CLAUDIA MALACRIDA. *Mothers, Professionals, and Attention Deficit (Hyperactivity) Disorder*. Toronto: University of Toronto Press, 2003, x + 303 p.

Claudia Malacrida’s dissertation-turned-book *Mothers, Professionals, and Attention Deficit (Hyperactivity) Disorder* begins with Malacrida’s own touching and intimate narrative of her struggles to understand the exclusion and marginality by her peers and teachers of her school-aged daughter. Leading us through often painful experiences, Malacrida shares her feeling of being labelled a “bad” and “inattentive” mother to her struggles to understand the unnecessarily complex and confusing process of obtaining diagnosis of AD(H)D.

It is Malacrida’s own experiences that provide the backdrop for this book. Malacrida states that, “the purpose of this research was to understand what it is like as a mother, to confront and come to terms with the diagnosis and treatment of one’s child with AD(H)D in two different cultures” (2003: 17). Interviewing 34 mothers of children diagnosed with AD(H)D in Canada and the United Kingdom, Malacrida critically examines the (dis)connection among teachers, family practitioners, “psy sector” professionals, and parents, in the textual and decision-making process of diagnosing children with AD(H)D. She sheds light on the difficulties in obtaining a diagnosis of AD(H)D, challenging popular perceptions that AD(H)D has become the “band-aid” solution for “unruly” children, that obtaining a diagnosis of AD(H)D is “easy,” that teachers are the most suited to make an AD(H)D diagnosis, and that parents are willing participants in the medicating of their children. Finally, Malacrida poignantly details the frustrations of parents, particularly mothers, when they find themselves excluded and marginalized in the decision making processes regarding their own children.

The strengths of this book lie in Malacrida’s own experiences living with a child before, during, and after an AD(H)D diagnosis. Her experiences with a chaotic and frustrating process supports a broader knowledge of the power of excluding perspectives of those who feel powerless, in this instance the parents, in favour of those who see themselves as more powerful, the “psy sector” experts. Further, this book embodies C.W. Mills’ sociological imagination, as the interviews allow her to move beyond the experiences of one frustrated mother—a “personal problem”—and to clearly demonstrate AD(H)D as a “public issue.” This provides the
reader with an enriched picture of the intricacies, political and personal, of diagnosing a child with AD(H)D.

Malacrida’s use of competing and often uncomplimentary theoretical frameworks weaken the book. She frames her data with a multi-theoretical perspective, combining poststructural discourse analysis, Foucauldian archeology, and text-based feminist-standpoint epistemology, coupled with Fiske’s notion of audiencing. Recognizing that, for example, feminist standpoint epistemology and Foucauldian archeology are uncomplimentary, Malacrida attempts to bridge these theoretical gaps. However, these efforts further confound her theoretical position. This theoretical mire produces several unfortunate results. First, the book is rendered inaccessible to anyone who is not well versed in her chosen theoretical perspectives, as the theory makes a reading this book arduous, at best. Second, reading this book becomes an exercise in “mining:” you know there are nuggets of experiences buried, but you must excavate through the thick theoretical terrain to find them.

Overall, though, Malacrida should receive kudos for her efforts to capture and make sense of the (non) sensical social process of having a child accurately diagnosed with AD(H)D. Her data, the stories of these 34 women, is rich and provoking, and it is the richness of the data that makes working through the heavy-handed nature of her theories worthwhile.

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