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Repertoires of ADHD in UK Newspaper Media

Mary Horton-Salway

Abstract

This article applies discourse analysis to examine how Attention Deficit Hyperactivity Disorder has been represented and debated in UK newspapers in the last decade. Two repertoires of ADHD are identified as the biological and the psychosocial. The analysis shows how subjectivities are embedded in these repertoires, such that constructions of the problem child, abnormal or ordinary naughty child and ineffectual, neglectful, or confused parents support alternative versions of ADHD. The biological repertoire justifies and encourages drug treatment for ADHD whilst the psychosocial repertoire supports moral judgements about parenting practices in a 'sick society'. Although these might be seen as competing repertoires, they also represent two different ways that media representations encourage families to regulate themselves in dealing with ADHD.

Key words:

ADHD, media representations, discourse analysis, interpretative repertoires, subjectivities, medicalisation.

Repertoires of ADHD in UK Newspapers

The National Institute of Clinical Excellence (2008: 17) states that '*The definitions of ADHD and hyperkinetic disorder are based on maladaptively high levels of impulsivity, hyperactivity and inattention*', with 4-5% children being diagnosed.

However, there is little agreement in the research literature about what causes the condition and its nature, diagnosis, treatment or management has been debated since the early 1900s and in recent publications (Kendall et al., 2003; McHoul and Rapley, 2005; Rafalovich, 2005; Rapley and McHoul, 2004; Schubert et al., 2005; Spencer et al., 1998; Zwi and York, 2004).

George Still (1902) described a set of childhood behaviours (or symptoms) that have been more recently named ADHD. Hyperkinesis was also used to describe a set of dysfunctional childhood behaviours (Bradley, 1937). However, writing in 1975, in his seminal conference paper on 'The discovery of hyperkinesis', Conrad argued that socially deviant behaviour was being medicalised by labelling children hyperactive. The diagnostic category, 'hyperkinetic impulse disorder' emerged later (Laufer, et al, 1957) with the term 'minimal brain dysfunction' being used in Clements (1966). Since then, a range of labels such as Hyperactivity, Attention Deficit Disorder (ADD) or the more recent, Attention Deficit Hyperactivity Disorder (ADHD) have been produced in tandem with competing theories regarding cause.

The history of ADHD and its research literature is well documented in Conrad's papers (1975) and in Rafalovich's (2008) critical examination of the history, discourse and everyday experience of attention deficit/hyperactivity disorder. ADHD was

reviewed by Cormier (2008) and Cortese *et al*, (2008) and in that year alone, a wide range of study types were based on biological, psychological or social explanations. For example, ADHD was described as a genetic disorder (Wallis et al, 2008), a biochemical imbalance (Tripp and Wickens, 2008) and a neuropsychological disorder (Sugalski et al, 2008). ADHD was also defined as a personality disorder (Eisenbarth et al, 2008) or an oppositional defiant disorder related to autism (Gadow, DeVincent and Drabick, (2008). Others described ADHD as a psycho-social disorder (e.g. Knight, Rooney and Chronis-Tuscano, 2008).

There is a growing body of discursive and qualitative studies that examine how ADHD is constructed and how children with ADHD and their parents are represented in discourse. Examples come from clinical and educational interactions and research interview settings and many of them focus on the issue of medicalisation. A Conversation Analytic case study of a clinical interaction by McHoul and Rapley (2005:419) demonstrated parental resistance to both the diagnosis of ADHD and the prescription of drugs for 'school-based conduct'. Hansen and Hansen (2006) reported that Canadian parents initially had mixed feelings or negative attitudes about medicating their children. In an educational setting, Hjörn (2005) described how a categorisation of ADHD was negotiated in an interview where the mother constructed the child's behaviour at home as normal, and the Principal constructed the child's behaviour at school as abnormal. Malacrida (2004) identified differing cultural and practical constraints associated with the medicalisation of ADHD due to differences in the way services are funded. In Britain, educators are more likely to resist this label whilst those in Canada are more likely to pursue it. The causes of ADHD are still a matter for debate and arguments against medical or biological explanations do 'persist

in virulent form in the popular press, on the Internet and in the mass media.' (Malacrida, 2004: 62).

The discourse of morality is evident in a whole range of qualitative research on ADHD. Schubert, Hansen, Dyer and Rapley (2009) applied Membership Categorisation Analysis (Sacks, 1995) to interviews with drug-dependent adults with a diagnosis of ADHD. They found the category 'ADHD patient' was used by interviewees to claim membership of a 'morally neutral' category as opposed to 'illicit amphetamine user'. This sanction of drug dependence absolves the patient from responsibility (Schubert et al., 2009: 499). Rafalovich (2005) found a degree of scepticism about ADHD in US general practitioners and Klasen and Goodman (2000) found that although most parents of children with ADHD saw the diagnosis as positive, they were also worried that they might be blamed.

