What is the relationship between the term ‘ADHD’, and the object it purports to represent?

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Submitted to
The International Journal on Schooling Disaffection

2/04/2014
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Abstract

This paper addresses the question: what is the relationship between the term ADHD, and the object it purports to represent? While the most familiar linguistic position—Referential Theory—suggests that the term constitute an etymological peg corresponding to a particular part of nature, there are other, arguably more sophisticated, philosophical approaches that point to an altogether more complex relationship. These approaches do not assume that ‘behaviour disorders’, such as ADHD, are objective facts of nature, facts to which words can simply be adhered. Using the work of Wittgenstein, the intention here is to use the philosophy of language to destabilise, not just the relationship between the term ADHD and the idea to which it applies, but also the coherence of the notion of ADHD itself.

Keywords: Behaviour Disorder; ADHD; Harmful Dysfunction; Philosophy; Wittgenstein
Attention Deficit-Hyperactivity Disorder (ADHD) is a relatively recent psychological and social phenomenon. It only appeared as a fully fledged, formalised disorder in Diagnostic and Statistical Manual (DSM-III) of the American Psychiatric Association in 1987. Before that, there simply existed a loose, relatively unconnected cluster of behaviours and observations, mostly concerning the conduct of young boys. However, from 1987 onwards, the popularity of the diagnosis has spread exponentially; with its symptoms of fidgeting, excitability, impulsivity, and lack of self-control, ADHD has become the explanation of choice for those seeking a ready and unequivocal reason for domestic and classroom misbehaviour among children. The section of the schooling population has grown from zero, to its current rate of 11% in the United States (Visser et al., 2014), and 5.3% worldwide (Polanczyk et al., 2007). Likewise, the sale of stimulants used to treat the symptoms of this new disorder has also grown exponentially, with sales increasing ninefold between 1993 and 2003 alone, representing a 3 billion dollar 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.

Perhaps not surprisingly, this relatively recent wave of new disorders was swiftly followed by an incoming tide of controversy—particularly regarding ADHD—controversies which are still a long way from being settled. These debates begin with whether such behaviour disorders genuinely exist in the first place, and then continue with who is actually in a position to make a valid diagnosis, and how does that differ from simply labelling, who benefits most from that diagnosis/labelling, are pharmacological methods the best way of dealing with the issue, what are the consequences of such interventions, are those deemed to have such behaviour disorders responsible for their conduct—the list goes on. The debate about whether or not behaviour disorders like ADHD actually exist is probably the most important, since the rest become moot if the answer to this question is in the negative. There are a number of positions that have been
adopted by the various sides of this argument—specifically relating to ADHD—of which three are probably worth noting here:

The first is comprised of those who accept the notion of ADHD as a newly discovered fact about the natural world. This epistemological position understands the disorder as an objective truth, an aberration of the human mind revealed by the keen eye of modern science, and while there may be some in this category who think that there may exist a degree of recent over-diagnosis of the condition, this does not affect the underlying veracity of the condition itself. It is these assumptions that currently constitute the dominant position of the medical and psychological sciences.

The second position regards ADHD as a either a fraud or a mistake. It has been created as a convenient mechanism for selling a particular product (Conrad & Potter, 2000; Baughman, 2006), for better enabling the enforcement of strict disciplinary codes in our schools (Phillips, 2006; Rosenthal, 2010), and as a medium through which the discipline of psychology can expand its professional and conceptual boundaries (Cohen, 2006). An underlying assumption here is that since behaviour disorders like ADHD are based upon nothing at all, eventually their non-existence will be revealed, and they will immediately disappear.

The third position is that they are the product of the rise of differentiating forms of government. That is, by sub-dividing the population into ever-increasing numbers of categories, each of which can regulated differently, it becomes possible normalise citizens more and more effectively. This normalisation does not just include the most obvious external manifestations of docility and discipline (Foucault, 1977), but with the rise of the psy-disciplines, also the smallest workings of the human mind (Rose, 1990). ADHD is therefore best understood as one of a large number of categories of childhood difference, each with its own set of specific characteristics, forms of intervention, and prognosis, categories largely shaped within the disciplinary environments such as the contemporary school (Tait, 2001; Graham, 2008).

