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ORIGINAL PAPER

"A Massive Long Way": Interconnecting Histories, a "Special Child," ADHD, and Everyday Family Life

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Abstract Focusing on one family from a study of dual-earner middle-class families carried out in Los Angeles, California, this article draws on interview and video-recorded data of everyday interactions to explore illness and healing as embedded in the microcultural context of the Morris family. For this family, an important aspect of what is at stake for them in their daily lives is best understood by focusing on 9-year-old Mark, who has been diagnosed with attention-deficit/hyperactivity disorder (ADHD). In this article, we grapple with the complexity of conveying some sense of how Mark's condition is experienced and relationally enacted in everyday contexts. Through illuminating connections between lives as lived and lives as told, we explore the narrative structuring of healing in relation to Mark's local moral world with the family at its center. We examine how his parents understand the moral consequences of the child's past for his present and future, and work to encourage others to give due weight to his troubled beginnings before this child joined the Morris family. At the same time, we see how the Morris parents act to structure Mark's moral experience and orient to a desired future in which Mark's "success" includes an appreciation of how he is accountable to others for his actions. Through our analyses, we also seek to contribute to discussions on what is at stake in everyday life contexts for children with ADHD and their families, through illuminating aspects of the cultural, moral and relational terrain that U.S. families navigate in contending with a child's diagnosis of ADHD. Further, given that ADHD is often construed as a "disorder of volition," we seek to advance anthropological theorizing about the will in situations where volitional control over behavior is seen to be disordered.

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The Morris family is 1 of 32 Los Angeles area families who participated in a study carried out by the interdisciplinary Center on the Everyday Lives of Families (CELF) at the University of California, Los Angeles. At the time of the study, Mark Morris, aged 9 years, was receiving daily medication for attention-deficit/hyperactivity disorder (ADHD). Many years ago, Kleinman (1978) characterized the "popular" sector, in which the family is central, as a key arena for defining and dealing with illness. In this article, we grapple with the complexity of conveying some sense of how Mark's condition is relationally embedded in everyday contexts and the cast that "healing" takes in relation to the local moral world with the family at its center.

Before introducing the family, some additional background information is provided about the larger study and about ADHD within the cultural context of the United States.

Studying the Everyday Lives of Families

CELF was funded to carry out in-depth, ethnographically oriented research on how members of middle-class families balance work and home life when both parents are employed full-time outside the home. All 32 families had mortgages, and both parents were involved in paid employment, minimally 30 hours per week. There were two or three children in each family (with at least one target child between 8 and 10 years old). Families were not recruited on the basis of any medical conditions, although some families were deemed ineligible for the study because someone was taking a medication that would interfere with the cortisol measurement component of the project.

Because there are a number of different components to the CELF project, only those relevant to this article are mentioned here. At the heart of the project are extended video-recordings of ongoing family life—time outside of that spent in work or school. For all of the families, the video-recording took place while children were attending the regular school year. Although we did not video-record families for a full week, our intent was to capture a sense of a week in the life of each family. Recordings were made using two cameras, over 4 days—2 weekdays and 2 weekend days—resulting in approximately 50 hours of video material per family. We started filming on weekday mornings as soon as someone in the household let us in and continued until the children and parents left for school and work. We returned to film during afternoons and evenings as family members returned home and stayed until the children were put to bed. On the weekends, we recorded on Saturday morning as well as Sunday morning and evening. To an extent not possible through other forms of inquiry, including participant observation, researchers followed family members in intimate domestic

settings, recording unfolding interactions and activities that capture minute details of family life. Still, even with researchers striving to be unobtrusive and to interfere with ongoing family life as little as possible, there were times when family members became engaged in conversation with researchers and/or directed comments toward members of the research team, especially when no other family members were around. Some of the data presented here derive from such interactions.

There is relatively little research examining the on-the-ground processes through which well-being and illness become part of everyday family life in the United States. With regard to health, for example, much of the existing research relies on interview data to explore how individuals think about health. Much less attention has been directed to illuminating how health is enacted in social contexts or everyday interactions, such as the key arena of the family. Although the CELF project was not designed just, or even primarily, to study family health and well-being, the video-recordings offer a unique vantage point for situating matters of health and well-being within the dynamics of family life. When the video-recordings are analyzed in tandem with other data, such as the interviews with family members and other comments directed toward researchers, the vista becomes much more intricate. Included among the interviews is a wide-ranging, approximately 2-hours long, semistructured health and well-being interview (hereafter referred to as the "Health Interview"), in which both parents jointly participate, held during the final research visit to the family home after the video-recording phase was completed. While the parents were occupied with the Health Interview, separate interviews were simultaneously held with willing and eligible children (those deemed old enough to meaningfully participate). For the parents, additional interviews concerning their children's education (done individually with each parent), the family's daily routine (done jointly), and the parents' social network (done individually), took place before the videotaping. Family members, including children old enough to participate in this activity, video-recorded individual, narrated "home tours" without the researchers being present.

To date, our approach to these data has been to intensively focus on a single family at a time, exploring gaps, inconsistencies, convergences and connections across the available data as part of the search for clues that illuminate what "health" and "illness" mean within the microcultural context of a family. Given the intermingling of the personal, transpersonal and cultural, we start from the position that if the goal is to understand how matters of health, well-being and illness enter into everyday family life, we must attend to what matters to family members themselves within their everyday life contexts.

In setting this course we are indebted to Unni Wikan's (1990) counsel that anthropologists "should start, methodologically, with people's compelling concerns as they are evinced through their everyday life experiences" (p. 47) as a way of making sense of "the lived predicaments people face, of what is at stake for them in their daily lives" (p. 12; see also Paul 1990). We are also guided by Kleinman and Kleinman's (1991) insight that since "*something is at stake* for all of us in the daily round of happenings and transactions," a "central orienting question in ethnography should be to interpret what is at stake for particular participants in particular situations" (p. 277). And, quoting Arthur Kleinman (1997) once again:

> Experience (including its sociosomatic interconnections) is innately moral, because it is in local worlds that the relational elements of social existence in which people have the greatest stake are played out…. [T]he fact that some things really do matter, matter desperately, is what provides local worlds with their immense power to absorb attention, orient interest, and direct action. Moreover, it is these local worlds that have the power to transform the transpersonal and subjective poles of experience. (p. 327)

For the Morris family, an important aspect of what is at stake for them in their daily lives is best understood by focusing on 9-year-old Mark and how his diagnosis of ADHD enters into family life and is intertwined with the interconnecting histories of family members. It is our intention to use this case study of the Morris family to bring attention to the moral at-stakeness of everyday interactions within the local world of family life, and how these interactions and interconnected histories in turn provide us a rich, grounded understanding of family health and well-being.

ADHD within the Cultural Context of the United States

Attention-deficit/hyperactivity disorder, also referred to as ADHD or ADD, is the most commonly identified mental disorder among minors in the United States and is "regularly diagnosed based mainly, if not solely on the presence of behavioral symptoms—inattentiveness, hyperactivity and impulsiveness—that are common in children" (Mayes et al. 2008, p. 152). In 1968, the second edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-II; American Psychiatric Association) adopted the label of "hyperkinetic reaction of childhood (or adolescence)" as a precursor for what came to be referred to as ADHD and situated the condition under the overarching category of "behavior disorders of childhood and adolescence." The manual further specified that the disorder was "characterized by overactivity, restlessness, distractibility and short attention span, especially in young children" and conveyed the expectation that "the behavior usually diminishes in adolescence" (American Psychiatric Association 1968, p. 50). In subsequent versions of the DSM the disorder was reframed as being among those "usually first evident" (DSM-III; American Psychiatric Association 1980) or "usually first diagnosed" (DSM-IV; American Psychiatric Association 1994) in infancy, childhood or adolescence. While the most current formulation of the DSM indicates that "an attenuation of symptoms (particularly motor hyperactivity)" is anticipated for "most individuals" during late adolescence and adulthood, varying degrees of "functional impairment" in adulthood have become part of the anticipated course (DSM-IV, text revision; American Psychiatric Association 2000, p. 90). The details of the history through which ADHD came to be seen as applicable to adults are charted by Conrad and Potter (2000; see also Lakoff 2000). Interestingly, this expansion and growing perception of ADHD as an enduring condition occurred concomitantly with a greater emphasis on ADHD as a "neurobiological disorder," as contrasted with a "behavior" disorder. The increased diagnostic significance of forgetfulness in daily activities in DSM-IV (1994, 2000) may be part of this trend.

Nonetheless, as noted above, ADHD is predominantly identified in minors on the basis of observed behavior. Insofar as ADHD can "readily be understood as simply 'abnormal' quantities of quite 'normal' childhood attributes" (Malacrida 2004, p. 64), diagnosing ADHD "consequently involves a large element of subjectivity, which leaves it open to competing definitions of what is considered 'normal' childhood behavior" (Mayes et al. 2008, p. 152; see also Carpenter-Song 2009, p. 62). Despite a cultural climate in both lay and clinical arenas infused by uncertainty concerning the existence and validity of ADHD and ambivalence about the psychotropic medications used to treat it (see, e.g., Danforth and Navarro 2001; Singh 2003; Rafalovich 2004, 2005b; Carpenter-Song 2009), the medicalization of children's behavior as ADHD is more common in the United States and Canada than elsewhere in the world, including the United Kingdom and Europe (Malacrida 2003, 2004; Mayes et al. 2008).

At a general level, the contemporary situation can be portrayed as one in which children's actions, as Carpenter-Song (2009) observes, "are subject to monitoring through a lens of pathology in ways unique to this historical moment in the United States" (p. 64). While the medicalization of children's problems may be sought by parents, schools play an important role, and scholars have maintained that the processes through which ADHD becomes a medical and social reality in the United States often involve educators who identify "problem" children and urge parents to seek medical care to obtain medication (Malacrida 2004; Rafalovich 2005a; Mayes et al. 2008). Indeed, "school was the site where the disorder first appeared" (Lakoff 2000, p. 160), and at present, observations provided by teachers "are typically the primary source of diagnostic information" relied upon by clinicians (Mayes et al. 2008, p. 152). In some instances, educators may apply considerable pressure to induce parents to implore clinicians for an ADHD diagnosis and drug therapy, highlighting the potential benefits of medication for controlling unwelcome behavior in the classroom and elsewhere, as well as the promise of improved academic performance and social functioning (see Malacrida 2004; Singh 2004; Rafalovich 2005a). Parents respond to these labels, projections and pressures in variable ways. Recent work by Elizabeth Carpenter-Song (2009), in particular, reveals how "at the intimately local level of families, problems take on a range of meanings" such that "nonpathological interpretations of problematic behaviors" have not been "wholly eclipsed by the forces of medicalization" (p. 66).

In an article based on interviews with U.S. mothers whose sons take medication for ADHD, Ilina Singh (2004) laments that the stress on the "brain-blame narrative" as the "primary means of absolution for parents of children with ADHD-behaviors" and pharmaceutical treatment as the primary fix for problematic behaviors, obscures "the cultural components of both 'behavioral disorder' and 'good mothering,' making it "increasingly difficult to analyze and understand the role of culture in constructing the need for the biotechnological tools we use to improve ourselves and our children" (pp. 1194, 1204). Mothers, for example, are often confronted with "popular and professional discourse" that tie ADHD "both to neonatal and postnatal maternal failings"—poor prenatal practices and/or poor parenting (Malacrida 2003, p. 13; Singh 2004). Mothers in dual-income households are particularly vulnerable in this regard (Malacrida 2003, p. 146). In a "culture of mother-blame," where a "successful

boy means a successful mother" (Singh 2004, p. 1203), a child's problematic behaviors put a mother at risk of being cast as inadequate or incompetent. Nonetheless, when medicalization is offered as "a tool to enhance the success of both mother and son," pressures on mothers remain, but in reconstituted form. Mothers "may be relieved of guilt and blame for causing boys' behaviors post-diagnosis, but they are not relieved of judgment and the oppressive weight of responsibility that is part of the good mother ideology" as they take on the "mother's role in preventing further behavioral and psychological problems" (Singh 2004, pp. 1203, 1202). At the individual level, there may be much at stake in being viewed by oneself and others as a good, caring mother or parent of a child with ADHD.

Another cultural component of ADHD revolves around deeply embedded assumptions in the U.S. cultural context informing the interpretation of human action, namely, that individuals aspire to what Daniel Wegner (2002) refers to as an "ideal of human agency." This view of human agency is grounded in a three-component "thought-will-action model" (Preston and Wegner 2002, p. 106), with the qualities of being "conscious, effortful and intentional" (Wegner 2005, p. 19), such that a link between volitional control and moral responsibility is routinely presumed. Accounting for situations that do not conform to this "ideal" calls forth and draws on cultural understandings to meet this interpretive task (for further elaboration see Garro 2010). The "brain blame narrative" is one of the available frameworks for imposing order on experience. Constructing childhood as a time of "natural exuberance" and impetuosity is another (Singh 2003; Mayes et al. 2008, p. 162).

If one accepts that the brain is to blame; if medication is the appropriate route to address a "disorder of the will" (Lakoff 2000), then what space remains for "willful" and volitional behavior? To what extent are cultural understandings of ADHD underpinned by recently emerging conceptualizations of the "will" as "divided," such that an illness is "located in the brain, in the circuitry making self-organization possible, while the motivation to improve remained a part of the patient's personhood" (Lakoff 2000, p. 166; see also Garro 2010)? If pharmaceutical medication functions as a "cognitive aid," a "kind of executive function supplement" that assists a child to regulate, to gain more control over his or her behavior (Lakoff 2000, p. 166), how is the effectiveness of medication assessed in everyday life contexts? Further, given the existence of widespread skepticism about the "reality" of ADHD and questions about the extent to which disordered behavior can be attributable to biological causes (e.g., Danforth and Navarro 2001), what impact does this ambiguity have on children with ADHD and their parents? Is this an uncertainty that parents grapple with as part of everyday family life? To what extent is there a struggle to differentiate between behaviors attributable to the disorder and behaviors for which children should be held morally responsible (cf. Singh 2004, p. 1202)? Phrased somewhat differently, to what extent do "medicalized" and "nonpathological interpretations" of (mis-)behavior coexist in the daily lives of families (cf. Carpenter-Song 2009, p. 66)? Do expectations for increased self-control over behavior and a lessening of ADHD behaviors increase as the child with ADHD grows older? And how do family members assess their own

behaviors, as well as those of others, with regard to interactions and other involvements with a child diagnosed with ADHD?

