The recent exponential rise in the number of behaviour disorders has been the focus of a wide range of commentaries, ranging from the pedagogic and the administrative, to the sociological, and even the legal. This book will be the first to apply, in a systematic and thorough manner, the ideas of the foundational discipline of philosophy. A number of philosophical tools are applied here, tools arising through the medium of the traditional philosophical debates, such as those concerning governance, truth, logic, ethics, free-will, law and language. Each forms a separate chapter, but together they constitute a comprehensive, rigorous and original insight into what is now an important set of concerns for all those interested in the governance of children. The intention is threefold: first, to demonstrate the utility, accessibility and effectiveness of philosophical ideas within this important academic area. Philosophy does not have to be regarded an arcane and esoteric discipline, with only limited contemporary application, far from it. Second, the book offers a new set of approaches and ideas for both researchers and practitioners within education, a field is in danger of continually using the same ideas, to endlessly repeat the same conclusions. Third, the book offers a viable alternative to the dominant psychological model which increasingly employs pathology as its central rationale for conduct.

The book would not only be of interest to mainstream educators, and to those students and academics interested in philosophy, and more specifically, the application of philosophical ideas to educational issues, it would also be an appropriate text for courses on education and difference, and due to the breadth of the philosophical issues addressed, courses on applied philosophy.
Philosophy, Behaviour Disorders, and the School
STUDIES IN INCLUSIVE EDUCATION
Volume 6

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Scope
This series addresses the many different forms of exclusion that occur in schooling across a range of international contexts and considers strategies for increasing the inclusion and success of all students. In many school jurisdictions the most reliable predictors of educational failure include poverty, Aboriginality and disability. Traditionally schools have not been pressed to deal with exclusion and failure. Failing students were blamed for their lack of attainment and were either placed in segregated educational settings or encouraged to leave and enter the unskilled labour market. The crisis in the labor market and the call by parents for the inclusion of their children in their neighborhood school has made visible the failure of schools to include all children.

Drawing from a range of researchers and educators from around the world, Studies in Inclusive Education will demonstrate the ways in which schools contribute to the failure of different student identities on the basis of gender, race, language, sexuality, disability, socio-economic status and geographic isolation. This series differs from existing work in inclusive education by expanding the focus from a narrow consideration of what has been traditionally referred to as special educational needs to understand school failure and exclusion in all its forms. Moreover, the series will consider exclusion and inclusion across all sectors of education: early years, elementary and secondary schooling, and higher education.
Philosophy, Behaviour Disorders, and the School

Gordon Tait
*QUT, Australia*
For everyone in the extended Tait/Carpenter/Bermudez clan
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ACKNOWLEDGEMENTS

As this book has been 10 years in the thinking, and 7 years in the writing, the number of people who have helped me shape my ideas are many and varied, and it’s only rarely one gets the opportunity to thank them all publicly at the same time. This appreciation extends beyond the purely academic, into gratitude for years of friendship and support. I would like to thank:

Roger Slee, who got me interested in this area in the first place, who has given me considerable encouragement over the years, who has allowed me to study with him at each new exotic academic appointment he received, and who makes me look like a good golfer.

Jim McKay, who has been my academic mentor for more than twenty five years, who always acted as a steady intellectual and moral sounding board for my ideas, and who always told me how good my work was, even on those occasions when we both knew he was lying.

Toby Miller, still one step ahead of the posse, and whose wonderful company miraculously makes me feel respectable and sensible.

David Kirk, who, luckily for him, is a far better social theorist, musician, and friend, than he is a hockey player.

Denise Meredyth, who had most of my good ideas before I did.

Jenny Gore, who I always look forward to catching up with at conferences, and who loyally comes to my papers whenever she can, mostly for a bit of a nap.

Jim Ladwig, same as above, except for the bit about coming to my papers.

Melissa Bull, a good friend and theorist, but far more importantly, got me my first ever road racing bike.

Nick Watson, living proof that delinquency is not a handicap to academic success.

David McCallum, a good guy, and the possessor of the finest head of hair in academia.

Claire O’Farrell, who, I am finally convinced, knows too much about Foucault.

Bernadette Baker, the size of whose brain never ceases to amaze me.

Tony Bennett, Ian Hunter and David Saunders, my doctoral supervisors, whose considerable intellectual influence is still evident in my work many years later, though they may not thank me for saying so.

Richard Hil, who, importantly, taught me to swear in Polish.

I would also like to thank my own institution of the Queensland University of Technology. Specifically, I would like to thank my Dean, Wendy Patton, for granting me the leave during which time I organised the central philosophical ideas contained here. I would also like to thank my Head of School, Annette Patterson, for giving me the time off teaching to finish the book, without which I would still be on Chapter 3. Finally, and most importantly, I would like to thank all my colleagues and friends from the School of Cultural and Language Studies,
ACKNOWLEDGEMENTS

particularly the inhabitants of Gordon's Old Tea Shoppe—Bruce Burnett, Karen Dooley, Anna Healy, Anne Hudson, Jo Lampert, Peter O'Brien, Mary Ryan and Alan Roberts—who I look forward to seeing, and laughing with, every day … a lucky situation for any worker to be in.

I would also like to thank all my non-academic friends, who I won't embarrass by naming, but in the face of whose relentless ridicule, I have been forced, over the decades, to hone my ideas and debating skills.

Finally, I would like to thank my family—partner, children, mother, brother, assorted in-laws—who put up with my moods when my work isn't going well—which generally means I am perpetually grumpy—and who bravely feign interest when I talk about my book—well, actually they don't, but I still talk about it anyway. Most importantly, I would like to thank Belinda Carpenter, a fine academic and a world-class editor, not only for the countless way she has helped in the production of this book, but also for being a fair-to-middling life-partner … and for having a good sense of humour.
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There is no nonsense so arrant that it cannot be made the creed of the vast majority by adequate governmental action. (Bertrand Russell, 1950:93)

As everyone who picks up this book would already know, there is currently a debate over Attention Deficit Hyperactivity disorder (ADHD), or more accurately, a broad set of debates. These would include, first and foremost, whether the disorder exists at all, but also, who benefits most from the diagnosis, whether pharmacological methods are the best way of dealing with the symptoms, which social groups are most likely to be categorised as ADHD, whether it ought to be covered by disability legislation, whether its diagnostic criteria tell us anything at all, and whether children with ADHD ought to be held as accountable for their actions, to name but a few. The central intention of this book is to contribute to these, and other, debates on the subject by providing the philosophically-based intellectual apparatus to assess more precisely which arguments hold water, and which do not.

ADHD has rapidly become the diagnosis of choice for those seeking a ready and unequivocal explanation for domestic and classroom misbehaviour among children. Statistics charting the rise of the disorder are impressive. In the years since it was first included in the Diagnostic and Statistical Manual of Mental Disorders in 1987 (DSM-III), that section of the schooling population with the disorder has grown from zero, to anywhere up to 10%, though most generally averaging around 5-6%, depending upon the country involved. For example, medical, psychological, and educational authorities in the United States, the United Kingdom and Australia appear likely to accept the veracity of the diagnosis, France and Italy much less so. Likewise, the sale of stimulants used to treat the symptoms of ADHD has also grown exponentially, with sales increasing ninefold between 1993 and 2003 alone, representing a $3.0 billion industry (Scheffler et al., 2007).

Importantly, ADHD does not stand alone as a diagnosis relating to aberrant student behaviour. It takes its place as one of hundreds of disorders that can now be applied to the conduct of children, and which are generally dealt with through medication. This pathologisation of conduct covers the full spectrum of human idiosyncrasy, from shyness (Elective Mutism) and anger (Intermittent Explosive Disorder), to social clumsiness (Borderline Personality Disorder) and over-exuberance (Histrionic Personality Disorder). All of these diverse categories play their part, alongside ADHD, in the ever-increasing medicalisation of human difference.

The question now is: why is this a problem? After all, medical authorities appear to have endorsed the diagnosis, and it is not as if ADHD is the only epidemic faced by contemporary society. Statistically speaking, there is currently an epidemic of Type-2 (Adult Onset) Diabetes sweeping across Western nations with a similar velocity to that of ADHD. Indeed, there are a number of similarities: both have correlations with poverty, both are deemed to involve mood swings, both can be
INTRODUCTION

addressed by increasing levels of physical exercise, and both can be addressed by making changes to diet. Why is it then that Type-2 diabetes is not a focus of the same intense, and often acrimonious, cross-disciplinary debate that characterises discussion about ADHD? The answer is relatively simply.

First, Type-2 diabetes passes the most basic of veracity tests. While the name given to it may change, as may its symptoms, or the constellation of factors deemed constitutive of the disease, it appears to be based upon a sound ontological foundation. There is something present that can be seen through a microscope, or can be objectively tested for, or screened genetically. It is rendered into the visible by blood tests and scans, and measuring glucose and insulin levels. ADHD is far more illusive. There is no objective evidence for its existence—no brain scans, no genetic markers, no blood measures—just the subjective appraisal of sets of behaviours that are judged to be unacceptable by parents and teachers.

Second, there is consensus among medical experts that Type-2 diabetes is a valid disease. It would be a strange medical expert indeed who, given the construction of current medical truths, decided to deny its existence. There may be disagreement on the best way to treat Type-2 diabetes, or for an individual’s prognosis under given circumstances, but it would take a significant paradigm shift for the disease to be denied in its entirety. This is not the case for ADHD. Significant proportions of the medical and psychological communities remain unconvinced by the disorder. This dissatisfaction is sometimes limited to what has been often considered a widespread and massive over-diagnosis, other times it is limited to the relative ease with which large numbers of young children are now given otherwise-illegal drugs to modify their behaviour, but it also includes increasing numbers of practitioners who reject the diagnosis altogether. Consequently, when ADHD advocates found their arguments upon the legitimation provided by medical and psychological knowledge, they can do so only in a tentative, provisional and contested way.

Ultimately, there is not a single reason why ADHD has succeeded in amassing so many critics in such a short space of time, as their criticisms are many and varied. Cohen (2006) sets out a number of points of debate within ADHD commentary, each of which seeks to challenge the status of ADHD as an objectively valid disease entity. For example, following Breggin (2002), Cohen suggests that ADHD is simply a list of things that annoy parents and teachers: fidgeting, squirming, leaving their seat, blurt ing out answers, not waiting their turn. Arguably, since all children engage in these activities, the only difference between these children and normal children is the issue of frequency, and how does any biological cause, or objective condition, know the difference between normal and abnormal within any given learning or cultural context?

On the other hand, of course, it could be argued that removing the most disruptive children from the classroom, or at least finding a pharmacological way to quieten them down enough to permit other children to learn might be regarded as the right course of action to take. In framing the question in this manner, the issue becomes one of ethics. Should we sacrifice the well-being of one, for the needs of the many?
INTRODUCTION

A second point raised by Cohen, following Walker (1998), concerns confusing the symptoms with the cause. He notes that checking through a list of behaviours, and arriving at the conclusion that a child is hyperactive explains nothing about any underlying origins.

The task of the clinician is that of the detective: to ferret out the cause of the symptoms. Yet, lip service to ‘differential diagnosis’ and to ruling out ‘organic causes’ aside, the majority of ADHD diagnoses are posed when clinicians merely establish that various informants agree that a certain number of symptoms are present. (Cohen, 2006:24)

As such, the observable external signs of hyperactivity have been amalgamated into a causal entity in their own right, one to which a cure is then applied in the form of stimulants.

As before, it is possible to address this matter, not as one of medical (mal)practice and as an example of the contemporary valorisation of the ‘instant fix’, but rather as an issue of logic. This confusion of symptoms with cause constitutes an excellent example of circular reasoning—a logical fallacy—that states a fidgeting child has ADHD, and the child has ADHD because of the fidgeting.

A further issue raised by Cohen concerns the pathologising of behavioural and temperamental difference. He argues that the steamroller of modernity resulted in the translation of a wide range of behaviours, once simply regarded as sins, crimes, or just plain socially undesirable, into medical conditions. Following the logic that only science can lead to truth, science—and especially its flagship, medicine—sought to expand the boundaries of its explanatory paradigm into every realm it could. For example, after five hundred years of holy fasting by women in the name of Christian piety, from the eighteenth century onwards this form of ascetic self-shaping was rapidly translated into a medical illness, culminating with the disease entity ‘anorexia nervosa’ (Tait, 1993).

The example of anorexia nervosa, traversing as it does both the medical and the psychological, demonstrates that modern medicine was not the only child of modernity to stake its claim to the high ground of truth production. Psychology has taken what was once considered to be normal variations in human temperament and pathologised both ends of any given normal curve. Therefore, within the various diagnostic questionnaires that determine whether or not the subject has ADHD, the issue always revolves around behaviour quantifiers such as ‘often’ and ‘too much’, with the epistemological authority of psychology then conferring on the resulting category the status of objective truth.

Once again, it is possible to address the rise of medical and psychological hegemony, not solely as a function of modernity and its ability to find truth, but rather from within the realm of political philosophy. It has been argued by writers such as Foucault that contemporary governance operates most effectively through the normalisation of the population, in large part made possible through the production of categories of difference, such as ADHD, and the knowledge claims of an army of experts, who include not only doctors and psychologists, but also teachers, welfare workers, guidance counsellors, psychiatrists and academics.
Two main points are being made here. The first is that this book will add to the chorus of criticism over the validity, and practical application, of the disease entity ADHD. Hopefully, given the array of books that have embarked on precisely this project, this critique will operate in new and productive ways. That is, it will offer the possibility of opening what is a familiar problem in a manner that offers the promise of a route out of the traditional dichotomies that characterise this debate.

The second point is that, to date, philosophy has been an under-utilised as a disciplinary base to challenge ADHD, and it has a lot to offer. In the three examples used above—ADHD as annoying behaviour, the confusion of symptom with cause, and the pathologisation of behavioural and temperamental difference—philosophy brings something new to the table. Currently, the overall frame of reference for debates over ADHD is authored by psychology, and it is sometimes difficult for other knowledges to gain effective purchase within the debate. Philosophy can go to the ontological and epistemological foundations of the matter, and can, at the most fundamental level, provide an assessment of which arguments are coherent, sound and valid, and which are not.

This book takes a series of separate philosophical routes into the ADHD problem, each addressing the disorder in a different way. Each is intended as providing a conceptual vocabulary for leading out of current impasses within the debate. Each will provide new ways of thinking, new avenues of critique, new methods for challenging the common sense of the dominant psychologically-authored position. The chapters operate, to some degree, as individual essays on the possibilities that each set of ideas brings to the analysis, as well providing the substance for a series of threads that run through the entire text. For example, the exegesis of different notions of truth in Chapter 2, and the implications this has for claims regarding ADHD, does not necessarily provide a driving rationale for subsequent chapters. Rather, it is intended more to lend support to those elements of subsequent chapters in the book which require effective counter-arguments, and ready ammunition, against the frequent contention by ADHD advocates that the disorder is ‘objectively true’.

A further aim of this book is to give the reader a working knowledge of each of the philosophical areas covered in the book. This knowledge is not only useful within specific critiques of behaviour disorders from given philosophical sub-disciplines, as set out here chapter by chapter, but it is also useful in the broader intellectual task of finding new connections between ideas, and for providing a new vocabulary of conceptual tools for making those ideas work productively.

This book has seven chapters, each covering a traditional area within Western philosophy. Chapter I deals with Governance, and is subtitled Behaviour Disorder, Teachers, and the Management of Difference. This chapter examines the role that behaviour disorders have in the processes of social management. This forms part of a broader analysis of arguments and traditions within political philosophy. In examining the rise and rise of ADHD, not only do questions arise about the function of this psychological construct in the exercise of authority, questions also arise about the part played by teachers in this process.
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Three different approaches are addressed here. The first takes the claims of educational psychology at face value and, as part of the logic of modernity, regards the discovery and naming of behaviour disorders as one component of the mechanism by which we make progress both as individuals, and as a society. In contrast to this approach, critical theory is premised upon an over-riding scepticism of ADHD, and firmly locates this psychological construct within the context of social domination. According to these writers from within this framework, ADHD serve predictable functions within Western schooling according to existing axes of social and economic disadvantage. Profit-motivated pharmaceutical companies are also deemed to be heavily implicated in the creation and continuing success of the diagnosis. The final approach, and one which provides an organising rationale for much of the remainder of the book, locates behaviour disorders such as ADHD within the Foucaultian logic of social governance. Behaviour disorders are an example of the differentiation of the population into manageable subunit, each of which can then be addressed and normalised on its own terms.