Given these three different positions, the question therefore arises: when the term ADHD is used, just what exactly is it referring to? Currently, there appear to be little agreement on this issue. Clearly, the second position above would answer that question with: ‘nothing at all’. However,
the other two positions—the dominant medical/psychological model, and the alternative governmental approach—would mostly likely answer the question differently. This paper will seek to address the fundamental underlying question: what is the relationship between the term ‘ADHD’, and the object it purports to represent? It will be attempt to answer this question through the deployment of various arguments from within the philosophy of language.

‘Diagnosing’ vs. ‘Labelling’ ADHD

In the article *Doctors diagnose, teachers label*, McMahan (2012) discusses pre-service teachers’ beliefs about, and attitudes towards, various discourses surrounding ADHD. The most interesting finding of McMahon’s study involves the notion of ‘labelling’ children with ADHD, in that labelling is something that teachers do, both before any kind of medical/psychological examination (ie. attaching the term to difficult students), as well as after official diagnosis (allowing this diagnosis to then colour perceptions of the child). This kind of labelling is seen as totally different from a ‘legitimate’ doctor’s diagnosis of ADHD, which is positioned as the objective discovery of an existing natural condition, by someone who is trained to make that discovery. ADHD is thus understood as a biological fact. That is, while a ‘diagnosis’ of ADHD is formal, valid and objective, ‘labelling’ someone with ADHD is both derogatory and discriminatory. As McMahon (20102, 261) states:

> The pre-service teachers’ understanding that labelling occurs before and/or after, or more precisely as distinct from, diagnosis leaves a neutral space in which diagnosis, itself, rests uncontested. I contend that this lack of debate or questioning surrounding the actual diagnosis of ADHD represents an acceptance of truth about ADHD. It is suggestive of an unquestionable, scientific authority of the diagnosis and the diagnostician.

In philosophical terms, two observations can be made here. The first is that the students’ understandings of diagnosis vs. labelling reflect a Realist understanding of truth. That is, within this context, doctors and psychologists have access to the truth of how the world actually is—presumably in contrast to mere teachers, and their labelling. The truth of ADHD is there to be found within the natural world, for anyone with the scientific credentials to uncover it. Scientists
themselves play no part in the construction of that truth; they are simply the medium through which it passes.

The second observation is that the term ADHD unproblematically corresponds to an existing fact of nature. ‘ADHD’ is seen as a relatively unproblematic signifier, an etymological peg that corresponds to a tangible psychological entity, a simple linguistic description of generalised type, or ‘kind’, which has an essence entirely separate from human value-analysis. The notion that linguistic expressions are like labels, denoting items in the real world, is normally called *Referential Theory* (Lycan, 2000). This theory has its conceptual origins in the work of John Stuart Mill (1843), who traced the meanings of words to the objects to which they referred, arguing that a word denotes a thing by standing for it, just as a proper name is deemed to stand for a particular person.

So, to answer the question set out in the title of this paper specifically using Referential Theory: the acronym ADHD is deemed to stand for a particular natural entity; this term ‘hooks on’ to the objective world by means of direct reference to it. That is, there exists an objective, tangible biological category— independent of human analysis and intentionality—and the term ADHD stands for this entity.