Much of the ADHD literature focuses on what Singh (2004: 1199) refers to as the culture of 'mother-blame'. Singh noted how health professionals 'routinely assess mothers' psychological and emotional profiles' when dealing with children with a diagnosis of ADHD. Berman and Wilson's (2009) analysis of intake interviews at a children's hospital also showed how mothers who resist medical definitions were constructed as pathological. Austin and Carpenter (2008) noted how cultural narratives constrain the way mothers can position themselves in relation to ADHD such that attempts to re-formulate their own everyday experiences of motherhood are treated as not only troublesome, but also troubled (page 378).

In addition to this academic literature, ADHD attracts debate in the popular media. Like other contested conditions such as CFS, ADHD is represented in various ways by the media and Lloyd and Norris (1999) set out to study the role of media discourse in the rise of ADHD. They identified two themes as 'the voice of parents' and 'the role of experts'. The former were often representatives of parents' organisations whilst the latter were professionals with careers built on ADHD (page 508). Drug companies and 'aggressive' marketing of diagnosis and prescription rates was identified as having a pronounced effect on media medicalisation (page 511). Schmitz, Fillippone and Edelman (2003) applied Social Representations Theory (SRT) to the study of US newspaper media (1988-1997.) A range of ADHD representations included genetic explanations and social explanations such as stressors or deviance and disability and neurobiological explanations, but they identified the dominant representation of ADHD as a biological and genetic condition mainly affecting young white boys (c.f Hart et al, 2006). They described these representations of ADHD as 'prototypes' for the categorisation and organisation of people's perception and experience (Schmitz et al, 2003:399-402). Williams et al (2008) have since accused the media of 'disease mongering' (page 252) through exaggerating prevalence, encouraging overdiagnosis and over-emphasising the benefits of drug treatment. On the other hand, Danforth and Navarro (2001: 167) suggested that increases in the use of medication has led to a corresponding critical coverage of the medicalisation of ADHD. If Danforth and Navarro (2001) and Lloyd and Norris (1999) are correct, it appears that the media, rather than 'disease mongering' may actually have played a role in resisting medicalisation of ADHD in recent years. If so, this is significant as Searle (2003) refers to the 'mass mediated

nature of scientific knowledge' (page 514) with media producers setting agendas with dominant representations.

There are few discourse studies of how ADHD is represented by the UK newspaper media, so the following analysis aims to make a small contribution by examining how ADHD has been represented in UK national newspapers in a recent decade. The analysis focuses on the following questions: What representations of ADHD can be identified? How do these represent children with ADHD and their parents? What kind of agenda is being set by the media through dominant repertoires?

Methodology

The approach taken is a form of discourse analysis that has its roots partly in the sociology of scientific knowledge, for example the study of how scientists use interpretative repertoires (Gilbert and Mulkay, 1984). This approach was then applied to social psychology topics such as attitudes (Potter and Wetherell, 1987) and later to the analysis of discourse and racism (Wetherell and Potter, 1992). Potter and Wetherell (1987) defined a repertoire as 'recurrently used systems of terms used for characterizing and evaluating actions, events and other phenomena' (1987: 149). In their later work on the language of racism, Wetherell and Potter (1992: 90) described repertoires as 'the building blocks used for manufacturing versions of actions, self and social structures in talk [...] resources for making evaluations, constructing factual versions and performing particular actions.' This kind of analysis focuses on the action-orientation of discourse and it is applied here to examine the terms used to explain ADHD, the versions of reality constructed and the moral work accomplished through the use of different interpretative repertoires. Using one kind of repertoire

rather than another performs a social action (they are constitutive) and they are designed to counter possible or actual alternatives (they are rhetorical). As in Potter and Wetherell (1987) and Wetherell and Potter's (1992) study of the language of racism, the analysis below has also drawn on concepts from ethnomethodology and conversation analysis. This kind of analysis has hybrid theoretical origins, however, as Wetherell and Potter (1992:89) have argued, they all have important analytic contributions to make. The aim of this article is therefore to examine extracts from UK national newspapers to identify what repertoires are used and how they construct versions of ADHD. Ways of representing objects (such as ADHD) are associated with the construction of subjects (Potter, 2006: pages 85-88). This process comes about through 'the use of descriptive terms in discourse' so this analysis will also examine how children with ADHD and their parents are described through these repertoires and how these account support social and moral arguments about treatment or management of ADHD.