The chapter concludes that the most productive way of understanding the role of behaviour disorders such as ADHD is neither to take the beneficent claims of educational psychology at face value, nor the belief that they are inexorably tied to mechanisms of social domination, as with critical theory. Rather, ADHD is best conceived of as an artefact of government, a device for the more effective administration of given population cohorts.

Chapter 2 deals with Truth, and is subtitled The ADHD Debate: Realist versus Anti-Realist Models of Truth. The majority of debates over the notion of ADHD appear to revolve around whether there is any truth in the assertion that this disorder exists in nature, or whether it is simply a social construction, produced through the very act of interpreting and managing the conduct of (primarily) young people. This chapter takes a different approach, suggesting that the difficulty lies not in determining whether ADHD is true, but rather in deciding what is meant by the term ‘truth’ itself.

Generally, the discipline of philosophy takes three approaches to the notion of truth. The first is correspondence theory, a realist model of truth, which asserts that a statement is true if its claims correspond to given facts. This constitutes the common-sense notion of truth, but is actually laden with conceptual and practical difficulties. The second approach is coherence theory, which asserts that something is true if its claims cohere with other statements that are also taken to be true. The third approach is pragmatic theory, which states that a statement is true if it works in a practical sense. Both these latter models are deemed to be anti-realist, in that neither accepts that there are such things as universal, objective truths existing independently of human interpretation. Currently, the weight of philosophical opinion probably lies with anti-realist models of truth, although in most people’s daily practice, an ad-hoc combination of all three approaches to truth—correspondence, coherence, and pragmatic—is commonly utilised.

This chapter concludes that only those who approach truth through the lens of correspondence theory would contend that ADHD exists in nature as a sovereign entity. Coherence and pragmatic theories might still contend that ADHD is true,
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but only on the understanding that truth is a function of power, and our world-view is now shaped according to the domain assumptions of doctors and psychologists. As a general analytic observation, philosophy offers little support for those who wish to assert the objective status of ADHD.

Chapter 3 deals with Logic, and is subtitled ADHD: A Case Study in Fallacy. This chapter examines the logical construction of arguments, and in particular, the use of fallacious reasoning. It will be argued here that, although all disciplines, and all academic writing, are subject to poor reasoning, the evidence suggests that ADHD research has a particularly poor record in this regard.

Fallacies take two main forms, deductive and inductive. In a deductive argument, where the truth of the premises guarantees the truth of the conclusion, its related fallacy is one where the premises may well be true, but a fault in form necessitates that they do not validly lead to the conclusion. In a deductive argument, one where the weight of evidence permits an inference of truth, its related fallacies can take many forms but result in a weak, rather than a unavoidably invalid, argument.

Twelve fallacies are addressed here, divided into three categories, each with an example of a fallacy drawn from ADHD research. The first set of errors in reasoning is grouped as material fallacies. These are generally fallacies wherein the faults lie with the premises, either in lack of clarity or relevance, and consequently produce arguments characterised by equally shoddy conclusions. The second set of errors is grouped as psychological fallacies. These are arguments that play directly to the emotions of the listener, relying upon colourful rhetoric, rather than effective reasoning. The third set of errors is grouped as logical fallacies. These are deductive errors that produce conclusions not validated by their premises.

It is contended here that ADHD research is not only awash with fallacious reasoning, but also that some of the most crucial arguments in favour of the disorder are fallacious. For example, the fallacy of Affirming the Consequent is very familiar to those involved in ADHD diagnosis. The fallacy is: if A then B; B, therefore A. If a child has ADHD then they are hyperactive; a child is hyperactive, therefore they have ADHD. This faulty logic has, in part, been responsible for the very high level of diagnosis of the disorder. The conclusion here is that those involved in ADHD research need to be much more careful in how they organise their reasoning.

Chapter 4 deals with Ethics, and is subtitled Student Difference and the Ethical Responsibilities of the Teacher. This chapter contends that the philosophical issues raised by ADHD are not limited to the areas of ontology and epistemology. The pathologising of student difference has placed teachers in increasingly difficult ethical positions regarding who should be allowed in mainstream classrooms, and who should not—a dilemma exemplified by the case of L v Minister for Education.

The field of ethics is generally divided into three parts. The first is meta-ethics, the study of the nature of ethical reasoning. Once again, this is often organised according to the realist/anti-realist divide, where realist ethics assert the existence of moral facts independent of our perception of them, and anti-realist ethics assert that moral claims only make sense within given contexts. Hence the maxim, ‘It is
wrong to discriminate against a disabled child’, can either be understood as an autonomous moral fact, or as a socially contingent moral directive.

The second component of the field is normative ethics. This has been the subject of most of the great writing on the issue of morality, and involves an analysis of what should form the underpinning rationale for ethical behaviour. There are a number of different approaches that can be taken here, and this chapter focuses on what are arguably the main three, and applies them to the decisions made by the teachers in L v Minister for Education. Virtue ethics assesses whether an action is right or wrong based upon asking the fundamental question; what kind of person should I be? The answer to that question is most usually structured around the application of cardinal virtues, such as honesty, justice and gratitude.

An approach that has gathered significant more contemporary support is that of consequentialist ethics. This normative model—most frequently exemplified by utilitarianism—assesses the moral worth of an action by measuring the desirability of its outcomes. Therefore, actions are not necessarily right or wrong in and of themselves, but are determined as right or wrong depending upon an ethical cost-benefit analysis. For example, the rightness or wrongness of the teachers’ decision to exclude the disabled/disordered student from the classroom in L v Minister for Education is determined by weighing up the benefits received by the children who now received more attention, against the costs to L, who wished to stay in the classroom, but was forced to leave.

The final normative model is that of deontological ethics, a position most commonly associated with Kant, and one which appears to garner the greatest amount of contemporary philosophical support. This approach suggests that an action is right or wrong irrespective of the outcome of that action. Therefore, if it is wrong to discriminate against a disabled child, then assessing the broader outcomes of that discrimination is irrelevant to the ethics of the matter. Kant would argue that individuals like L should never be used as a means to an end, but should always be regarded as an end in themselves.

The final component of the field is applied ethics, where ethical systems are used to solve the dilemmas associated with given problems. The argument here is that the case of L v Minister for Education was settled by the Queensland Anti-Discrimination Tribunal according to utilitarian logic. It is also argued that one of the central weaknesses of this form of ethical reasoning is that it is prepared to sacrifice the rights of the few for the well-being of the many, which raises important questions about the nature of a just society.

Chapter 5 deals with Free Will, and is subtitled Determinism, Moral Responsibility, and ADHD. This chapter addresses the disciplinary problems that arise as a result of vastly greater numbers of pupils claiming the status of disabled, and in this instance, a disability deemed to manifest itself in terms of increased levels of misconduct. That is, it is often held that those who suffer from ADHD are less responsible for their misdeeds than those who behave in a similar manner but do not have the disorder.

This topic revolves around one of the oldest debates in philosophy: whether or not we have free will. Those on one side of the debate are generally referred to as
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libertarians, who believe that there is something about the human mind that permits it to initiate action unprompted by anything other than itself, and the other as determinists, who contend that all future events were set in place from the moment of the big bang, including those in the human brain relating to supposedly ‘free’ choices. It has long been accepted within philosophy that the determinist position is logically unassailable, and that free will is consequently an illusion.

However, the issue is never really whether we have free will, but really, in the absence of free will, whether we can be held morally accountable for our actions. The dominant position on this question has always been that of compatibilism—Hume’s assertion that even though our actions are necessarily determined, we can still be held responsible for what we do, even if we could not have done anything else since, he argued, freedom should be counterpoised against constraint, not determinism. Others are not so certain that lack of free will and moral responsibility are compatible, and this position, not surprisingly, is called incompatibilism. This rejection of compatibilism includes a range of different logics, and operates within a number of discipline areas. Significantly, one of the knowledges that has entered this debate adopting an incompatibilist stance is psychology—largely proposing the previous unthinkable moral position of ‘hard determinism’, the contention that we do not have free will, and we are not morally accountable for our actions.

The point here is that as more and more children are labelled behaviour disordered, and hence considered to have a decreased ability to control their conduct, then an ever-decreasing proportion of the schooling population will be held fully accountable for how they behave at school. As such, there is the possibility that the existing moral machinery of the school, premised as it is upon individual accountability, will no longer be tenable in its current form.

Chapter 6 deals with Law, and is subtitled Behaviour Disorders and the Legal Landscape of the School. This chapter extends the concerns raised in the preceding discussion over free will. The education system is the subject of a wide ranging legislative framework that covers almost every aspect of schooling life, from the conduct of the teachers and pupils, their rights and responsibilities, to the content of the curriculum and the many features of the learning environment. This chapter focuses on the question, how should recent legal changes, resulting from the rise of behaviour disorders, be understood in the context of the school.

Four legal issues are addressed here. The first examines jurisprudential arguments about the most appropriate theoretical vehicle for understanding the nature of the law. The paradigms of natural law, legal positivism, critical legal studies, and post-modern jurisprudence are compared, reaching the conclusion that this final approach offers conceptual flexibility to account for the plurality of interpretations and subject positions associated with the contemporary exercise of the law. On a more practical level, the second issue involves the use of ADHD to excuse and mitigate both criminal acts and student misbehaviour. Concerns are raised here that while the legal system has shown little inclination to accept ADHD as a complete excuse for conduct, schools have shown signs of being more accommodating, with all the implications this may have for school discipline. The third issue examines the positioning of ADHD within anti-discrimination legislation. The evidence
suggests that, in an era of increasingly scarce resources, by positioning ADHD as a fully blown disability, there is the likelihood that funding will be diverted from the needs of those who have more severe disabilities. The final issue involves the increasing vulnerability of teachers to actions in negligence as a result of increasing numbers of children for whom, as disabled students, there is an augmented standard of care. This extra burden upon teachers raises the possibility that what is already regarded as a legally vulnerable job, may eventually be considered more trouble than it is worth.

The central conclusion here is that the implications of the rise and rise of behaviour disorders are more extensive than simple concerns over classroom management and the problems involved with the labelling of children. Diagnosing increasing numbers of school students with pathologies such as ADHD has the potential not only to force a reconceptualisation of basic legal concepts, such as responsibility, discrimination, and duty of care, it also has the potential to make a teacher’s job legally untenable.

Chapter 7 deals with Language, and is subtitled Some Problems with the Meaning of ‘Disorder’. This chapter addresses the contention that all philosophy is ultimately the philosophy of language. The central questions here are: what is the relationship between the word disorder and the thing it purports to represent? Also, in what ways does the term disorder organise the intellectual, social and pedagogic fields in which it operates?

The dominant method for defining the parameters of the term disorder is generally taken to be Wakefield’s ‘harmful dysfunction’ model. Wakefield adopts a twofold approach to the problem, the first is a factual, ‘objective’ component that relates to a dysfunction in the evolutionary workings of the organism, the second involves an assessment of levels of harm suffered as a consequence of that dysfunction. The main criticism of this position is that the term disorder covers far too much ground to be pinned down within a referential theory of language, wherein the word correlates directly with a natural essence. Instead, a Roschian (Wittgensteinian) formulation is preferred, one which is based upon linguistic approximations to mental constructs, constructs with ill-defined boundaries and no necessary characteristics.

The relative strengths of these two disparate understandings of the relationship between language and the things to which it refers can be best unpacked through three ‘linguistic turns’ that have occurred in philosophy during the twentieth century. The first linguistic turn, exemplified by the work of Frege and Russell, demonstrated that even definite description, a seemingly simple linguistic relationship, actually operates through complex referential relationships. Hence, the relationship between a word such as ‘disorder’, and the entity to which it purports to refer, can never be as simple as one of direct reference. The second linguistic turn, involving the later work of Wittgenstein, contends that language operates through family resemblances, so that rather than seeking the essence of a word, such as ‘disorder’, its meaning is shaped within a series of overlapping similarities, with no necessary common elements. Consequently, the word ‘disorder’ can be applied more easily to some constructs than to others, and none of those applications can ever constitute a
one-to-one correlation with some objective, Platonic ideal. The final linguistic turn involves the shift to post-structuralism, specifically through the work of Barthes and Derrida. These writers take the philosophy of language far beyond Frege’s first cracks in referential theory, beyond Wittgenstein’s polythetic model family resemblances, into a set of understandings premised upon a rejection of the notions of fixed meaning, and in doing so, a concomitant rejection of the possibility of representation altogether.

The central conclusion of this chapter is that a referential theory of language, one that permits a direct relationship between the word ‘disorder’ and the natural essence to which it claims to refer, has little remaining philosophical support. A more nebulous approach to language, whether Wittgensteinian or post-structural, leads to a far more ambiguous linguistic relationship, yet ironically, one which is inherently problematic for the modernist, objectivist knowledges that produce the notion of disorder in the first place.

By way of a general summary, each of the traditional philosophical sub-disciplines covered in this book lends support to arguments critical of the ADHD enterprise. Whether the approach be that of epistemology, ethics, linguistic or logic, the model of an objectively valid disorder, existing as an essence in nature, spotted by clear-eyed psychologists, and appropriately applied to large numbers of contemporary school children, lacks a convincing intellectual foundation.

A number of issues need be raised about the style of the book. First, it should be pointed out here that the intention here is not to provide a single damning philosophical criticism of the concept of ADHD, no such criticism exists. Philosophy is not a master discourse, organising its intervention according to a single driving logic, as with Marxism and its valorisation of the economic. Rather, each chapter provides its own route into the issue, provides its own rationale for critique, and chips away at the edifice of ADHD in its own way.

Second, each of these traditional philosophical areas has its own intellectual history, and consequently, there is occasionally some contradiction between those areas. After all, as James (1911:299) stated, ‘There is only one thing a philosopher can be relied upon to do, and that is to contradict other philosophers.’ For example, significant arguments within linguistic philosophy position the rest of philosophy—whether in epistemology, logic, or even free will—simply as arguments about language, by another name.

Third, in a similar vein, there is some overlap between chapters. Not only is the book informed by an underlying Foucaultian framework, a framework evidenced within a number of chapters, but also philosophy itself has a number of recurring debates which operate across discipline area, and hence chapters. For example, the dichotomy between realist and anti-realist thinking has a more than two thousand year intellectual history. Variations on this debate can be seen in the chapters on governance, truth, ethics, and language.

Fourth, the book is intended to be relevant and accessible to a wide range of readers, including other philosophers, researchers into ADHD, practitioners in the field, parents of children diagnosed with the disorder, and to the just plain interested. Consequently, the idea is not necessarily to address the richest possible
complexity of each of these areas. This would be an impossible task given the breadth of material covered here and the size of the book. After all, Wittgenstein and Derrida receive only a couple of pages each here—a Sophie’s World analysis of their arguments and importance—whereas a good university library would have entire sections devoted to their work. Rather, a fundamental intention here has been to avoid the charge validly laid against much existing philosophical work—that the books are written for a tiny cohort of other philosophical initiates, who argue about finer and finer points of reason, language and logic. This book has hopefully been pitched at a level where the greatest number of readers can get the greatest benefit from it.