This understanding of language sounds simple enough, and relative incontrovertible. However, towards the end of the 19th century, this model of language started to unravel, when philosophy was deemed to take a ‘linguistic turn’ (Bergmann, 1964; Rorty, 1967). Leading the philosophical charge were the Logical Positivists, based upon the initial ideas of Gottlob Frege (1892), closely followed by Bertrand Russell (1905), who regarded this understanding of reference as unsatisfactory, and set about describing a far more complex picture altogether. The primary thrust of these criticisms can best be articulated within two sets of examples, in that Frege set out some concerns based around the problem of apparent *reference to non-existents*, as well as the problem of *negative existentials*. The former notes that a sentence such as ‘the boy has a unicorn’ runs into difficulty within Mill’s version of Referential Theory, since, the non-existence of unicorns problematises any theory of meaning based upon a simple relationship between word and referent—a concern that could arguably also be raised about the sentence ‘the boy has ADHD’. With regards to the problem of negative existentials, the sentence ‘Unicorns do not exist’ raises an
associated set of logical problems. This sentence appears to be true, but if it is true, it cannot be about a unicorn, as they do not exist. However, if it is about a unicorn, then it is false, since unicorns must exist—and once again, the same argument could be run for the sentence ‘ADHD does not exist’. To put it another way, Frege’s conundrum means that accepting Referential Theory at face value suggests it may be difficult to deny the existence of anything at all, as long as it is thinkable.

The central point being made by the Logical Positivists is that the link between words and the things in the world to which they refer, is far more complex than might initially be thought. In spite of this, most commentators would suggest that these observations simply lead to a more mediated version of Referential Theory, rather than its total rejection. Accordingly, the answer to the question, ‘what is the relationship between the word disorder and the object it purports to represent?’ is still one of reference; ultimately, it still speaks of a singular, bounded term that can be applied to a discreet natural essence. Logical Positivism remained part of a fundamentally realist conceptual framework, one that understood the central task of philosophy as organising an approach to language that removes confusion and illogic, and allows science to get on and do its work.

In spite of these deeply entrenched philosophical problems, the main difficulty with the issue of mental disorders, such as ADHD, is that they cannot really be understood, in practice, as a neutral entity, utterly independent of human assessment, or social context, and as such, simple Referential Theory utterly fails to convince. After all, in a culture without written language, the notion of ‘Dyslexia’ has no purchase as a mental disorder; it is, in large part, its social, cultural, and educational context that affords it its status as pathology. One of the most influential approaches to this issue can be seen in in Wakefield’s (1992) *Harmful Dysfunction* model of mental disorders. By addressing this theory, and several of the rebuttals that followed, it is possible to stake out some of the more important components of the debates over the philosophy of language. It is also possible to draw some more informed conclusions about how the various shifts in these debates recalibrate the boundaries of what can be meant when the term ‘ADHD’ is used.
According to Wakefield (1992, 373), the notion of disorder, ‘… lies on the boundary between the given natural world and the constructed social world; a disorder exists when the failure of a person’s internal mechanisms to perform their functions as designed by nature impinges harmfully on the person’s wellbeing as defined by social values and meanings’. As discussed in the introduction, the touchstone for disorders such as ADHD is generally regarded as the ‘Diagnostic and Statistical Manual of Mental Disorders’ (2013), now in its 5th edition (DSM-V). Running in parallel with this manual is the ‘International Classification of Diseases’ (1994), which also sets out various taxonomies of illness, disease and disorder. Although very similar in many ways, one notable difference between these two foundational texts is their approach to defining disorder. The ICD-10 does not have a formal definition; it merely includes a general covering statement, noting that disorder is not an exact term, but rather is one that implies, ‘the existence of a clinically recognisable set of symptoms or behaviour associated in most cases with distress and with interference with personal function’ (1994, 5). In contrast, the DSM does incorporate a formal definition, although this was not regarded as necessary until the 3rd edition, published in 1980. With the publication of the DSM-IV, the definition still remained vague, and according to even its author, fairly unsatisfactory (Spitzer, 1999):

Each of the mental disorders is conceptualised as a clinically significant behavioural or psychological syndrome or pattern that occurs in an individual and that is associated with present distress … Whatever its original cause, it must currently be considered a manifestation of a behavioural, psychological or biological dysfunction in the individual. (DSM-IV, 1994, xxi-xxii)

It was widely noted that this definition contained important unexplained elements, such as ‘clinically significant syndrome’ and ‘dysfunction in the individual’ (Bolton, 2001). As a consequence, the definition has often been considered operationally untenable (Boysen, 2007). Spitzer, the psychiatrist responsible for the DSM-IV definition, repeatedly stated that he had not succeeded in capturing the core of the ‘disorder’ problem (1999:431). He went on to claim that this lacuna had now been filled by the work of Wakefield, and a definition shaped in the light of
this work needed to be adopted by the DSM-V, which was finally published with an additional sentence in the definition: ‘Mental disorders are usually associated with significant distress or disability in social, occupational or other important activities’ (2013, 20). The question then is: what is so special about Wakefield’s understanding of the term ‘disorder’?