The online database, Nexis UK was accessed to search UK national newspapers (2000-2009) for references to ADHD or hyperactivity. This produced a vast quantity of hits so the search was restricted to the criteria of three or more mentions (c.f. Williams 2008) . Alternative key words such as children, mother, father, parents, parenting, relationships, diagnosis, drugs, treatments, schools, therapy etc were paired with the term ADHD until the articles identified were mainly repeats. Articles were initially allocated to topic categories and full references and search strategy was also compiled.

Topic categories included explanations for ADHD, children with ADHD, parents and ADHD, and treatment or management of ADHD. Each text was allocated to one or more relevant categories and a more detailed search focused on the categories of 'explanations for ADHD' and 'construction of subjectivities'. Examples that appeared unusual were also noted. The extracts for analysis were selected as examples of the two competing repertoires of ADHD. Discourse Analysis was used to examine in detail how the repertoires were designed to construct a version of ADHD, how they were used to undermine other versions and to how they were associated with subjectivities.

Repertoires of ADHD

Two repertoires of ADHD were identified, the biological and the psychosocial. The biological repertoire represents ADHD as a physical brain disorder or chemical imbalance, whilst the psychosocial repertoire treats ADHD as the effect of social problems on children's behaviour. Biological and psychosocial repertoires contribute to an ongoing debate in the media about the 'medicalisation' of ADHD. Previous research has identified an increase in the medicalisation of ADHD (both in increased prescription and media representations), so one focus of the analysis is to see how far the biological repertoire has been supported by UK national newspapers in the last decade and how repertoires of ADHD might contribute to the setting of agendas and the regulation of families.

ADHD as 'biological'

One explanation depicts ADHD as a brain disorder having a genetic origin and leading to neurobiological abnormalities or the result of an intervening physical event, a disease. Purely biological accounts are rare and they do more frequently acknowledge complexity and the influence of upbringing and environment. However the main argument is that ADHD can be explained and treated *as* a medical condition (16 articles). One such example appeared in The Times (London), Thursday, September 9, 2004.

Extract 1: *Brain scans show it's not always easy to be good*

'...the latest research findings being presented at the British Association Festival of Science. Children with attention deficit hyperactivity disorder, the controversial "bad behaviour" syndrome, are suffering from a medical condition linked to abnormal development of the brain, scientists said yesterday. Brain scans of children with the disorder -which some critics allege has been invented or exaggerated by drug companies seeking lucrative markets -have revealed a common pattern of changes, providing evidence that ADHD is a genuine biological phenomenon...'

The language used in Extract 1 builds an account of how medical science has discovered evidence to prove the existence of ADHD. ADHD is referred to as a '*medical condition*' which has been detected using an objective method, brain scans. These claims are presented as '*...the latest research findings*' and attributed to 'scientists', so that the empirical work of science supports a strong claim about the biological basis of ADHD. The biological repertoire employs similar kinds of language to the 'empiricist repertoire' identified by Gilbert and

Mulkay (1984) which emphasises objective facts and empirical method in describing scientific discoveries. In Gilbert and Mulkay's study the empiricist repertoire was described as the formal language of science, such as that found in reports. Potter (2006; 116) points out how the features of the empiricist repertoire, such as fact construction, are actually a more general feature of everyday discourse. Here in Extract 1, the writer cites the credentials of the 'British Association Festival of Science' to give authority to the claims made for the scientific facts of findings about ADHD and in doing so defends against potential competing arguments (c.f Billig, 1987). One such argument is the idea that drug companies might have a financial stake in disingenuously promoting ADHD as a biological condition (c.f. Potter, 2006). Accusing someone of having a stake and interest is a way of undermining scientific claims. The scientists in Gilbert and Mulkay's study (1984) also used a 'contingent repertoire' in their informal accounts of laboratory work which emphasised the social aspects of that and the possibility of error and bias. They did so in order to undermine their competitors' claims as unscientific whilst making claims for their own results as robust. In Extract 1, the '*critics*' who would point out stake and interest are not actually given scientific credentials so they are more easily dismissed against the authority of scientists who presented 'the latest research findings'. This extract encapsulates the heart of the 'Ritalin debate' and is rhetorically designed to support the claim that ADHD has a biological cause and is a medical condition best treated with drugs.

Extract 2 is another example of how a biological repertoire is used to build the facts of ADHD as a medical condition. However, it also uses the narrative device of first hand

experience to make a point about the effectiveness of drug treatment (The Express, December 19, 2006 Tuesday; U.K. 1st Edition).

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Extract 2: *The softly-softly season; your health*

This time of year used to be a nightmare for the Thomson family, whose son Robin has disruptive behavioural problems.