We well realize that perceptive insights and observations relevant to these queries are to be found in the literature cited in this section. In posing these questions we seek only to highlight some of the cultural, moral and relational terrain that North American-based studies of ADHD in everyday life contexts traverse. While variability across individuals, families and social contexts makes generalization hazardous, in drawing attention to matters that are likely to be part of what is "at stake" for families raising children seen to be affected by ADHD, these questions provide a backdrop for the close look at one family that follows.

Raising a Family, Raising Mark

The Morris household consists of the parents, Dale and Kelly, who were in their early forties at the time of the study, a 17-year-old daughter, Celia, a 9-year-old son, Mark, and a 2-year-old daughter, Tessa (all names are, of course, pseudonyms). Both Mark and Tessa are adopted; Mark joined the family when he was approximately three and a half years old, and Tessa at about 9 months of age. Both Mark and Tessa were born with substance addictions and were described by Kelly as 'drug babies.' Both entered life prematurely: Mark nearly 3 months before term and Tessa 1 month early. Of the two, Mark was seen by the Morrises to be more severely impacted by the circumstances of his birth than Tessa, including how he has been affected by the illicit drugs that his biological mother consumed while pregnant. In the Health Interview, Kelly described Mark's birth mother as having used methamphetamines, marijuana and alcohol, and Tessa's biological mother as addicted to heroin.[1]

As we will see, in many ways the overarching narrative frame provided by Kelly, and to a lesser extent Dale, is one of "healing" the trauma of Mark's early life, sustained before he was adopted by the Morris family.

Some time after Mark entered the local elementary school system, he was diagnosed, as Kelly explained, as "being ADHD." From one of the early interviews concerning the children's education, the "sense of something being desperately at stake" (Kleinman and Seeman 2003, p. 211) with regard to Mark's "being ADHD" was palpable. The hoped for, aspired to and even predicted future was one in which Mark would "succeed" despite the problems he faced in the past and present. As

[1] While all families received a taxable check for $1,000 for participating in the CELF study, given the Morris family's relatively comfortable economic position (discussed further at a later point), it seems unlikely that they were motivated to participate in the study for financial reasons. Although we did not routinely ask families why they decided to participate, during the video-recording phase, Kelly's commitment to the project led her to phone a close friend and neighbor whom she convinced also to take part in the research, highlighting the study's value for understanding the challenges and strengths of contemporary family life. Further, through our analyses, we came to understand that Celia's, Dale's and, particularly, Kelly's perception of the family's success in caring for two children born in troubled circumstances was integral to the family's decision to participate.

Mark's parents, Kelly and Dale saw themselves as bearing significant responsibility for creating the conditions that would contribute to what sort of person Mark would become (cf. MacIntyre 1984; Singh 2004). As such, the way they respond to Mark's condition stands as an enacted and ongoing testament to what sort of parents, and thus what sort of people, they are.

Raising Mark, indeed raising a family, is moral praxis—much is at stake in such endeavors. At least to some extent, what is at stake in raising Mark is echoed in what is at stake in raising Celia and Tessa as well. And while the histories of each of these children intersect, their parents see each, perhaps unsurprisingly, as a "special" child with unique qualities and different needs. Still, Mark stands apart, as both Kelly and Dale perceive him as more vulnerable and in need of more attention than their other children. His present condition is seen to offer resistance to such things as doing well in school; "being ADHD" demands greater and ongoing parental effort in order to ensure that Mark has the opportunity to succeed in the present and in the future. The concerns are manifold, at times overlapping, at times conflicting. We only hope to give some sense of these concerns, limited both by the space constraints of a single article and also by the limited time CELF researchers spent with the family.

In diverse ways while the research was ongoing, the story of Mark's life was told and foretold, but importantly, it was also enacted. Although our site is not the clinic but a family's home (with no professionals and only family members present), we follow Cheryl Mattingly (2000, 2007) in seeing some healing interactions as being narratively shaped (also see Throop 2010). We explore connections between stories told and stories enacted—the way action and interaction may be "a moment in a possible or actual history or in a number of such histories" (MacIntyre 1984, p. 214). Shifting across temporal frames, these interlocking stories and multiple concerns take shape within what philosopher Alisdair MacIntyre (1984) calls the "unity of an individual life" (p. 218). According to MacIntyre this consists of the "unity of a narrative embodied in a single life," but he also avers that the "narrative of any one life is part of an interlocking set of narratives" (p. 218) and "constrained by the actions of others and by the social settings presupposed" in their actions and the individual's actions (p. 215). Further, he highlights the teleological and unpredictable qualities of lived narratives:

> We live out our lives, both individually and in our relationships with each other, in the light of certain conceptions of a possible shared future, a future in which certain possibilities beckon us forward and others repel us, some seem already foreclosed and others perhaps inevitable. There is no present which is not informed by some image of some future and an image of the future which always presents itself in the form of a *telos*—or a variety of ends and goals towards which we are either moving or failing to move in the present. Unpredictability and teleology therefore coexist as part of our lives…nonetheless our lives have a certain form which projects itself towards our future. Thus the narratives which we live out have both an unpredictable and a partially teleological character. If the narrative of our individual and social lives is to continue intelligibly—and either type of narrative may lapse into

> unintelligibility—it is always both the case that there are constraints on how the story can continue *and* that within those constraints there are indefinitely many ways that it can continue. (pp. 215–216)

Whether or not MacIntyre's claims are of universal applicability, we have found them useful here. In the case of Mark, his personal identity and unfolding life story (past, present and future) is understood, at least by Kelly, Dale and Celia, as unified, despite the ongoing constraints and challenges Mark himself faces and how these challenges reverberate in everyday family life. The same statement could be made of all other family members. Beyond this, the histories of the family members, their goals and concerns, interconnect; the story of one is intertwined with the others. And all project toward the future, both as individuals *and* as a family.

While our interpretations of how Mark's "being ADHD" is experienced within the context of this family rely more heavily on statements made by the parents, they are not the only voices to which we listened. Interviews were held with all family members with the exception of 2-year-old Tessa. And we had the opportunity to observe all family members interacting in the video-recordings. Still, Kelly's is the voice most present in this article, as she was the most present and central actor in family life during the data collection phase. Through interview talk, talk-in-interaction and embodied action, Kelly asserts herself as the key player in shaping the course of Mark's life. She both reflects on and directs considerable effort to the structuring of Mark's experience. She seeks ways to redirect Mark's daily routines and experiences to lead to a desired future. And, as we shall see, some of her interventions are aimed at impacting how others understand Mark. Just as Kelly seeks to structure Mark's moral experience, she seeks to shape how others experience Mark as a moral actor.

We turn now to some background information about the Morris family. While this section may seem rather detailed, we have struggled to determine what is necessary for portraying the complex dynamics of family life and have provided information we view as important to revealing how the interconnecting histories of family members illuminate what is at stake in local moral worlds, and how family members' compelling concerns are linked to past and present circumstances and hopes for a desired future.

The Morris Family

The Morris family lives in an incorporated area in the southwest section of Los Angeles County near the Los Angeles International Airport (LAX). While previously a working-class community, the community has transformed in recent decades. It has become a more middle-class and professional area, with an influx of aerospace companies and rising median family incomes and home prices. According to 2000 U.S. census data, the area is approximately 75% "white" (http://factfinder.census.gov; accessed July 2, 2009). The Morris parents were born in the United States, Kelly in Southern California and Dale in Ohio. Kelly described her own ethnic background

as "Canadian, German," and Dale described his as "German, Swedish, [American] Indian."

The Morris family home is located under a flight path of LAX; it is therefore (according to Dale) possible to buy more real estate—a better-quality, larger home and larger lot—for less money in this neighborhood than in comparable areas where the noise from the airport is less. The Morris family had been living in this neighborhood for about 4 years at the time of the research. Kelly's mother lives nearby and this is the community of Kelly's childhood. Despite some concerns expressed about the negative aspects of living so close to the airport (notably noise and air pollution), both parents see the community as having many desirable qualities and are pleased that improvements to their financial situation in recent years allowed them to move to this area. Both parents regard the community as being relatively safe and having quality public services, especially good schools and ample resources for their children. According to Kelly, "I think our community is an excellent community. It has a lot of family events going on constantly and so it just, it really teaches family values here." Additionally, for Kelly, living in the same community where she grew up means having continuity in social institutions and relationships, such as friends, medical providers and schools, all of which she viewed as making "a huge difference in our lives." Furthermore, before the move, the whole family commuted long distances each weekday to school, work and daycare. As Kelly put it: "That commute was killing both of us, we were on the road sometimes 2, 3, 4 hours a day with the children in the car." Now, workplaces, schools, daycare and childcare providers are all within easy reach.

While both parents graduated from high school, neither holds a college degree. Dale works as a skilled technician for a large telephone and network services company. His job provides health insurance coverage for the whole family. Kelly's earnings are greater than Dale's. Impressively, Kelly has worked her way up from temporary secretary to co-owner and president of a large construction company. She takes considerable pride in her accomplishments and her ability to provide for her family: "I'm a lot more successful than a lot of my friends with 4- or 5-year degrees and have accomplished a lot more than they have." According to Kelly, "If it wasn't for my job…we wouldn't have what we have." When asked about goals for her children when they grew up, Kelly said she wanted them to be "independent and confident" and able to "think on their own"—qualities that she considers central to her own success.

Kelly explained that over the past couple of years their family has become much more "financially stable and sound." Over the long term, through hard work and efforts to manage family expenses, spearheaded and organized by Kelly, economic constraints have lessened.[2] The family's reported income places them at the higher

[2] Kelly reports that she is largely responsible for controlling household finances, saying that Dale "lets me stress over that," and that her attempts to control his expenditures are the cause of tension between Dale and herself (see the discussion concerning expenditures for alcohol and cigarettes that follows). That Kelly exercises careful control over the family's finances is also apparent in observations of everyday family life. Returning from the weekly shopping trip, Kelly exultantly reported to Celia how much she had saved at the grocery store, a feat that Celia applauded. When a researcher not present at this interaction entered the room, Kelly bragged about how much she had saved through her strategy of using

end of "middle-class" families in the CELF study, and on a preliminary questionnaire they selected a statement indicating that the family income was sufficient to allow them "to add to savings on a regular basis." Through Kelly's initiative, the family recently purchased a duplex on Catalina Island, a property that serves as a vacation home when the family is able to get away. At the same time, purchasing the property has also turned out to be a savvy investment, as it more than pays for itself through weekly rentals managed by a professional firm. Importantly, though, as Kelly fondly remembers summers spent on Catalina during her childhood, this purchase fulfills one of Kelly's aspirations, forging another link between her childhood and the experiences she seeks to provide for her own children.

Both parents take considerable care and devote much attention to the family home. From interviews and observations of everyday family interactions, it is apparent that Kelly's domain is the inside of the house (living rooms, kitchen, dining area), and Dale's the outside space (yard, garage and patio area).[3] Kelly's organization of the inner space of the household is smooth and efficient—pantries and refrigerator are neatly organized, and all of the children are encouraged to keep their rooms clean. Dale takes considerable satisfaction in his careful upkeep of the front and back yards, which are meticulously maintained, with lawn and hedges fastidiously trimmed. In the Health Interview, Dale says "I'm relaxed doing yard work. I love being outside. I love sunny days, you know, it brings extra energy to you in a sense." Gardening, working in the yard and "moving around…keeps me, I feel healthy and I- I don't like just sitting around. I got to be- I don't like being in the house, I like being outside." During the video-recording, Dale is indeed observed spending the majority of his time after work or on weekends outside, mowing the lawn, watering the plants, trimming the hedges or organizing the garage. In fact, the extremely neat Morris garage could be described as "Dale's space," as he uses it to store his garden tools, decorates the walls with sports paraphernalia, artwork and photos of his children and keeps a reclining chair and side table facing a wall-mounted TV, where he often watches sports games or the

Footnote 2 continued
manufacturer's coupons and doubling them. Kelly calls herself "Betty Bargain" and prides herself on finding low prices for things her family might need. For example, comparing herself to a friend, Kelly says (see Appendix for transcription conventions), "like- she thinks of nothing spending four hundred dollars on a wet suit for her son. Where, like, I'm Betty Bargain, you know, these kids are growing, you know, let's buy a second-hand one, or let's go on Ebay, or- you know? It's just- hhh- you know, people spend their money differently, you know?" On another occasion, Kelly states that some of her friends are jealous of her family's financial well-being, "because they can't understand how we can do all this, you know, have this house, the remodel, have the house in Catalina."

[3] While somewhat more pronounced than in other CELF families, this gendered spatial division of labor was not uncommon in our study, and echoes the type of arrangement found among several families in Hochschild's (1989) classic study of married family life in the United States. Space constraints limit us from further analysis of the gendered dimensions of this arrangement in the Morris home.

evening news while sipping a can of beer. Friends and acquaintances may stop by for a visit and Dale routinely greets neighbors as they walk by. As daughter Celia says in her video home tour as she films the garage, "My Dad is always, always, always in the garage."

Although Kelly takes on a greater share of household and childcare responsibilities, Dale is a clear and consistent presence in the family's weekday routines. Interactions within the Morris household are typically respectful, pleasant and polite. For example, the use of greetings such as "How was your day?" and "I love you" are ubiquitous. On weekday mornings, Kelly is the first family member to leave the house for work. Before she leaves, Kelly makes a point to greet each member of her family with a hug, a kiss and an "I love you" or a "Have a good day." Dale also makes sure to kiss his wife goodbye, with an "I love you too," before she leaves the house. Also, every afternoon of filming, when Dale comes home from work, he passes through the house, checking in on each of his children and asking, "How was your day?" and "What are you doing?"[4] Although both parents often use directives to focus Mark's attention (e.g., "Listen to me"), the two younger children receive much praise and encouragement when they engage in activities the parents support. In addition, the use of nicknames is a common practice in the Morris family, with Kelly addressing her husband and children by pet names as signs of intimacy and affection.