**An Outline of Wakefield’s Position**

In 1992, Wakefield set out a new position on disorders, one based around twofold approach to the problem. In this position, he posits a disorder as a hybrid concept, comprised of two separate, but inter-related elements. The first is a *factual* component. This is the supposition that there is a failure in the organism to fulfil its natural function, which he later defined as, ‘an effect of the organ or mechanism that enters into an explanation of the existence, structure, or activity of the organ or mechanism’ (Wakefield, 2007; 152). He cites the example of the ability of the human perceptual apparatus to convey reasonable approximations of the immediate environment, and hence that the existence of gross hallucinations indicate a dysfunction. Wakefield bases this realist approach to difference upon arguments about natural selection. He suggests that evolutionary explanations underpin what should be counted as a dysfunction, ultimately arguing that such dysfunctions are determined by an assessment of their likelihood of affecting reproductive success. This, he considers, is a purely factual scientific appraisal—a truth of nature.

The second element involves the issue of *values*. While Wakefield recognises the ontological and epistemological advantages of constructing disorder as a purely objective, scientific concept, he wisely realises that the mere existence of some form of dysfunction is not sufficient to legitimate the attribution of a disorder. He states that the dysfunction must also result in significant harm under existing environmental circumstances and cultural standards. Therefore, while the failure of a naturally selected property is a necessary condition of a disorder, that failure is not sufficient, in and of itself, to constitute a disorder. Wakefield uses Albinism, which, though a function of a breakdown in the way skin pigmentation operates within an organism, does not cause harm, and is therefore not classified as a disorder. In his analysis, Wakefield details the fluid nature of an assessment of harm. He points to evolutionary conditions which may have lead to high levels of male aggression, levels which might legitimately be seen as part of the natural functioning of the male organism. He goes on to
suggest that the loss of this high level of aggression—once a harmful dysfunction, and hence a disorder—could now be seen as an advantage within contemporary cultural circumstances. Therefore, this would probably preclude such a loss as constituting a disorder.

Wakefield’s analysis has proven to be both popular and influential, in that it incorporates the claims of both camps within debates over disorder, ie. those who regard the term as simply representing an external, objective fact of nature, and those who regard the term as social in origin, a function of cultural and historical perspective. A number of important commentators within the psychiatric community have concluded that Wakefield’s model offers the most productive framework for understanding and approaching the notion of disorder (see Cosmides & Tooby, 1999; Klein, 1999). Even so, Wakefield’s work has not been without its critics, who largely fall into one of two categories. The first still largely accepts the (possibility of the) validity of the objective component of the analysis, whereas the second calls this into question, and suggests instead a far more linguistically nebulous approach to the phenomenon of disorders. Taking these in turn:

**Problems with ‘Harmful Dysfunction’ – from the inside**

While these criticisms chip away at the objective component of Wakefield’s model, none seek to leave the basic terrain of a Referential Theory of language, wherein the term ‘disorder’ has some kind of matching essence in nature to which the term corresponds. McNally (2000) expresses some concern over the viability of its dysfunction component. He suggests that, within a hybrid model, the notion of dysfunction is itself a hybrid, and rather than this simply being a straightforward factual account of a natural biological function, it is actually comprised of a factual assertion about the operation of the mechanism, as well as a normative assessment that this mechanism is malfunctioning. This viewpoint is also held by Fulford (1999), who argues that it is impossible to talk about the ‘failure’ of a mechanism produced via the processes of natural selection, without an understanding that this is both teleological and values-based.