...Robin is one of an estimated 400,000 children in the UK with ADHD, thought to be caused by an imbalance of chemicals in parts of the brain that deal with attention, impulses and concentration. Children with the condition have a very short attention span, are easily distracted, fail to finish things, are disorganised and forgetful and cannot sit still. They continually fidget, talk too much, will not wait their turn, have difficulty sharing, get into fights and interrupt continually. Stimulant drugs such as Ritalin and longer-acting Concerta XL - which Robin takes - work on the parts of the brain that control attention and behaviour, reducing symptoms of restlessness, inattentiveness and impulsiveness. But drugs are not a cure. They simply provide a foundation to help children concentrate better...

Extract 2 begins with a report of the UK figures for ADHD (400,000) which positions the personal story as an example of a widespread problem rather than merely anecdotal. The phrase, '*thought to be caused by an imbalance of chemicals*' does construct an element of uncertainty at the start of this biological explanation, but the description of the effect of drug treatment on the child's behaviour is first hand evidence of its effectiveness. This displays the even handedness (and therefore the objectivity) of the author of the article. Even though the precise cause of ADHD is not clear, if the '*condition*' can be treated with drugs which improve the child's behaviour

(an observable result) then this is designed to be counted as evidence for ADHD as a treatable medical problem.

A lengthy account (omitted) of Robin's antics at Christmas includes a three part list of behaviours, '*pulling over the Christmas tree, tearing down decorations and ripping open everyone's present's*'. Such listing is designed to construct these examples as part of a complete package of similar behaviours (c.f. Jefferson, 1990) and these are defined for us here as '*disruptive, unruly and anti-social*'. The construction of Robin as a problem child who is out of control and abnormally naughty shows how a child's subjectivity is linked to a description of his naughty behaviours that are defined here as the effect of an '*imbalance of chemicals*' (see also Malacrida, 2004; O'Reilly (2007). The outcome of drug treatment pivots upon a 'before and after' story (c.f. Horton-Salway, 2001) that constructs the untreated condition and contrasts it with the treated condition. This fact building device mimics the logic of scientific experiment where 'before' represents the baseline condition (the naughtiness of the child) and the 'after' represents the outcome measure (an improvement in behaviour). In her study of ME, Horton-Salway (2001) shows how 'before and after' stories construct an intervening event, such as a virus, to establish the illness as physical. Before and after also establishes a baseline subjectivity of active, healthy person compared with the 'ME sufferer' after the virus and works to dismiss any suggestion of malingering. In extract 2 (above) the 'before and after' structure functions as a clear message to parents that ADHD is a medical condition that can be effectively treated with drugs. The uncertainties inherent in initial explanation of ADHD ('*thought to be an imbalance of chemicals*': my emphasis) are effectively dealt with by using a 'Truth Will Out' device similar to the one used by Gilbert and Mulkay's scientists to defend

against the discrediting of scientific explanation. In their study, where the informal contingent repertoire threatened to undermine the authority of science, a 'Truth Will Out' device was used to resolve this dilemma. Despite some uncertainty, the truth of the biological explanation for Robin's ADHD is demonstrated in Extract 2 by its empirical outcome, that drug treatment has observable results in his improved behaviour.

The construction of children's bad behaviours in extracts 1 and 2 is concurrent with the construction of parents needing advice to obtain medical treatment for their children. A competing explanation for ADHD is constructed using a psychosocial repertoire in the extracts below.

ADHD as Psychosocial

The use of a psychosocial repertoire is the overwhelmingly dominant one to explain ADHD (72 articles). ADHD is frequently represented in the media as a label used by schools and parents as a means of controlling bad behaviour with medication, often referred to as the 'chemical cosh' (*The Sunday People*, October 29, 2000). The psychosocial repertoire is strongly linked to a critique of medicalisation. In the following examples children with ADHD are represented as naughty but ordinary and this kind of subjectivity is embedded in a description of dysfunctional social and cultural conditions. Instead of appeals to the authority of science, these accounts make claims for overprescription, ineffective parents and make contrasts between the social and cultural conditions of today's sick society versus the good old days. The following extract from the Daily Mail (November 19, 2007) is an example of how the psychosocial repertoire is used in this way as a critique of medicalisation