Finally, and most importantly, in a time when philosophy is struggling to get its fair share of the intellectual sunlight, when philosophy departments are shrinking in size, or being closed altogether, and when the curricula of education faculties often no longer include space for philosophy at all, this book is intended as a reminder of the richness and utility of the discipline. If the juggernaut of ADHD is to be challenged at all, those so inclined would be wise to enlist the help of the most foundational of all intellectual enterprises in doing so. After all, in the final analysis, ADHD is simply a theory of childhood misbehaviour, and as Popper (1972) notes:

Whenever a theory appears to you as the only possible one, take this as a sign that you have neither understood the theory nor the problem which it was intended to solve.
CHAPTER 1

GOVERNANCE

Behaviour Disorders, Teachers, and the Management of Difference

INTRODUCTION

The case is no longer, as in casuistry or jurisprudence, a set of circumstances defining an act and capable of modifying the application of a rule; it is the individual as he may be described, judged, measured, compared to others, in his very individuality; and it is also the individual who has to be trained or corrected, classified, normalised, excluded, etc. (Foucault, 1977:191)

Attention Deficit-Hyperactivity Disorder (ADHD) first emerged as a discreet disorder in the Diagnostic and Statistical Manual (DSM-III) of the American Psychiatric Association in 1987. From this starting point, its popularity as a diagnosis has grown exponentially. With its symptoms of fidgeting, excitability, impulsivity, and lack of self control, current estimates of the prevalence of ADHD vary widely, but in some schooling populations the figure stands in excess of 10%. As discussed in the introduction, this new category of human existence has engendered a significant amount of controversy and disagreement within medical, psychological, academic and educational communities.

There exist numerous strategies for dealing with this new affliction, such as behaviour modification, counselling, cognitive therapy, social skills training, but pharmacological intervention through the use of the stimulant Ritalin is widely regarded as the most significant. As with other pathologised differences, schools have been charged with the primary responsibility of managing ADHD, in that almost all identification protocols, treatments and research literature are school-based. Furthermore, the implications and effects of such (formerly) hyperactive conduct are no longer deemed to be confined either to the classroom, or to the schooling years. There is now a significant literature which serves the dual purpose of laying the blame for a number of social problems at the door of ADHD—such as various forms of criminal conduct, delinquency, social maladjustment, emotional problems, professional failure, and so on—while at the same time reinforcing the need for identifying and tackling the problem in its embryonic stages at school (Forehand et al., 1991; Dunning, 1998).

Although it has the highest profile, ADHD is just one of many new disorders that have become part of the contemporary teachers’ professional landscape. That is, it is not enough for teachers to know that the propensity for causing classroom disruption has now been pathologised into ADHD, or Opposition Defiance Disorder (ODD) (Volkmar, 2002), or Conduct Disorder (CD) (Rieff et al, 2004).
It also helps to be aware that certain forms of shyness have now been pathologised as Generalised Social Phobia (Turner et al., 1992), and that teachers are expected to be aware of some of its main nosological subdivisions, such as Selective or Elective Mutism (Black and Uhde, 1996), or Avoidant Personality Disorder (Holt et al., 1992), as well as how to recognise them, what to do with them, and how to organise your classroom practices accordingly. It even helps to know that diligent and focussed students are now more likely to be diagnosed with Obsessive Compulsive Disorder (Baer, 2001).

To say the least then, teachers are now acutely aware of student difference. Indeed, a number of writers have made the case that mass schooling was founded with the primary intention of identifying, organising and producing difference (Foucault, 1977; Jones & Williamson, 1979; Kirk, 1993). In addition, the management of difference has long provided a foundation for policy formulation, a set of boundaries for curriculum design, a rationale for pedagogic and disciplinary intervention, the central logic behind the distribution of educational outcomes, and—along with other touchstones, such as ‘equity’ and ‘quality’—a remarkably versatile pivot for educational discourse.

Two questions emerge from these observations. The first is: what role, if any, do these differences have in the processes of social governance? This chapter will address this question from three different perspectives. The first is from the scientific standpoint of educational psychology. This approach has provided the largest girders in a conceptual framework built around the humanist mantra that all pupils are individuals, each with individual needs, responses and abilities. This understanding of the teaching process regards the individual as the foundational unit of analysis and primary point of departure. Therefore, according to this logic, the fundamental task of educators is to variously accommodate, encourage and refine such differences so as to produce the whole and self-actualised individual. Problems with this account of individuality aside (Mauss, 1985; Hirst and Wooley, 1985), it will be argued here that this analysis ultimately closes down debate over educational difference, since it regards its most important manifestations as inherent.

The second perspective is that of critical theory, which addresses both the difference that social differences can make to education, and the concomitant difference that education can make socially. Centring upon the traditional triumvirate of class, race and gender, these debates have dominated education for thirty years. This position has tended to highlight some of the inequities associated with diagnosis of ADHD, in terms of precisely who acquires this label, for what reasons, and with what consequences. It also examines the role that economics plays in the rise of disorders such as ADHD, and more specifically, the influence of the drug companies that sell associated medications. Although the debates continue, they are matched by a parallel set of arguments concerning the validity and authority of the entire critical project. A growing chorus of writers contend that traditional Critical Theory in all its forms, not just as applied to education, has long since run aground on the shoals of post-modernity, holed on issues of reductionism, power and identity, to name but a few (Hunter, 1994; McWilliam, 1994; Ladwig, 1996). This chapter will address some of these concerns.
The final perspective involves the Foucaultian notion of social governance. It will be argued here that the advent of the modern classroom made it possible to regulate the demeanour, as well as supply the capacities required for self-regulation, of an entire population. In order to do this, that population needed to be subdivided into manageable units, and the new discipline of psychology was developed, in large part, to serve this function. Consequently, all those positioned within these emerging categories (‘the ADHD child’) could be subjected to a range of interventions, therapies and pedagogies, all of which sought to normalise conduct and fashion docile and productive citizens. While the education system has had its focus sharpened in recent years as an instrument for the production of employable citizens (Gee, Hull & Lanshear, 1996), the school is now also widely regarded as one of the central sites for some of the most important aspects of ongoing social management. It will be argued here that children at-risk of anything from unemployability to criminality are now targeted while still at school (McCallum, 1993), and that the central mechanism by which this future social programming occurs, is via the production, identification, organisation, and treatment of difference.

The second question asked by this chapter is: how is the role of teacher to be understood within each of these different perspectives? If it is accepted that there is more to the teaching profession than the mere transmission of curricular material, then the exponential increase in the number of children diagnosed with behaviour disorders such as ADHD likely to have a significant impact on how teachers can do their job, and just what it is they are expected to do. Indeed, the rise of the inclusive school—that is, institutions where special needs students are to be given full access to, and involvement in, the daily life of the classroom—has now placed the teacher at the centre of diagnosis and treatment of a plethora of learning and conduct disorders. Teachers are now expected to be able to intervene upon a wide range of educational differences, differences which are no longer either below the threshold of intervention or simply part of the human condition, but instead are now objective pathologies to be identified, categorised and normalised. So then, are teachers the lucky beneficiaries of a new range of psychological insights into the functioning/dysfunctioning of the human mind? Are they unwitting agents within a broader struggle over power and economics? Or are they vital relays within one of the central mechanisms for the production of docile and productive citizens?

EDUCATIONAL PSYCHOLOGY: SCIENCE, PROGRESS AND ADHD

ADHD must be viewed as a developmentally disabling disorder of inattention, behavioural disinhibition, and the regulation of activity level to situational demands. The evidence accumulating in the past ten years has more than proven this initial view to be correct; indeed, it is the only humane perspective on this disorder. (Barkley, 1990:ix)

Every university, or institute of higher education, that has either a psychology or a teaching department, will now have a library replete with books on ADHD. Such is the profile of the diagnosis that all graduating teachers will have studied the disorder, and a large number will have written papers or exam answers on the
topic. Texts on ADHD tend to follow a similar model, and convey a check-list of what is considered relevant information.

Most begin with an outline of what ADHD is not. It is not a normal part of every childhood; it is not a simple matter of inattentiveness; it is not caused by lack of parental discipline; it is not a reflection of a ‘bad’ child’. Furthermore, it is not an invention, or a social creation, or simply a consequence of overly-zealous medical, psychological or pedagogical categorisation. It has biological causes, and has been around a long time before it was fully recognised and understood (Munden & Arcelus, 1999).

The second component generally involves a more detailed explanation of the various causes and contours of ADHD. This includes issues such as inheritance, brain differences, left versus right hemisphere issues, brain injuries, and genetic abnormalities, (Wodrich, 1994). It also includes information on different types of attention deficit, different manifestations of the same types, and co-morbidity with other disorders (Zentall, 2006).

The third examines ways of testing for, and diagnosing, ADHD. Most frequently, this begins with an outline of the necessary criteria for the condition, as set out in the Diagnostic and Statistical Manual for Mental Disorders (DSM-IV) (American Psychiatric Association, 1994), wherein six or more symptoms of inattention persist for more than six months, or six or more symptoms of hyperactivity-impulsivity persist for the same length of time (Edwards & Barkley, 1997). Many texts detail the various ways in which ADHD can be diagnosed, including the observation of behaviour, through structured interview, through physical, mental and biomedical measures, and through parent and teacher ratings (Munden & Arcelus, 1999; O’Regan, 2005). Importantly, the teacher is deemed to play a central role in almost all aspects of this process.

Next, the issue of treatment is addressed. This will include various approaches to largely psychologically-based behaviour management programs, but will also include sections on the use, and effectiveness, of Ritalin. In all cases, the issue of treatment is framed in terms in the need for expertise. That is, it is the expertise of the doctor, the psychologist, and the psychologically-trained teacher who makes it possible to tackle the ADHD problem with confidence and success (Pierangelo & Giuliani, 2008).

Finally, most texts have outline specific classroom and parenting techniques (Cooney, 2008). This is often presented in terms of practical programs, utilising a given number of steps or elements. For example, Barkley (1995:129,149) outlines ‘Ten Guiding Principles for Raising your Child with ADHD’, as well as ‘Eight Steps to Better Behaviour’. These steps include constructive punishment, effective command-giving, time-out management and token systems. In all these cases, the underpinning logic is that of educational psychology.

The tenor and structure of these texts suggests a straightforward answer to the first question raised in the introduction to this chapter: that is, what role, if any, do these differences have in the processes of social governance? The response would generally be that the discovery of these differences, and their subsequent naming, is part of the process by which a society is constructed within which individuals are
more likely to realise their ‘full potential’. This humanist reading of behaviour disorders is premised upon the domain assumption— as stated at the beginning of all of these texts—that ADHD is an objective disorder, a scientific fact of nature. That is, it is a medical/psychological truth, and as such, a truth that supersedes those produced within other disciplines, like the social sciences (if indeed those other disciplines can even be deemed to produce truth, rather than just opinion). Furthermore, it is the discovery of these truths that permit the implementation of a more equitable and personally productive form of educational governance.

This logic suggests a clear set of answers to the second question asked by this chapter: how is the role of teacher to be understood within this theoretical and professional context? Based upon the foundational assumption that all pupils are individuals, whose academic and pastoral needs require singular management, teachers are deemed to require a working knowledge of the inherent subdivisions of the abnormal human mind. This knowledge permits the shaping of curricula which can account for all the natural differences present within the classroom. Teachers are therefore the conduit through which psychological knowledge, and categories of difference, are applied to the schooling population, a process deemed to result in the production of more effective teachers, and better educational outcomes.

In the introduction to The Problem of Medical Knowledge, Wright and Treacher (1982) address some of the traditional assumptions that not only legitimate the pre-eminent status of the medical and psychological sciences, but also act to support the validity of these kinds of truth claim. Such knowledge, they contend, is presented as objective, benevolent and teleological, in that the truths of the natural world are slowly uncovered, with the individual researchers merely perceptive but neutral observers to whom these truths are passed. This approach to truth, and its place within Modernity, will be discussed at length in the next chapter.

In contrast, superseded ways of understanding and healing are presented as superstitious, ignorant and/or barbaric. Commentaries on ADHD represent a good example of this phenomenon. With the benefit of hindsight, psychologists argue, ADHD can now be delineated long before it was formally diagnosed. In fact, many texts point to the work of the paediatrician Frederick Still in 1902, who made some early observations on hyperactivity, and they often note that prior to the diagnosis, ADHD children were simply regarded as naughty and uneducatable (Hurley & Emé, 2004). Medical history is thereby presented in triumphalist terms: the heroic unmasking of the hidden realities of nature, the shedding of light into the mysteries of the human body and mind, and the identification and control of independent disease entities.

Problems with the Educational Psychology Position

There is, however, a significant literature which understands the process of producing medical and psychological classifications very differently:

Medical categories, we would contend, are social through and through; they are the outcome of a web of social practices and bear their imprint. When we
speak of tuberculosis we are not reading the label on a discrete portion of nature, ‘out there’; we are instead ... employing a social meaning that has been generated by the activities of many different social groups, with diverse interests, working through many different forms of practice. (Wright and Treacher, 1982:10)

There has long been dissatisfaction with elements of the labelling processes associated with ‘mental illness’, not just with behaviour disorders such as ADHD. Seminal work by Hollingshead and Redlich (1958) noted that an individual’s chance of being committed to a mental institution varied in relation to their social class, a variable surely irrelevant to an ‘objective’ illness. Likewise Szasz (1961; 1973) proposes a radical shift in the understanding of ‘insanity’ due, in part, to his refusal to accept the objective validity of the category. More convincingly, in *Madness and Civilisation*, Foucault (1965) details some of the social contingencies which were necessary precursors to the emergence of psychiatry as a discipline, precursors which will be discussed in greater detail later in this chapter, but all of which go some way towards attenuating the ‘objective truth’ of insanity.

Following on from this, a number of specific mental illnesses, claiming the status of ‘objective facts’, have had this status challenged, such as split personality (Hacking, 1986), and anorexia nervosa (Tait, 1993). And it is not in just what appears to be the more intangible regions of ‘mental’ illness that the self-evidency of disease entities has been challenged. As Wright and Treacher observed with tuberculosis, ‘obvious’ physical diseases such as ‘syphilis’ and ‘asthma’ do not come with labels in nature, and hence have also been problematised (Fleck, 1979; Gabbay, 1982). The question which arises now is how then does a disease entity such as ADHD fare under this kind of scrutiny? The following quote is typical of the way in which the disorder is presented within the literature, and by those with an interest in its acceptance as a valid and objective category.

ADD is an inherited neurobiological disorder which becomes evident in early childhood and usually continues throughout a person’s life …There is no doubt in the scientific community that ADD is real … ADD is not a new phenomenon, it has always been with us but has not always been recognised. (Sosin & Sosin, 1996: p. 6-7)

It is evident here that the disorder is understood as an objective condition, an indisputable fact of nature. In addition, it is deemed to have existed long before its identification by the clear-eyed and perceptive scientists who brought it to our attention, thereby dispelling the former erroneous explanations for the same conduct, and long before it became a familiar element within the schooling landscape.

Arguably then, there are three basic problems associated with the educational psychology approach to behaviour disorders, and more specifically, ADHD. First, it is largely premised upon the unproblematic existence of an objective, natural essence—a philosophical kind—that endures irrespective of human opinion or belief. As already discussed, this assumption rests upon the shakiest of ontological ground.
Second, there is far from universal support among psychologists regarding the validity of the diagnosis of ADHD. Indeed, a growing number of mental health professionals, let alone teachers and parents, remain sceptical that a disorder that was rarely mentioned before 1980, could now exist in what is almost plague proportions (Cohen, 2006). This epistemological concern aside, an even greater number of those professional are uncomfortable with the use of amphetamines, such as Ritalin, as the central form of treatment.

Finally, as will be discussed in Chapter 7 in the post-structural work of Roland Barthes, locating a problem within the realm of nature, removes that problem from social debate or from the realm of social responsibility. Locating various forms of student misbehaviour within nature itself, suggests that the description and deployment of such differences requires no additional legitimation. Therefore, all those issues most frequently associated with student misbehaviour—social class, masculinity, school violence, educational failure, delinquency—become largely fixed within the immutable rubric of nature, a form of latent socio-biology. It is this issue that provides the animating rationale for the next perspective on ADHD, that of critical theory.