Kendell (2002) extends this criticism with the observation that the relationship between natural selection and the evolution of the higher cerebral function, whose failure is deemed to constitute a mental disorder, is too complex and mysterious a process to be simply read-off in such a reductionist manner. He states that, given our current limited understanding of the cerebral
mechanisms underlying our most basic psychological functions, in most cases, all that can be
done is to ‘infer the probable presence of a biological dysfunction’ (Kendell, 2002:112). He also
notes that reading and calculating—two capacities that a wide range of school-based disorders
have been organised around—have been acquired by humans far too recently to be plausibly
located within the logic of ‘natural functions designed by evolution’.

Problems with ‘Harmful Dysfunction’ - From the Outside
Rather than centring its concerns upon the question of precisely how the notion of disorder
should have its boundaries organised, these criticisms seeks to problematise the existence of
those boundaries altogether. That is, a disorder is not positioned as a singular, monolithic
concept, merely in need of a decent definition, rather a disorder is understood as an
approximation, a cluster of loosely related ideas, without a clearly defined essence, or inherent
meaning. A number of writers adopt this position, but two articles are worthy of particular note.

Kirkmayer and Young (1999) begin by raising a number of concerns over Wakefield’s model,
contending that his concept of mental disorder fails at a practical level, since it neither
corresponds to how the term is used in clinicians’ everyday practice, nor does it cover the ground
needed to in order to be useful for research, or for clinical or social purposes. They contend that
the issue should not revolve around the formal linguistic properties of statements employing the
term disorder, but should revolve instead around how the term is used. They state, with no little
annoyance, that Wakefield should get out of his office, and have a look inside the world of
clinicians and laypeople who use the term in different ways, and which have particular context-
dependent ‘rules of the game’. They sum up the foundational implications of this use-based
framework as follows:

The broad concept of disorder is a polythetic, not a monolithic, concept. As such,
there need be no essential characteristic, criterion, or single prototype of disorder.
Instead, multiple prototypes with varying features are used to group together a wide
range of disparate phenomena by analogy. (Kirkmayer & Young, 1999:446)
Adopting a similarly fluid approach to the notion of disorder is the work of Lillenfeld and Marino (1995). Their main concern is over the relationship between the term disorder, and what it does, or does not, refer to—the question that lies at the heart of this paper. They argue that the debate can ultimately be reduced down to the question of whether or not Wakefield’s conception of disorder corresponds to an entity in nature, and while they conclude it is possible that such an entity exists, and that current models/definitions of disorder represent imperfect reflections of this Platonic ideal, to date, all attempts to find a natural boundary between normality and abnormality have ended in failure. Consequently, it is most reasonable to conclude that the concept of disorder ‘lacks any clear-cut natural counterpart’ (1995:419). They go on to propose that disorder is best conceived of as a Roschian concept, (named after Rosch (1973), and her work on natural categories). These are mental constructs that are normally employed to categorise natural entities which have fuzzy boundaries and lack specific defining features (they use the examples of ‘bird’, ‘fruit’ and ‘mountain’). Such constructs require an animating mental prototype that contains all the crucial elements of the category. Sometimes, examples of these constructs correspond to the prototype in clear and unequivocal ways, at other times less well so. Significantly, they use schizophrenia as a construct that corresponds unambiguously with the prototype, and ADHD as one that does not. Within this logic then, there is no underlying essence that somehow corresponds to the term ADHD. Instead, Lillenfeld and Marino propose a far less neatly defined linguistic model, one that operates through approximations to mental constructs.

It is clear, given Kirkmeyer and Young’s focus on the rules of ordinary language use, and Lillenfeld and Marino’s emphasis on fuzzy categories, that both sets of writers owes a considerable philosophical debt to Ludwig Wittgenstein, and his approach to the philosophy of language. Consequently, it will be useful for this paper to briefly unpack some of Wittgenstein’s central arguments in more detail.

