

# **The ADHD Debate and the Philosophy of Truth**

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## Abstract

There is ongoing and wide-ranging dispute over the proliferation of childhood behaviour disorders. In particular, the veracity of the category Attention Deficit Hyperactivity Disorder (ADHD), has been the subject of considerable scepticism. With no end to the debate in sight, it will be argued here that the problem might effectively be approached, not by addressing the specific features of ADHD itself, but rather by a philosophical analysis of one of the terms around which this entire problem revolves: that is, the notion of truth. If we state: “It is true that ADHD is a real disorder”, what exactly do we mean? Do we mean that it is an objective fact of nature? Do we mean that it fits seamlessly with other sets of ideas and explanations? Or do we simply mean that it works as an idea in a practical sense? This paper will examine the relationship between some of the dominant models of truth, and the assertions made by those in the field of ADHD. Specifically, the paper will contrast the claim that ADHD is a real disorder, with the claim that ADHD is a product of social governance. The intention is, first, to place some significant qualifications upon the validity of the truth-claims made by ADHD advocates, and second, to re-emphasise the potential and promise of philosophical investigation in providing productive new ways of thinking about some obstinate and seemingly intractable educational problems.

## Introduction: differences of opinion on ADHD

In spite of what its advocates may claim, ADHD has yet to reach the status of ‘established truth’. 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. Those interested in the issue of ADHD appear to have clustered into three main camps, each with its own theory/theories (see figure 1):

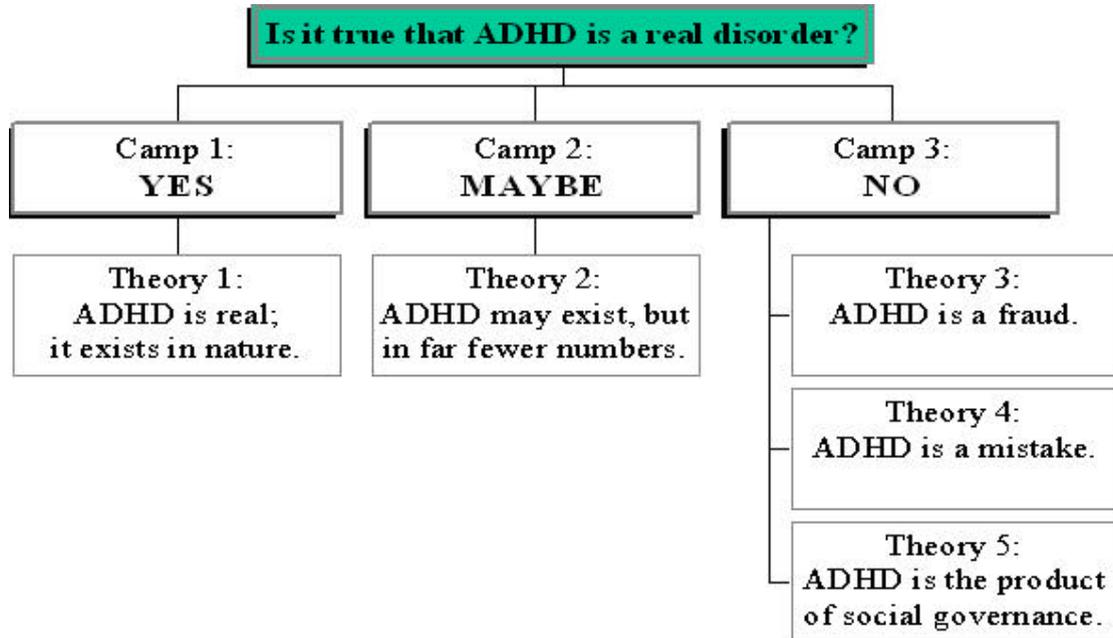
Camp 1 consists of ADHD’s true believers (Theory 1). There is now a huge literature on various aspects of the disorder (its aetiology, its central characteristics, different methodologies for intervention) written from within any number of different disciplines (medicine, neurobiology, psychology, biochemistry, 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.

Camp 2 consists of those who think that ADHD may exist, but that if it does, consider that it has been wildly over-diagnosed (Theory 2). 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.

Camp 3 consists of those who do not accept the objective ‘truth’ of ADHD. This camp is itself made up of three positions:

- ADHD is a fraud (Theory 3). A number of writers have argued that the disorder is largely the invention of pharmaceutical giants such as Ciba-Geigy (Armstrong, 1997; Magill-Lewis, 2000).
- 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 (Theory 4). 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.
- The third 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 (Theory 5). That is, by the sub-division 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 (Foucault, 1977), also the smallest working of the human mind (Rose, 1990). This position has been discussed at length elsewhere (Tait, 2001).