CRITICAL THEORY, SOCIAL CONTROL, AND ADHD

Schools force youngsters to sit still in closed rooms for long periods of time and force-feed them information that has no connection to their lives. Those who rebel are diagnosed with mental disorders (Attention-Deficit Hyperactivity Disorder, Conduct Disorder, Oppositional Defiant Disorder, etc.) and forced to take mind-altering drugs. To preserve a crazy-making system, the healthy child must be made ‘crazy’. (Rosenthal, 2008)

For much of the last forty years, arguably the defining orthodoxy with social, philosophical, and literary research has been Critical Theory. In its most specific sense, ‘Critical Theory’—with capitalisation—refers to several decades of Marxist writing emanating from within the Frankfurt School, whose writers have included Horkheimer, Adorno, and Marcuse, and latterly, Habermas. Critical Theory sets itself apart from other social theories due to its fundamental focus upon the notion of *human emancipation*. Horkheimer (1982, 244) outlined the agenda of this approach as seeking, ‘to liberate human beings from the circumstances that enslave them’. From its starting point within the Institute for Social Research in 1929, Critical Theory has expanded its conceptual boundaries to encompass any social theory that places primary emphasis upon systems of domination and coercion, and upon the possibility of social transformation, and emancipation. Hence critical theory—without capitalisation—has now become an umbrella term that, while no longer necessarily explicitly Marxist in orientation, nevertheless includes emancipatory work within areas such as feminism, post-colonialism, cultural studies, and of particular relevance here, education.

The dominant theme within education research from a critical theoretical perspective, has traditionally been to problematise the widely-held belief that the school system represents a meritocracy (Henry, 2000). That is, critical theorists
assert, quite rightly, that there is far more to success and failure in education than individual ability, and that the outcome of the educational race is all-but determined long before the children arrive in grade 1. Explanations for this inequity are many and complex, but tend to fall into some familiar areas. Bourdieu (1974) formulated the idea of ‘cultural capital’ to explain some of the subtle ways in which the habitus possessed by middle-class student translates into academic and social success within the equally middle-class environment of the mass school. Likewise, Connell et al (1982) note the way in which the academic curriculum operates to filter pupils based upon their social class, directing ruling-class students towards academic paths, and working-class students towards vocational outcomes.

While these two important pieces of research focus on social class and education, critical theory also has had much to say on issues of schooling and gender (Gilbert & Taylor, 1991), race/ethnicity (Sikes & Rizvi, 1997), age and culture (Walker, 1988), and so on. Each of these texts is characterised by a focus upon social structure, relations of power, and the possibilities of greater equity. It is not surprising then, that when critical theorists address the issue of behaviour disorders, and more specifically ADHD, not only do they most often adopt the class/race/gender framework characteristic of critical theory, they also approach the problem with an emphasis on social domination and inequality. Taking a number of these axes in turn:

**Social Class**

Prosser (2006) contends that rather than being an objective scientific fact, ADHD is an amalgam of class-based ideology, mixed with historically contingent research. Employing the work of Schachar (1986), Prosser notes that the early versions of the disease entity ADHD, emerging at the start of the 20th century, arrived at a time of labour unrest and the beginnings of organised political resistance. The upper classes were becoming increasingly concerned over the conduct and character of the working classes, with the self-evident moral, intellectual and educational differences between the two classes positioned as the cause, rather than the product, of the rise in urban decay and criminality. Also, the concomitant rise of scientism and positivism gave a ready vocabulary for school misbehaviour, in that it founded its explanations within nature, rather than in any way as a function of social inequality or depravation. Given that the mass schooling was, and remains, largely based upon middle-class culture, expectations and practices, working-class deficits from these ideals could be explained in terms of pathology, thereby leaving the system itself free from criticism or change. Critical theorists would argue that little has altered regarding this analysis.

The suggestion is that children do not behave appropriately in school because they fail to experience social and emotional support and that this has to be rectified in order to protect adults, the viability of the economy and the long term stability of society. It would appear that the need for good children,
normal young people and future productive citizens underpins the emergence of ADHD as a category. (Davis, 2006:52)

Not surprisingly, the research suggests that there is a greater diagnosis of ADHD amongst lower socioeconomic status children (Kendall, 2000). The explanations given for these figures are threefold: first, following the arguments of Connell et al (1982), such children have less invested in the schooling system, given they remain detached from many of its academic goals and priorities, so perhaps not surprisingly, they are less committed in the classroom, and therefore more likely to find themselves labelled with a behavioural pathology. Second, due to greater economic stresses, there is an increased prevalence of family breakdown, instability, and financial hardship among those of lower socioeconomic status, all of which may contribute to a greater tendency towards classroom misbehaviour. Finally, the higher incidence of ADHD diagnosis among lower socioeconomic status pupils may be related, by circular logic, to the perceptual set possessed by some teachers that such pupils are more likely to exhibit ADHD-type behaviour, and are therefore in greater need of social control.

It should be noted, however, that there is a spike in the statistics regarding the diagnosis of ADHD among the upper-middle class (Manne, 2001). There are deemed to be two mains reasons for this anomaly. First, this social cohort has ready access to psychological information and advice, essential practical and statistical prerequisites for any ensuing diagnosis. Second, given the value they generally place upon academic success, ensuring their children remain compliant and focused within that system is regarded as crucial, a focus considered significantly more likely with Ritalin.

Sex/Gender

Research suggests that boys are somewhere between 5 and 9 times more likely to be diagnosed with ADHD than are equivalent girls (Gaud & Carlson, 1997; Nadeau, Littman & Quinn, 1999; Schneider & Eisenberg, 2006). Even those who champion an objective understanding of the disorder suggest that this is unlikely to be an accurate reflection of the sexed distribution of the disorder—being, as there is, no material reason why boys should be more susceptible to the condition than girls. This problem has been sidestepped within the psychological literature by demarcating two very different types of attention deficit, the first largely afflicting boys, becoming manifest through hyperactivity and impulsivity, the second largely affecting girls, who are deemed to exhibit inattentiveness and anxiety (Rielly et al., 2006).

Critical theorists propose a very different explanation, based not in inherent differences within the brain, but within the various processes by which children are engendered. Southall (2007) notes that the traditional cultural processes involved in producing ‘masculine’ boys and ‘feminine’ girls, are based upon complementarity: men are strong, women are weak; men are dominant, women are submissive, and so on. Following this binary logic, there is an emphasis placed upon a boisterous, competitive, active and assertive model of masculinity, as opposed to a gentle,
nurturing and caring form of femininity. This masculine archetype is deemed acceptable on the sports field, or in the playground—indeed, for a boy not to demonstrate these characteristics may be seen as a cause of concern—however, it is now regarded as inappropriate, to the level of pathology, to exhibit these tendencies within the classroom. To put it another way, the boundaries of gender are now context-determined, and the appropriacy of those boundaries is reinforced and validated by the power of psychological truth.

Southall (2007:84) extends this analysis to suggest that the problem has been compounded by a marked decrease in tolerance in recent years for disruptive behaviour in the classroom, and that this change has had a large part to play in the advent of the ADHD ‘epidemic’ among boys:

In order for schools to be more liberal in their overall functioning, there has had to be a corresponding tightening of parameters about what is and what is not acceptable behaviour. This has resulted in some significant changes in rules and much more focus on self-regulation … what results is what Timini terms “a new set of “naughty boys””.

Race/Ethnicity

The research into Race/ethnicity and ADHD suggest that ADHD is predominantly a white disorder. In her summary of American statistics on ADHD diagnoses, Currie (2005) notes that the percentage of parents who have ever been told that their child had ADHD stands at 7.5% for whites, 5.7% for blacks, and 3.5% for Hispanics. From these initial statistics, 4.4% of whites received treatment for ADHD, but only 1.7% of blacks. These figures imply that the disease entity ADHD is more likely to be found in those categorised as ‘white’, rather than in children of other racial and ethnic groupings. That is, white children are naturally more predisposed to suffer from ADHD than any other children.

However, this result is more complex than it may initially appear. Currie also notes that, after taking into account other variables such as income and parental education levels, there are no statistical differences between racial/ethnic categories regarding the prevalence of clinically significant ADHD symptoms. Therefore, the differences in the statistics relating to diagnosis, are solely a reflection of social issues, such as access to medical/psychological treatment, negative expectations about that treatment, cultural differences in approaches to mental health care, different attitudes to the use of psychotropic drugs, cultural variations within expectations of appropriate behaviour, and the social biases of diagnosing experts.

This final issue is exemplified by the finding that when shown randomly assigned racial variables to various student profiles, teachers were more likely to believe that whites had ADHD, as opposed to blacks (Raymond, 1997). The most logical inference to draw from this result is that teachers are more likely to believe that misbehaving white students must be sick, whereas misbehaving black students are just plain naughty.
A further issue of relevance concerns the relationship between ADHD and aboriginality. Baydala et al. (2006) found that 22.7% of the Aboriginal children in their survey, based in Northern Alberta, Canada, demonstrated symptoms consistent with ADHD, far higher than the general population. They conclude that either such children are more likely to have ADHD, or that the unique learning styles and behavioural patterns in Aboriginal children may lead to faulty diagnoses. Walker (2006) extends this latter explanation in his study of Native Americans of the Yakama Nation in the Pacific Northwest. He raises three explanations for the prevalence of the diagnosis within the community. First, he mirrors the suggestion raised by Baydala et al. that the unique learning styles and situations associated with the Yakama are a poor fit with the classroom expectations of the dominant culture.

Second, the cultural trauma suffered by generations of Yakama has, in part, manifest itself in terms of pervasive community resistance to white practices, including education. A desire to hang on to surviving language forms, spiritual practices and old ways of life, often prove similarly incompatible with modalities of western schooling, and can lead to cycles of disadvantage. The issue of a post-colonial understanding of largely western disease entities will be discussed at greater length in the conclusion to this book.

Third, and very much tied to this disadvantage, is the issue of the social use of Ritalin:

At the Yakama Nation in 2005, prescribed stimulant medication had a street value of $10 for 4 tablets. Its abundant availability is the result of a 75 percent probability that, on his or her first visit to the Yakama Indian Health Clinic for behaviour problems, a child will be diagnosed ADHD and prescribed stimulants. (Walker, 2006:76)

*Age*

Currently, adults are diagnosed with ADHD at around 25% the rate of children (Kessler et al., 2006). This disparity can be explained in a number of different ways, such as a developmental predisposition towards growing out of the disorder with age, the augmented medical supervision, and hence diagnosis, of children, the greater institutional requirement for children to be quiet and docile, or even the unwillingness of adults to voluntarily admit to mental difficulties. All of these have currency within the debates over ADHD, however Jacobson (2006;171) implies that the explanation is likely to be far more straightforward than this. That is, ADHD is, in large part, a reflection of the power relations between adults and children. Indeed, he asks the question: ‘is the diagnosis of ADHD yet one more tool adults are using to try and enhance their power over children’.

The contention made by critical theory here is that children are constantly seeking ways to resist against the dominant social order imposed by adults. The classroom is the primary site for this ongoing struggle, and mass schooling itself is an organised mechanism for the reinforcement of an intellectual, social and cultural hegemony imposed by adults. While a certain amount of disorder is tolerated,
extensive disciplinary machinery is brought into play when that disorder begins to become problematic. The diagnosis of ADHD, and the ensuing deployment of Ritalin, is especially useful within this context, since it acts to delimit the more severe forms of disruptive behaviour, behaviour which, though normally ‘is like a constant drip of water’, if unchecked, ‘can easily turn into a stream or a flood’ (Jacobson, 2006:164). As such, Ritalin is positioned as the latest, most effective tool in the educator’s arsenal against the constant, counter-hegemonic struggle engaged in by children against adult authority.

Interestingly, the issue of age is also pertinent with class cohorts. Those children least likely to be able to conform to adult expectations within the classroom, i.e., the youngest quartile within any given year grouping, are about 1.7 times more likely to receive a diagnosis of ADHD than are the remaining three quarters of the class (Schneider & Eisenberg, 2006). Furthermore, the older any given child is within the year, and hence the more able to focus on tasks and to manage their behaviour, the less likely they are to be diagnosed with ADHD, and the less likely they are to be medicated into obedience.

The Business of ADHD

The final component of a critical theoretical approach to the issue of ADHD generally involves not one of the familiar axes of identity, such as class, race, gender, or age, but one of the pernicious effects of the pharmaceutical industry, with its immense political and economic power. Block (1996) argues that the equation is very simple: the more people diagnosed with ADHD, the more ADHD drugs prescribed—normally Ritalin or Adderall—and so the more ADHD-related services are provided, the more people are employed in the treatment of ADHD, and hence the more money everyone makes in the ADHD industry.

A number of other writers paint a somewhat more complex picture of the relationship between ADHD and the drug industry. While still underpinning their analysis on the profit motive, they position the makers of the ADHD medication, not as grateful, but essentially passive, riders on the ADHD wave, but rather as prime-movers in its diagnosis and treatment (Baughman, 2006). This happens in a number of ways.

First, the drug companies fund research into ADHD. That is, those researchers who investigate the nuances of the disease, its aetiology, its symptomology, its frequency, its constituency, the very information deemed to confirm and reinforce the existence of the disorder, are often funded by the major drug companies who benefit the most from that confirmation.

Second, influential American organisations such as CHADD (Children and Adults with ADD), which is a support group for ADHD, as well as a powerful advocate for the use of ADHD, have been shown to be heavily sponsored by the makers of ADHD medication (Block, 1996). Arguably, working as a proxy for those companies, CHADD has lobbied to have that medication removed from the American list of Schedule II drugs, and placed on the Schedule III list, thereby no longer requiring approval for production quotas (Manne, 2001).
Third, doctors are lobbied heavily by the drug companies to prescribe ADHD medication. Those doctors are also well rewarded for this diagnosis. Consequently, when children present with a cluster of ‘symptoms’ such as inattentiveness, hyperactivity, and varying degrees of educational failure, the first conclusion often reached by those doctors is that the child is sick, and the illness is ADHD. Such diagnoses then gain their own momentum, with the result that if a child is regarded as being overly energetic, then surely they must have ADHD (see Affirming the Consequent fallacy, Chapter 5).

Finally, the placing of ADHD on the DSM-IV has also been regarded as a product of pharmaceutical industry intervention. The suggestion here is that the various categories of difference formulated within this document are not inevitable, self-evident, objective, natural essences, finally discovered and detailed as a product of clear-sighted scientific investigation. Rather, the emergence of such categories is the result of contestation and lobbying, of intellectual disputation and compromise, of doctrinal orthodoxy and vested interest. Certainly, the benefits of having behaviour disorders on the DSM-IV include assigning the imprimatur of truth to what would otherwise be shaky pseudo-categorisations, and hence allowing for their widespread medication, as well as permitting the expansion of categories such as ADHD to cover adults as well, and hence opening up an entirely new market for pharmacological products (Conrad and Potter, 2000).

Once again, to address the two questions outlined in the introduction to this chapter: first, what role, if any, do these differences have in the processes of social governance? According to the logic of critical theory, ADHD and the other newly-formed behaviour disorders, provide an effective mechanism of social control. They are efficient devices which permit the enforcement of order within the mass school, wherein children are compelled to conform to the rules and mores of adult society. Those that do not are now liable to medical pathologisation and pharmacological intervention. In addition, not only are the effects of the disorder refracted throughout the social body along the familiar and predictable lines of class, race, gender, and age, but also free market practices have had a causal role to play in the widespread distribution of the diagnosis, and the power and influence of the drug companies has organised the production of medical and psychological truth in their own interests.

The answer to the second question—how is the role of teacher to be understood by critical theory within this problematic?—is similarly influenced by the truth-shaping power of the medical authorities and the drug companies. According to Phillips (2006, teachers act as sickness brokers for ADHD. That is, it is non-medical and ancillary players in the behaviour disorder equation who perform the routine work of disseminating understanding of a new sickness:

With ADHD, the teachers work extends beyond simply ensuring the disorder is understood by parents. Instead, the teacher participates in the diagnosis, and may broker different forms of treatment … Brokerage is not a disinterested activity: teachers may have a vested interest in detecting and managing disruptive children … A subtle incentive for teachers to administer medication
in the middle of the day may be the assurance of a tractable child in the afternoon. (Phillips, 2006:433-434)

Teachers are therefore positioned as an effective tool in the exercise of adult power over children. Moreover, they play an ongoing role, via the medium of ADHD, in the reinforcement of predictable social differences regarding class, race and gender.

