handle acting out and disorderliness, at the same time as the talk of above methods of upbring is legio in the pressmaterial. The big difference, however, is that the actors who make themselves heard in the press do not expect a "recovery of health", but aim their view of the future at handling the chronic problems of their children (Bury 1991). The chronic nature of the problem forms the starting point, and if you do not share this view of the situation you are, according to these parents, unable to understand the children or the school of today. The argumentation is, as with the researchers, a sort of "compelling knowledge", that is, a perspective that is not open to choice, but is unconditional (Palmblad & Eriksson 1995).

Although the testimonies are primarily aimed at narrating the biographical story, the importance of a diagnosis for gaining access to public resources is also discussed. With the diagnosis follows not only a more appropriate personal treatment of the individual by others, but also special measures at school, relief care, and in some cases, the kind of financial support made available once the condition has been identified as one to which legislation regarding disability applies.

Journalism as a societal institution - indignation

Let us now connect the campaign and its contents to an analysis of journalism as an institution of society, its driving forces, and its institutional self-image. To begin with it is important to notice that the tradition of journalism is an educator of the general public. Inherent in this lies a vision of serving "the ordinary" man or woman in the street - in relation to the powers of establishment and authority, but also in relation to prejudice and superstition. The news-paper´s educational topics are presumably infinite in number, and range from the damaging effects of smoking to investigative journalism revealing cases of abuse of power in authorities and companies. Part of the self-image of journalism is its indispensability to an open society: the daily press stands as its own guarantor of society´s access to relevant and true information (Ekekrantz & Olsson 1994).

The news we receive through the press is of necessity selected from a large amount of possible news items. It is also constructed in the sense that it has been translated and dramatised out of something that has happened (or perceived as having happened). The press does not portray life and conditions of life simply as ”they are”. A press article is not self evidently a reflection of ”reality”, but it is a narrated, representative, interpreted version of reality (Potter 1996). Journalism experiments with a number of different designations for the article: news, facts, events, actualities, stories, etcetera. However, journalism defends itself against the idea that news is created by the press itself. But the event that the campaign articles arise from, is the meeting of the journalists with the researchers and families who carry a message of indignation. The news is thus the result of the meeting between these parties, which means that the journalistic initiative is central to the way in which the news are constructed - and formulated (Gamson 1992). Institutions are, from the perspective of sociology of knowledge, self referring: medical discourses, as well as journalism, are self referring in the sense that, in the final analysis, they refer to their own learning as the guarantor of the truth and safety of the knowledge (Bloor 1997).

There are dual aspects to a press *article* in that it is both a text and a commodity. The newspaper article will be sold in a commercial market which requires it to possess qualities that make it moving, upsetting and worth paying attention to. In journalism, stereotyped genres have shown themselves to sell by virtue of their moving themes (Sommardal 1997). Journalism is thus to be understood also in terms of economics, and the combination of economic rationality and sentimentality have proven very successful (Ekekrantz & Olsson 1994).

What is required is that the item of news brings out that which is perceived as new in relation to a subject the reader already has some knowledge about. An item of news, however, is never entirely new to the reader. Journalism does necessarily have to address itself to a minimum of common value ground in order to create predictability regarding the way journalistic writing is interpreted. Knowledge produced by the process of journalism is collective and culturally based. It is part of the responsibility of journalists to be aware of prevailing values in the society where they function, in order to reach a large readership. With reference to the above campaign this observation could be applied to the sense in which each parent with a child of school age would be able to feel, not only for the portrayed children, but also about a general, culturally based problematisation of the breech of socially accepted norms of behaviour, and the vulnerability of individual citizens in relation to a powerful state bureaucracy (Tuchman 1992).

As mentioned earlier, there is a connection between the science journalism and the testimonies of the campaign. By describing new findings in the field of research and placing them side by side with journalistic portrayals, a sort of translation from generalised statistics and stereotyped individual portraits into everyday and "real" family problems takes place. The scientific findings appear "familiar" to the reader who relates his/her situation to the medical profession's depiction of the problem. Journalism, too, needs to use recognition as a means of touching the readership - identification is an important element in the relation between a newspaper and its reader. The "ordinary" man and woman emerge in the testimonies, and investigative journalism is there to help them. This is the way in which the shaping of the narrative relates to the newspaper article as a commodity (Tannen 1990). The narrative technique of journalism creates the impression of an enthusing discussion about an important current issue of society (Ekekrantz & Olsson).

