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Reconstructing truth, deconstructing ADHD: Badiou, onto-epistemological violence and the diagnosis of ADHD

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ABSTRACT

Psychiatric/neurodevelopmental diagnoses have expanded in number and scale with increased influence over matters of education and upbringing. One of the most common psychiatric diagnoses among children and adolescents is attention deficit hyperactivity disorder (ADHD). The dominant perspective of ADHD is biomedical, where ADHD is defined as a neurogenetic dysfunction and disorder of the brain. Due to the absence of biological markers, the diagnosis is legitimized on the basis of a humanitarian principle: as an ideology. Through the diagnosis, which is construed in the article as a form of onto-epistemological violence, the unique subject is forced into an object and a second-class citizen who undergoes instrumental techniques of behaviour modification. The overall leitmotif of the article is to shift the focus from 'chemical imbalances' to 'power imbalances' to counteract reductionism, disempowerment and medical behaviourism. Theoretically, the article draws upon the French philosopher Alain Badiou's ontological examination of being *qua* being, wherein the aim is to critically examine the onto-epistemological violence following the diagnosis of ADHD and to seek out a less violent pedagogy.

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Demeranti 2024
workplace / organisational "interventions"
v. power imbalances.

Introduction, or the violent diagnosis of ADHD

This article argues that the diagnosis of ADHD is violent. The term violent does not refer to the pharmaceutical violence well documented and problematized by others (e.g. Mills, 2014). What is referred to here as onto-epistemological violence emerges from a reading of the diagnosis of ADHD through Badiou's ontological examination of being *qua* being and his (mathematically deductive) method for deconstructing every one-effect of being (as explained below).

Epistemological violence refers to a scientific position rendering a fragmentary and reductionist knowledge production. It is derived from the belief that by using technology, and thus from a neutral and objective position, it is possible to find answers and represent nature consistent with the human idea about it (Shiva, 1988). Thus, onto-epistemology is a theoretical construct of Karen Barad (2007), who argues that different kinds of epistemological mattering cannot be separated from the ontological 'articulation' of the world. Therefore, Barad asserts that onto-epistemological practices always

Repeted again.

"ontological articulation" → the human idea of it.

"epistemological mattering" → knowledge counting as knowledge

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include ethical concerns (see further Nilsson Sjöberg, 2017). Onto-epistemological violence, in turn, is something that has emerged through my reading of Badiou and his ontological examination of being. Badiou suggests that mathematical set theory is the only presently available language whereby it is possible to speak about being without 'violently' (in a constructible manner) reducing the universal principle of all ontological categories. Epistemological violence is not considered separate from the ontological violence, as it is somewhat presented in the analysis below. This distinction is made for analytical clarification.

The critique of ADHD is extensive, and the presentation below is far from exhaustive. Much educational inquiry has focused on a technological rationality and various forms of powerful dividing practices, where the diagnosed individual emerges as a technological object and a fragmentary subject through specific knowledge apparatuses. What Badiou is able to bring to this critique is his metaphysical 'turn' toward the ontological. Dahlbeck (2018) argues that educational researchers should not stop asking metaphysical – eternal – questions 'because our different ways of answering them will continue to shape how we live' (p. 1462). Slee (2006) pinpoints that much work still needs to be done because dominant ideas of inclusion have been cemented in segregating and excluding practices. Because a diagnosis like ADHD follows specific ontological assumptions about the world, Slee adds that the time is here to 'let's get metaphysical' (p. 117).

In this article, I argue that thinking about being in new ways is crucial, as is the need to seek out a less violent educational model other than the one facing an (ever-increasing) group of diagnosed individuals. Badiou's ontological examination of being and its effects are presented in more detail below. Before that, we examine how the diagnosis of ADHD constitutes an ethical dilemma in educational processes starting with notions concerning knowledge and truth.

The one, the other and the truth

Since ancient times, the relation between the individual and the state has been of utmost philosophical and educational concern. In particular, those members of society who challenged and reluctantly conformed to the (desirable) order of the state have caused educational concerns and effort. Moral assumptions and educational models always reflect the cultural contexts within which they come to exist; indeed, they reflect the ontological presuppositions they are derived from. It has been widely suggested that a technological rationality has come to play a crucial role in rendering production in society more efficient, thereby leading to an enormous apparatus of classification and an increased belief in the instrumentalization of educational processes (e.g. Biesta, 2010). Inseparable from this is the 'eternal' philosophical and educational question of how to live and work toward a true and good life.

Badiou repeatedly answers the above by stating that we have to take responsibility for the actual which is constantly generated by (four) various truth procedures – science, politics, art, love – making up the world we live in. Badiou, who sides with Plato against sophistry seeks to reinstate a universal concept of truth in the sense that a truth is the result of a local and generic procedure. As such, a truth is always particular and comes into existence depending on the local structures within a situation. This 'immanence of truths' thus implies a universal value (Badiou, 2016, p. 71). However, the dominant

lack of ethical concerns → ethics of power in the workplace: ethics of the work being done.

? what is it
I will
there be
a definition
later?