A number of positive assessments about the children were made by the parents. Celia was described as a "keeper" by Dale and as "gifted" by Kelly. Kelly describes Tessa as a "baby genius," and Dale reminisced how Tessa "stole my heart from day one." When Tessa wandered into the Health Interview while the topic of well-being was being discussed, Kelly picked her up and proudly said, "This is well-being right here, this Tessa." During her video home tour, Kelly entered Mark's room and filmed some of his sports memorabilia, stating, "this is all of his treasures," but then zoomed in on Mark himself, with the comment, "and this is our biggest treasure right there."

We observed some points of tension between the parents, especially in a conversation during the Health Interview concerning Dale's drinking and smoking. Kelly views these activities as placing Dale at increased risk of future health problems and thus as endangering the family as well.[5] Kelly frames her husband's

[4] In the Education Interview, Dale made clear that what we observed was no accident: "I make it as a policy for me when I come home it's always, kiss the wife, and then Tessa's always running to me, and I'll ask her how her day was, and I'll go by Mark's room, 'how was your day?', and the same with Celia if she's here, type of thing- so. Every night I always talk to them and see how their day was or whatever."

[5] Dale's smoking and drinking are seen as a significant issue by Kelly and appear to be one of the main sources of tension in their marriage. Dale's alcoholic beverage of choice is beer, which he stores in a refrigerator in the garage. During the video-recording, before we were aware of any tension, Dale, who was somewhat furtively smoking a cigarette while Mark skateboarded, told a videographer that he smoked about a pack a day, mostly at work. Kelly's concerns about Dale's smoking and drinking are multilayered but tend to situate these actions of Dale's as morally questionable insofar as they imply an inappropriate level of responsibility to others in the family. From Kelly's perspective, simply by purchasing alcohol and cigarettes, Dale is siphoning off fiscal resources that could be better used to support the well-being of the family rather than contributing to its vulnerability. More critically, overall these activities are seen by Kelly to harm not only Dale but also others in the family, both in the present

smoking and drinking with a negative moral loading, viewing these behaviors as offering a dangerous role model for their children and associating them with other painful experiences of drug use within their extended families. Kelly and Dale both report personal histories marred by troubles associated with significant episodes of substance abuse, even including death, among family members and friends. Other tensions in the marital relationship were indicated by Kelly's sometimes disparaging remarks about Dale, as when she commented on the disparity in their household-related tasks and, on more than one occasion, expressed concern about the amount of money Dale spends (particularly on cigarettes and beer). For his part, Dale downplayed the significance of such tensions and the resulting arguments as being typical of married couples. In fact, Dale expresses pride in both his wife and the longevity of their marriage; for example, he tells a researcher: "Yeah, everyone told us 'Oh, yeah, you'll never make it 'till seven (years),' but we're going on NINETEEN now.… It's been fine from the get-go. We're like total opposites, but we complement each other very well. Oh, it's been fun."

Both Dale and Kelly concur that relationships with others entail responsibilities to others. In talking about remaining close to a sister-in-law who divorced his brother, Dale stated, "Once a family, always a family." Both agree that, in difficult times, "when family calls, or friends call, we're there for them." "Being there" for

Footnote 5 continued
and as harbingers of burdens and stress in the future. The following interaction presents their quite divergent points of view:

Kelly: I just have a real problem with him drinking beer everyday and him smoking everyday and that it takes a toll on his health, he's starting to look very old, and um- his children are seeing it, and when we've got two babies that are drug addict- one's an alcho-a fetal- had fetal alcohol um it's not fair to them to see that everyday=
Dale: They don't see that everyday. I don't smoke in front of the kids,
Kelly: But they know that you're doing it.
Dale: No they don't. Celia does. Mark doesn't. Mark really- I don't think has a clue.
Kelly: Oh he has a clue,
Dale: mm okay and Tessa I don't-
Kelly: So he gets very upset when I bring it up he gets very pissed at me, but, you know what? I'm not going to sit there in the hospital with him everyday, you know. And that's a huge thing, it's a very huge thing to me. And he doesn't think about it, but I do. And um=
Dale: Yeah, the reason I don't is because I can go tomorrow. I, you know, I don't- I don't know I just take it a day at a time, and (P) if tomorrow never come it never comes at least I've done what I wanted to do up until that point in my life.

In further elaborating how it takes a "toll on the kids," Kelly related: "Celia hates it. She has come to me crying over it and she hates it, and she has asked him ever since she was a baby for him to quit smoking. She has told him point blank, 'All I want for birthday is for you to quit smoking,' so, you know, if that doesn't make him quit, when your own baby daughter doesn't make you quit, then you know it's pretty hard. And my dad died from smoking so see it's very- it's a very a double edge sword for me." At one point Kelly characterized Dale's refusal as indicating a lack of "respect." She concluded that "it's a huge problem with me and there's times where I've just pretty told him, 'I don't want to deal with this anymore. Let's get a divorce.' Because it's just, you know, but he has made the conscientious choice not to cut back." To this Dale bluntly retorts, "I will be my own man." In raising the possibility of divorce and averring that she will not "be there" at his bedside in the hospital should Dale become ill as a consequence of his smoking and/or drinking, Kelly appears to underscore the moral gravity of his actions.

others involves dealing with disappointment, death, grief and hardship. The routine, pleasurable and special activities of daily life are displaced at such times. In dealing with such incidents in their extended social and kin networks, Kelly stated on more than one occasion, "We've had more than our share." Recurring throughout the data collection period are recounted stories or interactions depicting a range of ways of "being there" for others.

Kelly, in particular, portrayed herself as a person to whom others turn for help—her children, extended family, friends, employees and colleagues at work. At times this is a source of considerable stress for Kelly, and at one point, with reference to a lack of support from her own siblings, she asserted, "I hate having always to be the responsible party." As well as incurring responsibilities, involvement with others also entails increased vulnerability. When asked about things that negatively impact her own health, Kelly said, "When I get too involved with somebody's life and I have to deal with people's problems. I really try not to deal with people's problems, but they always just come to me." Dale agrees with this appraisal, saying about Kelly, "She's a magnet for that." There is considerable support across the data that converges on an apparently shared assessment of Kelly as a person with "heart" who gets drawn into helping others, including those deemed less fortunate, with their personal struggles, even though this involvement may come at a cost to Kelly's own sense of well-being.[6]

With regard to his own way of dealing with problems, Dale, referring to his brother Rick, who has struggled with alcohol addiction, stated: "I don't dwell on it, I'll always remember what Rick said—'If you don't have control over something, why worry about it?'" Dale described himself as "easygoing," stating that he tries "not to let anything bother me." The picture Dale painted is that he, unlike his wife, does not get overly involved in the problems or concerns of other people.

As a caregiver, Kelly often takes on the role of problem-solver. One day, the video-recording captured a telephone conversation of her counseling someone for whom she had recruited her own lawyer to help resolve a problem. Prior to the research, Kelly had acted in ways that support her view that individuals have the potential for positive change, the ability to turn their lives around, despite serious problems or setbacks. For example, to help Dale's brother, Rick, a person whom Kelly described as "a drug addict," she employed him at her own company after he completed a drug rehabilitation program. Unfortunately, this did not turn out well, and the story we were told underscored how caring involvements with others carry risk of harm to self and family.[7] Kelly also actively seeks out possible solutions for

[6] In one of the most emotional interactions during the Health Interview, Kelly is moved to the point of tears while recalling her brother's death and her subsequent efforts to deal with her sister-in-law, Pat, a woman who struggles with depression and suicidality, and who "doesn't have anyone else" besides Kelly to turn to for help. In fact, this scene from the interview is one of the only times during the CELF research that we see Kelly show any sign of vulnerability or emotional exhaustion. Kelly framed her involvement in her sister-in-law's life as a moral obligation. Shedding tears, she said, "I do it for him," and continued: "You have to deal with it. So, I mean, I'm not that kind of heartless person where I would say, you know, 'Screw you, Pat, I'm not going to help you.' So I try to help her."

[7] The hiring of Dale's brother did not end well, as he betrayed the trust placed in him. These events occurred a number of years ago when the family financial status was more vulnerable (prior to the family's relocation to their current community). By potentially jeopardizing Kelly's job, Rick's actions

problems, including by recruiting the knowledge and opinions of those deemed experts. For example, she regularly records the *Dr. Phil* television program, as it airs while she is at work. On this show, Dr. Phil provides advice to guests on a variety of topics, including child behavior problems, parenting and marriage and family relationships. On the first day that the research team filmed the family, Kelly encouraged Dale to watch a *Dr. Phil* show she had just recorded that revolved around dealing with children diagnosed with ADHD.

As evidence of their involvement in the lives of others, Dale and Kelly open their home every year to host a party in support of an annual Christmas charity toy drive for a Los Angeles County child welfare agency. This event began at some point after Mark's adoption; in the year preceding the research the party amassed the largest single donation to the toy drive program (as Kelly proudly related). Friends and neighbors are invited to purchase holiday gifts for children, which are then sorted and organized during the party. While this is a time-consuming undertaking, in Kelly's view: "You know what? We're trying to open people's eyes about, you know, not everyone is so fortunate as- as most of us and these kids aren't asking to be put there [in the County system]."

Importantly, this annual effort embodies a key value orientation for the Morris parents and one they hope their children will embrace: through helping others, one does something good for oneself. While the toy drive benefits the children, Kelly and Dale also see themselves as providing an opportunity for their friends and neighbors to give back to others. As Kelly explained: "These people know that they are buying for a child that doesn't have anything and so they have the best time in the world going shopping." At the same time, a pragmatic orientation infuses a number of Kelly's acts of kindness and care toward others. In this instance, Kelly's comments are revealing: "We like to try to give back and everything and I think that kind of really helped us when- when it came time to get Tessa, it's like the County knows like- well, these people really help us and they've helped us." Thus, the relationships Kelly has developed with County social service workers are seen as

Footnote 7 continued
put the Morris family in jeopardy. As is clear from the interview excerpt below, the past still rankles. As a consequence of his actions, Kelly came to exclude Rick from her life, from family, from those for whom she is morally obliged to "care."

Kelly:	Oh yeah, that's Dale's um- oldest brother and um- (P) he was a drug addict and he came out of drug rehab I was there-
Researcher:	Rick?
Kelly:	Yeah. (P) I gave him a hundred percent, gave him a job, bought him-got him a car, did all of this stuff for him. And he broke into my business and ripped me off massively.
Researcher:	Really?
Kelly:	Yeah. So, um, I will never forgive him. He used to be Celia's favorite uncle in the whole world and then he got involved in drugs? And I won't forgive him. I will acknowledge him, (clears throat) but I won't forgive him.
Researcher:	Does he come over?
Kelly:	No he lives in, um, Ohio. So he's gone. So, um, he's never been here to this home. He's not invited. I mean I pretty much- I mean one time he showed up at our other house, and I told- right in front of him I told everyone, 'Could everyone please go lock their purses and their cars because my brother-in-law's here'. ((airplane flying overhead)) (I was pissed).

facilitating Tessa's adoption process and supporting the ongoing interactions Kelly has with the "County" concerning both Mark and Tessa. As former foster children born with substance addictions, both children remain in the County "system." Maintaining good relationships with County workers can thus enhance the family's access to resources such as medical insurance and educational assistance.

In the interview held with Celia at the end of the CELF study, we found her reflections on her parents to be quite perceptive. Celia explained that she got her "work ethic from my mom, you know, that you can't get anything for free and you have to work for everything that you get." She characterized her mom as a "very driven person" who is "very proud of her work because she has worked her way up from the bottom up." She continued:

> You know, men don't always take women in construction seriously, and she's shown that she can play with the big boys and she's not just some stupid woman, you know, the typical 'oh, la, la, la' women out there. She knows what she's talking about, and if she wants something, she's going to go get it.

Celia also told us that Kelly sets clear boundaries on her job: "She will not work weekends (because she says) 'that's my time with my family.'"[8] In comparison to her mother, Celia portrays her father as "fun-loving" and "a more laid back kind of person." Pointing to his influence in her own life, she stated, "My dad is where I get my easy going, laid back, just go with the flow, hang out with whoever, don't have a set group of people.… I like to be open to things."

Celia is in her final year of high school; she hopes to attend an exclusive local private university after graduation, a plan that both parents support. Through an arrangement with her school, she holds a part-time administratively oriented internship at a large toy manufacturing company. She has a lively social life and is involved in a number of extracurricular activities. A key activity is her involvement in drama and theater, where she often plays the lead role in performances. A spinoff of this is her involvement in directing and coaching elementary school children in dramatic productions that she links to her desire to pursue a teaching career. She commented:

> I like working with kids because you are shaping who they will be when they get older. That's why I want to work with little kids because it's within the first 5 or 6 years of your life you define who you are going to be. And you learn you are supposed to share and this and that, and if they have a positive influence when they are younger it will show when they are older. And so like you want to praise kids a lot when they are little, and you want to teach them

[8] While Kelly reported being dedicated to and valuing her paid employment, as well as the financial rewards it provided, in the last analysis it remains a job—a means to desired ends. That what she valued in life revolved around her family life (it could be said that her *telos* was to be a good, even a "special," parent) came across in numerous ways. Consistent with this, while other CELF families often reported that office work infiltrated home life, Kelly reported a different pattern. As Celia asserted, Kelly confirmed that she did not bring office work into the home. The opposite did not hold, however, and the boundary between "home" and "employment" seemed much more fluid while Kelly was at her paid job. She often made or took family-related calls at work, and she informed us that she would often do things for the family, including routine tasks like paying bills, while at the office.

that's good and you shouldn't do that because it's not nice to other little kids and, you know, stuff like that and so I had a lot of positive influence.

In addition to all of her involvements outside the home, Celia takes an active role in caring for her younger siblings. She regularly watches Tessa in the morning after her parents leave for work, dropping her off at the babysitter's on her way to school, and she watches over both children when her parents need help, even when she has pressing demands, such as her own homework. Dale spoke approvingly about the way that Celia has "always been there for Mark." Celia supported Mark in producing his home video tour; she patiently asked him questions and, in other ways, encouraged him to talk about the family home. In her interview, Celia avowed: "It's not like- it's not a big deal really for me to help out my family because they do I think ten million more things for me than I do for them."