Problems with Critical Theory

It has been argued that critical theory has a number of inherent weaknesses (Tait, 2000), many of which apply to this analysis, and most of which involve problems with what Foucault (1976:87-89) refers to the ‘juridico-discursive’ understanding of power—although related flaws within dominant conceptions of ideology and hegemony are also pertinent. Three elements of Foucault’s critique of power are worth noting within this context.

First, within critical theory, the exercise power is regarded as fundamentally coercive. Those who have power, in this case the drug companies, doctors, psychologists, teachers, use it against those who do not: children, the working classes, ethnic minorities. Those on the receiving end of this power will always seek ways to try and resist its exercise, whatever that power’s sources or manifest form, be they disruptive pupils in an Australian classroom, or the indigenous children of the Yakama.

Second, power is regarded as a totalising concept. There is no essential differentiation between the social domination exercised through the new mechanism of ADHD, and any other form of power that has targeted, or still targets, those subject to the diagnosis, whether that power is bluntly economic, or subtly hegemonic. It all forms part of a generalised process by which those who possess power control those who do not.

Third, power is regarded as zero-sum. Just as those who have power, who possess it like an object, can exercise it for their own advantage, there must therefore be a corresponding group who lack power, and whose only option is to try and find ways to take some for themselves. It is the doctors, psychologists and teachers who have power, who diagnose, medicate and supervise the ADHD pupils who are deemed to lack a corresponding amount of power.

As a critique of this position, Foucault argues that this approach to power is an overly simplistic, reductionist understanding of what is actually a more complex, piecemeal and productive set of relations and transformations. As will be exemplified in the next section of this chapter, Foucault does not position power as a coercive entity, through which those above dominate those below. Power does not act simply to repress, causing resistance from the powerless. Instead, for the most part, it is productive, in that it brings new forms of conduct into being, and arranges new identities and new ways of understanding. Within this logic, ADHD is not a repressive entity that signals the domination of those subject to the diagnosis, it is an administrative device that reorganises various populations into new and productive modes of behaviour.

Furthermore, Foucault does not regard power as a singular facticity, a homogenous relation possessing an identical essence that operates in the same way, irrespective
of context. Likewise, it does not operate in zero-sum ways, in that various forms of power can produce positive outcomes for all those involved in its operation. As Foucault (1976:94) famously states: ‘power is not something that is acquired, seized, or shared, something that one holds on to or allows to slip away; power is exercised from innumerable points, in the interplay of non-egalitarian and mobile relations’. Thus the power relations operating in the classroom via the deployment of the disease entity ADHD—at once compound, reciprocal and productive—bear no necessary relation to other forms of authority and methods of social administration that function within the same location, and which can involve the same players.

One of the central outcomes of these perceived shortcomings of critical theory has been the development of a new understanding of the exercise of power within contemporary societies, one based around the notion of governmentality. This understanding produces a very different explanation of both the relationship between ADHD and social governance, as well as the role of the teacher within that conceptual and professional framework.

SOCIAL GOVERNANCE, THE RISE OF PSYCHOLOGY, AND ADHD

The psychology of the individual formed in England at the end of the nineteenth century around a problem of defective mental capacities: feeble-mindedness. What was at issue was not the plight of the individuals themselves, but the consequences of such individuals for the population as a whole (Rose, 1985: 39)

Foucault argues that while the juridico-discursive model of power certainly had currency for understanding forms of rule up until the seventeenth century—a time when power lay in the hands of the sovereign and was exercised solely in their interest—from the eighteenth century onwards, there occurred a transition to a society ruled by ‘techniques of government’ (Foucault, 1991:101). In order to explain the nexus between these techniques of government, and the rise of behaviour disorders such as ADHD within the mass school, it is first necessary to clarify the roles of three important, and interrelated, social changes that occurred at this time.

The first involves the emergence of the notion of ‘a population’. In Europe, prior to the nineteenth century, the vast majority of the people, including those who ruled, would know very little about the demographics of their social surroundings, quite simply because the mechanisms did not exist to accumulate the necessary information. However, with the advent of a more complex, industrial society (among other reasons), the need for such information became more apparent (Kay-Shuttleworth, 1973). This process began with the deployment of devices such as the census, early versions of which enabled disparate organs of government to sketch out a preliminary map of some of the most important contours of community life. As the nineteenth century progressed, more and more statistical information was gathered about almost every conceivable aspect of existence, what Hacking (1982) referred to as ‘an avalanche of printed numbers’. With this
knowledge developed the notion of a population, complete with ‘inherent’ characteristics, features and categories. The important issue here is that people were no longer part of an unknown and unknowable mob, but had instead become part of a population, a new and pivotal phenomenon which was soon to replace the wealth of the sovereign as the central raison d’être of government. This occurred both directly and indirectly, not simply in improving its conditions, but also in managing its habits, aspirations and interests. Government would therefore become ‘the conduct of conduct’ (Gordon, 1991:2).

The second significant change involves the advent of liberalism. The philosophical ideas of John Locke and David Hume, as well as the economic theories of Adam Smith, were instrumental in formulating a series of concerns about the limits of government. Liberalism, as a ‘formula for rule’ (Rose, 1993:283) depends upon a certain distance from matters of state, a state with inherent limitations in its ability to know. To put it simply, liberalism took as its central problem the demarcation of the governable from the ungovernable, of those areas of necessary state intervention from those of autonomy. For example, it was argued that while it was still appropriate for the state to organise both the judgement and punishment of criminal conduct, it should stay out of the economic marketplace.

However, this did not simply mean that large portions of society were just to be left to their own devices. Some of those domains where governmental intervention was deemed inappropriate, such as those responsible for the raising of children, were organised by far less direct forms of management, mechanisms of government which ‘operate at a distance’. That is, the state did not organise the internal conduct of the family based upon such clumsy coercive mechanisms as laws, decrees and regulations. Rather, it administered the raising of children through the expertise associated with disciplines like family guidance, welfare, psychology, community medicine, counselling and pedagogy. In this way the family could at once be private and autonomous, while at the same time being regulated as one of the most important sites for instilling the capacities, aspirations and habits required of the population.

Significantly, the school became one of the most important sites where this ‘government at a distance’ was to occur. The expertise of the teacher became a vital component in the management of an entire segment of the population. Schools would no longer be places where a few, wealthy children went to acquire the cultural capital necessary to maintain their social status, schools would now be put in place for everyone, regardless of background. Crucially, within these new mass institutions, the population would be shaped, governed, in ways deemed necessary for the common good, and it would be teachers who would be asked to provide both the expertise and the moral guidance to accomplish this government.

The third change involves the form that schools (and other related institutions) were to adopt from this time onwards. A series of architectural and organisational changes resulted in the opening up of a new series of possibilities about the role such institutions could play in the modification of human conduct. Foucault (1977), in his book on the history of the modern prison, sought to demonstrate that through the use of architectural devices like the panopticon (where all prisoners were
continually visible from a central observation point) it became possible to enlist prisoners in the process of their own reformation. Since the prisoners would never be sure if they were under surveillance, they would have to keep their conduct in check at all times, thus becoming, in essence, their own gaolers. The discipline imposed by this surveillance would become self-discipline, and regulation, self-regulation. Importantly, the use of panopticons was not restricted to the prison. Schools adopted this system of organisation, and it quickly became the norm for all classrooms.

Intrinsic to the success of this new disciplinary mechanism were the strategies of individuation, differentiation, and normalisation. Each prisoner/pupil was now to be allocated their own space. No longer could they be treated as part of a mob, moving around without restriction. Instead they were to be individuated, prisoners were placed in specifically allocated cells, pupils organised into rows and columns in particular classrooms, each knowing their place, and in turn being known. With this individuation comes differentiation. Through continual and wide-ranging assessment, it was now possible to identify particular characteristics, skills, capacities, weaknesses of any person within this grid. Add to this the effective keeping of records, and new identities started to emerge—such as the ADHD child—identities with far greater depth, texture and permanence than was previously possible, or even thinkable. Students are now intimately known and documented as part of what is regarded as fundamental good practice in education.

Probably the most significant aspect of this process was that it now became possible to normalise the population in ways that were previously inconceivable. By divining ever-increasing numbers of measurable capacities within children, and by constructing endless sets of norms from this data, children can be assessed against their peers, their shortcomings documented, and the relevant forms of intervention set in motion. Students are no longer to be normalised on just their punctuality or their spelling. Instead a densely saturated corrective apparatus was put in place, an apparatus which normalises everything from speech to sports, from attitude to arithmetic. Thus, by individuating students, they can be differentiated. By differentiating students, they can be normalised. And a normalised population is a manageable population.

At this point, a Foucaultian approach to understanding the advent of mass schooling can be contrasted with that of the previous two paradigms outlined in this chapter. A number of texts, but in particular the work of Ian Hunter, have sought to reinterpret the origins of mass schooling, thereby problematising some of the most common misconceptions around its formation and function (Meredyth and Tyler, 1993; Hunter, 1988; 1994). One of Hunter’s most significant contentions is to reject the totalising discourses that schools are either unsuccessful attempts at equity (as in critical theory), or equally failed attempts at complete personal development (as in educational psychology). Rather, two aspects of the improvised and ad-hoc school are foregrounded, that is: ‘its relation to the apparatus of the administrative or governmental state, and its relation to the institutions of Christian pastoral guidance’ (Hunter, 1994:xviii). Within this overarching logic, Hunter contends that mass schooling became one of the most important and convenient mechanisms for implementing specific forms of self-cultivation and distributing
them to a mass population. That is, the appearance of the modern classroom had the dual effect of regulating the behaviour and bodily demeanour of large numbers of children while simultaneously supplying them with the various skills and capacities related to appropriate self-regulation (Hunter, 1984).

This shift in tactics, while retaining a similar strategy, is a point Hunter (1993) made with regards to the beginnings of child-centred pedagogy. He argued that the ends of fostering specific forms of self-cultivation within a mass population could not be realised solely through the mechanisms available at the beginning of the nineteenth century—that is, either through the strict regimen of monitorialism or the pastoral care of the Sunday school. Hunter cites David Stow (1850), a nineteenth-century educational reformer, who argued for a form of schooling that allowed a greater level of freedom than previously possible within the monitorial school, and yet which still permitted the subtle imposition of required social norms. This child-centred pedagogy successfully combined the strategies of pastoral care with those of social investigation and administration, and it also promoted a sympathetic relationship between teacher and pupil, in the form of the concerned teacher who observes and directs the moral development of children. Even in those educational sites generally characterised by their child-centredness, such as the kindergarten, pastoral care is combined with social investigation and management. Thus, these two positions do not represent a fundamental opposition; rather they are two tactics that form part of a wider strategy aimed at the correct training of young people (Slee, 1992). As such, it can be seen that moral management has been one of the twin raison-d’êtres of mass schooling since its inception, and this is still the case with the ongoing pathologisation of student conduct and personality.

Psychology and the Pathologisation of Difference

The scientisation of student difference has now opened the field up to a vast new range of interventions, which has in turn increased exponentially the effectiveness of the grid of governmental intelligibility aimed at young people. As Meadmore (1998:1) points out:

Instances where a child is disruptive or where they are not learning successfully demand attention from the ‘experts’ who range from medical practitioners, psychiatrists, psychologists, resource teachers and class teachers to the children’s parents … Expert treatment is ‘successful’ if some kind of reason can be found for the child’s poor behaviour or learning problems and a therapeutic drug regimen put in place.

The rise of this tactic—the use of medical and psychological categories for effective individuation—should not really come as any great surprise. In The Birth of the Clinic, Foucault (1973) charts the rise of a new form of medicine, based upon observation and the compilation of norms, which, via statistical analysis not only enabled the construction of life-histories for each complaint (and hence new
and more comprehensive nosologies), but were also responsible, in part, for the emergence of the pivotal notion of 'the case'.

Likewise, with psychology. The concern for the health of the population did not stop with simply policing external manifestations of abnormality within the urban population, such as illness or deformity. As Rose (1985; 1990) contends, the health of the mind was now to be subject to governmental intervention and regulation. The rise of the various psy-disciplines (psychology, psychiatry, psychoanalysis) denotes the emergence of a new rationale of government targeting human individuality. The conduct of citizens was now to be directed by investigating, cataloguing, interpreting and modifying their mental capacities and predispositions:

One fruitful way of thinking about the mode of functioning of the psychological sciences ... might therefore be to understand them as techniques for the disciplining of human difference: individualising humans through classifying them, calibrating their capacities and conducts, inscribing and recording their attributes and deficiencies, managing and utilising their individuality and variability. (Rose, 1988:187)

Just as the physically ill became sub-divided into more precise and workable categories, so too were the mental faculties of the population, beginning with the young. A concern over the notion of the 'feeble-minded', combined with the new-found psychometric techniques of mental measurement, resulted in the burgeoning of the taxonomies which set out the problems of the mind. This process has been particularly evident within the school, and is now one of its most significant characteristics. As previously mentioned, contemporary pupils are no longer simply too lively, they are reclassified first as hyperactive, and now as suffering from ADHD, ODD or CD, and pupils are no longer simply unpopular or obnoxious, they are reclassified as Borderline Personality Disorder (BPD), or Antisocial Personality Disorder (APD).

Through tactics such as these, the school (along with the pedagogic family) is now the central site where personality is to be shaped and normalised. Furthermore, identifying, organising and treating non-conforming children as ADHD and ODD sufferers serves a dual purpose: first, there are significant administrative benefits from ongoing intervention, in the form of better and easier management, both in the home and the classroom. Second, there is a greater social acceptability for a child to be suffering from a medical condition, that there is for one who might otherwise be regarded as willfully naughty. As Meadmore (1998:1) states ‘It is better for everyone for the child to be “sick” rather than “bad”.

To address the two central questions organising this chapter: first, what role, if any, do these differences have in the processes of social governance? In many ways, this question is tautological when placed in the context of a Foucaultian understanding of the production of psychological categories. That is, the creation of nosological differences, such as ADHD, are a primary element within the fundamental functioning of a disciplinary society. By differentiating populations into smaller and smaller sub-groupings, it becomes possible to target, with ever increasing acuity, specific forms of governmental intervention into conduct. Not only
does this permit ever more effective normalisation, but it also renders the population more knowable within the broader web of governmental intelligibility. The issue here is not really ADHD, in and of itself, as a singular entity. The issue is that ADHD is now just one of hundreds of categories of psychological difference, across which children (and increasingly adults) can be measured, assessed, found wanting, and normalised.

The second question is: how is the role of teacher to be understood here? Within this paradigm, the teacher is positioned as an effective relay between the psychologist and the student. They have been recruited as quasi-experts in the governance of the subjective lives of the population—‘government at a distance’, within the logic of liberalism. After all, as part of the process of making productive citizens, it is often regarded as the teacher’s job to be the first to identify signs of intellectual and behavioural difference, and to apply to those differences the various grids of reference that permit the ready allocation of appropriate pathological categories to the students concerned. All school personnel are now expected to be suitably trained in the operation of such disorders, and as the number of these entities increases, so are the concomitant responsibilities faced by teachers.

CONCLUSION

Teachers who describe a child’s behaviour as ‘hyperactive’, ‘distractible’, or ‘impulsive’ set a different ship in motion than do teachers who describe a child as having difficulty in what the Department calls ‘learning how to learn’. (Graham, 2006: 12)

The Foucaultian position is not without its critics. To those who accept ADHD at face value—as a natural essence, an objective medical fact—such as many educational psychologists do, Foucault’s (1980:132) notion of a ‘regime of truth’, (an ensemble of rules according to which the true and the false are separated, and special effects of power attached to the true), may not extend as far as scientific truth. That is, although other social and cultural phenomena may have their truth value determined by context, scientific truths are accorded the protection of the scientific method, and hence are immune from this form of criticism, as are scientific categories such as ADHD. The relation between truth and ADHD is discussed at length in the next chapter.

Critical theorists have also expressed dissatisfaction with the Foucaultian position. They have argued that in describing power in productive, rather than coercive terms, this underplays, or even ignores, all the inequalities that still characterise Western societies, inequalities that play a crucial role, not only within the education system, but also in broader distribution of social access and resources. Indeed, critical theorists have characterised the Foucaultian position as wilfully a-political (Secombe, 1993). Certainly, issues of class, race and gender, as well as the role of the pharmaceutical industry, are not irrelevant in understanding the rise of behaviour disorders, and in particular ADHD—far from it—however the case would still have to be made more effectively that the evolution of such
disorders is about social control and domination, and not about regulation and administration, for critical theory to be deemed to provide the most convincing explanatory framework available.