I like that
I'm looking
that up.

thinking again about all the various ways of being that have been criminalised and medicalised - homosexuality for me, "ADHD" as another way of doing that, or explaining formalisation structural issues as individual problems → And being individuals having these problems in that system, and needing the help that ADHD diagnosis gets us to survive it.

Personal
medical
too
→ "neurosis"

onto-epistemological
or just ontological
actual?

← B
never
is aff.
this.

struggling with
this sort of I'm
honest -
→ don't want to
revise Plato :)

view today is a universal morality directed at the general and not the particular. According to Badiou (2002), this implies an ethics based on the humanitarian principle of human rights where certain interests take it upon themselves to pity and intervene against what, from the perspective of a dominant 'One', is presented as an *a priori* existing 'Other'. → the burnout syndrome individual - not work

What Badiou highlights is not only a matter of tolerating 'the Other' but also biopolitical control: an intervention in minority bodies/brains to re/produce a social order in accordance with the privileged position of a dominant 'One' (see Badiou, 2009, preface). This bioethics, he claims, is based on a logic of identity in order to make society more efficient. Here, Badiou finds the basis for a hierarchical social system. Crucial then is to identify and disrupt those dominant truths, and organizing truth procedures, which generate the world we live in. The reason for this is that a truth generated by certain dominant interests has a tendency to maintain an unequal social order if it passes by unnoticed.

Below is a brief overview of the critique of the dominant 'truth' about ADHD. Thereafter follows an analysis of the so-called onto-epistemological violence, which refers to how certain truths about ADHD are forced into the world by specific dominant interests. At the same time, when attempts to totalize being are made, the world by a dominant 'One' is forced into a kind of 'unequal distortion'. Badiou (2018) emphasizes that such a distortion or scandal in the world (in what we tend to think of as a given 'real'), reveals that there is another 'Real' possible to strive for; an event that gives the opportunity to collectively create new truths and to let the world appear in other less 'distorted' ways. Thus, it is in the impossibility to totalize being that the possibility of change is to be found. This is why we should never cease questioning those who try to totalize being from the perspective of 'One' and, at the same time, never give up on the idea of change. The reverse would be to act as a reactive subject and to continue to live at the level of a human animal and not as an active 'truth-making' subject in the world.¹

The 'critical' case of ADHD

Psychiatric diagnoses such as ADHD have increased globally and expanded since the 1980s to reach an almost explosive rate during the first decades of the twenty-first century (e.g. Bergey, Filipe, Conrad, & Singh, 2018). In the dominant biomedical paradigm, ADHD is defined as a genetic and/or neurochemical dysfunction manifested as a mental/cognitive disorder (e.g. Gillberg, 2014, 2018). However, neurobiological markers for validating ADHD have yet to be discovered and distinguished (e.g. Timimi, 2018). Psychiatric/neurodevelopmental diagnoses and interventions are anything but neutral (e.g. Rose, 2019). Regarding ADHD, this is obvious when the (normative) diagnostic criteria grounded in diagnostic manuals such as DSM-5 (APA, 2013) are scrutinized (Freedman & Honkasilta, 2017). Various researchers have raised concerns that a psychiatric (or so-called neurodevelopmental) diagnosis serves a number of different interests at the same time as the diagnosed individual is transformed into a technological object, which in turn enables social control over, and instrumental modification of, behaviours not following a conformist order.

Hjörne (2016) argues that diagnostic categories entail segregating educational systems and excluding educational practices, even in Sweden: a country otherwise used as

I want to be medicated to have an easier time coping.

Burnout as a distortion.

unintentionally as a response to work.

new on

on 1 side that

quoting yourself 'new one we? - yes.

addiction as de-instrumentalizing → I want to be a creature and not another blessing"

I am medicated. self-medication as resisting onto-epistemological violence

the focus on deficits
the questions
how are you hard to use?

a leading example of democracy and social welfare. While Graham (2008) refers to the performativity of psychomedically influenced pedagogical discourses in the production of students as 'disorderly objects', Harwood and Allan (2014) use the term 'psychopathologization' to demonstrate a 'complex web of power relations' where a number of discursive and material practices partake in an epistemologically violent production of the 'ADHD-child'.

the focus on deficits
the questions
how are you hard to use?

The construction of 'truths' regarding ADHD extends far beyond the situations where the so-called symptoms appear (which is particularly at school). Laurence and McGallum (1998) argue that when electroencephalography (EEG) was introduced as a diagnostic technique it became a powerful tool 'which carved out new space – the space "inside the child's head" – for the operation of power' (p. 198). Baker (2002) states that the entire diagnostic project is nothing but repressive eugenics, where some children and youths are separated into different groups through the diagnostic process. Children (students) only become dysfunctional when they are not sufficiently productive (at school), after which they are to be seen and treated as a risk and a burden to society. The 'dysfunctional' group of children and youths is then subjected to various instrumental 'perfecting technologies' so as to conform to the dominant order.

burnt-productivity
not noticed by employers

Others emphasize that the dominant role of the biomedical model of ADHD leads to causal explanations being one-sided and that the uniqueness of the one diagnosed is downplayed (Erlandsson & Punzi, 2017). This entails educational concerns as the diagnosis is heterogeneous in nature and thus mystifies pedagogical relations rather than explains the unique situation of every living person/student (Graham, 2010). As a result, Erlandsson, Lundin, and Punzi (2016) suggest that the acronym ADHD should be placed inside quotation marks (= 'ADHD'). (This principle is applied from this point on and until otherwise indicated.) An additional remark is that the diagnosis of 'ADHD' is based on a variety of logical errors – a significant example being the circular logic where the observed behaviour is explained by means of the neuropsychiatric diagnosis as a theoretical construct, and vice versa (Lindstrøm, 2012; Pérez-Álvarez, 2017; Tait, 2009).

dialogic self.