Extract 3: *The scandal of Kiddy Coke*

Thousands of 'hyperactive' children are being given Ritalin (which can stunt growth) or even schizophrenia drugs. Are they victims of greedy drug firms - and doctors too quick to diagnose a condition many say doesn't even exist?[...] When he was in the throes of his worst tantrums, Daniel Fletcher would rip wallpaper off the walls at home and hit and kick anyone who came near him. Once, he put his pet mouse in the microwave. On another occasion he jumped out of a moving car [...] He was first diagnosed with Attention-Deficit Hyperactivity Disorder (ADHD) at the age of two, and just three years later the little boy was prescribed the amphetamine-like drug Ritalin. [...] A diagnosis of ADD or its close cousin ADHD (Attention Deficit Hyperactivity Disorder) transforms a difficult and disruptive kid into a sick child in need of treatment. Instead of disapproval, parents who need it receive increased benefit, back-up and acknowledgement of their predicament. Given the choice between an unruly drug-free child and a docile drug-subdued child, many parents opt for the latter. Not surprisingly, experts fear that inappropriate drugs are not only being used to control children's behaviour, but are being massively over-prescribed to some children who are simply naughty. ADHD, they say, is nothing more than a symptom of Britain's timepoor society, where children of parents working long hours are cracking under the strain of family life ...

In extract 3, medicalisation and unnecessary overprescription are condemned as a 'scandal'. The article uses terms like 'victims' to describe children and the phrase 'Kiddy Coke' to place treatment with Ritalin in the same membership category as a dangerous and illegal drug (c.f. Sacks, 1995). Medical prescription is linked to illicit

drug dealing by use of the term 'Coke' (Sacks, 1995) and this is further compounded by the construction of the stake that '*greedy drug firms*' have in promoting prescription. This account spells out the other side of the debate that was oriented to in Extract 1 in the reference to what 'some critics allege'. In Extract 3, medical practitioners who overprescribe are downgraded in contrast with '*experts*' who have greater knowledge and credibility. This is similar to the way Gilbert and Mulkay's scientists used the 'contingent repertoire' to undermine competitors by pointing out stake and interest and the social aspects of laboratory work and human error. In Extract 3, the use of the psychosocial repertoire constructs the social and cultural origins of ADHD as rooted in the conditions of modern society ('*timepoor society*') referring to parents who are '*cracking under the strain*'.

Along with the construction of ADHD as a psychosocial problem, extract 3 builds a subjectivity for a specific child with a diagnosis of ADHD. This is an example of how a child's behaviour is represented as extreme, violent, anti-social, dangerous and even pathological, '*he put his pet mouse in the microwave*'. Formulating these as examples of the '*worst tantrums*' works to construct the child's behaviours as extreme (c.f. Pomerantz, 1986) but also a recognisable part of normal childish behaviour. The three part listing of examples suggests that the tantrums are part of a complete package of similar behaviours that characterise the child (c.f. Jefferson, 1990). ADHD is described as a transformational label such that '*children who are simply naughty*' are being prescribed drugs as a form of social control rather than address the real issue of inadequate parenting or poor discipline in schools (c.f. McKinstry, 2005). Paradoxically, ADHD is being constructed using a psychosocial repertoire but paradoxically the psychosocial conditions that produce ADHD are being somewhat

medicalised in describing ADHD as a *'symptom'*. This works to construct ADHD as a more widespread product of a 'sick society' rather than confined to a marginal few abnormal individuals.

Although, the description of the child at the beginning of extract 3 directs us to interpret his behaviours as extreme and pathological, it is embedded in an argument about the use of ADHD as a label in a society where parents in general are struggling to cope. Another example of this shows how candidate subjectivities for children are embedded in a psychosocial explanation for ADHD (Guardian on August 29, 2007.)

Extract 4: *When is a child just a child?*

When is a child a problem child? When is a child suffering from a syndrome and in need of mood-altering drugs? It seems the boundaries between normal childish behaviour, which includes fidgeting, wriggling, impulsive movements and lack of concentration, and the symptoms of Attention Deficit Disorder (ADD) have become badly blurred. [...]GPs are issuing 631,000 prescriptions for Ritalin a year. The number has trebled in just five years. Since we cannot possibly believe there is an increase in ADD of epidemic proportions, we must assume the tolerance for drugging our children has grown.[...] "Come now, Doctor, look at the way he wriggles. He won't sit still. He won't watch a DVD right through. He's not doing well at school. There must be something you can give him?" The overwhelming question, though, is how many prescriptions are truly necessary and how many are simply a fashionable knee jerk reaction to parental pressure? [...] The very notion of babies and children routinely being prescribed powerful, mind-altering drugs is terrifying. What kind of a civilised society puts its children in a chemical straitjacket? The figures demand

urgent scrutiny. Of course, in a percentage of cases, Ritalin is a life saver. Wretchedly unhappy children are transformed and family life rescued. Sufferers of ADD must and should receive treatment. The rest should thrive on what has dazzlingly served generations before theirs - fresh food, stacks of exercise and parents willing and able to spend time playing with them.