At one point in her interview, Celia was asked about the meaning of family. She explained: "Family to me, it's just a- I don't even think of the blood line thing, you know, being related to your family. I think it's just a group of people who truly care about each other more than anything in the world and would do anything for each other." Notably, Celia contrasts a narrowly biological definition of a family with a view of "family" as constituted through affective relationships and acts of care. Elaborating on the theme of caring, Celia went on to say: "I think my family is very different from other families. We're like other families in that we're really caring, we're very there for each other, at least I think we are. But I think- I think we're different because I think my family cares that little extra bit." She provided a number of everyday examples of caring acts by family members. Though her mother received special mention, Celia summed up the situation as, "My family is very willing to sacrifice to help."[9]

Celia was 12 years old when the Morris family took the first steps toward adopting Mark. Dale explained how he and Kelly came to this decision: "We never really wanted just one child, and she had a couple of mishaps and the last one pretty much decided it for us. And then we- 'cause she couldn't have anymore, and we've always enjoyed kids." In an early phone conversation held with a member of the research team, Kelly explained that they had sought to adopt a child who needed a home, to become family to an older child who was otherwise unlikely to be adopted and whom it seemed nobody wanted (C. Izquierdo, personal communication, August 29, 2008).[10] Interestingly, during the Health Interview, Kelly also linked the decision to adopt with concern about Celia not having siblings and the implications this might have for Celia in the future: "The reason I would never ever ever have only one child is because when your parents get up in life or whatever, the burden of your parents and the burden of doing things falls on your children." Recalling how

[9] It is of interest to note that at different times while the researchers were with the family, Kelly, Dale and Celia all referred to individuals who neither lived in the household nor were biologically related to them either with kin terms ("like a daughter to me," "like a brother," "like a sister") or by saying that someone was like a member of the "family." With regard to Mark, Dale stated that Celia has "always made him feel like he's always been a part of the family. Matter of fact, she picked him out when we adopted him."

[10] Kelly's comments on the adoption of her two children were so passionate that the researcher recalled feeling momentarily convinced that she should adopt a similar "unwanted" child herself.

she took care of family responsibilities during her father's illness and after his death, Kelly stated:

> So I never wanted my child just to be by herself to have to deal with anything like that because it's nice to have that brother or sister to call and say, 'I need you, I need you now,' because even when your parents are sick or whatever, they may not want your son or your- or their daughter-in-law helping, they want their kids there helping. So- and I never wanted Celia to ever have to go through any of that by herself.[11]

As in the above, underpinning the way that Dale and Kelly talk about the adoptions is their shared position that, in many ways, the real beneficiaries are Dale, Kelly and Celia. For example, in contrast to other parents in the CELF study, who reported negative lifestyle changes associated with having children (e.g., feeling healthier *before* children), for Kelly and Dale, having children was framed as contributing positively to their individual health. In response to an interview question about things that have a good impact on health, Dale says, "I mean, just the family and the friends we have and everything." Kelly responded similarly, saying:

> Mine are my children, my children and my house in Catalina. Those are two, two of our goals, my goals that I wanted, and we've achieved them and so that gives me incentive to be healthy because I plan on being here for a while for those, for both of them.[12]

Dale later reiterated that the adoption of Tessa and Mark has "made us healthier people."

In the video-recordings, Tessa comes across as a winsome, healthy, talkative, cheerful and lively 2-year-old who certainly requires energetic and attentive caretakers. Although this was not always true in the past, at the time of the research, she was assessed by her parents as not exhibiting any untoward consequences of the circumstances of her birth and early infancy. Mark appears to be a soft-spoken and amicable child, though his parents often repeated directives and made other efforts to gain Mark's attention and bring him into alignment with their requests. Several instances of Mark's forgetfulness (e.g., to take his lunch to school, to leave course material at school, to eat lunch at school) surfaced as concerns during the video-recording phase, and there were a number of reiterated parental encouragements for Mark to remember to do something in the future. To give a brief illustration of the tenor of some of the familial interactions observed, we provide an example from

[11] Consistent with the discussion in an earlier Note, some of Kelly's angst over Dale's drinking and smoking reflects Kelly's concern that, not only herself, but also the children could end up in a burdensome situation if Dale's health declines.

[12] Kelly's self-correction, from "our goals" to "my goals," is significant in that on a number of occasions during filming, she switches from the personal "I/my" to the third person collective "our/we" pronoun, possibly indicating her sense of having a dominant role in making decisions for the family.

Saturday morning in which Mark is in the kitchen playing with Tessa's toy camera and upsetting Tessa in this process (see Appendix for transcription conventions). After several minutes, Kelly intervenes. In this excerpt, Kelly repeats the command "settle" to get Mark to quiet down. Also note Mark's "sorry" response, indicating his awareness that his behavior is bothering his mother. (Please note that throughout this article, we have omitted backchannels such as "hm hmm" "uh" or "you know" where appropriate).

Kelly: Mark Ray. Was your sister playing with this?
Mark: I was- I was looking at this.
Kelly: ((Takes camera from Mark and gives it to Tessa))
Mark: Is there any film?
Kelly: Huh? ((Takes Mark hand so he'll get off the couch))
Mark: Does it have any √film::?
Kelly: √No:: it's empty.
Mark: It's √empty::? ((playfully)) It's empty. ((Walks to the dining room)) I can't believe it! Empty! ((Makes playful fighting noises))
Kelly: Did- did your um:: (LP) [Mark! =
Mark: [Sorry, sorry, sorry.
Kelly: = Settle. Settle. Settle. [Settle =
Mark: [Oh sorry, sorry, sorry Mom. √Sorry Mom.
Kelly: = Settle down. Ok? You're getting √way too wild. Settle.
Mark: ((Playing with large stuffed Scooby Doo toy [a cartoon dog character]. Makes grunting noises)).
Kelly: ((Sighs; Preparing breakfast)) Do you just want butter on these? Mark?
Mark: Huh?
Kelly: Do you just want butter on these?
Mark: This thing is almost as tall as me. ((Holding up Scooby Doo toy)) Uh:: yeah, just butter.

Mark demonstrated an awareness of how his behavior is viewed by his parents at other times in the video-recording, including an instance where he used the promise of "I'll settle" (echoing his mother's frequent directive) in an unsuccessful attempt to negotiate something he wanted.

Before continuing, we note that in the CELF project we observe many parents pleading with their children to do things and making concerted efforts to direct their children's attention to them rather than to videogames, computers and television. There are instances of other children and adults "forgetting" to do something. And we often observe an older sibling teasing a younger one, as Mark did with his younger sister on occasions in addition to the example above. What we do not always see in other CELF families is the solicitous behavior toward his younger sister, as when Mark clearly and independently took the role of a concerned big brother. We observed him try to keep Tessa out of harm's way, and on at least two occasions, we saw him join in the family efforts to encourage her to sit at the table and eat dinner with the family. After one of these, Mark turned to the camera and stated: "We like it when she eats."

Mark: Ups and Downs

Despite his displays of affection and responsibility toward his younger sister, in the admittedly atypical situation of the Child Interview, Mark is playful and fidgety throughout the 30-min period. He engages in a number of different activities—playing with a handheld Gameboy, putting on music headphones, leading the researcher to ask that he remove them, and bouncing a small ball in his hands. His response to questions is often "Huh?" or "What?"—a pattern that we also observed in everyday interactions. He interjects laughter—a long drawn-out tonal giggle that can last for many seconds—throughout the interview, especially when he is having apparent difficulty answering questions. Mark's behavior is frustrating enough to lead the interviewer to repeatedly ask him to calm down. For example, 13 min into the interview, the interviewer says, in a deliberate attempt to capture Mark's focus, "Alright. Mark. Pay attention." She then remarks to the camera, "This is the most challenging interview I've had."

In the interview, Mark reported that he enjoys playing with his Gameboy, playing games on the computer and watching television and that he likes math at school. In the home tour, he noted that he likes to ride his skateboard. As in Celia's interview, Mark was asked what "family" means to him. He responded:

Mark: Means a lot to me. ((Sighs))
Interviewer: Can you tell me about it?
Mark: Uh yeah. It's like- like I spend time with people.

After a few attempts to elicit more information from Mark, the interviewer shifted gears slightly:

Interviewer: You spend time with them and how do you √feel about your family?
Mark: I feel good about my family[
Interviewer: =You feel good.
Mark: [Good to have them. Real good that I even HAVE a family.

While this last turn appears to evidence Mark's awareness of his status as an adopted child, mirroring the openness his parents project about both adoptions, his initial claim that family "means a lot to me" is borne out by other comments in the interview. He made a number of appreciative statements about each of his family members. Throughout the interview Mark conveys an awareness of family as people who "feel good" about each other and who "do things" for each other. There is considerable correspondence between Mark's assessments of family, comments made by Celia in her interview, and what Kelly and Dale say about the importance of "being there" for others.

Mark's behavior is framed by Kelly, in particular, as a source of stress. As part of her response to a question in the Health Interview about "things in your life that have a bad effect on your health," Kelly stated, "Mark becoming out of hand makes me very stressed, very, very, stressed." She continued, "It drives my blood pressure up a little bit because he pushes me to the limit sometimes." One afternoon during videotaping, Kelly made a similar complaint while talking on the phone to a friend, saying, "Mark knows how to push me to my limit." And this has consequences for

all family members, as Kelly pointed out when answering a question about things that negatively impact the health of the family:

> Especially it's me getting stressed out over dealing with Mark. I think Mark is- causes a lot of the ups and downs in the family, and I take the brunt of it, I take the meetings with the teachers and dealing with homework and just all of that stuff, and there's points where he pushes me over the edge. So, if I'm not happy, the whole family is not going to be happy.

The references above to homework and teachers reveal that school is a key arena in which Mark's behavior comes to be assessed as problematic. Kelly characterized Mark as "just not as attentive as he should be." At school, Kelly explained, "He's listening, but you don't know he's listening. He'd be like doing this kind of stuff, like twirling his hair, and so he's not watching the TV- or the teacher or looking at the board or whatever, but he is hearing what they're saying." Dale continued in the same vein: "His subconscious is taking in everything he hears, he takes in real well, he just- as far as his attention span and stuff like that it's- but everything that is said to him, it sinks in on him."

School is an arena of compelling concern, and it is also one where much is seen to be at stake. We turn to a further discussion of this in the next section.

"Being ADHD" and Going to School

When the research team first met with the Morris family, Mark was just about to enter the fourth grade. In an interview held before classes started, structured to learn about her children's education, Kelly told us that Mark attends "normal classes," but sometimes, if "he's stressing out or just not being attentive" there is a special education classroom where he may end up spending part of the day. Kelly talked about how "with him being ADHD," she has to try "to teach" Mark's teachers "how to deal with this child." As she noted:

> He's very smart- very, very, very smart- but he gets bored very quickly. So when he was in kindergarten, I got with a teacher that just didn't have a clue how to deal with him. She wanted him to sit and be still. He can't do that.

As we later learned, the diagnosis of ADHD actually did not occur when Mark first entered school. Speaking of that time, Kelly related, "All I would hear is, Mark did this, Mark did that." Then, "at one point they thought he was mentally retarded, and another point they diagnosed with this, they had diagnosed him with a million things." Given Kelly's passing mention during the Health Interview that one of the children "had fetal alcohol," we suspect that fetal alcohol syndrome was among the diagnoses proffered to explain Mark's behavior. We wonder whether, and indeed suspect that, this brief mention indicates that anxiety, if not ambiguity, remains about the potential long-term impact of his biological mother's alcohol use. Given these alternatives, "being ADHD" may be the better option, implying less severe consequences for Mark's present and future.

For Kelly, the fact that Mark had learned things so quickly after he joined the Morris family at age three was marshaled as proof for her reiterated assertion that Mark is "very smart, I mean very, very, very smart." Since learning that "it's just this ADHD," teaching others about Mark—"opening the eyes of people"—has been an ongoing, difficult and time-consuming task. From the time Mark was in the first grade, Kelly has been involved in efforts and joined forces with other parents to heighten awareness of "special needs children" at his local public elementary school, including becoming part of a group known as the "'Families First Forum,' which was started by a mom who has some special needs children." Kelly reported that Mark's performance in school to date "is a little bit above average" and that she was "happy" that Mark received "all C's and B's" on his final report card last year.

Nonetheless, despite having some allies in the school's administration, a vice-principal and a principal whom she referred to as her "team players," Kelly lamented how "we live in a brutal community here," where little allowance is made, both at school and elsewhere, for a child who is seen to fall short of being the "perfect child":

> And this is my adopted child, I'm doing everything in my power and I felt like I was dealing with a lot of people that had- they had no emotion. They weren't sensitive to his needs, his problems and I got in a lot of battles over there [at the school].

The preceding year, when Mark was in the third grade, had been particularly difficult. Kelly described one of Mark's two teachers as someone who "couldn't understand." As Kelly recounted, both the principal and the vice-principal "told me that she believed everything Mark did was Mark's fault, he did it intentionally and that's the bottom line, bottom line." This was hard on Mark but Kelly reported he felt better "with me not liking her." In contrast, when one of Mark's third-grade teachers was on extended leave for back surgery, the substitute teacher who joined the teaching team was "wonderful…she took control…and she understood." Kelly "loved to death" Mark's first-grade teacher; this appeared to be related to the fact that "she had a brother and sister that were ADHD." With regard to Mark's experience in first grade, Celia related:

> My mom's favorite story is that when he started the first grade he was at reading level negative two, which meant he was way below average. When he left he was on like a second grade reading level.

In a separate interview, Mark's father, Dale, echoes Kelly's concerns, pointing out how it was important that "we get him involved with the right people in schools that he goes to that understand his type of disabilities"—including teachers being "aware of my son's problem, Mark's problems and stuff." He shared Kelly's concern about Mark's third-grade teachers stating that they were "used to, I guess, quote normal kids." But he elaborated: "And to me Mark was a normal kid, he just needs more pushing in certain areas and stuff." For Dale it is important that Mark spend most of his school time with the "normal group of kids," stating that he "never liked the special ed, because you were separated" and "isolated," preferring that additional teaching resources be put into the regular classroom and applauding

the efforts of several concerned parents, including Kelly, to create a situation where "they've started doing this more and more." With reference to "these types of kids," Dale explained that "there are more and more of them out there but they're just not, how I can say, spotlighted like Mark [is]." While the problems of these other children go unaddressed, Dale sides with Kelly in valuing the importance of having teachers be aware of "my son's problem."