This 'repressive illogic' described above brings us to an example I would argue is largely representative of the pro-diagnostic paradigm in relation to 'ADHD'. In other words, due to a lack of empirical evidence, the diagnosis is instead based on ideology. In the section below, it is shown that the diagnosis is legitimized on the basis of a utility-based humanitarian principle. Also presented below are the educational and ethical problems arising when inadequate representations of being are presented as absolute and adequate truths (see Nilsson Sjöberg & Dahlbeck, 2018).

The quasi-humanitarian and utility-based diagnosis of ADHD

what is "disordered" is even based on the ideology the set of labels which we should use

– from the medical to the bio-psychosocial.

A strong advocate of the neurogenetic perspective on 'ADHD' is Christopher Gillberg, who, in a Nordic context, has played an important role in the expansion of the diagnosis (Smith, 2017). Based on the US diagnostic manual for mental disorders (DSM-5), Gillberg (2014, 2018) claims that 'ADHD' is an innate neurological dysfunction manifesting itself in a mental and behavioural disorder. Gillberg includes 'ADHD' under the diagnosis of ESSENCE.² This term/diagnosis is used for describing and explaining a set of behaviours that must be exhibited by children and youths in order for certain measures to be taken. These measures mainly apply to children and youths not performing sufficiently well in

school, and who are thus assumed to be at risk of developing future social problems. This implied future threat to public order, seen by Gillberg (2014) as 'one of the major public health issues of our time' (p. 75), legitimizes the diagnosis as an instrument for selection through which targeted measures, not infrequently pharmaceutical, are enabled and may be applied at an early age. In the absence of biological markers for making a diagnosis, diagnostics are not only based on medical/physiological and psychological/cognitive examinations, but also on interviews and various types of diagnostic questionnaires based on how parents and teachers assess the child's behaviour. Additionally, specific technological examinations in clinical laboratory settings may also be used for measuring attention and impulsivity (Gillberg, 2014, pp. 174-186).

Notwithstanding the lack of specific biological markers, Gillberg states that people with 'ADHD' must be approached on the basis of systematic psycho-medical knowledge providing an adequate understanding of 'ADHD' as a neurological dysfunction. However, there is no consensus on the causes behind the diagnosis (aetiology), which may explain why 'ADHD' manifests itself heterogeneously. While pointing out that everyone with 'ADHD' is unique, Gillberg adds that people said to have 'ADHD' frequently see themselves as normal, while the so-called disorder is to be found in the opinions of others (2014, p. vi).

To legitimize the diagnosis, Gillberg invokes a humanist ideal. The neuropsychiatric diagnosis is used in the belief that it will prevent stigmatization and that the individual may experience a sense of belonging to the community. Gillberg believes that the diagnosis serves to integrate rather than to segregate. Although the knowledge concerning 'ADHD' is inadequate, it is said that the diagnosis plays an adequate role in the sense that it assigns a name to something otherwise uncertain. A crucial argument presented is that if we cannot know for certain what causes 'ADHD', then a diagnosis cannot be all that bad after all:

[M]ost people forget that a diagnosis is a form of treatment in itself. Having a name for the difficulties one is experiencing can never be worse than fumbling in the dark. The name also comes with information about causes, risks, and reasonable approaches. Even if - at worst - nothing else can be offered, that is still not a bad treatment effort! (Gillberg, 2014, p. 185)

Lacking scientific and empirical evidence, Gillberg takes support from the philosopher Ludwig Wittgenstein by stating, 'What we cannot speak about we must pass over in silence' (Gillberg, 2018, p. 158).³ He uses this quote to support why a diagnosis should be deemed necessary and important: without diagnosis, we/he cannot talk about the 'thing' (or 'essence') that ADHD is considered to correspond with, and certain 'interventions' cannot be legitimized.

It is clear that the diagnosis of 'ADHD' does not primarily exist as a result of medical-psychiatric and techno-scientific progression. Instead, a reverse type of logic applies: the diagnosis as a theoretical construct seeks medical-psychiatric and techno-scientific validation at the same time as the diagnosis serves certain functions in relation to individual and society as formulated by dominant interests. The diagnosis is pure ideology, and as such it supports an educational model emphasizing identity over diversity. The current principle, as well as a crucial argument, is that the diagnosis represents a humanitarian utility aspect. Utility outweighs risk, according to the prognosis determined via the diagnosis.

there's no room to just be disabled - different.

what's more important - being happy or being employed?

diagnosis and medication as being inseparably environmental.
→ accommodations gatekept behind diagnosis.

call in D.E 2024 to more "objective" diagnosis.

and that can be the most disabling thing.

Not "crazy" - burnt out.

- the philosopher quoted in that describes a Kant song.