Extract 4 begins with a list of three rhetorical questions (c.f. Jefferson, 1990) that contrast three candidate subjectivities, the normal (*'just a child'*), the abnormal (*'problem child'*) or the sick child (*'suffering from a syndrome'*). A list of behaviours definable as either features of *'Attention Deficit Disorder'* or of *'normal childish behaviour'* are formulated as *'fidgeting, wriggling, impulsive movements and lack of concentration'*. In extract 4, unruly children are formulated as normal, whilst elsewhere (Extract 2) unruly children are formulated as abnormal. This shows how constructions of sick children, problem children or ordinary children are embedded in competing repertoires of ADHD that construct biological or psychosocial causes. Excessively naughty (but ordinary) children, are produced along side the psychosocial repertoire and sick or abnormal children are embedded in the the biological repertoire (Extracts 1 and 2).

Having formulated the typical behaviours for a normal child (c.f. Edwards, 1997), Extract 4 goes on to build a critique of medicalisation. The scientific credentials of the facts are bolstered citing *'a study'* with statistical evidence and extreme case formulations such as *'631,000 prescriptions'*, *'number has trebled'*, *'epidemic proportions'* (c.f. Pomerantz, 1986). The objective evidence is related to a spiralling

prescription of Ritalin, described as a '*tolerance for drugging our children*'.

'*Tolerance*' implies passivity, but also widens the accountability from GPs to parents and the accepted practices of wider society. The concerns of parents are trivialised through listing recognisably ordinary childish behaviours, '*wiggles*', '*won't sit still*', '*won't watch a DVD*', '*not doing well at school*'. The establishment of parental 'stake and interest' (Potter, 2006) in drugging their children to obtain '*increased benefit, back-up and acknowledgement*' works to undermine ADHD as a valid diagnosis. As with Horton-Salway's study of M.E. (2007) these references to a 'bandwagon' work to construct false claims and establish genuine cases.

Although extract 4 is mainly a critique of medicalisation, there is a brief display of even-handedness on the part of the writer in the acknowledgement of a few genuine cases. These are described as '*Wretchedly unhappy*' rather than '*difficult and disruptive*'. The former suggests a need for compassion, whilst the latter implies a need for greater discipline on the part of the parents. The phrase '*life saver*' constructs the minority of '*Wretchedly unhappy*' as in need of medical help but the term '*life-saving*' contrasts sharply with the term '*mood-altering*' when used to describe drug treatment. The upshot of the article is an appeal for greater public awareness of a scandal of unnecessary prescription. The phrase '*fashionable knee jerk reaction*' and '*routinely*' represents doctors as the compliant puppets of society's trends and parental demands whilst the '*chemical straightjacket*' represents drug treatment as an uncivilised, restrictive imposition on children. Rather than being a '*lifesaver*' in this case the drug is presented as something extreme, unnecessary and almost abusive. It is this shocking representation of drugging children that makes this critique of medicalisation so powerful and persuasive. Here it is used to underwrite the advice

given to parents about how to manage children's behaviours (c.f. Horton-Salway and Locke, 2010 in). Despite a nod at genuine cases in extract 4 (*'Sufferers of ADD must and should receive treatment'*), parenting advice for *'The rest'*, who are the majority of ordinary naughty children, is suggested by a three part list of advice (c.f. Jefferson, 1990), *'fresh food, stacks of exercise and parents willing and able to spend time'*, described as *'dazzlingly'* successful. The use of shocking descriptions plus the device of constructing the past as better than the present supports advice-giving and the regulation of family life along certain recommended lines (for a discussion of *'golden age'* accounts in ante-natal classes, see Locke and Horton-Salway, 2010.).

The device of comparing past times with current trends is also used along with constructions of normality and ordinariness in the next extract (The Daily Telegraph on September 23, 2006).

Extract 5: *How we'd handle William now:*

William, 10, has just added smashing his neighbour's greenhouse to his extensive list of crimes. Other recent misdemeanours include breaking into an artist's studio, turning his sister's best hat into a plant-pot, almost blinding his aunties with a catapult, defacing school textbooks, and locking a particularly awful relative in a shed. This particular William is, of course, Richmal Crompton's Just William, back in the days when such behaviour was put down to "boyish high spirits", and merited a hefty slipper on the backside from father.

[...] One boisterous boy can disrupt a whole class, and this in turn affects the class's "learning outcomes", which in turn affects the school's league table position -

so it is in everyone's interests to drug him into submission. So when you pore over those Ofsted reports with their shiny SATs scores, just think: what price the results?

But we shouldn't heap all the blame on schools because, for the past decade or more, they have been operating to repair a more fundamental societal breakdown.