As the school year was poised to begin, the interviewer asked Kelly whether she planned to visit Mark's new teacher before the start of classes:

Kelly: No, I meet with- on the second day of school.
Interviewer: Oh, okay.
Kelly: I always go in there the teach- our school puts a list a wish list of things that they want, the classrooms. I always go, take that copy of that wish list, I'll go to Staples or whatever buy all of that stuff, I'll hand deliver it to the teacher the first morning, I introduce myself, say, 'I'm Kelly Morris. I will stop at nothing to make my child succeed.' Um, and I need to set up a meeting with you tomorrow.
Interviewer: Have you done that-
Kelly: Every year.

The family's financial resources enable Kelly to support her children's activities and intervene on their behalf. Her job, while paying more than Dale's, also gives her more flexibility to meet with teachers and other key players in her children's lives. The preceding year, at Kelly's request, the principal arranged for video-recordings to be made in Mark's classroom to "see how he goes, to see how the teachers are and stuff." Kelly hired a tutor to assist Mark with his homework for an hour everyday after school, a practice that she planned to continue for the coming year. For a period starting in the first grade, Mark was enrolled in a special, somewhat costly, program (which was eventually covered by medical insurance) called "The Learning Gym," which, in Kelly's estimation, "helped him immensely." Then, she reported: "So I started bringing the techniques from The Learning Gym to Mark's school." With their older daughter, Celia, Kelly never felt the need to take such active involvement in her education; she is "pretty independent" and "we don't have any problems with her." Mark, in contrast, needs much more guidance and control. Talking about what Mark's "being ADHD" has meant for the parents, Kelly reflected on the perceived differences in parenting Mark compared to Celia: "This is a huge role we took on. You know it's really hard to go from an honors student to a non-honors student. It's very hard to do that. Very hard."

As noted earlier, throughout the research period with the Morris family, Kelly consistently portrayed herself as someone who faced up to problems and pragmatically confronted them head-on. Her confidence in her abilities to resolve problems, coupled with her belief that lives can be turned around, may have entered into the initial decision that led to Mark's adoption. And, interestingly, when recollecting the time when they were considering adopting a second child, Kelly contrasted others' skepticism, especially due to the perceived difficulties of raising Mark, with Mark's remarkable progress, implying that this success should

quell doubts about entering into the second adoption.[13] Kelly also normalized the difficulties associated with raising Mark by noting that other parents face comparable challenges. Indeed, she contrasted herself with some other parents who fail to recognize that their children have similar problems and "refuse to say 'My kids need help.'" This failure of others to see that "we've got a lot of problems going on here" is a "sad thing," ostensibly because it lessens the likelihood that children will succeed in the future. She stated: "I tell people right off the bat, Mark's perfect in my eyes but I know we've got some problems here."

Near the end of the Education Interview, Kelly was asked if she had anything important she wanted to add about her children's educational experiences. In the excerpt below, note how Kelly's account of why the advice of an ADHD specialist was sought dovetails with Dale's observation that Mark is "spotlighted" at school, despite the presence of other children with similar problems:

Kelly: ((Sighs)) It's just that the teachers just don't know it all. And there's still lots of room for these people to learn and now- nowadays it's really hard for, I understand it's hard for teachers, because of all the forms of kids we're getting. You know we're getting kids from all different backgrounds and types and everything else. But we're getting a lot more drug babies in this world and everything else and these teachers need to learn how to deal with these kids.

Interviewer: Better teacher training or=

Kelly: =Oh yeah. I mean, the prime example is our, the principal and the vice-principal, like our teachers have in-service days sometimes they're 2 days 3 days long and the last in-service day they had they had ADHD specialist especially for Mark's teacher. And they didn't tell her it was especially for her but they told me and they said okay, 'What things do you want us to bring out in the meeting?' So I gave them a list and um, they did bring them out in the meeting, you know and then I think it kind of opened the teachers' eyes a little bit.

Interviewer: Oh that's great, that's very helpful.

Kelly: So, this is, it's very sad, you know it's very sad and I feel like I always have to say, 'This is my son Mark, we adopted him when he was three and a half, he was born addicted to every drug in the world and he died and was brought back to life. He was in foster homes all of this time and, he doesn't mean to be this wild all the time. And he doesn't mean (to do this), he has no control.' And I feel I have to explain that to people.

Interviewer: You have to go through that narrative with every teacher you meet and-

[13] The earlier discussion of parental views portraying Mark as a "treasure" and the adopted children as good for parental health also seems relevant here.

Kelly: Yeah, with parents and this and that so they know. Okay, you know (xxx) I tell the teacher I said you know, Mark has gone through more in his little lifetime than you probably will ever see in your lifetime. You know? And that's what, that's what I want them to know is that, you know you don't know what these kids have gone through. You have not a clue what these kids have gone through. I mean you see Tessa now and you think 'God, look at that beautiful baby,' but she went through 3 or 4 months of withdrawal you know, so.

During the course of the study, researchers heard several independent versions of this story about Mark's life before he joined the Morris family. Kelly told a somewhat more detailed version as part of the Health Interview during a final research visit to the home. During the video-recording, a researcher chatting with Dale asked him informally about Mark's past. Dale recounted Mark's institutionalization and medical interventions at the time of his birth. The most elaborate account was relayed by Celia in her interview when she narrated what she wrote about Mark in a personal statement she was preparing as part of the college admissions process. With the exception of Dale's presence at the Health Interview, the stories about Mark's early history were told without other family members being present. And in all of the family stories, Mark either died after birth or was not expected to live. Whether framed as resurrection or survival, Mark was portrayed as someone who "persevered so much in his life" (Celia) and "come a long way" (Dale). Because of what he has already accomplished, Celia characterized her brother as "so amazing." In the Health Interview, twice with reference to Mark and once to Tessa, Kelly affirmed that the children have come "a massive long way."

In these tellings, Mark's story takes a familiar cultural shape. It is a "story of triumph over adversity, of the victory of the human spirit against all odds…. It is the disability story that most Americans already know and want to hear" (Landsman 1998, p. 70). In situating Mark on a "track of progress, a process of healing" (Landsman 2009, p. 167), these stories foreshadow expectations that, with continued motivation and hard work on the part of Mark and his family, the future portends more stories of successes achieved. Mark's past and present anticipate his future. When Dale was asked about his hopes and goals for Mark's future in the context of the Education Interview, he replied:

Dale: Oh a lot, he's- I don't know I think um, (P) deep down I feel he's going to do well, you know, but it's just going to- I'll see more over the years as far as his schooling and- and the changes that I know he will make. Um, like again he's come a long ways and I think he can go a lot further. And he's trying to get there.

Interviewer: Mm-hm.

Dale: You know um I- I think he'll do well.

In Kelly's summation: "I know Mark's going to succeed and he's going to succeed in whatever he does and he's just very smart, he's very, very smart. He's just got to find his niche that he wants. You know?" Because Kelly has thrived careerwise without attending college, she, unlike some other parents in the CELF

study, does not consider a college education a prerequisite for Mark's future success. And, as she pointed out, she has been successful even though, "You know when I graduated from high school I didn't know what I was going to do." Significantly, Kelly did not view their parenting style as "overly pushy" toward the children, claiming, "We don't believe in like pushing our children to the limits; we believe in bringing out the best in them but we don't believe in pushing them." As they see Mark as being capable of doing well in "normal" classes, it matters to them that Mark stay in such classes (as opposed to "special education" classes), as that will best prepare him for his future. While the future remains open and uncertain, Kelly and Dale seek to set his course in a direction that will allow him to discover his "niche"—part of his *telos* in MacIntyre's (1984) terms.

With regard to school, as we have seen, a number of Kelly's efforts are directed to changing the institution so it will be more receptive to what Mark needs to succeed (cf. Lareau [2003] for a discussion of "concerted cultivation" in middle-class parenting). As part of these endeavors, Kelly seeks to create conditions so others "understand" Mark's condition and act accordingly. At the Health Interview, Kelly stated, "In the school system, if you have teachers that aren't knowledgeable about it, then they automatically label him a problem child and that's what's going to happen." A "problem child" in this view is one whose medical or behavioral issues lie outside the purview of the school; however, by intervening and telling Mark's story early in the year, Kelly hopes to avoid this label. Kelly seeks to shape how others experience Mark, as a child with special needs but not a "problem child," as a "special" child who has already shown the strength to come back to life after (nearly) dying at birth, someone who wants to succeed despite the problems he still encounters and a child who will succeed given the proper resources and opportunities.[14] By assertively demonstrating that Mark has parents who care and who are willing to do what it takes to help him succeed, Kelly hopes to bring the teacher on board as an ally who will help Mark do well in school.

Whether intended or not, Kelly's performance of Mark's story stands as an effective counter to the possibility that the hearer will blame the current family context for causing or exacerbating Mark's problems, even with Kelly's vulnerability to critique as a working (rather than a stay-at-home) mother (Malacrida 2003, p. 146). Yes, there is a mother to blame for Mark's difficulties but Kelly is not that mother. Rather, in adopting a "needy" child requiring considerable care, Kelly and Dale exhibit "true heroism, moral heroism" of the type biological anthropologist Sarah Hrdy (1999) describes as "counter to self-interest," given the uncertainty that the child will "repay that care in any material sense" (p. 460). In asserting that "I will stop at nothing to make my child succeed," Kelly continues in this heroic vein by offering a culturally (and personally) resonant portrayal of the good mother who sacrifices for her children, coupled with a culturally (and personally) compelling vision of future progress to be achieved through these efforts.

[14] Here we see how Kelly engages with the illness label of "ADHD" in a nuanced way. By framing her son as a "special child" (whose past portends a successful future despite ADHD), but not a "problem child," she offers a construal consistent with her aim to mobilize resources to assist Mark that steers clear of any implication that Mark is morally responsible for the behavioral manifestations of ADHD.

Further, by providing teachers with practical suggestions on how to accommodate Mark in the classroom, Kelly sought ways to make school go more smoothly for both the teacher and her son. One example that arose during the video-recording was Kelly's emphasis that Mark be allowed to stand, rather than sit still, as he took his "timed" math tests.

As Celia's story of Mark's progress in reading in the first grade and Kelly's recounting of how quickly Mark learned things when he moved to the Morris household, the past demonstrates that when circumstances are right, as Celia phrased it, Mark "totally like persevered and like completely excelled to no end." When the teacher "understands," Mark makes progress. Efforts to create the right circumstances matter. The circumstances in which Mark's history intersects with others matter.

While telling Mark's story may well fit with MacIntyre's (1984) claim that "stories are lived before they are told" (p. 12), we do not see a sharp break between the telling and the living. Rather we see the connection as a dialectical one: one in which a story that matters depends on an intertwining of the living and the telling. And perhaps this is what happens when the stories continue to unfold; when stories told are "inseparable from the ongoing stories of people's lives… not simply the story of an illness, but the story of a life altered by illness" (Garro 1992, p. 101). Mark's experience in the present is understood as impacting his future, and thus much is at stake in both the telling and the living. Through the telling, Kelly seeks to impact how Mark's unfolding story is lived by presenting others with a narrative framework for understanding his current behavior, but also seeks to situate the current moral striving to redress the unfortunate circumstances that are not of his making, nor, as importantly, of his adoptive parents' making. And although the supporting material is not presented here, Celia related how her telling of Mark's story has led her friends to be "very understanding" with regard to her younger brother.

In the following section, we turn to situated acts—the living—that are geared toward positioning Mark as a moral actor in the present—at this particular point in time, when the stakes appear to be somewhat heightened.

Acting to Avoid the Label "Problem Child"

As the new school year begins, one of the things at stake is the concern that Mark's new teachers will come to view him as a "problem child" who misbehaves with intent. We recorded several instances in which Kelly seeks to impact Mark's behavior so that teachers will see him as a child who is trying to succeed and deserving of support. On both weekday afternoons filmed, Kelly reviewed the details of Mark's day with him soon after he returned home. At Mark's school, the students receive daily "points" for different class assignments throughout the day using a five-point number scale. On this scale, 5 is the highest score and 1 the lowest; note how this scale parallels the more common five-letter A–F grading scale but omits a 0 or "failing" mark. On the day on which the excerpt below was recorded, Mark has received a number of 1's, with his total for the day dipping

below what he achieved on the preceding day. Dale was also present during this interaction. In the excerpt below, the numbers that Mark counts out loud are not the number of points he received on this day.

Kelly: Honey, this is really important and, you know, ones don't help us Bud. Okay, you gotta help the teachers, okay?
Mark: What about yesterday?
Kelly: Yeah yesterday [you did excellent. =
Dale: [Yeah. Yesterday you did good
Kelly: = Excellent. I'm so: proud [of you
Mark: [>Two-four six-eight ten<
Dale: But what happened today Buddy?
Mark: Fourteen fifteen=
Kelly: I kno:w. You got two-twos here that's good okay? But these √one's, you know=
Mark: Okay:
Kelly: =you got to help the teachers Buddy

Following the above, after a couple of turns in which the conversation went in another direction, Kelly returned to the task at hand, stating, "Okay, look at it, Bud. Let's count what you got." After determining that he received 10 points, Kelly pleaded with Mark:

> But see, the one means very little work. Okay, so that's like a big thing. And-and we're brand new in the school year so we really really really really gotta work hard on it, Bud. Mark Ray, look at me. We gotta make it really work, sweetheart. Do you understand?

The initial posing of the problem of "ones" as not "helping us" and as a "really important" issue shifts to a construction of getting "ones" as also not helping the teachers do their job. (It is of interest to note that asking the children and Dale to "help me" ["help mommy"] or "do me a favor" is a common way that Kelly frames requests for assistance in the familial context. It is also possible to see the imprint of the familial moral sensibility that, through helping others, one helps oneself, and vice versa). When Mark responds, "What about yesterday?" we see an awareness that he appreciates that doing well matters. His question may be a claim that on the day before he did "help" the teachers. Kelly concedes that the day before was "excellent" but then returns to the problem of the "ones" as a "big thing." In characterizing "twos" as "good," she sets up an implicit contrast that the "threes" the day before are what made his performance then "excellent." In this way, Kelly sets the bar for this "brand new" point in the school year at a level that is within Mark's reach given his performance on the preceding day. Further, doing well is something that "we" have to do, something that "we" have to make work. Mark is a player on the "family" team.