I do mean that - it's the legitimization that aside from everything that's about your struggles and pain are real and not your fault. It's permission to be, and sometimes we need someone to give it to us.

everything around it and the totalizingness of it.

not without changing the world.

- can it be shorthand, like gender is shorthand.



The following is an analysis of the onto-epistemological violence (re)produced by Gillberg – here used as an example of something obviously much larger than Gillberg himself – when he argues in favour of the existence of the neuropsychiatric diagnosis on the basis of a utility-based humanitarian principle. The following examples are taken from the neurobiological laboratory, as this is where a large part of the knowledge concerning ‘ADHD’ is produced as truths (Laurence & McGallum, 1998; also see Harwood & Allan, 2014; Rose & Abi-Rached, 2013). Following Badiou and his ontological examination of being, I will now scrutinize how certain truth procedures force the fragmented ‘ADHD-subject’ into the world, thereby simultaneously reducing ‘ADHD’ (the unique subject) to the level of a manipulated laboratory rat.

Treated as a rat: onto-epistemological violence and the fragmentary ADHD-subject

In a philosophical sense, being is that which is, whereas an ontological examination of being *qua* being entails searching for what is universal for everything that exists. There is a long tradition in philosophy arguing that the way in which we understand being is fundamental for the actions that follow. For the purposes of this article, Badiou highlights an increasing contemporary belief in an ideologically driven techno-scientific positivism seeking to make us uncritically seduced in its attempt to totalize being (Badiou, 2011). However, Badiou is not anti-technological (see Badiou with Tarby, 2013, pp. 92–104); neither is he anti-scientific, as his ontological position in itself is mathematical, thus scientific (Brassier, 2010). Badiou himself states that ‘mathematics = ontology’ (2005, p. 6); ‘It [mathematics] makes it possible to take on an ontology of the pure multiple without renouncing the truth ...’ (Badiou, 1999, p. 104).

Based on the language of mathematics, and more specifically set theory, Badiou argues that being is an infinite multiple. Infinite multiplicity is pure alterity, and as such it is ‘the regime of being’ (Badiou with Tarby, 2013, p. 57). Or as Badiou puts it in his *Ethics* ‘infinite alterity is quite simply *what there is*’ (2002, p. 25, italics in original). In other words, the substance of being is void: void is an indiscernible no-thing, an unnameable that is completely neutral beyond technological and literary definitions, but which through various forms of situational operations – generic truth procedures – are forced into the world as hierarchical differences. As explained in more detail below, the void is also named the empty set. Void, or the empty set, relates to the infinite multiplicity that Badiou (2005) thinks of as universal for all ontological categories. Infinite multiplicity as pure alterity is not difference; it is nothingness, the unnameable, and this is what I relate to the uniqueness (the ‘Real Being’) of each and every one. Thus, being is neither one nor multiple. It is a multiple of multiplicities and as such, in the end, it is nothing. What Badiou argues is that each attempt to capture an elusive being generates new truths. Generic truth procedures work as organizing practices with a ‘one-effect’. This means that being *qua* being as infinite multiplicity, a ‘no-thing’, is forced into the world as ‘one’, presented as a different and distinct ‘some-thing’. And this, according to Badiou, is an absolute and universal statement that is derived from his ‘absolute ontology’ (Badiou, 2016, pp. 74–77). Put otherwise, and with the Platonic cave allegory in mind: from the Real a distorted real is forced into the world by certain dominant interests, where these

↳ the forcing of the real into the world is distorting.
is doing violence to
“The Real”

I'm still not
sure about being qua
being though.

what the fuck is?

are
these
the few
distorted
above?
1
244
-“art,
science,
politics,
love.”

dominant interests also do what it takes to re/produce a specific (capitalist) state of order presented as the best possible of all alternatives (Badiou, 2018). - *end of history type of thing*

Above I have highlighted a contemporary biomaterialism where the process of becoming is reduced to a biological level. The labelled person is transformed - commodified - into a dysfunctional object through the use of biotechnological apparatuses. Badiou speaks of different degrees of identification making a specific object appear in the world in a certain way. Thus, some objects become existent while others remain non-existent; in any given situation some things can be said to exist more than others. Using the movie theatre as a modern example of the Platonic cave allegory, Badiou (2012) describes how what we might think of as the real truth is projected on the movie screen towards which everybody turns their heads. But what is projected on the screen and presented is only a kind of sensible (visible and audible) reduction of the True, of the 'Real', but which is most often presented and taken for an undisputable fact: 'This ... audience has no way of deducing that the substance of True is anything other than the shadow of a simulacrum' (p. 213). This 'shadow of simulacrum' are by some 'dominant' groups with specific interests made to appear on the movie screen and is presented as an absolute truth to the one labelled as 'ADHD' and to a wider audience. Neurobiological research, different types of MRI-scans, and psychiatric/neurodevelopmental diagnoses easily fits into this model.