One of the tasks of the science journalist is to popularise science and make it relevant to the reader. This applies above all to natural sciences. By drawing attention to the neurological differences, the medical campaign, through its simplicity and claim to safety, became a gratifying starting-point for the publication of a series of articles over a prolonged period of time, a series which still has not completely toned down. This type of journalistic attention to science, will serve to underline its status in society (Örnebring 1997).

Driving forces of the campaign

"News", "testimony", and "indignation" make up the basic elements carried forth in the press material. Principally it is about a vision of enlightenment aiming itself at the general readership. It is possible to discern at least four types of possible driving forces with bearing on the actors and institutions involved. My questions are now why the theme has had such an impact in the press, but also why it since appears to have diminished in intensity.

Firstly, the campaign was successfully accomplished as seen in different quarters. Courses in the new diagnostics have been arranged extensively - at different levels all the way up to practitioner level. The diagnostics is the defined, unquestionable and proven starting point of these courses and conferences. The skills of staff employed in the educational system are being developed by professionals involved in psychiatry; multi-disciplinary teams with the task of investigating possible cases of neuropsychiatric conditions are set up; special educational groups (and in places, boarding schools) are being formed for the identified client (Börjesson & Wahl 1999). From this follows, naturally, that the diagnoses are being encountered by ever more people than before. Investigations, mapping out and assessment of individuals along the lines of diagnostic categorisations have led to the dissemination of information down to the level of the every day work that goes on in society. Here the medical perspective meets with the experiences and feelings of people in their every day lives. It is plausible, in this context, to speak of a politics of identity, where clinical testing and interviews with interested parties around the child, amount to attempts at getting the child to internalise a new identity in line with the diagnosis. Stories about every day life and its problems are being translated to diagnoses and characteristic aspects of those, after which the stories about (and by) the child offer the basis of an identity from whence new under-standings of the self occur (Somers & Gibson). Comparisons with earlier research on the issue of defining and placing a social problem on the agenda: its preconditions, its rise, cycle and demise can be made here (Blumer 1971). There are a number of indications that the proposed measures, organisational solutions, and the way these children should be seen, as presented by the campaign, have now been put into practice.

Secondly: Diagnostics has a bearing on the distribution of the resources available in society. Inherent is a client relation of the citizen in relation to the functionary of the welfare state. The latter is required to apply a sharp distinction between those eligible for support and resources from those who are not. This task of the grassroot bureaucracy tends to give priority to medical diagnoses based on the idea that the individual - within him or herself ”has” a diagnosis. When socially defined limits for what is to be viewed as normal have been decided, a sharp line can be drawn between those whose qualify and those who do not. The parents, therefore, face the requirement to relate to these diagnoses, which bring with them a ticket to a variety of benefits provided by the welfare state, but which also is driven by a desire to get an answer to the question of why their child is different (Börjesson 1997).

Thirdly: The campaign about the diagnoses took place within the framework of a wider debate about the crisis in education.[20] Beneath this can be gleaned (it seems) the historical wish to rationalise and make more efficient the work that goes on in school - to homogenise the teaching groups. Currently, it would appear that the integration model, formulated on the official political level, is on its way to becoming hollowed out.[21] In Sweden of today children are extensively tested and observed for possible selection into special teaching groups or placement in boarding schools. The question is whether we have now reached the end of the parenthesis of the policy of integration. At the same time as today’s school appears to be the institution in society that is the strongest proponent of segregation, the dealing with the intellectually disabled, the psychiatric field, and the correctional treatment have re-examined the same issue and have come down heavily on the side of a policy of integration (Börjesson 1997).

Fourthly, we can see the press' financial interest in, and legitimising need to highlight, describe and problematise a subject that carries strong moral implications. Journalism has financial and institutional interests in launching a sensational and morally charged story, to attract readers and place the paper on the side of the powers of good. Journalism's view of itself is as an educator against prejudice and against the meanness shown by the welfare state towards ordinary vulnerable individual citizens; to be the institution in society that "digs" for new facts, thus helping to destroy myths and contingent injustices in society. The aspects of society selected for treatment by the press also need to provide selling points. A topic or an item of news cannot be reproduced in all eternity. It has a limited life span. The importance of a news item is related to its capacity to catch the attention of the reader.