(Figure 1)

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—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 ? not a. Similarly, Theory 2, “ADHD may exist, but it has been wildlly 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 paper the focus falls on Theory 1 and Theory 5, two theories representing opposing sides of an ongoing debate, a debate characterised by the implication by each side that the other is in error. 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 each seems to suggest 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 of this paper in a more thoughtful and productive way, that is: “Is ADHD a real disorder?”

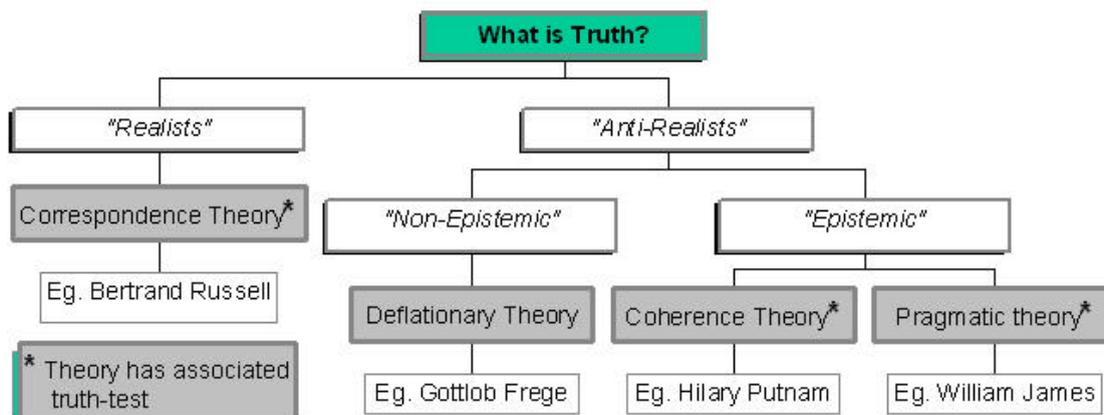
### **Philosophical Approaches to the Notion of Truth**

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 (1974a) 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. 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, waiting to be discovered.

This understanding of truth is most frequently labelled as a *realist* approach. Henry 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”. 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 the Sophists, the most eminent of whom was Protagoras, who famously stated that “Man is the measure of all things” (Plato, 1974b: 160). The most influential contemporary writer on truth, Friedrich Nietzsche (1954: 46) makes his debt to Protagoras clear when he states: “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). Returning to the cave metaphor, Nietzsche would probably 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 representation of a previous representation 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. As can be seen in Figure 2, the two approaches spawn a number of other, more specific, theories concerning the nature of truth.



(Figure 2)

Leaving aside the deflationary theory (better 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 are actually useful, in that they translate directly into truth-tests. A truth test is a device for checking 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

In the book *Truth in Context*, Michael Lynch (1998) describes realism about truth as being based upon the understanding that truth is 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. 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 first formulation of what later became correspondence theory is normally attributed to Aristotle (*Metaphysics*, IV, 7, 1011b25), most often 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 Bertrand Russell (1912: 74), who states, “A belief is true when it corresponds to a certain associated complex, and false when it does not.” 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.

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. Paul 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”.

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 that 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 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 has still been the dominant paradigm, not only in terms of common usage, but also within almost all scientific discourse, including those responsible for ADHD

### **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 there 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.

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 it 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.

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 to 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 (i.e. the statement “ADHD is a product of social governance) and objective reality is a complex and piecemeal process, but arguable no less so that 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 able to use the correspondence test least of all to make their case effectively.

### **Anti-Realism and Truth**

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 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.

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 comes 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 found 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**

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). 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 and animates most other theories of truth—either directly or indirectly—and as such, will always be widely regarded as inadequate.

## **Pragmatic Theory**

Pragmatism is normally associated with the work of William 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. 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.

### **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 in that it explains why such disorders seem to be discovered almost exclusively in areas where they pose a threat to effective social and educational management.

### **Coherence Theory**

In addition to pragmatic theory, there is another anti-realist, epistemic approach to the notion of truth: coherence theory. 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 Hilary 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.

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 changed for being flat to being a sphere over the last 500 years. 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).

### **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 deemed to be true.

A coherence test of truth would appear to work in Theory 1’s favour. The notion of ADHD appears to mesh in 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.

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 claims 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 tests 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

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.

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.

This leads on to the second question: and the core of this paper: 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, since 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 matter, 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.

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