**Wittgenstein, ADHD, and an alternative philosophy of language**

Though starting off as a logician, much in the mould of Frege and Russell, Wittgenstein eventually abandoned this position, setting out instead a new approach focusing upon how language is actually *used*, which came to be called Ordinary Language Philosophy (Wittgenstein,
Words were not to be examined in isolation, but should be analysed as components of sentences, deployed within given contexts. In this way, such an approach is based upon an anti-realist, anti-essentialist philosophical foundation. Wittgenstein contends that language is a collection of activities that operate in the same way as games. That is, the rules do not have inherent meaning, but rather are there to make the game work. Furthermore, each game has different rules, and so the idea is not to uncover some generalised theory of rules, but to draw conclusions about which behaviour goes with which language game. Lycan (2000) makes the comparison with a game of chess. Just as rooks or bishops are defined by the rules that both regulate where they start on the board, and how they are allowed to move, so too are linguistic expressions, such as ‘Hello’, ‘Excuse me’, and ‘Thanks’. These are conventional devices associated with greeting, apologising and thanking respectively; they are specific sounds with functional roles, such that there are appropriate and inappropriate times to use them, combined with appropriate and inappropriate responses. Therefore, in the final analysis, meaning is simply the function an expression performs within a given social context.

By the same reasoning, a particular meaning does not reside within the term ADHD that allows it to be hooked onto a correlating natural essence, rather its meaning emerges from its use within a given sentence. Following on from McMahon’s (2012) work, a sentence such as ‘the boy has ADHD’, when employed by a doctor to a parent in a conversation where both understand the rules of the linguistic game, can have a very different set of meanings to the same sentence when used by one teacher to another—premised upon the difference between a ‘diagnosis’ and a ‘label’. Given the ordinary language imperative to discern meaning within the setting of an expression, rather than in isolation, the meaning the term ‘ADHD’ is not to be found by looking for some essence of meaning within the word itself. Instead, Wittgenstein proposes it is to be found by understanding the rules of the game regarding its specific deployment, in this case, most usually charting the boundary between the normal and the abnormal, the healthy and the pathological, and the acceptable and the unacceptable. This is the point being made by Kirkmayer & Young (1999), when they stated that Wakefield’s abstracted definition of disorder has little to offer practitioners, teachers and parents who utilise the notion of disorder in a variety of ways, often with only limited relation to anything remotely approaching the harm dysfunction model. The rules of the game, for Kirkmayer & Young, are far more about the cultural and professional backgrounds, connotative meanings, and organisational and diagnostic structures
usually attached to expressions using the term disorder, than they are about arguments relating to either evolutionary biology or syntactic analysis.

Wittgenstein’s rejection of singular, generalised explanations extends to other parts of his position on language and meaning, in particular, his work on ‘family resemblances’. This refers to an understanding of language that connects particular uses of the same word, so that rather than seeking a single essence that defines the meaning of a word, the meaning is shaped within a series of overlapping similarities, with no necessity that any single similarity is common to all. He uses the example of various subtypes of games, each contributing to the family resemblance for the word game. Mackinejad & Sharifi (2006, 128) suggest that this metaphor can be swapped directly for the notion of disorder:

We can replace the word ‘game’ with the term ‘disorders’ and replace subtypes of games (card games, ball games, Olympic Games) with subtypes of mental disorders like psychotic disorders, anxiety disorders, mood disorders and pay attention to the family resemblances of these disorders. Each group of mental disorders can have some resemblances with other mental disorders, but there is no common feature or phenomenon that can embrace them all …