To examine how certain truths about 'ADHD' are generated in neurobiological research, I use the example of a study by Hoogman et al. (2017), where the truth about 'ADHD' through biotechnological innovations is presented as absolute.⁴ Hence, the study tries to capture and totalize being. On the basis of their so-called 'mega-analysis', the research team consisting of a total of 84(!) professionals claim that they have found evidence that 'ADHD' is a 'disorder of the brain'. On the basis of a limited number of people having undergone certain brain scans in many different sites, Hoogman et al. interpret and present their results in a way that (almost) leads us to believe that the truth regarding 'ADHD' has now been established. Notwithstanding the dubious representation, or misinterpretation (e.g. Batstra, Meerman, Conners, & Frances, 2017), a result of this presentation is that a fragmented truth is forced into the world - one that make a specific state of being come into existence. However, this truth is not a final answer as to what causes 'ADHD'. Rather, it sets being in motion and thus makes the one labelled as 'ADHD' and the world appear in a certain way.

According to Badiou, the sets that constitute being are infinite and always constructible. Hence, the truth presented by Hoogman et al. (2017) is just one of many truths that are generated - today at a rapid pace. And it turns out to be a truth that divides humanity in two: a generic truth procedure that forces the otherwise indifferent multiplicities at the level of being into differences possible to organize into a hierarchically stratified order of society. It is a truth, according to Hoogman et al., well worth presenting to the world: 'This message [that ADHD is a disorder of the brain] is clear for clinicians to convey to parents and patients, which can help to reduce the stigma of ADHD and improve understanding of the disorder' (2017, p. 2).

The study of Hoogman et al. is just one of a large number of empirical studies using modern technology in clinical laboratory environments to generate certain kinds of truths. The truth procedure used by Hoogman et al. is also a prime example of the (onto-)epistemological violence discussed in this article. This is the case as laboratory

Org-
becoming
other?

"comprehensive
review".
↓

"occupational
disorder?"

→ "a
respect
evidence
of expect
non-existence
values on
an unknown
possibility
have"
"If don't
have
power"

thinking again
about civil
opinion.



experiments take place far away from the situations in which the so-called symptoms of 'ADHD' appear and turn into a problem. This (onto-)epistemological violence is equivalent with a decontextualization and fragmentation that reduces 'ADHD' into a neurogenetic dysfunction (re)presented on a computer screen as a 'hard fact' and unquestionable truth. Hoogman et al. use biotechnology not only to represent 'ADHD' but also to present and thus force a certain kind of truth into the world. While it is presented as absolute, such a techno-positivistic presentation is only representing a 'shadow of simulacrum' (Badiou, 2012, p. 213); thus, it is a fragmentation of 'ADHD' made by the research team. Only certain truths, or beings/existences, are forced into and made appearing in the world; however, whereas other still remain non-existent. In relation to educational processes of becoming, this is of utmost importance as this form of inadequate knowledge is used and presented as an adequate truth (e.g. in the 'pedagogic' act of so-called psychoeducation). Simultaneously, the empirical facts are generated by certain interests to legitimize and support 'ADHD' as a theoretical construct.

Despite the limited space provided in an article, it seems relevant to include yet another example, once again from the neurobiological laboratory. Here, researchers are looking to distinguish and differentiate genetic and neuromolecular entities from each other in order to find a causal answer as to what causes 'ADHD' (Gallo & Posner, 2016). Gallo and Posner argue that human life – particularly 'unwanted life', such as 'ADHD', they note – should be reduced to the minimum possible genetic-molecular functions to better enable the identification of a linear causality. Thus, various animal models are used, not infrequently rats (Sagvolden & Johansen, 2011). The rats are first manipulated so that they exhibit symptoms comparable to human 'ADHD'. They are then injected with so-called designer drugs, once again altering the behaviour of the rats in accordance with what those working in the laboratory consider a normal/functional behaviour for a rat. If the rats' response to the chemical substance corresponds with the response of people diagnosed with 'ADHD' when 'medicated', not only are the different animal models seen as valid for using in experiments of this kind, but the diagnosis is also confirmed (Gallo & Posner, 2016; Sagvolden & Johansen, 2011).

The life of those who are labelled as 'ADHD' is here equated with the life of manipulated laboratory rats. As such it constitutes a (onto-)epistemological violent act with not least significant socio-political consequences. Apparently, the laboratory is also where a pedagogy for managing these 'ADHD rats' is created by means of clinical experimentation, since we know that a large portion of children and youths (and adults) diagnosed with 'ADHD' face the same 'treatment/intervention' as the rats: a medical behaviourism. On the basis of the above examples, it is no longer possible to stop thinking about neophrenology and repressive eugenics.

But what about those that appear on the other side of the (onto-)epistemological violence? Honkasilta (2016) emphasizes that children/youths diagnosed with 'ADHD' seek out and find explanations beyond a psychomedical discourse, while parents and other adults stand *behind* the assumption that an individual diagnosis defined as a neurological dysfunction is to be seen as adequate support that offers the best way forward for educational success and a reduction in stigma. Singh (2013) highlights that children/youths with a diagnosis do not see themselves as neurologically dysfunctional; instead, they see themselves as agents (not) responsible for their actions. The examples could be multiplied.

actually need like Badiou? Ugh.

I want to be mediated to drive the world long enough to change it because I don't feel like I can change it now.