Shifting economic structures have also led to profound changes in the organisation of family life. Today, 57 per cent of mothers of children under five are employed outside the home [...] Both parents are often unavailable for the children - and when they are physically present, they are all too often so busy checking their e-mails, watching television, texting, or generally multi-tasking that they are to all intents and purposes absent. More generally, parents are ever more confused about their role [...] Discipline itself is a minefield and it's often easier not to venture into it if your child appears to be out of control. Yet a lack of discipline may be the very problem.[...] . All this provides the ideal cultural preconditions for a growth of the idea that the real problem lies with a medical condition in the child - thus sparing parents from blame...

Extract 5 sets ADHD against a background of school league tables, the need for passive, conforming children, societal and family breakdown, economic and social change, parental confusion and the medicalisation of social problems. The title, '*How we would handle William now*', and the first section of the article, invites us to read this account of a fictional character from the 1950s as if it were a present day child with ADHD or one with criminal tendencies. The use of fictional 'William' or 'Denis the Menace' characters is a common feature of ADHD representations (c.f. Schmitz et al, 2003). Such characterisations serve to contrast what might now count as ADHD with a common stereotype of ordinary boisterous behaviour in a previous generation.

William's behaviours above are shocking but when taken out of fictional context they appear pathological or criminal behaviours. Through the lens of past times, '*back in the days*', the behaviours are interpreted as "*boyish high spirits*" which would have been effectively dealt with by old fashioned discipline administered by the father, '*a hefty slipper on the backside*'. The ease with which William's father might have administered old fashioned discipline is contrasted with the case of '*One boisterous boy*' who in today's society is comparatively unmanageable. The device of contrasting the 'good old days' with deficiencies in today's society constructs modern parents and teachers as feeble by comparison. Extreme case formulations construct the behaviour of the '*boisterous boy*' as everyone's concern (c.f. Pomerantz, 1986). 'At stake' are a list of issues (Potter, 2006), such as '*learning outcomes*', '*league table position*', '*Ofsted reports*', and '*SATs scores* that are presented as what is '*in everyone's interests*'. This implicates all teachers and parents in wanting to subdue the '*boisterous boy*' and blames them for creating the social, cultural and educational pre-conditions that drive medicalisation.

The school is represented as struggling '*to repair*' a breakdown that is blamed on the rest of society and contemporary family life. Statistics for working mothers are included in a burgeoning list of obstacles that prevent effective parenting, '*checking their e-mails, watching television, texting, or generally multi-tasking*'. Although the article works to avoid direct mother-blame (c.f. Blum, 2007), the progressive selection of the terms '*mothers*', '*parents*' and '*Both parents*' incrementally repairs what starts off as an attribution of blame to '*working mothers*'. Although this article works hard to avoid it, the gendering of ADHD continues to be constructed through such categories as working mothers, '*boisterous boys*' and effective discipline

administered by fathers in the old days. Finally, a list of dilemmas faced by today's parents categorises them as the confused but well intentioned victims of contemporary social regimes and circumstances. Discipline or the lack of it is the '*minefield*' arising from that. The good intentions of both parents and teachers are set against external social constraints. The upshot of the article's message is to explain '*cultural preconditions*' that have given rise to the medicalisation of ADHD and how that is being used to avoid having to deal with children's bad behaviour.

The theme of contemporary life and cultural change is common in media accounts that blame environment and lifestyle as the cause of ADHD in children (26 articles). Blame is divided between cultural change, parental neglect and, in some instances, polluting substances. Such examples use a psychosocial repertoire to explain ADHD as the result of sleep deprivation, TV, computers, mobile phones and other electronic distractions. Poor diet, junk food, additives, pollutants and lack of exercise have also been implicated in ADHD and the physical environment of the foetus is linked to ADHD in accounts that refer to maternal smoking, drinking, drugs, iodine deficiency and influenza. However, these influences on the physical body are linked to psychosocial explanations, for example the Daily Mail (London) May 4, 2006.

Extract 6: *The Toxic Generation*

Indulged with junk food, kept quiet with video games... a teacher attacked parents for 'loving neglect', a new book reveals the truth about the children who never hear the word No. There should never be a better time to be a child than now. Yet, increasingly, across the social divides - from the most affluent to the poorest - children have never been more miserable. [...]Some parents 'love their children too

much to say No', he said. They allow them to watch as much TV as they want, play as many computer games as they wish, eat only junk food and stay up late every night, so they are both unable and unwilling to pay attention and study hard at school. [...]