The next morning, Kelly is more explicit in asking Mark to do well in school "for Mom" and sets specific numeric goals:

Kelly: Now today when you're in school, gotta use your brain today, okay? Good listening ears Buddy. Mark, good listening ears for Mom. Okay?
Mark: Mm hm.
Kelly: I wanna see some twos and threes today okay? Can you do that for me?
Mark: (P) Hm? ((Nods head))
Kelly: Do you think so? ((Winks at Mark))

Later, when picking up Mark after school, Kelly quickly elicits from Mark his scores for that day. With his score improving to include three threes, two twos and two ones, Kelly assesses it as "pretty good" and pats his hand. She then encourages him to work toward doing even better. Mark replies, "I'm not getting good at this like the other one," perhaps suggesting that he is having difficulty mastering these current assignments despite his efforts. Note that in these cases Kelly gives praise, but also encouragement to do better, when his classroom performance more closely approximates the hoped for story, and encouragement alone when it does not.

As a sequel to this interaction, when Dale and Kelly return from a meeting at school held so parents can meet their children's new teachers, Mark approaches his mom and asks, "How was it?" When Kelly answers, "They said, 'You know who the most handsomest boy in the class is?'" Mark responds "No they didn't, they didn't." Kelly asserts, "They did too," but Mark presses for the information he seeks: "Mom, what they'd say about what I've been doing in school?" Attuned to the import of this question, Kelly deflects Dale's directive that Mark go take a bath by informing Dale that she and Mark are having a discussion. After asking Mark, "What did you want to know?" she informs him, "We didn't discuss you at all personally because there was 32 other parents there." We interpret this interaction as confirming Mark's real interest, if not concern, in how his teachers perceive him and what they tell his parents about his performance at school.

On the second morning of the video-recording, the day following Mark's lackluster performance at school, Kelly tells Mark that she is putting a chocolate candy in his bagged lunch. She says: "How's that sound? I'll put two in your lunch. Then you can share. Who are you gonna give the other one to?" Mark's reply isn't captured well on tape but it appears he answers: "That's a pretty hard choice."

Kelly: >Well you know what?< You could take one and give one to Miss Leslie [one of his teachers]. That'll make her rea:lly happy. (P) You know that?
Mark: Hope she actually likes them.
Kelly: Okay, so you wanna do that? 'Cause I'm gonna ask her when I see her if you gave her one.
Mark: Huh? Sure.
Kelly: Okay.

A bit later, to motivate Mark to complete a form needed for the CELF research project, Kelly states:

> Okay, so, after you eat breakfast, you have to fill this out. After you fill this out you can have one of those chocolate candy things. And we'll put one more in

there so you can give it to Miss Leslie today. Okay? Scoobers? [A nickname; variant of cartoon character "Scooby Doo."]

As Kelly gets ready to leave for work, she gives Mark a number of instructions and concludes with "Give this to Miss Leslie, tell her you love her."

In the above set of interactions, Kelly positions Mark to carry out something similar to what she will likely do when she has her first individual meeting with the teacher on the following day (the day after the evening meeting mentioned above). When she picked Mark up from school, we recorded Kelly giving the following advice to a friend who also has an upcoming meeting with the teacher: "Remember, bribe them with food. But they- everytime I bring sweets now they're all on diets" (which, amusingly, shows the relevance of Mark's reply, "Hope she actually likes them"). In both of Kelly's plans, the objective appears to be to make a favorable impression on the teacher, to influence her to be favorably disposed toward the gift-giver. For Kelly, the projected hypothetical scene of Mark giving a candy to his teacher and telling her "I love you" is engineered to endear Mark to Miss Leslie. But, beyond this, is Kelly also suggesting to Mark that he should "love" Miss Leslie and "help" her by doing his assigned work in class? In coaching Mark, Kelly drew on a strategy that she has found useful in her own life.[15] Still, even though Kelly sought to author this event through her son, it remained in the realm of the imagined. Later in the afternoon, Kelly discovered that Mark did not open his lunch that day and that both chocolates had returned home unopened. She asked twice: "How did Miss Leslie like her chocolate today?" Mark, from his bedroom, responded "What?" to both queries.

Medicating Mark

Kelly reported that Mark takes Concerta, an extended-release version of methylphenidate (another form is Ritalin); obtaining prescription renewals appeared to be the family's main point of contact with Mark's treating psychiatrist.[16] A desire that Kelly expressed several times surfaced initially in the Education Interview: "I want to eventually not have him on any drugs at all. So, that's- that's a very important thing to me." While Kelly hoped that Mark "will grow out of it," pointing out that "he's mellowing a lot since- since we've gotten him," she recognized that "he needs this medicine right now." Nevertheless, "I'm hoping- I'm banking on him

[15] In addition, through the "give Miss Leslie a chocolate" scenario, Kelly creates a situation for assessing Mark's ability to remember and follow through on a planned activity.

[16] Despite the breadth of CELF data, we do not have access to Mark's treatment records or any additional information from clinicians about his medical history other than that which the family voluntarily proffered. Kelly indicated that Mark receives care from his "regular doctor" as well as a "psychiatrist or whoever the one is that can prescribe the drugs." During the Health Interview, which took place during the fall, Kelly reported that Mark usually sees the psychiatrist "once every 6–8 months but he hasn't had to go this year…. I just call once a month or once every 2 months and they send me the prescription." As an example presented later in the article demonstrates, when concerns arise about the actions of one of Mark's teachers, Kelly is not at all reticent about recruiting the help of the school psychologist in an effort to change the teacher's approach.

hopefully getting off this medicine within the next 3 years." Early in the morning on the second day of filming, while Kelly was doing tasks in preparation for the day ahead, she spoke to the researchers, in Mark's presence, about his daily dosage of prescription medicine:

Kelly: The most important part of our √whole day for our √whole family is Mark's pill. If he doesn't take that pill then, (P) I'm being called at school.

Researcher: Yeah? What happens exactly?

Kelly: He becomes like the Tasmanian Devil, like a speed freak, he just can't sit still, he's moving, he (P) speaks out, all of that stuff. So that's why you'll see me like Mark take your pill, Mark take your pill, Mark take your pill. And um, before we used to have him take pills when he was at uh, he would start taking them here in the morning then go to school and take a couple of 'em and then um, then that was it. Now this is one that will last till like four, four-thirty in the afternoon, so, then we just let him go the end of the day. Like if I took the Gameboy away and the um, television away, he would just be like, zooming around. So, you know, I- it's- it's hard to give a- a drug baby drugs. Really really hard. But, um, I've seen him without it and I can't, he can't function without the pill so hopefully, um, hopefully: in another couple of years he'll be able to slowly wean himself off because he kinda knows when he's like, he- like I'll say Mark, you gotta take- like if there's times where we have a function to go to late at night or whatever then I give him half of an- of a pill. Um and he'll say to me 'Mom I'm calm, I'm calm, I can deal with it,' you know. But, you know, he can't. So he √tries to figure out.

Indeed, in the Health Interview, Kelly reported that there have been times when Mark did not take his morning pill because:

> He feels he doesn't need it. He's like the Tasmanian Devil when he doesn't have it. I mean you can just tell he has everything going. You can actually see the wheels turning in his brain. That's how he gets. So, I make sure before I leave for work everyday that he's got that pill.

Still, even though the pill is deemed essential, medication poses a "lived predicament" for Kelly. Her ambivalence about medicating her son is readily apparent, particularly when she emphasizes how difficult it is for her to "give a 'drug baby' drugs," a difficulty that takes on depth in light of the drug-related diseases and deaths that are part of the family history. The concern about (over-) medicating Mark arose in the Education Interview as well. Kelly approaches this dilemma strategically, regulating Mark's morning dosage in order that it "last" until 4:00–4:30 p.m. In Kelly's view, she is giving him enough medicine to get through the school day and his afterschool homework period with the tutor before the medications "wear off." At one point during the video-recording, Kelly conferred with the researchers about plans for video-recording on the following day and whether Kelly should contact the tutor (who would need to sign an informed consent

form) to ask whether the tutoring session could be filmed. Kelly, who would return home after 4:30 p.m., proposed an alternative:

Kelly: Or do you want me not to have him go with his tutor tomorrow and you can see us struggle at home?
Researcher: Oh, well, that would be (a lot of fun).
Kelly: It's a- it's a fight. It's a fight to the end.
Researcher: Uh, well that's up to you.
Kelly: You know=
Researcher: ((chuckling)) We're not gonna put you through that.
Kelly: =It's a fight. 'Cause see by- by this time his medication's worn off. He- just he's better just- which I hate, him playing Gameboy and just watching his TV. He's not supposed to have cartoons on right now and he has them on. He √knows he's not supposed to have 'em on. But some of these are just like battles I don't deal with=
Researcher: Right. Right.
Kelly: =You know? It's like I choose 'em and that's not one of them I'm gonna battle.

In fact, Kelly frames the hiring of a tutor to help Mark with homework as one of several strategies she employs as alternatives to giving him an additional p.m. dose of medication. As Kelly explained in the Education Interview, by the time she and Dale are home from work, "you got to realize that he's had a very long day already." And rather than give Mark more "drugs," she is willing to put up with the stresses of Mark's sometimes inattentive and energetic behavior. As a way of maintaining peace at home (or as Dale put it, to "keep a happy atmosphere" at home), Kelly chooses not to interfere with Mark's decision to watch cartoons or play Gameboy, even though Mark expressed on several occasions that he knows his parents would prefer he spend this time on other activities (e.g., reading, being physically active or using the educationally oriented computer games they have purchased for him). And while Kelly would prefer that Mark not spend so much time alone in his room, this is framed as a preferable option than "pumping him with more drugs." In this way, video games and television stand in as partial replacements for medication in regulating Mark's behavior and supporting the smooth functioning of everyday family life.[17]

Still, it should be noted, in the "having cartoons on" excerpt above, that Kelly claims that Mark "knows" that he isn't supposed to be watching cartoons. In this instance, although Mark has pushed the limits of acceptable behavior, Kelly chooses not to respond. It is this aspect of Mark's "willful" behavior, when he knowingly misbehaves, especially when clashes arise and "he knows what he does to this

[17] This is a somewhat different stance toward video games than that expressed by most other CELF parents, who cast such electronic media and its overuse in a very negative light, implying that their children's heavy use of video and computer games not only is bad for their health, but also reflects poorly on their parenting practices (cf. Pigeron 2009). In an interview-based study, parents of children diagnosed with ADHD reported "somewhat strict regulation of television and video games," which seems to "sympathize with the notion that images from television and video games exacerbate their children's ADHD symptoms" (Rafalovich 2004, p. 171).

family," that Kelly would like most to change. Kelly is also concerned about other wrong choices that she sees him making, such as choosing not to eat his lunch and to play with his friends instead.[18] Mark's bringing home a number of uneaten lunches has led Kelly to devise a plan where she will enlist the help of a cafeteria worker she has befriended to keep an eye on Mark and make sure he eats lunches purchased in the school cafeteria. Motivating Mark to make the right choices, to engage in the appropriate behaviors, is an important part of Kelly's strategy. If Mark is able to independently make the correct choices, he will not need as much help (or as much medication), something deemed desirable both for the family and for Mark. This is a key aspect of the sort of person Kelly and Dale want Mark to become.

Becoming independent in this view also implies being independent of drugs. For Kelly, Mark's efforts to figure out the relationship between taking the medicine and his behavior is the initial step in the desired progression. While she ideally foresees a future when Mark will have enough control over his behavior that he can manage without taking medication, that desiderata requires that he develop enough self-knowledge to know when it is necessary for him to take a pill. Even though Mark has come a "massive long way," the journey is far from over.

Motivating Mark

Kelly's recognition that Mark has some control over his behavior is evident in her comments on strategies she has used to motivate Mark to engage in desired behaviors, as in the following excerpt from the Health Interview:

Kelly: There's times where, if there's a √rewa::rd attached, he does really great. (P) So like, Friday (P) when- before we were going to Catalina Friday morning I told him, 'if you get all 3's on this thing I'll give you 20 bucks, to spend in Catalina. You get 2's and 3's I'll give you ten.' So he got- he almost got all 3's- he got 2's and 3's, so I gave him ten bucks. So if there's √bribery involved- but I can't afford bribery every day.

Dale: ((Laughs))

Kelly: You know? And dollars talk to him (P) he just is a little packrat so…

In the Health Interview, crediting the influence of the *Dr. Phil* show mentioned earlier, Kelly reported a change in the way she and Dale are approaching Mark. She described the new strategy as "praise, praise, praise, praise, praise, no scolding, no taking away, no nothing." With reference to this recent change, a change that encompassed the period of the video-recording, the following exchange occurred:

[18] While methylphenidate can lead to appetite suppression (Vitello 2008), during the Health Interview Kelly asserted that Mark had "a great appetite but he needs to eat during the day" as "he chooses pretty much not to eat lunch."

Kelly: Uh, well it- scolding him wasn't doing good. Taking away things wasn't happening. I've been watching Dr. Phil every single day I tape it everyday and watch it at night time and um- I've been learning a lot from him. And, you know, the things- that, you know Mark can have control of things. He can have control of how he acts in school, he can have control of if he eats or not, he has a lot of control. So, (hh) if you get down on him on things, then he gets a screw you attitude=

Dale: He'll shut down, yeah

Kelly: =and just say, 'you know what, screw you, I don't have to do a damn thing so I'm not going to do it'. So now all of a sudden- I mean, I've got papers up there from last week: A plus, A plus, A plus.

Researcher: Wow=

Kelly: Yeah.

Researcher: =This is without any therapy, together?

Kelly: Nothing.

Dale: Yeah, it's just, uh- we took a different approach to dealing with him and it's=

Researcher: A pluses, huh? That's huge.

Kelly: =Yeah, he was just so shocked when I showed him his papers. I said 'look it, you got an A plus.' 'I've never gotten an A plus, mom.' You know, so it just whole, whole different turn about. Because, you know what, with him, if you take stuff away, it doesn't faze him. You can take everything away in his whole room and he would find a little string on the floor and play with it for 2 hours. So those kinds of things don't faze him, it's the praise that he needs.

Despite this positive gloss on the results of recent parenting strategies, all was not smooth sailing, as other evidence disclosed. In addition to reporting unexpected progress, in the Health Interview Kelly and Dale revealed danger arising from an unexpected corner. While the specific form the danger took was surprising, a foreshadowing of its possibility occurred on the evening the parents attended the meeting at Mark's school.