"neurotic" predisposition

also thinking about "artistic burnout" through this lens.

adequacy? instrumentality

Curability focus in Autism

maybe the problem is that being a bit weird is so heavily punished it becomes incompatible with survival.

this idea that there ~~is~~ are types of being. Hans Asperger was a Nazi.

is agency not responsibility?

why brackets?

On an overarching level, the UN (2017) not only notices the dominance of the biomedical paradigm but also sees it as important to shift the focus from 'chemical imbalances' to 'power imbalances'. This assertion is partly derived from how the biomedical model has been highly disputed by psychiatrized subjects, sometimes referred to as 'survivors' or 'users'. The counter-response created by this (onto-)epistemological ('psychiatrized') violence is highlighted thus:

If epistemic violence is to deny being, then the response to the violence is to construct ways that bring psychiatrized people back into existence. [...] If epistemic violence is understood as the non-recognition of being, then the resistance to epistemic violence would mean bringing into being that which is denied existence. (Liegghio, 2013, p. 127)

First, Liegghio separates the epistemological from the ontological at the same time it is stated that the two are not separable. Second, if the (onto-)epistemological violence denies being and leads to an act of violence against all of those whose full existence is not recognized as a result of psychiatrization, then the counter-response would be to restore being. I now discuss what Badiou's ontological examination of being, on the basis of my reading, has to say about the onto(-epistemological) violence exercised by the diagnostic culture in which we live. I also draw up the outlines of a less violent pedagogy beyond the diagnosis.

Counting for inclusion: onto-epistemological violence and the diagnosis of ADHD

Badiou claims that being *qua* being is pure and infinite multiplicity, a conclusion reached by means of mathematical deduction and, more precisely, of mathematical set theory. Mathematics then is the kind of formalization we may use to reach an absolute understanding of being as such: 'mathematics is ontology, i.e. the independent study of the possible forms of the multiple as such, of any multiple, and therefore of everything that is – because everything, that is, is in any case a multiplicity' (2016, p. 68). Moreover, mathematical set theory is used by Badiou to deconstruct every possibility to organize life on the basis of being as One: 'It thereby deconstructs any one-effect; it is faithful to the non-being of the one ...' (2005, p. 33). A premise for Badiou (2005) is if something may appear in a multiple form, then it must imply that 'the One' is not a characteristic of being. What Badiou's absolute ontology helps to understand is that if 'the One' does not exist, neither can 'the Other' (Badiou, 2002).

As a materialistic philosopher arguing on the basis of mathematical set theory, Badiou presents the thesis that being consists of infinite and indifferent multiplicities that are forced into the world as difference(s), or distinct sets, through certain types of generic truth procedures. The basic principle in mathematical set theory is that a set is a collection, *nota bene*, of arbitrary elements that may be counted as one. If a set may be constructed by any types of elements that may be counted as one, then all sets are always constructible. Furthermore, two sets may be equal and identical if, for instance, set A is composed of exactly the same elements as set β . In all cases of sets that are not identical to one another, they constitute subsets of each other, whereby one set becomes superior to other sets. In set theory, different subsets always include other subsets, which follow in infinity. This is possible since the construction of a set is always

How is this "whereby" established?

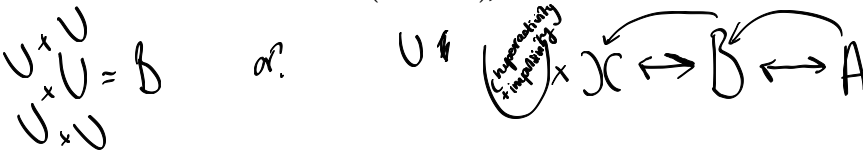
followed by a new subset, which in turn is made up of another constructible subset, and so on. This is where Badiou finds what he refers to as the *empty set*, or the null set (denoted by the symbol $\emptyset$). One might never capture this empty set; it is indiscernible. The empty set is what Badiou denotes as void, and void is nothingness – the unnameable.

But if being is pure multiplicity, how is it possible for something to appear as 'one', as an existing object? Badiou finds the answer in the structure of the present order. It is through specific situational truth procedures that the pure multiple – multiplicities that on the level of being are indifferent to each other – are forced into the world and emerge as difference. As clarified above, 'ADHD' is a diagnosis constructed to bring structure to life in accordance with a dominant order (the diagnosed child is to be included in a greater whole, not the other way around), and there are some who take it upon themselves to do so by means of a diagnostic process. Here, the empty set ($\emptyset$) becomes very important. Badiou sees $\emptyset$ as the utmost nothingness of being. When the diagnosis becomes the answer for managing the nothingness of being, the uncertainty of life, the empty set is not taken into account. And why the empty set is not taken into account is because it is indiscernible. Instead, the neuropsychiatric diagnosis of 'ADHD' constitutes a totalization of being; or it is at least presented that way when the knowledge concerning 'ADHD' is in fact inadequate. But when the diagnosis from 'the One' to 'the Other' is presented as an adequate truth, it becomes a totalitarian principle as a result of the perspective of the world (of 'ADHD') made by a 'dominant One'. In this process, the otherwise unique subject is reduced to a neurological-disordered object and forced into the world as 'the Other'. And it is the position of a 'dysfunctional Other'.