In conclusion, the issue here has not been to reject the various new medical/educational categories of difference outright. Instead, the point is that when new cannons of judgement are employed, new realities come into being, and as a result of the rise of contemporary forms of governance, teachers are now confronted with a range of such new realities. Simply refusing to accept the existence of ADHD, as an objective truth, is ultimately of little use. The decision as to its veracity will be made in locations other than the school, and by knowledges other than those produced by educators. And it is not just new canons of judgement which produce new realities, so to do new forms of social administration. After all, it is not just medicine and psychology which produced ADHD, it was also the individuating/differentiating logic of the contemporary school itself. After all, as Baker (2002, 676-677) notes, the recent proliferation of behaviour disorders:

has not emerged out of some sinister mean-mindedness but out of the very pragmatic realisation that failure at school and the failure of schools have direct consequences for how much one can earn, the quality of life, the garnishing of respect for others, or all three, linked as they are.

That said, there is still perhaps a place for some healthy scepticism over the seemingly endless production of new categories of difference. As previously mentioned, it is part of the ongoing processes of government to keep finding new ‘objective’ classifications within which to normalise targeted sections of the population. Surely then, it is appropriate not to accept immediately, dutifully and uncritically every new personality and learning disorder that emerges. Perhaps longevity should be regarded as the primary test of veracity. Dyslexia has survived as a disease entity for in excess of thirty years, and still appears to operate well and validly within its definitional criteria, whereas the jury is still out on ADHD, and is likely to be so for some considerable time yet. However, questions are still to be asked over entities like ADHD because of the social and administrative function they appear to serve within the classroom. That is, suspicions inevitably arise over the objectivity of such disorders when their central purpose appears to be the maintenance of good order within a context as artificial and historically contingent as the panoptic classrooms of contemporary mass schooling.

The intention in this first chapter has been to reconfigure some of the ways in which difference can, and ought, to be discussed within education. While anxieties over class, race and gender undoubtedly still have their place, it is the vocabularies of pathologisation which now constitute some of the most significant elements of the relationship between education and difference.
CHAPTER 2

TRUTH

The ADHD Debate: Realist versus Anti-Realist Models of Truth

INTRODUCTION

Theories: Four stages of acceptance: 1) this is worthless nonsense; 2) this is an interesting, but perverse point of view; 3) this is true, but quite unimportant; 4) I’ve always said so. (Haldane, 1963: 464)

As mentioned in the last chapter, if this discussion were to be on the subject of dyslexia, chances are it would be rather short, as there now seems to be little debate over its veracity as a category. Dyslexia is now deemed to exist in an objective sense, in that it is regarded as an unfortunate neurological problem which affects the way visual information is carried to the brain, resulting in a range of learning difficulties for a small percentage of the population. Currently, there appear to be no competing psychological theories to explain why these particular children struggle to read in the way they do. Of course, thirty years ago, such theories did exist … i.e., those students were not very bright, or not very motivated. However, a new theory evolved—mostly likely following the four stages outlined above—and now the truth of dyslexia appears to be cemented into contemporary scientific and pedagogic discourse.

In contrast, Attention Deficit Hyperactivity Disorder (ADHD), which is primarily a theory concerning the misbehaviour of children, has yet to reach the status of ‘established truth’, in spite of what its advocates may claim. Debates continue not only within the pages of learned journals, but also in the popular media, where various treatments and protocols of diagnosis are discussed alongside the arguments of those who refuse to recognise the disorder at all.

Significantly, those interested in the issue of ADHD appear to have clustered into three main camps, each with its own theory/theories. They are set out as follows:

Camp 1
Theory 1 - this consists of ADHD’s true believers. There is now a huge literature on various aspects of the disorder (its aetiology, its central characteristics, different methodologies for intervention) written from within any number of different disciplines (medicine, neurobiology, psychology, biochemistry, pedagogy, jurisprudence, to name but a few). These knowledges largely take ADHD to be an objective truth, an aberration of the human mind finally uncovered by the keen eye of contemporary science. As Haldane’s model predicts, the theory that large number of children might be misbehaving because of a neurological disorder called
ADHD was initially regarded as worthless nonsense, only to be triumphantly uncovered as the truth three stages later.

The science speaks for itself ... it’s a real disorder; it’s valid ... Many people in the public ask, ‘Where were these kids when I was growing up? I’ve never heard of this before.’ Well ... back then we didn’t have a professional label for them. We preferred to think of them in moral terms. They were the lazy kids, the no-good kids, the dropouts, the delinquents, the layabout ne’er-do-wells who were doing nothing with their life. Now we know better. Now we know that it is a real disability, that it is a valid condition ... (Barkley, 2001, interview)

**Camp 2**

Theory 2 - this consists of those who think that ADHD may exist, but that if it does, consider that it has been wildly over-diagnosed. The problem here is that the diagnosis of ADHD is entirely subjective. Breggin (1998:138) points out that there are no physical symptoms, neurological signs, blood tests, brain scan findings nor chemical imbalances which can verify that a child has ADHD. Consequently, it is up to individual doctors/psychologists/teachers to decide who may or may not have the disorder, and given the relative ease with which Ritalin pacifies troublesome children, it is perhaps not surprising that this ‘magic pill’ has become so incredibly popular (Jacobs, 2002:44). Also, given that its central function is to stimulate concentration, research suggests Ritalin is being used by middle-class parents as a way of artificially boosting their children’s academic performance (Carle, 2000).

**Camp 3**

Finally, the third camp consists of those who do not accept the objective ‘truth’ of ADHD. This camp is itself made up of three separate theories:

Theory 3 - this asserts that ADHD is a fiction, or more specifically, a fraud. A number of writers have argued that the disorder is largely the invention of pharmaceutical giants such as Ciba-Geigy (Armstrong, 1997), who have the largest share of a market in cures estimated at $670 million (US) annually (Magill-Lewis, 2000).

Theory 4 - this contends that, rather than being an objective and valid disorder, ADHD is simply an amalgam of normal childhood behaviours, and as such, is not a fraud, but is rather simply a mistake, a spurious invention. For example, Goodman (1992) contends that the disorder is mostly a disorganised jumble of often-contradictory characteristics and causes which do not cohere effectively into any kind of valid or consistent entity.

Theory 5 - this position questioning the objective validity of ADHD contends that the advent of such disorders is not best understood in terms of either fraud or error, but rather in the rise of differentiating forms of government. This paradigm has been discussed at length in the final section of the Chapter 1. To reiterate, by the subdivision of the population into an exponentially increasing number of categories, it becomes possible to regulate conduct to an ever-finer degree. This does not just include the most obvious external manifestations of docility and discipline, but
with the rise of the psy-disciplines, also the smallest working of the human mind (Rose, 1990). ADHD is therefore best understood not as an isolated issue, a single bounded natural category/truth to be identified and rectified, but rather as one of hundreds of categories/truths of childhood difference, each with its own specific characteristics, forms of intervention, and prognosis.

All this raises an interesting question. Are those with an interest in ADHD logically compelled to pick of the five theories and say, ‘This is the truth. All those who do not agree with this position are wrong,’ or is it possible for two seemingly mutually exclusive theories both to be true? Of the five mentioned, some theory-pairs can be discounted immediately—not in terms of their truth-value, but in terms of whether theories that conflict with them can also be true. For example, Theory 1: ‘ADHD is real, it exist in nature’ cannot coexist with either Theory 3, ‘ADHD is a fraud’, or Theory 4, ‘ADHD is a mistake’, as both are simply rebuttals of the first statement, and it is generally taken as a logical truism that $a \neq \neg a$.

Similarly, Theory 2, ‘ADHD may exist, but it has been wildly over-diagnosed’ is something of an agnostic position, in that it cedes that possibility of either of the other theories actually being true.

Therefore, for the purposes of this chapter, the focus falls on Theory 1 and Theory 5, two theories representing opposing sides of an ongoing debate, a debate characterised by each side saying that the other is in error. This argument would normally be summarised as follows:

1) Both Theory 1 and Theory 5 make truth-claims implying the other is false.
2) Both Theory 1 and Theory 5 have mobilised sufficient evidence to make truth claims.
3) Theory 1 and Theory 5 cannot both be correct.
4) Therefore, either Theory 1 or Theory 5 is false.

However, rather than being forced to make a determination between these theories, an alternative possibility is that both might be true. That is, can ‘ADHD is real, it exists in nature’ and ‘ADHD is the product of social governance’ both be true, when (while not being direct negations of each other, as before), it can be inferred that the other is false—from within the contextual logic of each position?

What is being suggested here is that it is possible that the heart of this problem lies not with the disease entity ADHD in itself, but rather in precisely what we mean when we say that something is true. After all, if this preliminary question—Can both theories be true?—is to be answered effectively, then it may be possible to address the dilemma forming the core this chapter in a more thoughtful and productive way, that is: ‘Is ADHD a real disorder?’

PHILOSOPHICAL APPROACHES TO THE NOTION OF TRUTH

What is truth? said jesting Pilate; and would not stay for an answer. (Bacon, 1601, 1)

There is probably no other word in the English language which carries as much symbolic, metaphysical, and romantic baggage as truth. Henkin (1966:1), the American philosopher, states: ‘The word ‘truth’, as well as such words as ‘beauty’
and ‘justice’, refer to concepts so broad, and so deeply stirring to the human spirit, that some have set them as the aim of life.’ Indeed, truth has been not only been described as providing the principal foundation of the aforementioned beauty (Keats, 1820) and justice (Disraeli, 1851), but also virtue (Holroyde, 1902), knowledge (Russell, 1912), subjectivity (Kierkegaard, 1844), and even human nature itself (Bacon, 1601). Significantly, it has also been described as the sole purpose of philosophy (Bierce, 1911).

Truth is not a simple matter. Philosophers have struggled over the notion since the ancient debate between Socrates and Protagoras, and in many ways, this argument has yet to be resolved. Socrates, as given voice by Plato, believed in the existence of absolute standards, standards having reality independent of human action or perception. This is not to say that feelings, attitudes, biases and preconceptions are irrelevant in the process of constructing truth, however, once these are stripped away—i.e. by the kind of critical reasoning espoused by Socrates himself—then it would be possible to know the truth (Plato, 1956). Plato famously used the analogy of the cave to explain his position, where he proposed that, for the most part, reality is like the shadows cast on a wall in front of people who were never allowed to look around towards the cave entrance. Plato suggested that true knowledge can only be obtained by rejecting such false appearances, and forcing oneself to leave the safety and security of the cave, and address the real objects themselves, not just their shadows (1974). Within the logic of this analogy, advocates of ADHD would regard previous educators as having long stared at shadows on a cave wall, shadows telling the story of naughty and underachieving children, seemingly destined to fail in school. Only by turning around, and emerging from the cave into the light, squinting, was it finally possible to see the real truth of Attention Deficit Hyperactivity Disorder—a real fact of nature, just waiting to be discovered.

This understanding of truth is most frequently labelled as a realist approach. James (1917: 233) summarises this view by pointing to its reliance upon the notion of a ‘world complete in itself, to which thought comes as a passive mirror’. It certainly constitutes the most familiar and widely used understanding of the relationship between ourselves and the world in which we live, and as will be discussed in greater detail shortly, the vast majority of science also appears to be based upon this logic. This is not, however, the only version of truth available to us. There also exists an anti-realist approach that can also boast a long history and a formidable theoretical foundation.

Lined up against Socrates in Ancient Greece were a group of itinerant teachers called Sophists, the most eminent of whom was Protagoras, who famously stated that ‘Man is the measure of all things’ (Plato, 1974: 160). Sophists such as Protagoras believed that finding absolute and unequivocal truth was impossible, and hence man had to learn to live, and construct knowledge, in its absence. Gorgias, a peer of Protagoras, gave the definitive statement of this logic when he claimed: ‘nothing exists, and if it did, no one could know it, and if they knew it, no-one could communicate it.’ (Sextus Empiricus, 1994). It is an extension of this belief which eventually led to the empiricism of Locke, Berkley and Hume.
beginning in the seventeenth century, i.e. the conviction that since knowledge, in the strictest sense, appears to be unobtainable, then all that remains is the possibility of extrapolating knowledge from our sense data.

However, the anti-realist position has implication for the notion of truth which extend beyond these epistemological limitations. These implications are most clearly articulated by Nietzsche, probably the greatest opponent, not only of realist understandings of truth, but also of the kind of anti-absolutism that eventually gave rise to Existentialism. Nietzsche (1954: 46) asks: ‘What then is truth? A mobile army of metaphors, metonyms, and anthropomorphisms—in short, a sum of human relations…’ His point here is that truths are formed, shaped and deployed within social contexts. The truth is not ‘out there’, waiting to be discovered, but is rather something that is brought into existence by force of the human will (Nietzsche, 1967).

Nietzsche’s approach to truth forms a crucial component in the work of many subsequent thinkers, specifically in relation to the exercise of power. Like Nietzsche, Foucault also proposes that truth is something that cannot exist in absolute terms, contending instead that there are a variety of truths, constructed within definite contexts as the product of specific legimitated knowledges. Therefore, because truth is actually the product of legimitated knowledges, as those knowledges change, then so too will truth (Foucault, 1980:131). Different societies produce different regimes of truth, and the production of these regimes is internal to the exercise of power. Truth is therefore:

A system of ordered procedures for the production, regulation, distribution, circulation and operation of statements. ‘Truth’ is linked in a circular relation with systems of power which produce and sustain it, and to the effects of power which it induces and which extend it. A ‘regime’ of truth. (Foucault, 1980:132)

Returning to the cave metaphor, Nietzsche and Foucault would therefore regard the ‘discovery’ of ADHD upon stepping out into the light, not as the unveiling of the real truth, founded upon unambiguous facts stripped of any error or misunderstanding, but rather as simply another play of shadows, another interpretation of a previous interpretation relocated to a different conceptual domain. After all, as Nietzsche (1965: 40) states: ‘there are no facts, only interpretations’.

These two generalised positions outlined above—the realist and anti-realist—while representing the primary philosophical subdivision over the issue of truth, by no means provide a comprehensive analysis of the field. The two approaches spawn a number of other, more specific, theories concerning the nature of truth, and it is only by an analysis of these theories that it becomes possible to address the nature of the truth claims made by the conflicting approaches to ADHD.

However, addressing the nature of the claims made by these theories of truth, ultimately involves applying those theories to the problem at hand. Leaving aside the deflationary theory (which may better be described as an anti-theory of truth), the three remaining theories are not simply abstract categories of interpretation which satisfy particular ontological and epistemological curiosities. All three theories
CHAPTER 2

are actually useful, in that they translate directly into truth-tests. A truth test is a device for checking particular statements and assessing whether they are true or false. As will be shown, any statement making a fact-claim—such as Theory 1 and Theory 5—can have their veracity checked against one, or all, of the three tests.

REALISM AND TRUTH

The truth does not change according to our ability to stomach it … (O’Connor, 1988:952)

In the book *Truth in Context*, Lynch (1998) describes realism about truth as being based upon how the world is, not upon what we think about that world. Thus, it should make no difference as to who conducts an investigation into the nature of the world, the truth will always be the same, regardless of how different they may be or how different their domain assumptions. A logical extension of this position is that all systems of knowledge—philosophical, religious, aesthetic, and in particular, scientific—should be directed towards the uncovering of this truth. Indeed, he cites Hawkings, who makes this very point when he states that ‘the eventual goal of science is to provide a single theory that describes the whole universe.’ (Hawkins, cited in Lynch, 1998:10) According to this model, ADHD therefore is a fact of human genetics, accessible to researchers irrespective of their background, and existing whether we choose to acknowledge it or not. To put this assertion another way: the statement ‘ADHD is a real disorder’ is true because it corresponds to an external reality. This example provides the theoretical underpinning for the realist position on truth, that is, something is true if it corresponds to the facts. This is called correspondence theory.