Present and Looming Dangers

While Kelly was upbeat in talking to Mark about the evening meeting at school, she was noticeably subdued when she later replied to a researcher's question about how the meeting went: "I'm sure it's very overwhelming for Mark because it was overwhelming for me. The teachers couldn't explain their agendas and criterias real well." She highlighted that it would take some time for Mark to adjust to the new arrangements:

> If he- it's- that √Gameboy he's incredible at. You know, working on the computer he's incre::dible at- it's just (P) I really see us having a lot of difficulties in fourth grade. I- I just- it is √very difficult. I think he's going to

> have a hard time (hh). Mark's problem is that takes him a while to adjust so by December, January he will have adjusted going to these three classrooms. Maybe even February. Then we're going to be doing really well, ((snaps fingers)) and then bam! It's June, we're out of school again.

Both parents expressed amazement at the academic subjects the students were tackling in the fourth grade. Kelly took up this thread and stated: "They're doing just incredible things, and for him to sit there for an hour of math, an hour of social studies, an hour of science, every day is a lot for him. Really, really a lot for him. So, um, I don't know, we have to see- see what the input is on- tomorrow" (at the one-on-one meeting with the teacher). Kelly referred to the difficulty that Mark had in even remembering to follow through on simple requests. She was worried:

> My teacher is really good. She's- seems to be pretty helpful and, she knows we'll stop at nothing to help him succeed in school. So that's what we're- we're really banking on here right now. But, you know, we'll just we'll just have to wait and see. But, I mean they've got- we've got a lot of active children in these classrooms, you know? 'Cause these classrooms have 32 kids- that's a lot, really, really a lot. We'll wait and see how my meeting goes tomorrow, but it's just good that I also have- we have a good relationship with our principal and a good relationship with our vice-principal.

Given that Mark needs "constant help," the year ahead seemed challenging indeed. The concern that things might not go well for Mark in the fourth grade, even with all of the existing "help" that was already in place, was troubling. In the Education Interview, Kelly told a story that revealed why she considered early childhood intervention to be critical (recall the different, yet complementary, spin in Celia's discussion of why she likes working with young children). At a meeting of the Families First Forum group, Kelly told others of Mark's improvement through The Learning Gym program:

> I spoke at the meeting and the mom was asking me how much it is and I said, it works out but it's like a hundred dollars a week or something. 'Oh that's just too much' and I said, you know what, I'd go, I'd hock my soul, I'd hock my Range Rover out in the driveway, you know, because this is the way these parents are, my huge diamond ring, everything else, to make sure my kid was- was fine. I mean, this is the time to get them when they're young. When they're like junior high school or high school, I feel that's the- that's the time where, forget it, it's too late, it's too late. I go, you don't see these kids coming in there when they're in junior high and high school with low self esteem and everything. They know that they- that something's wrong.

By the time of the final research visit to the home (more than a month after the video-recording in the home ended), Mark expressed concern about being in fourth grade. He started out stating that he likes math and told the researcher that it is "easy," even "too easy" for him. But then he continued: "Fourth grade is well:: not that simple. To my- it's not like, it's not as easy as a- as a- as it was- as it used to be." In the Health Interview that was going on at the same time, Kelly and Dale

talked about the report card they had just received for Mark, pointing out that "it wasn't the greatest." What surprised them most was that "they gave him a D in math. Math is his best subject." They were also upset that the teacher had not called them beforehand to let them know that Mark was having difficulties even though Kelly had requested that they do so in such an eventuality. Subsequently, Kelly set up a meeting. Of that encounter she said:

> I just went and met with them the other day. And it's the math teacher I met- he has three teachers now. And she came into that meeting with her arms crossed and with kind of an attitude already, which I was ready to just- to- you know, have some words with her as it was. And um- math is his best subject, okay, you don't- if you kick him down it's going to ruin him. He almost died when he saw that D on the report card. He said, 'What are they doing, mom? I know all this stuff.'

As the meeting did not go well, Kelly continued: "So now I've got to call the school psychologist tomorrow and say, 'What's going on here? This is ridiculous.'" If she can convince the school psychologist of the danger posed to Mark, he has the potential to be a powerful ally in efforts to get the school year back on track. If the parents relax their vigilance, the danger is that Mark may be "ruined," with the potential for a successful future placed in real peril. "Kicking" Mark down stands in implicit opposition to the "praise that he needs" and that Kelly and Dale have found successful in their efforts at home to motivate him to do well.

What is key, Dale explained, is that Mark "believe in himself," asserting that "I think that's what we built up in him." When purchasing computer games for Mark, for example, Dale said, "I try to get him things that will make him think, 'I can do this.'" The vacation home in Catalina has been important in this regard. As Kelly explained:

> I think that him, especially when we're here in Catalina, I think he's his very happiest, because he can be at the beach in the water all day, he can be at the penny arcade and we let him run so he feels very independent. He feels very, like, 'I can do this and my parents have the trust in me to do this,' you know.

Raising a Person Who Does Things for Love

As the last quote and the discussion of independence suggest, the sort of person that Kelly and Dale want to raise encompasses but extends beyond the temporal and spatial boundaries of Mark's school life to focus on his enduring membership in the Morris family. Kelly and Dale seek to raise the type of caring individual who, to quote Celia, "is very willing to sacrifice to help." We present two interactions to support this assertion. The first is from the night when Dale and Kelly attended the evening meeting at Mark's school. On this evening, Celia was under pressure to complete a homework assignment due the next day. Nonetheless, she accepted without protest the charge of keeping an eye on Tessa and Mark while their parents were away. After Dale and Kelly return, Dale visits Mark in his room. Noticing that

Mark's room is a mess, Dale comments on that but also tells Mark how nice his teachers seem. As he stoops to pick up some papers on the floor, he asks Mark why something is on the floor:

Mark: TESSA did it. On PURPOSE.
Dale: We::ll.
Mark: √I didn't know!√
Dale: Mark
Mark: √I was playing on the computer√
Dale: Okay *see*? (P) That's when mommy and daddy- Listen, when mommy and daddy-
Mark: √But I couldn't hear√
Dale: ((Speaks slowly, while bending down to pick papers up off of Mark's bedroom floor)). When mom and dad go away you need to help and look after her, okay? Celia had important schoolwork to do and you're just playing on the computer and you could have kept an eye on your sister for her.

When Mark states that he was "playing on the computer," Dale uses this entrée to instruct Mark that he should put the needs of family members before his own pleasure. In this way Dale provides an example of how "being there" and caring for other family members should be enacted in quotidian family settings.

Somewhat bizarrely, the second interaction was a consequence of one of the data collection components of the CELF project. Several times a day, over 2 days, family members were asked to chew on something that would encourage the flow of saliva and then spit into a cup. Mustering the saliva needed to measure levels of circulating cortisol was seen to be difficult and/or unpleasant by a number of participants. Mark was not alone in not wanting to comply with this aspect of the research protocol. In the following scene (which lasts approximately 4 minutes), Kelly patiently encourages Mark to complete this task. She does not lose her temper or raise her voice. In line with what she learned from the *Dr. Phil* television program, her overall strategy is to provide positive reinforcement, compliments, appreciation and inducements to keep him oriented to the task at hand. At the start of the interaction, in the face of Mark's initial resistance, Kelly says, "Well just do it for me please." It is this comment and what happens near the end of the interaction—the combination of Kelly's repetitions of "I love you" and the closing line—that we highlight here:

Kelly: I don't think you're done yet, Bud. You got some [more to go.
Mark: [No no
Mark: Mom, I don't wanna do √it ((whiny voice))
Kelly: Huh?
Mark: I don't wanna do √it
Kelly: Well just do it for me please
Mark: No:: (it's done).
Kelly: We're almost done
Mark: No:
Kelly: Just one more

Mark: No:
Kelly: One more
Mark: No:
Kelly: Please Mark
Mark: No:
Kelly: Come on Bud. It's six-thirty [one
Mark: [No
Mark: I did it ((whiny voice))
Kelly: Okay one more, one more. Come on, Mama had to [do it
Mark: [No:
Kelly: It's- it's right there, you just have one more to do. >Come on<
Mark: Fi::ne
Kelly: Plea::se
Mark: Okay okay (xxx)
Kelly: We're not done yet
Mark: Mom! Mom, I don't √wanna do it
Kelly: Buddy, we just have a little more. Come on
Mark: √No:: √no::
Kelly: Mark. [Listen to me
Mark: [No:
Kelly: Please, one more
Mark: No:
Kelly: Plea:se honey
Mark: I don't wanna
Kelly: I'll be your best √friend. How's that sound? Pretty good? Okay, one more. Come on, one more and then you're over the line.
Mark: ((moans)) Alright
Kelly: Okay. Come on, you were like, the biggest spitter. √Oh:, you cheater.
Mark: No:
Kelly: Come on, please, 'cause we're wasting time here. Come on, I gotta go blow dry my hair, make my breakfast still. Come on.
Mark: Mo::m
Kelly: One more. Come on.
Mark: You said one more [time =
Kelly: [Mark, one more √big [one
Mark: [You said it four times though
Researcher: [Off camera] It's the last day of spitting
Kelly: It's the last day of spitting [so we gotta be good spitters
Mark: [You said it four times already:((whiny voice))
Kelly: Who was the best spitter in the house, hm? Who was it?
Mark: hhh Me:::
Kelly: Well now I'm turning into the best spitter in the house now come on. And that was a goal I really wanted to achieve. Come on. >Come on. <One more. Thanks Buddy. I appreciate it. (P) Thank you Buddy.
Mark: (xxx)

Kelly: Okay
Mark: Mom, I've got my (xxx xxx)
Kelly: I love you. Mark, I love you.
Mark: Mom, don't make me (do it) anymore.
Kelly: Mark, I love you.
Mark: Yeah
Kelly: I love you Buddy.
Mark: I don't even wanna. (xxx xxx) ((complaining))
Kelly: This is the things you do for love.

The comment "This is the things you do for love" conveys the message that caring relationships entail responsibilities. One should do things, including things one may not want to do, because one loves others. This sentiment is also implicit in Kelly's initial entreaty: "Well just do it for me please." The repetitions of "I love you" underscore this message but perhaps also suggest that, in doing things for others, including things one finds burdensome, one strengthens the love of others. In both of these interactions, Dale and Kelly orient toward a future, when Mark, like Celia, may come to feel that "it's not a big deal really for me to help out my family."

"I Want to Do What My Dad Does"

When Kelly described Mark as the Tasmanian Devil, she drew on a cartoon character. When we realized this and recognized that our fund of cultural knowledge was a bit lacking, we sought the advice of one of the undergraduate transcriptionists on the project. She directed us to some clips on YouTube[19] and provided the following summary description: "This little speed devil who goes in, kinda like a fast dust storm and ends up destroying everything. He's just crazy fast and no one can understand what he's saying" (S. Kaur, personal e-mail communication, August 27, 2008). However, we did not observe Mark being called this in everyday interactions. Rather, Kelly frequently called Mark "Scooby Doo," another cartoon character—a rambunctious, goofy, yet ultimately lovable dog. She also sometimes used other names like "goober" and "squiggly worm" and told Mark his behavior was "silly," including times when she wished him to calm down. Both parents sometimes told him he was being "goofy." This is a quality that Mark seems to have incorporated into his own identity. To the extent that being "goofy" is part and parcel of what sort of person Mark is, it is also part of how "being ADHD" is experienced in the familial context.

During his interview, Mark stated: "Some people at school call me a goofball clown. (Laughs) They think I'm so goofy. A goofball clown." The following exchange ensued:

[19] We were directed to watch the following timed sections—2: 03 to 2:19 and 2:57 to end—of the YouTube excerpt at the web address: http://au.youtube.com/watch?v=mByVSKNNnsE.

Researcher: Your parents or friends at school?
Mark: Kids- they call me a goofball clown (P) since I'm so goofy
Researcher: Do you think you're goofy?
Mark: ((Makes a voice)) I'm goofy. I'm goofy hiuck hiuck hiuck (P) Yeah I am goo::fy.

Later in the interview, Mark returns to the being "goofy" theme and then reinforces it by responding to a question with laughter and meaningless responses (like "Oh my lasagna"):

Researcher: What else do you think about in terms of what you like to do (P) or not like to do?
Mark: Oh::uh:
Researcher: You like to play.
Mark: Yeah I like to play. I like to goof off.
Researcher: You like to goof off
Mark: Yeah.
Researcher: You're good at that. That's good.
Mark: Yeah, see ((laughs)). Oh my- oh my elbow. Oh my- oh my finger. Oh my lasagna.

Of the options currently available to him in his local world, it does not seem surprising that Mark has adopted a view of his own behavior as sociable "goofiness" rather than the out-of-control Tasmanian Devil. Further, he reported that his father enjoyed his antics:

Researcher: Okay. (P) Anything else you want to tell me (P) about yourself or your family?
Mark: ((Does headstand on his bed)) My dad- my dad sure thinks I'm pretty funny.

In observing Mark, we noted that he tended to adopt certain mannerisms, such as whistling or humming, that mirror Dale. It also bears remembering that, in describing her father, Celia used the terms "fun-loving," "laid back" and "easygoing." And when Dale spends time with Mark, it is much more likely to be time spent doing something "fun," like skateboarding. Whether Mark's identification as being goofy and playful provides another way of connecting with Dale, we cannot say. Still, we find illuminating Mark's response when asked what he wants to do when he grows up:

Mark: I want to do what my dad does.
Researcher: You do? (P) Why?
Mark: 'Cause maybe it might be fun.

In connecting his own future with his father's present, Mark provided a vision of what "success" means to him at this point in time. Also illuminating, however, are his comments concerning a grown-up future he viewed as closed to him, comments that also provided another glimpse into how he saw the present. Immediately after the preceding clip, the interviewer probed a bit more:

Mark: But the one thing I don't want to be =
Researcher: Yeah?
Mark: = a √teacher
Researcher: You don't want to be a teacher.
Mark: NO::
Researcher: Why?
Mark: Cause it'd be wasting my time…

Later, he explained that in class, "no matter how much we do, it's not enough…. I'd have to be a genius, I'd have to be really smart to teach."