This process turns the empty set ($\emptyset$: the unique and unnameable subject) into a closed set. So, with regard to whether or not the diagnosis is stigmatizing, it is sufficient to go to the origin of the word to see how the classified subject – which at the level of being is a pure multiple and therefore indifferent to other multiplicities – through the diagnosis emerges as a 'negative difference', identified and labelled as a disordered/dysfunctional object. Through the diagnostic classification, the unnameable subject is made into a closed set and nameable object. What we see is onto-(epistemological) violence and this is the case as the closed set, according to Badiou (2002), is the enemy of true subjectivities.

Let us now investigate the onto-(epistemological) violence following the classifying principle of the diagnosis, as well as the problem of when unique individuals, through psychiatric classification, are forced together into the same category. Hjørne (2016), for instance, highlights how diagnostic categories affect educational practices. Stereotypical prejudices, segregation and exclusionary practices most often follow the process of categorization.

In mathematical set theory, as used by Badiou (1999, 2005), elements with a certain arbitrarily selected characteristic are brought together. Let us here focus on the element U as in a U (nique being), but whose characteristics are the behaviours inattention and hyperactivity-impulsivity; and when brought together, they constitute the subset B as in B (ehaviour). The subset B (ehaviour) thus consists of x number of U (nique beings), which we may here denote as $\{U\}$. In relation to the subset B (ehaviour), an additional set has been constructed, which is A as in A (DHD). The element $\{U\}$ then becomes subordinate to the subset B (ehaviour), which is subordinate to the subset A (DHD). The



Neuro-psychiatric disorder

subset A(DHD), in turn, is subordinate to the subset NPD,⁵ which is subordinate to H(umaniy) – the principle should be very clear by now. What happens as a result of this classification and categorization is that all individuals exhibiting certain behaviours – so-called symptoms – resembling each other, when brought together in a new set, are moved toward a general character and an abstraction away from the individual element toward what the new set has in common.

On the basis of the examples provided above, we now understand that classifying a heterogeneous group of unique individuals, and placing them into a category so that schools can offer an individual and inclusive pedagogy, is based on highly questionable reasoning. When made into the subset A(DHD), the unique individual is included in a greater quantity, but at the same time s/he no longer belongs to her- or himself. It becomes clear that simply placing 'ADHD' inside quotation marks is not sufficient (see Erlandsson et al., 2016). If we follow Badiou's ontological examination of being and its subsequent effects, 'ADHD' must be addressed on the basis of the following principle ADHD. In this way, it is possible to move beyond the onto(-epistemo)logical violence of the neuropsychiatric diagnosis so a less violent educational model can come into existence.

Conclusion, or what we cannot speak about we must pass over in silence

Almost half a century ago, Conrad and Schneider (1980) wrote that '[...] "counterpower" to medical social control needs to be created' (p. 260), with regards to the diagnosis of hyperkinesis/MBD, a predecessor to 'ADHD'. In hindsight, we see that the impact of this counterpower has been rather limited as the biomedical paradigm and neuropsychiatric discourse and diagnoses have steadily grown and become normalized. For precisely this reason, further critique is made relevant.

Turning to Badiou's metaphysics and ontological examination of being *qua* being, this article has engaged in the counterpower to the biomedical paradigm with a particular interest in the diagnosis of 'ADHD'. On a related note, Badiou (2002) argues that we live in a social order sustained by differentiated objects of various kinds: an identity politics of sorts. It is in the constant invention of new objects – identities – where such a system finds support and creates investments in the market. Besides this identity politics, a normalization politics aiming to achieve uniformity among citizens seems to be dominant (Richardson, 2005). Normalizing identity politics are completely dominant when it comes to neuropsychiatric diagnoses such as 'ADHD'. Within formal education, there has been a worldwide push for performance and efficiency: a technological rationality enforced by the use of standardized curriculums and measurements squeezing students into conformity rather than focusing on unique subjectification (e.g. Biesta, 2010). In combination with the neuropsychiatric dogma and its expansive influence in education and upbringing, we have to deal with a (enormous) classification apparatus striving for uniformity among students. Paradoxically, in the pursuit of uniformity, a constant flow of new psychiatric identities are created, resulting in a hierarchical and stigmatized situation of us-and-them. (see Runswick-Cole, 2014).

What also needs to be emphasized is that the diagnosis is many other things but individual, as it is closely intertwined with professional, political, economic, and ideological interests. Hence, from what has been demonstrated above, 'ADHD' should

identifying that which is inconvenient to the system as abnormal, individual.

arg. \$ individual.

merged?

be understood as an anthropomorphic and biosociotechnological construct rather than a 'disorder of the brain'.

In this article, it is argued that a dominant 'One' has excluded the empty set in the quest to capture and totalize being (or 'ADHD'). However, according to Badiou being is elusive and cannot be totalized. This indeterminate aspect of being is determined by the absoluteness of mathematical set theory, as suggested by Badiou. Following this, the equation 'diagnosis = inclusion' is based on a questionable reasoning. The diagnosis of 'ADHD' also appears as a violent humanitarian act because the diagnosis equates the one labelled as 'ADHD' with a manipulated laboratory rat. The diagnosed individual is made into a kind of animal-like state of being and is thereby not considered sufficiently human and thus in need of instrumental perfecting technologies to become a functional member of society.