Wittgenstein (1953, 66) also uses the example of the fibres of a thread, in that ‘the strength of the thread does not reside in the fact that some one fibre runs through it whole length, but in the overlapping of many fibres.’ This notion has proved to be highly influential, including providing the supporting intellectual framework for the ‘Roschian’ understanding of disorder, as discussed earlier within the critique of Wakefield ‘harm dysfunction’ theory. The fuzzy boundaries and lack of specific defining features characteristic of this approach, are all organised within a Wittgensteinian logic based upon family resemblances. That is, the notion of the animating mental prototype that contains all the crucial elements of the category, correlates fairly directly with the notion of the thread, comprised of various fibres—for fibres, read; ‘uses of the term disorder, within the various language games which employ it’—none of which are singularly essential to the integrity of the whole.
On the basis of Wittgenstein’s work, the answer to the question, ‘what is the relationship between the term ADHD, and the object it purports to represent?’ is no longer simply one of reference. Indeed, there is probably no longer a single answer at all. Given words are now only to be understood within the context of particular language-games, and their associated meanings are assembled, fibre by fibre, into a polythetic thread, a fuzzy cluster of family resemblances, lacking an essential core, but still permitting a generalised conception to emerge. Thus, following Wittgenstein, the term ADHD does not have neat hermeneutic boundaries, with a corresponding essence in nature, it is rather a term that only gains a meaning when placed in context, and which can be applied comfortably to psychological phenomena that share a sufficient number of the fibres of the nominal thread, less well so to those that do not.

Conclusion

The publication of the DSM-V has not really altered the theoretical terrain across which ADHD is operationalised and understood—the main changes pertaining specifically to the diagnosis of the disorder in adulthood. While the attempt to incorporate Wakefield’s ideas into the working definition of a ‘mental disorder’ is certainly a step away from the most objectivist, realist interpretation of the notion, it still operates according to referential theories of language which assume that the term ADHD stands for a tangible ‘thing’, one that can be identified, isolated, and treated. However, from a strictly philosophical point of view, it is fair to say that Referential Theory, and the ideas of the Logical Positivists who sought to improve upon it, has few remaining adherents.

Wittgenstein, however, still has considerable currency within debates over language use; his Ordinary Language approach has implications for how the notion of a ‘disorder’ might be shaped by the contexts in which it is deployed. It is suggested here that the meaning of terms like ADHD can only be assessed and interpreted by factoring into the analysis exactly who is using the term, and to whom; how the term is being used, and in what context; and what are the rules of the game as applied to that term. Therefore, the idea that ADHD somehow correlates directly with a natural essence becomes increasingly untenable. A practical consequence of this alternative understanding is that the term can now tolerate (in fact, is constituted by) disparate modes of use. The way in which the term is employed by clinicians, and in turn, shapes the
limits of how they organise its conceptual and nosological boundaries, differs from its usage by teachers within the classroom, who generally employ a less formal, and more practically-orientated model—leaving aside the issue of diagnosis/labelling. It is this very flexibility that, in part, accounts for the success of this set of psychological entities, since, within the limits of appropriate family resemblances, they can be effectively engaged as required, in the manner in which they are required, by whoever requires them.

Two provisos are worthy of mentioning here. First, all medical constructs are ultimately vulnerable to anti-realist critiques, not just mental disorders such as ADHD. By attaching labels to bits of nature, we create specific entities that serve a variety of explanatory purposes. This does not render them false, or redundant, it simply alters their ontological status, given we have played a role in their formulation. Second, while this paper articulates different approaches to the link between the signifier ‘ADHD’ and its signified, and discusses a wide range of problems with the ‘objective’ status of the disorder, this same claim can be made of all disorders—all are ultimately constructs. However, disorders such as ADHD and Dyslexia rise and fall according to the supporting evidence they can muster to reinforce their conceptual validity. By this logic, Dyslexia appears to be providing such evidence effectively and comprehensively; to date, ADHD does not.

In conclusion, from the various arguments surveyed in this paper, it would appear that if ADHD is employed in a purely referential manner to describe an associated natural essence—a disorder of the mind—it singularly fails to accomplish this effectively, since it clearly refers to more than this, as now articulated in the DSM-V. In contrast, if ADHD is understood within a plural, polythetic linguistic framework, then this approach is likely to be sufficiently flexible to accommodate such ambiguity. However, this in turn challenges the epistemological medical/psychological certainty that supports the knowledge bases that produce such categories in the first instance.

References