Concluding Comments

Through a close look at how the life of a child with "special needs" is nurtured, supported and "cultivated" (cf. Paul 1990; Lareau 2003) within the context of his family life, we have reaffirmed the importance of what Kleinman (1978) years ago referred to as the "popular" arena of the health-care system, and tried to convey the moral at-stakeness of everyday family life in relation to a child's diagnosis of ADHD and his troubled early history. We sought to provide a culturally nuanced and relationally intricate portrait of how ADHD enters into everyday family life in a U.S. household near the start of the 21st century. Among other things, we have examined the cultural shape of a story of progress; the positioning of Mark as a "special" child, a child who bears no responsibility for his problematic past and resultant ADHD but who, nonetheless, embodies a culturally valued desire to succeed and will to fight and is, thus, especially deserving of special care from others; the hopeful construction of ADHD as a temporary setback (rather than a life-long impediment) in the face of considerable uncertainty (cf. Landsman 2003); and the culturally salient motivational force of what it means to be a good mother, a good parent. Although we recognize that the Morris family counts on considerable social, cultural and financial resources, resources that may not be available to other families of children diagnosed with ADHD, we maintain that this analysis draws needed attention to the role of the family in shaping the course of treatment and care for children with developmental disabilities and mental health challenges.

While acknowledging the "essential reality that life is lived and experienced by agents full of hopes, fears, desires, and plans" (Paul 1990, p. 433), we have traced the intertwining of lives as lived and lives as told to illuminate the narrative "unity of an individual's life" (MacIntyre 1984), a unity lived out in relationships with others and temporally situated. For example, Mark's views about his family emerge in a context where his sister Celia is "there" for him. Celia's reflections on the importance of positive social influences in early childhood, and her intention to pursue a teaching career as a means to help other children succeed, reflect Mark and Celia's (as well as their parents') interconnecting histories and are lived out in Celia's willingness to help Mark and the telling of Mark's story to her friends so they will become more understanding of her brother's behavior. It also bears remembering that the adoption of the two children and Kelly's fervent determination that Mark and Tessa succeed

are part of a larger family history in which Kelly and Dale have had "more than their share" of death and trauma in the circle of people that they consider "family," including losses attributed to substance abuse. And in a household where the value of "being there" and putting the needs of family members before one's own pleasures infuses everyday family life, Kelly's critique of Dale's refusal to stop smoking, despite the real and potential deleterious consequences of this habit not only for his own well-being, but also for the well-being of his children and wife, is a telling one. According to Kelly's moral framing, this is not the sort of behavior that Dale should model for his children, especially for the two who were "drug babies." At the same time, in identifying with and wanting to be like his dad, Mark offers a vision of future success that does not necessitate that he "become a teacher" and continually excel at school. Compatibly, Kelly and Dale work to structure Mark's present circumstances, including efforts to influence teachers, to bolster his self-confidence through accomplishment and identify avoidable threats to his self-esteem, a process through which they hope he will discover his "niche." The temporal contours and present circumstances of Mark's life, illness and healing, are best understood relationally, as linked to the interconnecting histories of his adoptive family and other meaningful players (including his biological parents and teachers).

Stepping back from this case example, consideration of the family-based care of children diagnosed with ADHD has garnered increased attention in recent years. In addition to research findings of Carpenter-Song, Malacrida, Rafalovich and Singh, discussed previously in this article, there are texts written for North American parents that "prescribe methods for coping with ADHD symptoms in the household through advocating a regimentation of this social environment" (Rafalovich 2001, p. 374). Another relevant U.S.-based study (Bussing et al. 2006) exploring parental responses to their children's ADHD symptoms at a "time when professional ADHD treatment is being increasingly reduced to medication management" (p. 897) found that parents and professionals "appear far apart in their views, realities and values surrounding ADHD treatment" (p. 880). Based on a sample of 266 children, researchers found that:

> Self-care strategies for inattention and hyperactive behaviors are commonly tried and appear to co-exist with professional ADHD treatment. Virtually all parents have employed behavior modification approaches targeting the child and most of them have used coping strategies directed at themselves or family members. (p. 879)

In addition to documenting the ubiquity of family-based efforts beyond those relating to prescribed medications, the authors conclude that, for parents, "symptom reduction is not the pressing issue. Instead, for parents it is important to facilitate normal youth development through strategies that have a positive influence both on child development and the everyday family practices" (p. 880).

This perceived gap between the medication-based solution offered in clinical settings and parental efforts to respond to ADHD in the home harmonizes with our stress in this article on appreciating what is at stake in everyday life contexts. While we are well aware that values may mean different things to different parents and get taken up in everyday life contexts in distinctive ways, we note that key values for

U.S. parents across diverse social classes as reported in one study resonate with those of the Morris parents.[20] These include "independence, autonomy, self-confidence, self-esteem, perseverance and self-reliance" (Kusserow 2004, pp. 23–24). Other valued orientations in the Morris family may be less pervasive across families, such as the stress on getting along with others, the view that helping others is both good for others and good for oneself and the notion that close relationships entail responsibilities of "being there" for others—most vitally through the familial obligation of mutual care. As in the Morris family, however, it may be what type of person they hope their child will become, and the centrality of different settings (such as school) to the hoped-for future, that offer useful vantage points for appreciating what is at stake in the everyday lives of families with children diagnosed as having ADHD. In this article, we have detailed a number of ways that members of the Morris family envisage a hoped-for future for Mark, an envisaging that we maintain gives their lives "a certain form which projects itself towards" the future (MacIntyre 1984, p. 215) and provides the basis for concrete acts in everyday life contexts to enable that future. Integral to how Kelly and Dale envision a successful future is the anticipation that Mark will "be there" for both his siblings and his aging parents.

As noted earlier, ADHD can be seen as a "disorder of the will" (Lakoff 2000). Even with the ascendance of the brain-blame narrative and medicalized responses to ADHD, Singh (2004) states that there "is little consistent or clear clinical indication" regarding the extent to which methylphenidate "confers control over particular behaviors" (p. 1202). In the Morris family, as we have seen, one recurring question revolves around the extent to which Mark is responsible for specific behavioral acts. This appears to be a recurring dilemma for other families with children diagnosed as having ADHD. Based on her interview-based study of mothers whose sons took Ritalin, Singh avers:

> Mothers must continually monitor their sons' behaviors and decide which problematic behaviors fall into the category 'fault' and which fall into the category 'no-fault' as it were. Then they must modulate their own reactions to their son's behaviors in line with this categorization. (p. 1202)

These familial dilemmas reflect the strong linkage between the volitional and the moral that is found across diverse cultural settings (see Garro 2010 for theorizing along these lines relevant to psychological anthropology). While there is a cultural proclivity in some settings, such as Robert Levy (1973) described for Tahiti, to place the "moral stress…on one's actions, not on one's intentions" (p. 350), in the United States, the cultural proclivity is to place moral stress on one's intentions in exerting volitional control over action. The interpretation of behavior for children diagnosed with ADHD reflects this proclivity and other culturally grounded understandings about volition, as well as cultural models related to mind–body dualism, which pervade much professional and popular discourse about illness in North American settings (see, e.g., Kirmayer 1988; Kleinman et al. 1992).

[20] Kusserow's (2004) important study reveals class differences in how these values linked to individualism are taken up in school and home contexts.

We sketch out some of these interpretive frames below as a contribution to anthropological theorizing about the will (see Murphy and Throop 2010) in situations where volitional control over behavior is seen to be disordered.

The "thought-will-action" model of ideal agency (Preston and Wegner 2005, p. 106) mentioned earlier, and its accompanying qualities of being "conscious, effortful and intentional" (Wegner 2005, p. 19), stipulates that one's thoughts (intentions) give rise to the will to carry out an action, which then results in the intended behavior. As we have seen, Kelly was quite critical of one teacher who imposed this model on all of Mark's behavior, believing that "everything Mark did was Mark's fault, he did it intentionally and that's the bottom line." Yet, Kelly selectively applies this model to some of Mark's behavior, such as when he watches television in the evening or when Kelly complained, "Mark knows how to push me to my limit." Both of these framings imply that Mark has volitional control over his behavior.

ADHD is seen to disrupt the normal sequence of thought-will-action. Rafalovich (2004, p. 109) states that "the over-arching 'master frame'" relied on by teachers is that "ADHD, whether neurological or environmental, induces behaviors that are outside of a child's control." Thus, in this cultural framing, the acts constituting the behavioral disorder are severed from thought and will. The body, including the brain, acts independent of mind. This framework is integrated within Kelly's telling of Mark's story when she explains, "He doesn't mean to be this wild all the time. And he doesn't mean (to do this), he has no control." In this way, Kelly's narrative invokes what Singh (2004) refers to as the "no-fault model of behavior." The "brain is the main and isolated actor" (Singh 2004, p. 1204), ADHD is "cast as a 'non-human' agent" (Rafalovich 2004, p. 99; see also Weinberg 1997 concerning mental disorders more generally).

This splintering of the normal connections among thought-will-action is revealed in interpretations of Mark's ADHD-attributed behavior. One example is Kelly's description of how Mark is really listening in class even though his bodily behavior is interpreted by his teachers as indicating otherwise. Here, Kelly positions Mark as someone who wants to learn and who is indeed learning. While his "listening" is consistent with the expected links among thought, will and action, ADHD causes the symptoms of hyperactivity and appearance of inattention (no thought, no will, just action). Alternatively, children's behavior may be construed as inconsistent with their intentions. Here, children may have good intentions but are unable to harness the will to accomplish the desired action. This line of cultural reasoning holds that children "do not have a desire to get into trouble and the ones who find themselves always in the principal's office could not realistically want this type of social isolation" (Rafalovich 2004, p. 99). Or, as one teacher put it: "They want to pay attention, but the impulse is beyond them" (p. 99). This same teacher, who claimed not to be a "huge fan of medication," asserted, "but it works, in a miraculous way sometimes" (p. 100). In this vein, medication can be seen as facilitating the normalizing of connections among thought, will and action. Parental hope that at some future point a child "will be able to let the medication go" (Malacrida 2003, p. 205) carries with it the hope that the perceived need to regulate behavior will no longer exist.

Beyond situated interpretations of specific acts, our analysis of the Morris family suggests that these daily efforts and struggles around assessing whether Mark's behaviors reflect his intentions must be understood within a much larger temporal envelope, one that begins before Mark's birth and extends into his family's future. Drawing on Martin Heidegger's phenomenological concept of temporality, Mattingly (1998) and Ochs and Capps (2001) discuss the narrative structuring of experience. "Lived experience," "our life in time…is a time which is always situated between a past and a future" (Mattingly 1998, p. 64). We are "always in the process of becoming" and "that future saturates each present moment with meaning" (p. 93). In the face of uncertain future, desire "plays a central structuring role. We hope for certain endings; others we dread. We act in order to bring certain endings about, to realize certain futures and to avoid others" (p. 93). Further, "care" about the "future infuses, organizes and overwhelms how we remember and re-present the past"—"past events become less remote and more intimate when people invest them with a sense of engagement and concern for what lies ahead in the life course" (Ochs and Capps 2001, p. 157). In the Morris family—"a group of people who truly care about each other more than anything in the world and would do anything for each other" (as described by Celia)—the remembered past organizes action in the present, actions permeated with care for how the future will unfold.

For ADHD, the cultural construal of the "will" as "divided," such that an illness is "located in the brain, in the circuitry making self-organization possible, while the motivation to improve remained part of the personhood" (Lakoff 2000, p. 166), implicates care for the future in processes of healing. In a very real sense Mark's story is the narrative of Mark becoming a moral actor, a "special child" who, despite tremendous disadvantages at birth and continuing setbacks that threaten to disrupt his journey, is endowed with personal qualities that make this becoming possible. For his parents, Mark's care for the future is evident in his current actions. As Dale put it, Mark is "trying, you know, to get there." While Kelly accepts Mark's current need for medication and the heavy scaffolding of help from understanding others, the worked-toward future is one in which these needs will diminish as Mark becomes the kind of person his parents hope he will become.

Nonetheless, Dale and Kelly very much appreciate that the future is uncertain, as the world is full of hazard. As discussed earlier, they concur that they have experienced "more than their share" of tragedy and loss among their extended family and close friends. And when asked to define well-being, Kelly stated that it was a "myth." She recounted the story of a friend who, the week prior, was in a car accident and went on to say: "Yeah, we're doing a hell of lot better than she is right at the moment, but you know, for this complete well-being thing, you know, we've always got things hanging over us for some reason or another."

In the lives of the Morris family, "uncertainty and teleology" coexist (MacIntyre 1984, pp. 215–216), through efforts to work toward a positive future in the face of the "things hanging over us." Helping their children to become independent, to think for themselves and to make the right choices in pursuing their goals, while remaining interdependent and thus willing to engage in acts of care for each other, is a possible shared future—one in which much is at stake. This is a process that does not completely exonerate Mark of responsibility for his current problematic

behaviors but, rather, situates him in a moral world, a world in which he is expected to develop an appreciation for how his behavior impacts others and where his responsibilities lie. The hoped-for future is one where all family members will "be there" for each other—and, further, want to be there for each other—not just in the good times but in difficult times as well. While relationships can be stressful and increase vulnerability, "being there" for others is how a moral person acts. While many things in life cannot be controlled, one can work to establish good relationships that make envisaging success more likely to become reality.

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Appendix: Transcription Conventions

The following conventions were used by the transcribers in the CELF project.

-	A hyphen indicates that a speaker has "cut off" (or self-interrupted) his/her speech. Example: *Father*: So, I- if I wanted- if you wanted to give me a time,
=	Used when a continuous utterance by one speaker is broken up to accommodate overlap, or when two speakers follow each other with no discernible pause.
:	Elongation of a sound or part of an utterance. Example: *Sam*: No: I don't want to go.
(P)	Pause
(LP)	Long pause
$\surd$	Change in tone, higher; also used for stress
$\int$	Change in tone, lower
°	Whisper
?	A question mark is recorded when 'question' intonation is used—whether this occurs in a question or in a statement (as in the example below). *Mother*: He's not washing the dishes this evening?

ALL CAPS	Louder voice
!	Used only in instances where the utterance or command seems strong and where an emphasis can be detected. Not used when intonation is flat (not exclaiming).
hhh	Aspiration
(hhh)	Aspiration within a word
> <	Fast, compressed talk
< >	Slow stretch of talk
(())	Transcriber's description
(word)	A word(s) surrounded by parentheses indicates that the transcriber has made a best guess at what the speaker has said, but cannot be certain.
(xxx)	Unintelligible utterance
[Transcriber's Note]	Used in cases where a bracketed comment is essential to the understanding of an utterance.

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