The consensus emerging in the press material is certainly not the result of a conspiracy. It is rather the result of the coming together of a number of actors around this medical/ moral discourse for a period, with specific political consequences. There is no knowledge to be gained about the number of opponents of the dominant educational and political values of the discourse, by reading the press material. The tone and consensus indicate, however, that the campaign assumed a form that made it very difficult to take a cautious approach to the reality, safety and benefit of the diagnoses. To have engaged in the campaign with dissident interpretations would in all probability have meant a risk of marginalisation and suspicion as regards values held on social and political humanity.

The fact that we were served such a large quantity of articles about variation in school children on our breakfast tables was no coincidence. I have suggested four types of driving forces. It concerned the claims-making of a number of actors: a body of psychiatric specialists with a professional interest in broadcasting their view of children that differed from the norm; participants in the debate on education, who followed up with the crisis of the educational system after a long period of financial cuts; parents'desire to draw attention to, and obtain support for, their children; the eternal tendency of schools to attempt to create homogeneous teaching groups and, not least, the interests of journalism to run a moral-political campaign around a commercially selling topic. The actors were all there - each with their particular purpose and driving force. The campaign could commence.

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Notes:

[1] In addition, the web sites of Dagens Nyheter have been searched.

[2] "School Breaks 120 000 Children: Doctors Warn of a New Threat to Public Health: Children with Psychiatric Problems Are Being Degraded Every Day" Sophie Ekman & Christoper Gillberg, DN debatt 20/3 1997.

[3] Per Solvang (1998) and Karin Zetterqvist-Nelson (1999) analyze the same tendency concerning "dyslexia".

[4] "The Importance of Food Stuffs is Greater Than We Realise. Destructive Nutriments. Certain Scientists Claim that Hyperactive Children Can Improve with a Correctly Balanced Diet. DN 15/3 1997. Lack of Concentration Could Depend on Your Genes", GP 17/2 1998. "Alcohol Inceases the Risks of DAMP: The Mothers Consumed Alcohol. 15 out of 24 in the Survey were Damaged", DN 31/3 1998. "Mice and Men". DN 23/2 1999. "ADHD-Children's Brains Function Differently", DN 29/11 1998. "This is Why Ritalina and Cocain Make You More Relaxed". DN 16/1 1999. "Diffuse Labels, Concrete Problems", DN 6/4 1999.

[5] GP 30/5 1998, DAMP-Children Have No Place in School. Parents and Professionals Demand a Show of Strength.

[6] "Autism is More Widespread Than Expected. Study Carried Out In Karlstad. A Simple Method Helps School Discover Disturbances at an Early Stage", DN 12/10 1998.

[7] And this applies also to the scientific literature in the field. The diagnosis is equated with observable deviations from the socially accepted norm.

[8] "The Problem Children Prone to Suicide", DN 23/4 1997.

[9] "Few Girls With DAMP Receive Help. Lack of Knowlege. Teen Age Girls Instead Diagnosed as Depressed", DN 24/3 1998.
"Problem Children Prone to Suicide", DN 24/3 1999.
"When You Never Become Quite Grown Up", DN 27/3 1999.
"Who Will Rescue Emil?", DN 29/3 1999.

[10] "Children Are Being Arbitrarily Categorized", GP 21/12 1998. (Article by Dr. Leif Elinder)

[11] "All These Children Can't Be Brain Damaged", DN 1/4 1997. (Article by Per Södersten, reader and researcher into hormonal controls of behaviour.)

[12] "The Market Around the Lettered Children", DN 30/3 1999 (Column article by Kerstin Vinterhed).

[13] "Illusions of Sickness in a Sick School", DN 9/3 1999 (Column article by Bengt Pohjanen).

[14] As in "Why Me?", DN 9/4 1999, "Is Daniel Coming? I see....., DN 31/3 1999 or, "I Thought the Problem Was Me", DN 1/4 1999.

[15] "One Knows One is Different", DN 7/4 1999.

[16] "Why Me?", DN 9/4 1999.

[17] "The Wrong Diagnosis Stole Seven Years of His Life", DN 4/5 1998.

[18] "An Oasis for Children and Grown-Ups, GP 11/3 1998.

[19] "Who Will Rescue Emil?", DN 29/3 1999.

[20] A clear example among others was "The Fixation on Equality Destroys School. Gifted and Less Gifted Pupils Must be Separated, if Local Authority Post Compulsory Education is to be Able to Compete", DN 15/1 1999 (an article by Mats Wagner.)

[21] This is one discussion in Peder Haug (1998).

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