Indeed, it is a violent pedagogy, which, it turns out, is also evil. This is so because evil, for Badiou, is the 'desire to name [the unnameable] at any price', and when one truth attempts to totalize the others, it is nothing but a disaster (Badiou, 2008, p. 127, italics in original). The diagnosis turns the unique subject, the empty set, into a closed set, thereby totalizing void. And as pinpointed by Badiou, the enemy of true subjectivities is none other than the closed set. Hence, in the quest for a less violent and evil pedagogy, the diagnosis of 'ADHD' should no longer be used, nor should it be placed inside quotation marks. If we want a less violent and evil world, the diagnosis should no longer be used (= ADHD).

When suggested that educators (and others) should drop the language of disorder and the diagnosis as such, it seems much easier to say than to do. It is so because the diagnosis is a significant 'cog' – the diagnosis is of a high-value use for many involved parties – in a complex professional, political, economic, and ideological apparatus more than it is a diagnosis that corresponds with a transcendental essence ever possible to find 'out there'. Even if the diagnosis (of ADHD) is irreducible to the emergence of compulsory school, the educational domain certainly works as a catalyst for the growth of disability categories. For example, the 'hunt for disability' described by Baker (2002), Graham (2008, 2010), and Harwood and Allan (2014) is inexorably linked to school finance. This seems to be the case also in the Nordic countries, though not a legal requirement (Hjörne, 2016; Honkasilta, 2016). The diagnosis is considered an 'inclusive' necessity to continue production towards a world which by a dominant 'One' is deemed the best possible and all other alternatives impossible. At the same time, the process of psychopathologization is supposed to destigmatize underperformance in school and society by forcing some individuals into the world as 'dysfunctional/disordered Others' suitable for different kinds of instrumental perfecting technologies such as psychotropic neuroenhancement.

However, it is here that Badiou's ethics and political subject become highly significant, when he pushes to never give up the Idea: the idea of change towards equality. When certain behaviours – in school, for example – present themselves in a way that is defined and perceived by a dominant order as a 'dysfunction/disorder', it is precisely this rupture within the given order that reveals a non-equal reality or structure. Such a scandalous rupture (Badiou, 2018), or disastrous trace within a situation (Badiou, 2005), is the very place to start if we want to remake the world. Such a 'disaster', or 'dysfunction', of the world reveals a given 'real' in it, but at the same time, such

coming back to it
- I want a diagnosis
instrumentally
to free as I'd like
for permission,
because I'm not
producing

→ conversion therapy → internalized ableism. → ABA

ADHD
means as
conversion
therapy.
maybe I
don't need
them.

a rupture reveals that there is another 'Real' possible to, in a constructible manner, (ever) search for. Such a truth-making procedure should, however, be a collective work, Badiou argues, and indeed follow the Idea of an egalitarian experimentation towards equality within the world.

Let me summarize by returning to Gillberg, who uses a quote from Wittgenstein – 'What we cannot speak about we must pass over in silence' – to legitimize the diagnosis when the empirical evidence runs short. It leads to the conclusion that what we have inadequate knowledge about, we must be careful of how we pass over (see Nilsson Sjöberg & Dahlbeck, 2018). What then requires, if we follow Badiou, is courage and hard work, because it requires courage and hard work to learn how to 'fumble in the dark' together and thus change the world from the perspective of 'Two' rather from 'the One' (see Nilsson Sjöberg, 2018).

Notes

1. Badiou's philosophy is a theory of change and in the end a philosophy that seeks a new humanity. Because Badiou states that mathematics *is* ontology, it is also, according to Pluth (2010), a formalized in-humanism. In Badiou's philosophy, the human animal does not differ from any other living animals. Ontologically, all is infinite multiplicity and in the end nothing, a no-thing. Animal life consists of bodies and language, but to become a human *subject* it requires fidelity to (the universal idea of) truth. According to Badiou, this is what 'negates' the human subject from the human animal and other living animals (Pluth, 2010, pp. 8–12, 182–185).
2. Early Symptomatic Syndromes Eliciting Neurodevelopmental Clinical Examinations. ESSENCE means that ADHD should be associated with a wide range of other neuropsychiatric diagnoses, in medical terms referred to as comorbidity.
3. Gillberg's reference to Wittgenstein is incomplete. The following is written in Swedish by Gillberg: 'Det som man inte kan tala om måste man tala om' (Gillberg, 2018, p. 158). The original quote is provided by me and found in Wittgenstein (1922, §7).
4. There are (all too) many possible examples to use. The study of Hoogman et al. has been chosen due to its significant international media impact.
5. The diagnosis of ADHD belongs to the Swedish acronym NPF. NPF, in this article translated to NPD, refers to the Swedish term 'neuropsykiatrisk funktionsnedsättning,' which is best translated as 'neuropsychiatric disorder' or 'neuropsychiatric dysfunction', in turn closely related to the definition 'neurodevelopmental disorder' as used in DSM-5 (APA, 2013), or, as we see below, 'a disorder of the brain'.

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Notes on contributor

Mattias Nilsson Sjöberg's research interest is in critical pedagogy philosophy of education primarily targeting questions of social inclusion and diversity.

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