Amid burgeoning wealth and an explosion in technological advances, the sad truth is that too often we are producing a generation of dysfunctional, aggressive, depressed, burnt out junior casualties. The alarming rise in childhood disorders, from anorexia to obesity, autism to ADHD (attention deficit hyperactivity disorder); the appalling behaviour in classrooms of which Brookes complains; the influence of violent television and computer games and the absence of simple, oldfashioned nurturing are creating a new syndrome - one which I have called 'toxic childhood'.

The phenomena listed in extract 6, by an ex-head teacher, are constructed as widespread by the title *'The Toxic Generation'*. A whole generation of children are described as both *'miserable'* and yet *'indulged'* by parents who have no control over them. This is accomplished through the use of an oxymoron, *'loving neglect'*. The term *'loving'* lessens the blame to parents and emphasises their good intentions, but nonetheless children are represented as the victims of neglect. The *'toxic generation'* is inclusive of society in general and the paradox of a well off and well resourced society that neglects its children is represented as an aspect of modernity. The article constructs a strongly moral contrast that *'simple, oldfashioned nurturing'* is what is needed to resolve problems which are collectively referred to as *'a new syndrome'* and labelled, *'toxic childhood'*. Contrasting old fashioned and current practices works in a similar way to the previous extract in establishing a moral benchmark and downgrading current social practices in comparison with the past (see also Locke and Horton-Salway, 2010). The use of a psychosocial repertoire here constructs the social

and cultural pre-conditions that have given rise to ADHD as one of a number of ills of a sick society

Discussion

Two repertoires of ADHD are identified as biological or psychosocial. They mostly represent children with ADHD and their parents in a negative way. Those that represented ADHD in a positive light were occasional self-reports. The psychosocial repertoire is overwhelmingly dominant (72:16) and the two different repertoires construct the meaning of ADHD in different ways and are associated with differing subjectivities for children and parents. These findings differ from those of Schmitz et al (2003) who identified biological and genetic accounts of young white boys as the dominant representation in US news media in a previous decade. Research by Danforth and Navarro (2001) and Lloyd and Norris (1999) had, on the other hand, identified a shift towards a critique of medicalisation of ADHD in everyday and media discourse. The representations identified in this study give some support to the argument that the UK national newspaper media have played a significant role in critiquing medicalisation rather than promoting it over the last ten years.

Whilst the biological repertoire is still used to promote the idea that drugs are effective, the psychosocial repertoire more frequently describes ADHD as the consequence of poor parental, school discipline, diet or lifestyle and is associated with advice on parenting practices and moral judgements about naughty children and the state of society. These accounts typically refer back to the good old days when parents and schools were supposedly more capable of managing children's naughty behaviour (c.f. Locke and Horton-Salway, 2010).

It can be argued that these two repertoires are competing and they are certainly associated with different kinds of embedded subjectivities that are embedded in accounts of what causes ADHD. This is similar to the way that identities are embedded in narrative accounts of a contested illness such as M.E. (Horton-Salway, 2001). The analysis of ADHD in the media shows how constructing the '*problem child*' '*sick child*' or '*just a child*' supports different explanations of ADHD as either psychosocial or biological. This variable interpretation of naughtiness resonates with the findings of McHoul & Rapley (1995: 29) who analysed how doctors and parents interpreted children's 'naughty' behaviour using 'conflicting methods for recognizing (and subsequently treating or not treating)'. Parents of children with ADHD are also represented variably as ineffective and seeking an excuse for their child's bad behaviour (c.f. McHoul & Rapley, 1995), or neglectful and yet the victims of modernity. Seale (2003) has observed, that stories about the dangers of modern life are one of the most common meta-narratives used in media representations. In these extracts from UK newspapers, the psychosocial repertoire is commonly used to set ADHD in the context of a contrast between the 'good old days' and a 'sick society' that has a damaging impact on the nation's children.

Although the biological repertoire is still in evidence in the media, purely medicalised accounts are in the minority. What is perhaps more significant about the use of the two repertoires is the way that both of them represent families as in need of interventions, either medical or in the form of advice on parenting and the organisation of family life. Following a Foucauldian rationale, Rowe et al (2003) has suggested that biological and psychosocial repertoires do not actually compete in a

broader sense as they can both be drawn on to indicate what parents and families should be like and to give advice on how they should regulate themselves along those lines. Rafalovich (2001: 373) has also argued that parenting guides on ADHD are 'manuals' that are designed to work as 'disciplinary mechanisms' in the domestic environment (c.f. Foucault, 1979). In the case of ADHD and the role of the media, it can be argued that representations are regulatory by emphasising the benefits of medication or alternatively by offering parenting advice along the lines of a return to old fashioned discipline. Either way, the overriding media agenda on ADHD is that something must be done about young people, parenting and society in general.

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