

The ADHD diagnose - a way of masking problems in society?

Difficulties with attention and hyperactivity among children have gained increasing concern during the past decades. Journalists, policy makers, researchers, teachers, healthcare professional, social workers, parents and others discuss how children with such difficulties should be understood and treated. An escalating number of children are diagnosed with Attention Deficit Hyperactivity Disorder (“ADHD”) and many of them are prescribed psychoactive medicine. There is, however, criticism towards the concept of “ADHD” as well as toward the prescription of medicines. Researchers have raised concern that an “ADHD” diagnosis might mask emotional suffering connected to for example lack of structure and routines in the child’s life, trauma and abuse or discomfort due to non-dramatic forms of difficulties. Children who receive an “ADHD” diagnosis often come from a background with limited resources, including a segregated school system, and thus socio-economical factors, rather than individual, should be the focus of investigation and concern. Nevertheless, “ADHD” has become an accepted, and even longed for diagnosis, often described as a relief for both children and parents who sense that the diagnosis provides an explanation for a variety of difficulties.

As researchers we investigated how on-line information concerning “ADHD” is presented to parents. We analyzed the document “What is Attention Deficit Hyperactivity Disorder (ADHD, ADD)” published on the website of National Institute on Mental Health (NIMH). The research conducted at NIMH, as well as clinical advice and guidelines provided by NIMH, has considerable impact on research and clinical practice in the US as well as in the rest of the world. The information was analyzed by the use of a discursive method where focus is on language and how language is used to present a topic from a specific perspective. The researcher analyzes how argumentation is constructed, how words are selected and how alternative perspectives become excluded. Language is not seen as a neutral representation of the topic of concern, but as a way to construct the topic. Moreover, language, and lines of argumentation shape concrete behaviors, attitudes and political decisions.

In the text from NIMH, varying forms of inattentiveness and hyperactivity are presented as caused by the same underlying diagnosis. This creates the impression that varying and unspecific behaviors do not need to be analyzed, contextualized, or even understood. Thereby, the diagnosis of “ADHD” becomes elastic; almost any behavior might be understood as an example of ADHD. Other factors that might be important for understanding the child’s problems, for example attachment pattern, relationships, difficulties in school or traumas are excluded.

Inattentiveness and hyperactivity might be connected to emotional states such as grief, sorrow or joy but this is not acknowledged in the information. Neither is it acknowledged that children communicate through their behaviors. On the contrary, it is stated that the child suffers from a chronic disorder or dysfunction that cannot be cured but might be controlled if the child receives the proper diagnosis and treatment. Medication is presented as the natural choice of treatment. By “Parent skills training” parents should learn to use rewards and consequences to change the

child's behaviors. They are, however, not encouraged to encounter their children as unique individuals who are trying to communicate and express their emotions. The possibility to strengthen the relationship and mutual understanding between parent and child is an excluded topic.

It is argued that the child benefits from a diagnosis early in life and help provided by experts. Those, so called, experts posit that the child's difficulties should be seen as resulting from a biomedical dysfunction. This is illustrated by a lengthy description of psychoactive medicines assumed to correct the child's unwanted behaviors. A powerful argument, that children with "ADHD" might develop severe difficulties later in life makes parents strive for a diagnosis for their children.

In summary, perceived difficulties with inattentiveness and hyperactivity are presented as caused by an innate dysfunction that affects the child as well as those in his or hers vicinity. The child is not perceived as a unique individual but as representative of a disorder. A circular argumentation is created; "ADHD" is defined according to the presence of particular behaviors and thereafter these behaviors are understood as created by "ADHD".

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Publication

[A discursive analysis concerning information on "ADHD" presented to parents by the National Institute of Mental Health \(USA\).](#)

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Int J Qual Stud Health Well-being. 2016 Apr 5