Correspondence Theory

The word ‘truth’ … denotes the conformity of thought with its object. (Descartes, 1639: 597)

The first formulation of what later became correspondence theory is normally attributed to Aristotle, who stated in *Metaphysics* (IV, 7, 1011b25), ‘To say of what is that is not or of what is not that is, is false, while to say of what is that is, or of what is not that is not, is true.’ This has often been paraphrased as, ‘A statement is true if, as it signifies, so it is.’ Aristotle is thereby comparing what is said about reality, with reality itself, and if there is a match, the statement can be said to be true. However, correspondence theory, as it is currently understood, is generally attributed to Russell (1912:74), who states, ‘A belief is true when it corresponds to a certain associated complex, and false when it does not.’ This definition leads Russell to argue that truth and falsehood are properties of beliefs, and although a world of mere matter (i.e. containing no beliefs) would therefore contain no truth or falsehood, these beliefs are dependent upon the relations of beliefs to other things, not upon any internal quality of the beliefs. Thus, Russell is firmly anchoring correspondence theory in a realist understanding of truth.
The central appeal of correspondence theory is its self-evidence, in that it seems to support a basic human perception as to the nature of truth. Furthermore, since it rules out human interpretive agency from the process, it objectively delineates the true from the false, thereby further adding to its apparent clarity and utility. For those who take up this position, it becomes possible to argue that once the direct link to ‘reality’ is removed from the truth equation—as with anti-realism—then it becomes possible that anything might be true (a contention which will be discussed in greater detail later).

However, the fact that the rigor and validity of correspondence theory appears to be self-evident, does not necessarily make it so. One criticism of the theory is that having stripped away the rhetoric of ‘obviousness’ from this model, there appears to be little in the way of conceptual foundation. Horwich (1990: 1) makes precisely this point when he states: ‘The common-sense notion that truth is a kind of ‘correspondence with the facts’ has never been worked out to anyone’s satisfaction. Even its advocates would concede that it remains little more than a vague, guiding intuition’. A second, and more thoroughgoing, criticism is more epistemological in nature, in that it returns to problems of gaining knowledge about a mind-independent reality from our own sense data. As Christian (1983:193-194) notes, correspondence theory:

…compares a concept with a set of sensations—the sensations we use when we go about inferring what exists in the real world. Therefore, we are checking a subjective concept with a subjective set of sensations. If they match to some tolerable degree, then we call the concept true; if they don’t, we call it false. This is not really a happy condition to live with, but given our present knowledge of the cognitive processes, the predicament seems inescapable. It looks as though … we can never be certain of anything

Therefore, according to logic of correspondence theory, Theory 1 regarding ADHD is true because a mental concept—the notion of a disorder called ADHD dealing with hyperactive conduct—matches with sets of sense data gathered from the real world, data involving the observation and measurement of hyperactive children. It is therefore concluded that ADHD exists in the real world. However, a further problem arises when it is pointed out that there is always a possibility that more than one mental concept can fit the relevant data, thereby producing more than one truth. For example; Theory 5 argues that a set of mental concepts—the notion of social governance through the proliferation of categories of difference, such as ADHD—also matches with sets of sense data gathered from the real world. At this point, logic would suggest that the existence of more than one truth for a single reality must prove to be either a fatal flaw for one of the truths (i.e. either Theory 1 or Theory 5), or if not, for the entire realist position on truth itself.

That said, correspondence theory is still the dominant paradigm, not only in terms of common usage, but also within almost all scientific discourse, including those responsible for the production of ADHD. However, the mechanisms by which science has attempted to come to terms with the notion of truth, have resulted in the unearthing of a number of equally obstinate and seemingly intractable problems.
Science and Truth. Generally regarded as arriving around the time of the Enlightenment in the 17th century, modernity is most frequently characterised as an era dominated by the underpinning belief that, through the use of reason, it would be possible to solve the many problems of humanity. Not only were we now to be responsible for our own collective destinies, free finally of the religious dictates that had previously determined our fates, but with its mantra of truth, objectivity and progress, the dark ages had ended, modernity had arrived, along with its greatest advocate and exemplar—science. This depiction should sound familiar since, with the exception of a few notable heretics (who will be discussed shortly), science has long been its own best publicist, cordoning off the rights to the production of truth, and anointing itself as the vanguard of society’s inexorable journey into a better future.

The scientific method was first outlined by Bacon in 1620 in his book *Novum Organum*. His theory is premised upon the belief that the general aim of science is to push back the boundary between what is known and what is not known. This process is begun by scientists, who observe and record many examples of an event during the course of an experiment, thereby adding to the stock of knowledge around a particular subject. Eventually, as each scientist adds information to the totality, general rules emerge. Theories are then advanced which explain the existing pattern of events and can be used to predict future happenings of the same event, and by combining these theories, global laws are constructed. Thus, a limited number of experimental results become extrapolated into ‘laws of nature’.

The central principle here, that of ‘induction’, suggests that assumptions can be made about all members of a class from examining a few members of the class. For example, if enough researchers correlate the taking of Ritalin with improvements in the conduct of children diagnosed with ADHD, then the conclusion can be drawn about the truth of the underpinning scientific assumptions. It is this form of inductive logic which constitutes the bedrock of the scientific method.

Unfortunately, inductive reasoning has a major flaw, first pointed out by Hume in 1737 in his *Treatise of Human Nature*. He argued that assumptions cannot be made about all members of a class from examining a few members of that class. No matter how many times a specific ‘cause A’ is followed by ‘effect B’, it does not logically follow that A will always cause B. As Russell (1912: 35) notes, ‘The man who has fed a chicken every day throughout its life at last wrings its neck instead, showing that more refined views as to the uniformity of nature would have been useful to the chicken.’ Popper (1963) argues that the consequences of this observation for the nexus between science and truth are severe, as it becomes impossible to prove anything as true, no matter how many times an event occurs. Therefore, science should give up its quest for truth by attempting to prove a phenomenon to be true, rather scientists should try to disprove existing theories, thereby creating new theories, theories that will, in turn, be disproved. Advancement in science is thereby not by proving truth, but being unable to prove it false. All truth then becomes transient, being surpassed in time by a different truth that can account for both the new data, as well as the information that spawned the previous theory. However, while forming the basis for a rigorous
critique of the vast majority of science, a position such as Popper’s does not necessarily mean a necessary rejection of the realist approach to truth. As Chalmers (1976: 114) observes:

A falsificationist who is a realist will acknowledge the fallibility of all science and will admit that we can never know any of our scientific theories constitute a true explanation or description of the behaviour of some aspects of the world. Nevertheless, he will insist that it is the aim of science to attain true descriptions or explanations and he will argue that science constantly progresses towards that aim. Science approaches ever closer to truth.

Therefore, even though science is terminally flawed, vis-à-vis uncovering truth, truth is still out there to be uncovered, and the scientific method is still probably the best method available. Other philosophers of science are not as convinced. For example, Feyerabend suggests that a number of qualifications should be placed upon the claims made by science, three of which are worthy of mention here. First, he argues that science is merely an ideology—more pervasive and successful that other existing ideologies, but an ideology nevertheless (Feyerabend, 1978). Analogous to the right that once belonged to religion, science now exists in a conceptual framework that bestows upon it the sole legitimate right to contemporary truth-formation. Furthermore, the ideology of science is compulsory (all children must be taught science), exclusory (other truth-building systems are debarred/ridiculed) and undemocratic (if and when scientific institutions finally agree ADHD is a real disorder, it will therefore exist).

Second, Feyerabend argues that the relatively uncritical acceptance of scientific truths is based upon a belief in its infallibility, in that it can be separated from all other ideologies—religion, myth, superstition, tradition—by the notion that it can prove its claims. Science is not seen as requiring any form of faith for its operation, it is simply regarded as the most efficient means available for ‘uncovering’ truth, based in the ‘fair, rigorous and controlled’ scientific method. However, Feyerabend argues that there is no realistic evidence to demonstrate that the scientific method has any more validity than do the standards that underlie the practice of magic (Feyerabend, 1981)—given that the ‘rigorous’ scientific method is, in practical terms, a generally nebulous collection of rules and procedures, applied unevenly and pragmatically, and ‘supplemented by unscientific methods and unscientific results’ (Feyerabend, 1978: 105). Arguably, ADHD is a perfect case in point. There is no fixed aetiology, and one doctor may diagnose ADHD whereas another may not, depending solely upon observations of particular kinds of conduct manifest at particular moments—the only tests for the disorder being questionnaires about behaviour completed by parents or teachers ‘whose frustration with the child prompted the doctor visit in the first place’ (Jacobs, 2002: 10).

Finally, science is a social process, and the truths it produces are forged within specific social contexts. Feyerabend is far from alone in making these assertions. Collins (1985) also challenges the common assumption that scientific endeavours are somehow independent from human intentionality, contending instead that social factors exert a considerable influence upon the nature, course and eventual
success of a scientific theory. To make his case, he demonstrates the importance of networks of communication between academics, the tacit knowledge necessary to succeed in certain areas, the mechanics by which one theory gains ascendancy over another, and also the falsehood of the notion of repeatability. Similarly, Mulkay (1979) argues that a theory becomes accepted not only as a result of technical evidence, but also because of the social resources that an individual or theoretical position can mobilise. Even ADHD’s staunchest advocates would admit that the diagnosis/disorder has flourished due, in part, to the intellectual, financial and political support given by Ciba-Geigy (now Novartis), the makers of Ritalin.

This final point constitutes a central element in Kuhn’s (1962) seminal text *The Structure of Scientific Revolutions*. Kuhn argued that changes in dominant scientific beliefs do not equate to a smooth path of discovery and progress. Rather, science tends to lurch from one paradigm to another, generally when new results arise which do not fit the old model. If these anomalies persist, eventually a scientific revolution occurs, the old system crumbles and a new paradigm is constructed. Two points are of importance here; first, tacit knowledge at work in given scientific communities is fundamental to the process of change, ie. scientific revolutions do not occur solely on the basis of discovered truths—far from it. Second, there is little evidence to suggest that scientific knowledge is slowly approaching a better description of what the ‘real’ world is like. Rather, science requires an underpinning teleological ideology for its legitimacy. As Kuhn (1962: 206-207) notes:

I do not doubt … that Newton’s mechanics improves on Aristotle’s and that Einstein’s improves on Newton’s as an instrument for puzzle-solving. But I can see in their succession no coherent direction of ontological development. On the contrary, in some important respects, though by no means in all, Einstein’s general theory of relativity is closer to Aristotle’s than either of them is to Newton’s.

In summary then, a realist understanding of truth can be described as the approximation of thought to reality. This perception is generally operationalised in the form of correspondence theory, which in turn forms the conceptual basis for the vast majority of scientific research. Correspondence theory is, however, not without its critics, and its adoption would most likely mean that Theory 1, ‘ADHD is real, it exists in nature’ and Theory 5, ‘ADHD is the product of social governance’ cannot both be true. It is at this point that a truth test would be applied to see which of the two theories is right, and which is wrong (unless it is decided that neither is true).

*The Correspondence Truth Test.* This simply involves comparing a mental concept with an actual event, which can be done in a number of direct ways, such as by listening, by looking, by feeling, and so on. For example, if the statement is, ‘It’s a sunny day’, this can easily be checked by walking outside and looking: if the sun is shining, if it is warm, and if the are not many clouds in the sky, then the statement will probably be accepted as true—although correspondence is always a matter of degree, and the more clouds there are in the sky, the less the
correspondence, and the less likely the statement is to be categorised as true. Importantly, all forms of direct comparison between statement and event would come under this truth test.

Employing the correspondence test to check the truth of Theory 1 presents a number of difficulties. ADHD is not a physical object that can be held up for public scrutiny and compared to the subjective concept of the disorder. Rather it is an amalgam of various types of data—statistical, observational, behavioural, pharmacological, experiential, educational—which have been assembled in a piecemeal fashion to the point where their combined presence is deemed to correspond to the existence of an objective disorder. Although this is not particularly convincing, in many ways its does not differ from most other forms of science. For example, ‘seeing’ the path of an electron through a vapour chamber is not to see the electron, but rather to see events which are connected, via an often-long chain of dissociated reasoning, to the existence of a particular moving particle. It is a brave realist who makes the ontological leap of saying that one is the other. However, one significant difference between ‘seeing’ ADHD and ‘seeing’ an electron’s path, is the degree of agreement within the scientific community as to whether that is actually what is being seen. The agnostic section of the scientific community (as represented by Theory 2 detailed earlier) still remain unconvinced that what is being delineated, and then compared to the subjective concept, actually constitutes the coherent and objective facticity labelled as ADHD.

Using the correspondence test with Theory 5 is also fraught with problems. Seeing social governance is not as simple as stepping outside and seeing whether it is sunny. Social governance is comprised of, and is operationalised through, an almost infinite number of bits of information—in this case, largely historical, statistical, administrative, cultural, medical, and legal—all of which combine within a given theoretical framework to produce a particular truth. This truth positions ADHD, not as an objective fact of nature, but rather as a governmental product formed in a given historical and medical context, along with a myriad of other new behaviour disorders which also have their genesis within the wider processes of differentiating government. Claiming a correspondence between this version of ADHD (ie. the statement ‘ADHD is a product of social governance) and objective reality is a complex and piecemeal process, but arguable no less so than that associated with taking ADHD at face value.

In summary, the correspondence truth test appears incapable of providing definitive proof of the truth of either Theory 1 or Theory 5, although there appears to be less dispute over the latter than the former from within the communities of people responsible for their respective formulations. However, this lack of certainty should not be regarded as a fatal shortcoming to either theory, since the fact is most science struggles in similar ways with correspondence theory. Interestingly, there does seem to be an irony in the fact that those researchers who adopt a realist understanding of ADHD, and who advocate a direct correspondence between the mental concept and the physical reality, are probably least able to use the correspondence test to make their case effectively.
ANTI-REALISM AND TRUTH

There are no eternal facts as there are no absolute truths. (Nietzsche, 1878: 12)

In contrast to the realist position on truth (a position based upon the belief that there exist indisputable facts about a singular reality), the anti-realist position argues that facts themselves necessarily reflect particular points of view. The central animating assumption is that it is impossible to describe an ontological fact in the absence of a conceptual framework. Lynch (1998: 23) characterises this position as being founded upon the postulation that, ‘There is no scheme-neutral way of making a report about the world. It would be a mistake to search for the scheme that tells it like it ‘really’ is—there is no such thing.’ Putnam (1981) argues that in the absence of a ‘God’s Eye’ point of view, which many would argue is the unspoken prerequisite of realism, all that can remain are various interpretations of how the world is.

ADHD provides an effective example of this reasoning. As has been discussed, the realist approach to truth leads to the conclusion that it is either a fact about reality, or is not a fact about reality, that ADHD exists. This absolute knowledge, either for or against, is ascertainable via approximations to the ‘God’s Eye’ point of view. To put it another way, science may not be ‘God’s Eye’, but it gets close to it, and will get ever closer. In contrast, the anti-realist would argue that the ‘God’s Eye’ viewpoint is not just unobtainable, but is in fact an illusion which both inflates the boundaries of what can be regarded as true, as well as fundamentally distorts the nature of truth itself. Therefore, claims about the existence of ADHD can never be made with absolute certainty, however it is possible to say that they appear to be true within the logical parameters of particular types of knowledge.

According to Lynch (1998), this latter position is based upon what he refers to as metaphysical pluralism. This is the belief that reality is tolerant of more than one description of its nature. Reality does not come ‘ready made and complete’ as realists would have us believe, but rather is shaped by our own interpretations of it. Consequently,

…there can be a plurality of incompatible, but equally acceptable, conceptual schemes. These conceptual schemes are ways of dividing reality into objects and kinds of objects; they are ways of categorising the world. The pluralist intuition is that the world does not dictate to us which of these ways of categorising is the best, the most correct, or the way the world really is ‘in itself’. The pluralist denies that there are any absolute facts about an ultimate reality; facts themselves reflect our conceptual point of view.

It should be pointed out here that accepting anti-realist accounts of truth does not necessitate a slide into radical relativism. Truth does not become so nebulous that it can be found anywhere, and admitting the truth is intimately associated with experience is not the same as suggesting that, as a consequence, all conceptual schemes are equally valid. As Putnam (1981: 54) wryly observes, ‘If anyone
believed that, and if they were foolish enough to pick a conceptual scheme that told them they could fly and act upon it by jumping out the window, they would, if they were lucky enough to survive, see the weakness of the latter view at once’.

Anti-realist theories of truth come in three main forms, each of which has different implications. The first, deflationary theory, is non-epistemological in nature, unlike the two which follow. That is, deflationary theory does not find its explanation of truth with human conceptual schema. Rather, it seeks to portray the problem of the real nature of truth as a pseudo-problem, one which will go away if it is ignored.

Deflationary Theory

There is no separate problem of truth but merely a linguistic muddle. (Ramsey, 1927: 142)

The symbolic significance of the quest for the nature of truth should not be underestimated. Indeed, when Bierce (1911) posited the discovery of truth as the sole purpose of philosophy, as mentioned earlier, he was simply echoing sentiments expressed by Aristotle two thousand years before. With this in mind, it is relatively rare within the discipline of philosophy for anyone to claim the absolute solution to a problem, let alone one as long-standing and seemingly axiomatic as that concerning the nature of truth. However, this is precisely the claim advanced by deflationary theorists.

When the statement is made, ‘It is true that ADHD is a real disorder’, a deflationary theorist such as Gottlob Frege (1918) would argue that the content is identical with the statement ‘ADHD is a real disorder.’ Therefore, ascribing the property of truth adds nothing to the thought that ADHD is a real disorder. That is, truth stands for nothing within a sentence, other than purposes of assertion or negation, and is hence not a genuine concept (Ayer, 1935). As Horwich (1990: 5) notes:

… the traditional attempt to discern the essence of truth—to analyse that special quality which all truths supposedly have in common—is just a pseudo-problem based on syntactic overgeneralisation. Unlike most other properties, being true is unsusceptible to conceptual or scientific analysis. No wonder that its ‘underlying nature’ has so stubbornly resisted philosophical elaboration; for there simply is no such thing.

The central advantage of deflationary theory is it avoids the metaphysical baggage of some of its competitors. There is no mystery to solve within the notion of truth, no hidden complexity that requires unravelling, and no requirement for a leap of faith into Kant’s noumenal world. The ascription of truth to a proposition serves a particular grammatical function, nothing more. As a consequence of these simplifying benefits, deflationary theory has continued to garner significant philosophical support, however it has frequently been pointed out that the theory lacks any element of the ‘correspondence intuition’ that drives animates most other theories of truth—either directly or indirectly—and as such, will always be widely regarded as inadequate.
Pragmatic Theory

... the idea that works is the true one. (Christian, 1981: 199)

Pragmatism is normally associated with the work of James (1911), and follows the logic that theorising—whether about truth, or anything else for that matter—is a pointless activity in and of itself. The only relevance that theorising can have is when it is converted into the solution of concrete intellectual problems. A philosopher must ask, what is the practical worth of any particular claim? That is, what difference would it make if a set of claims were believed to be either true or false? If the answer is ‘none whatsoever’, then the issue should be of no philosophical interest.

The sequela of this domain assumption is that the only reason we have for asserting that something is true, is if it works. If an explanation can be translated into a verifiable and predictable outcome—an observable effect—then that explanation is true, if not, then the explanation is either false, or irrelevant, or both.

Pragmatism asks its usual question. ‘Grant an idea or a belief to be true,’ it says, ‘what concrete difference will its being true make to anyone’s actual life? … What, in short, is the truth’s cash-value in experimental terms?’ The moment pragmatism asks this question, it sees the answer: True ideas are those that we can assimilate, validate, corroborate and verify. False ideas are those we cannot … The truth of an idea is not a stagnant property inherent in it. Truth happens to an idea. It becomes true, is made true by events. (James, 1975; ix)

Thus, James rejects, a-priori, the realist notion that truth is a property independent of human intentionality. As with coherence theory, which will be discussed next, the pragmatic theory of truth avoids the metaphysics of correspondence theory, in that it requires no ‘God’s Eye’ view for a final and complete view of truth. Rather, a statement is deemed true because it coheres with particular systems of belief, and not because it corresponds with an abstracted objective reality. Furthermore, that coherence is ultimately measured in terms of how well the idea works within those particular systems of belief.

Once again, ADHD can provide an effective example. If the question of the ontological existence of ADHD is put to one side (as irrelevant and/or unknowable) then, according to pragmatism, the truth of the disorder is determined by some of the questions outlined by James above, focusing solely upon what ADHD actually does, or attempts to do; that is, improve the educational opportunities of difficult, disruptive, and marginal students.

The Pragmatic Truth Test. This involves testing whether a statement is true by checking if it works in a practical sense. This test of truth often involves the establishment of a working hypothesis by a process of elimination. For example, if a person’s arms are pink and painful at the end of each day during summer, by a process of elimination, any number of possible causes can probably be ruled out—allergies, abrasion, dermatological issues, paint—especially if long sleeves and/or sun-block seem to solve the problem. That is, it is true that the pink and painful arms are actually sunburn because this works as an explanation.
As has been discussed, some of the principal questions to ask regarding ADHD would include, ‘What is the value of this particular truth in people’s lives?’ as well as the definitive pragmatic question of, ‘Does this truth work?’ Within the logic of Theory 1, given that ADHD was originally formulated around the educational needs of a particular kind of at-risk student, there is little doubt that it aims to make a concrete contribution to the educational and emotional wellbeing of a specific category of child. Similarly, since the truth of ADHD is determined by whether the category works, it can be argued that the disorder provides a straight-forward workable explanation as to why seemingly otherwise healthy and normal children are incapable of behaving well in class. In addition, it could be argued that the apparent success of Ritalin in treating the behavioural outcomes of the disorder adds credence to ADHD’s claim to truth. That is, since Ritalin works as a treatment, it can be argued that ADHD works as an explanation.

A pragmatic test of truth also appears to work for Theory 5, the governmental understanding of ADHD, in that it works as an explanation of why so many new disorders are appearing, and at such an incredible rate, and why previously untapped areas of human conduct are being opened up to pathologisation. That is, excessive shyness, unpopularity, vagueness, impulsiveness or loneliness, to name but a few, are all now likely to be explained in terms of a disorder, at which point the organs of intervention and regulation will be put in place, and normalisation will commence—more often than not pharmacologically. This depiction of ADHD also works to explain why such disorders seem to be discovered almost exclusively in areas where they pose a threat to effective social and educational management.

Coherence Theory

Statements are made true by other statements. (Olen, 1983: 281)

In addition to pragmatic theory, there is another anti-realist, epistemic approach to the notion of truth: coherence theory. This theory evolved as an attempt to sidestep the metaphysics of correspondence theory. That is, since it can never know whether a statement corresponds to external reality, all that can be said is that the statement coheres with a given set of already accepted beliefs. Generally, things we believe to be true form part of a huge, interrelated matrix. The truth of a statement is therefore assessed by how well it fits into that matrix—if it dovetails well with the ideas in the matrix, it is regarded as true, if not, it is regarded as false.

Of course, the questions arise of ‘What counts as coherence?’ and ‘Under what conditions?’ The clearest answers to these questions are given by Putnam (1981), who argues that within an anti-realist (or what he refers to as an internalist) understanding of truth, the coherence of any given truth-claim should be assessed by an ‘ideally rational enquirer’, under ‘epistemically ideal conditions’. Therefore, while still rejecting the existence of absolute truth, this is not to suggest that equally valid truths can be formulated for general consumption by the deranged, the deluded or the drunk—ie. the alleged coherence of any given
truth-claims must still withstand significant scrutiny. Putnam (1981: 50) summarises his position as follows:

‘Truth’, in an internalist view, is some sort of (idealised) rational acceptability—some sort of ideal coherence of our beliefs with each other and with our experiences as those experiences are themselves represented in our belief system—and not correspondence with mind independent or discourse independent ‘states of affairs’.

However, in stating that there are no external truths, no absolute facts which exist independent of human experience, it is equally false to identify truth with rational acceptability (or its human equivalent, the ideally rational inquirer). The two are not synonymous. Putnam uses the example of the historically changing shape of the earth, pointing out that the earth has not actually changed from being flat to being a sphere over the last 500 years, only accepted truths have changed. Therefore, what remains is an understanding that ‘truth is an idealisation of rational acceptability’, a rational acceptability which is both tensed and relative (Putnam, 1981: 51).

Anti-realist theories of truth, such as pragmatic theory and coherence theory, are not without their critics. For example, it has been argued that they are both unable to account for what would otherwise be a central feature of our general understanding of truth, that is, the possibility of there being a discrepancy between what we believe to be true, and what actually is true (Horwich, 1990: 9). After all, simply believing something to be true, does not necessarily make it so. However, both anti-realist theories would regard this as an invalid criticism; pragmatism, because all truth is subject to re-appraisal, and if it works, what difference anyway; and coherence, because of the role of the ideally rational inquirer. The strengths and weaknesses of coherence theory can be thrown into greatest relief by applying the coherence truth test.

The Coherence Truth Test. This involves comparing a mental concept against a set of concepts that are already taken as true. Once again, this can be done in a number of ways. For example, if the statement is, ‘January is generally a hot month,’ then the process of determining the veracity of the statement would begin by comparing it with any number of other sets of knowledges within a generalised matrix of accepted truths. These might include personal memories, meteorological inputs relating to temperatures, menological information concerning the months of the year, geographical knowledge relating to the hemispheres, even cultural data about what kinds of events happen in January. If the information in these sets of knowledges is taken to be true, and if the statement coheres with those knowledges, then the statement is deemed to be true. Significantly, this form of test is useful for assessing statements where no direct comparison is available, as in the correspondence test.

A coherence test of truth would appear to work in Theory 1’s favour. The notion of ADHD appears to mesh easily with any number of other sets of accepted beliefs within the truth matrix. Taking just two of these: first, ADHD is based
upon the premise that some kind of minor brain dysfunction results in unwelcome social behaviour, behaviour which had previously been categorised as simply as naughtiness/inattentiveness. This reappraisal coheres readily with a wide range of other accepted truths concerning the relationship between specific mental problems and undesirable forms of conduct, two examples being bipolar disorder and depressive behaviour, schizophrenia and paranoid behaviour. A second set of truths with which ADHD coheres involves the belief that, as part of pushing back the boundaries of ignorance, science is finally discovering the real workings of the human mind by uncovering more and more mental disorders. ADHD fits snugly into this triumphalist and teleological understanding of the psychological sciences, and coheres with, and adds to, the validity of all the other new disorders. One problem here is that there are problems of circularity within this logic. Comparing a statement with a broader set of beliefs is problematic when that broader set of beliefs turns out to be false or unsupportable. That is, it is circular to argue that ADHD is true because it coheres with the logic underpinning an enormous set of other newly-discovered childhood disorders, when the validity of their existence is likewise, in part, premised upon the existence of ADHD. That said, there are any number of other knowledges with which ADHD coheres, and through which it gains its validity.

Theory 5’s governmental understanding of ADHD also fits neatly into the truth matrix comprised of accepted historical beliefs and interpretations. Even those theoretical positions which place greater emphasis on other issues, such as the role of political power, or the distribution of wealth, would most likely concur with the central premise that categories of difference have a pivotal role to play in the management of the modern population. This understanding of ADHD also dovetails into the widely accepted belief that social governance is becoming more and more densely layered, and that the web of governmental intelligibility is becoming ever more finely meshed, as reflected in the aforementioned fact that the number of these categories/disorders appears to be increasing exponentially.

To summarise the three truth tests as applied to Theory 1 and Theory 5: advocates of the disorder can argue that ADHD can make a solid claim to veracity when applying pragmatic and coherence truth tests, but the case is somewhat weaker when applying a correspondence test. Likewise, the nature of evidence required to support Theory 5 makes the application of the correspondence truth test a-priori problematic, but the theory seems to survive well under the pragmatic and coherence truth tests.

It is important to point out here that when the veracity of a particular claim or statement is being assessed, normally more than one truth test is applied. Different kinds of claims often require testing in different ways, and as can be seen from the two theories relating to ADHD compared here, some claims pass one truth test but fail another, which makes allocating the status of truth all the more complex and contentious. Whereas truth test are used in all practical contexts, it could be argued that the problems here is a slightly different one. It is generally the case that scientific categories require more evidence of their validity than the simple
assertion that it just happens to work. After all, advocates of ADHD are making the
claim to ontological truth, to truth as understood in realist terms, and as such, the
apparent pragmatic validity of ADHD may not be enough to satisfy its critics.

CONCLUSION

What is laid down, ordered, factual is never enough to embrace the whole
truth: life always spills over the rim of every cup. (Pasternak, cited in
Lazerson, McLaughlin & McPherson, 1985:88)

Having covered the necessary theoretical and empirical ground, it is now possible
to address the two questions set out in the introduction: first, can Theory 1 and
Theory 5 both be true? Can ADHD be both a real disorder and the product of
social governance? If a realist position on truth is adopted, then the answer is
probably not, although a limited number of philosophers would disagree (see
Lynch, 1998). Instead, it is more likely that the choice would have to be made
between the two truths—Theory 1 and Theory 5—and the less convincing one
rejected. This might seem a relatively easy decision with ADHD, since even the
scientific community is unsure of its status. However, had the chapter been about
Dyslexia, as speculated in the introduction, would the choice have been the
same?—after all, it too is one of the myriad of relatively new learning disorders
that dot the medical and educational landscape.

In contrast, if an anti-realist position on truth is adopted, there does not seem to
be the same kind of epistemological problem, both theories can be true, and the
social scientists and psychologists can stop squabbling with each other. That is,
each theory can function as a truth within its own contextual framework, a situation
founded in the pluralist logic that reality is not fixed and complete, and that facts
can only ever reflect given points of view. As William James observes, there was
once a time when …

…almost everyone believed that sciences expressed truths that were exact
copies of a definite code of non-human realities. But the enormously rapid
multiplication of theories these days has well-nigh upset the notion of any
one of them being a more literally objective kind of thing than another. There
are so many geometrics, so many logics, so many physical and chemical
hypotheses, so many classifications, each of them good for so much and yet
not good for everything, that the notion that even the truest formula may be a
human device and not a literal transcription has dawned upon us. (James,
cited in Lynch, 1998:1)

This leads on to the second question: and the core of this chapter: Is ADHD a
real disorder? Needless to say, according to Theory 1 the answer would obviously
be ‘Yes’, although a problem here is that by using the term ‘real’, there is the
danger of a-priori adopting the realist position, which would then beg the question,
and which would lead Theory 5 to conclude that, since ADHD does not exist
independently of scientific analysis, the answer must be ‘No’. However, setting the
realist model aside, Theory 5 would most likely agree that ADHD does exist, in the
sense that the scientific community says it does (or at least a significant portion of it) and ultimately that is all that matters. As has been pointed out during this chapter, the production of truth is inexorably tied to the right to produce truth, and whereas this right once belonged to religion, it now belongs to science.

However, in practical terms, this is far from the end of the debate, and ultimately not for philosophical reasons, but rather for exclusively scientific ones. The case for the truth of ADHD—Theory 1—is still a long way from being made within the scientific community itself. There appears to be little firm agreement on almost any aspect of the disorder: its prevalence, its symptoms, its consequences, its treatment, its boundaries, its aetiology, its longevity, or its constituency. Ontological and epistemological concerns aside, these significant shortcomings regarding ADHD render all truth claims as both contingent and provisional.

Popper (1959) made it very clear as to the kind of science he admired, and which he considered produced workable knowledge: good science could be easily falsified but no-one would be able to do it (citing Einstein’s work on relativity), bad science would render itself immune to falsification, (citing Adler’s work in psychoanalysis). Currently, advocates of ADHD are working with a category that appears too nebulous even to provide a reasonable and stationary target for falsification, and this seems flimsy grounds for the effective production of truth, irrespective of the context and the subject matter. As it stands, Popper would not be impressed.