What's the story with ADHD?

Exploring sociocultural conceptualisations and the treatment of ADHD.

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Abstract

This study explores the sociocultural conceptualisations and treatment of ADHD, challenging its biomedical construction as a chronic neurodevelopmental disorder. Drawing on theoretical insights from Michel Foucault and Iain McGilchrist, it examines how psychiatric discourse has permeated social institutions. Section 1 critiques the authority of the DSM and its role in pathologising disruptive behaviour, positioning ADHD as an objectifying mechanism of social control. Section 2 examines the dominance of behavioural therapies, linking their rise to left-brain tendencies for control and standardisation, while exploring how right-brain-oriented approaches remain marginalised. Section 3 advocates for psychoanalytic and humanistic therapies that explore the meaning of one's symptoms in relationship to their environment. This study advocates for a shift towards a more humanistic approach that moves beyond symptom-management.

Definition of terminology

DSM. Unless stated otherwise, the term DSM will refer to the latest version of the Diagnostic and Statistical Manual of Mental Disorders, the *DSM-5-TR* (American Psychiatric Association, 2022). The current DSM guidelines for diagnosis rely on identifying symptoms as indicators of pathology, reflecting a descriptive approach to classification.

Mental disorder. The DSM does not explicitly define the concept of a mental disorder. Within psychiatry, a medical model combines clinical observation, diagnostic testing, and patient self-reports. This process aims to achieve consensus through clinical judgment, guided by established nosological frameworks. O'Sullivan (2025) notes that "It is so often in that grey area of diagnosis, where there is a struggle to draw the line between 'normal' and 'abnormal', that diagnostic inflation happens" (p. 182).

ADHD. Attention Deficit Hyperactivity Disorder (ADHD) will refer to the DSM definition throughout this discussion. The DSM refers ADHD as a neurodevelopmental disorder consisting of persistent patterns (for six months or more) of inattention and/or hyperactivity-impulsivity that interfere with functioning or development. These symptoms must manifest in at least two settings (e.g., school, home, work) and contribute to difficulties in social, academic, or occupational performance. ADHD symptoms are divided into two primary categories: inattention and hyperactivity/impulsivity. These categories incorporate behaviours such as difficulty sustaining attention, challenges with organisational tasks, excessive talking, fidgeting, and an inability to remain seated in appropriate situations.

To meet the diagnostic criteria, children are required to exhibit at least six symptoms from either or both categories of inattention and hyperactivity/impulsivity. In contrast, older adolescents and adults (aged 17 and above) must display at least five symptoms from either

or both domains. ADHD is further classified into three subtypes: Predominantly Inattentive, Predominantly Hyperactive/Impulsive, and Combined.

The Divided Brain. Iain McGilchrist suggests that the anatomical differences between the left and right brain have developed in response to an evolutionary dilemma: "How to eat without being eaten" (2021, p. 20). The divided brain thus enables us to attend to the world in two distinct and otherwise incompatible ways. The left hemisphere narrows focus, isolates objects from their context, and reduces complexity in order to manipulate. It enables us to 'grasp' (both practically and metaphorically) 'things', but its vision is necessarily limited. By contrast, the right hemisphere sustains a broad, embodied, and relational awareness that is open to novelty and ambiguity. The purpose of the right brain, he writes, "is to help us *understand*, rather than manipulate the world: to see the whole and how we relate to it" (p. 25). Although each hemisphere relies on the other, McGilchrist suggests that Western culture increasingly reflects left-brain dominance and argues that the problem of the left brain lies in its failure to recognise its limitations. This discussion draws heavily on the divided brain theory and explores how these limitations shape to our understanding of and approach to ADHD.

Empiricism. Empiricism is the philosophical view that knowledge is mainly derived from sensory experience and empirical evidence. It emphasizes observation, experimentation, and real-world testing as the foundations of understanding.

Introduction

Background of the study

The foremost sociocultural conceptualisation of ADHD is drawn from the DSM, where ADHD is classified as a neurodevelopmental disorder (O'Sullivan, 2025). The dominance of the DSM definition of ADHD is reflected in public discourse. *ADHD Ireland* recognise ADHD as a "developmental impairment of the brain's executive functions" (n.d.). Similarly, prominent online magazine *ADDitude* suggests that ADHD is "a neurological disorder that impacts the parts of the brain that help us plan, focus on, and execute tasks" (2017). The DSM definition suggests that ADHD is a discrete, biologically driven, brain-based disorder. Despite decades of research, however, there are currently no biomarkers to identify or confirm a diagnosis of ADHD (Ponnou & Thomé, 2022). Clinicians rely instead on behavioural observations with reference to the DSM diagnostic criteria.

Rationale for the study

Expansion to the ADHD diagnostic criteria in recent versions of the DSM has significantly lowered the threshold for inclusion. An ADHD diagnosis, therefore, is more available now than ever before (O'Sullivan, 2025). In 2013, the *DSM-5* extended the age of onset from 7 to 12 (allowing for more adolescent diagnoses) while the requisite number of symptoms for adults was reduced from six to five (American Psychiatric Association, 2013).[1]

In the UK, the number of adults seeking a diagnosis has increased by 400% from 2020 to 2023, as the growing number of cases has raised some concerns (Jayanetti, 2023). In Ireland, the number of prescriptions for ADHD medication has risen by 87% over the past five years

[1] The *DSM-V* also permitted Autism Spectrum Disorder to co-exist with ADHD.

(Bowers, 2025). A 2024 report by *The Irish Examiner* describes an 'absolute explosion' in the number of adults cases (Griffin, 2024), with *The Irish Times* reporting that public provisions are overwhelmed by what they refer to as a 'tsunami' of demand for ADHD services (Bowers, 2025).[2]

The convergence of lower diagnostic thresholds and growing case numbers invites an exploration of what it is that compels a growing number of individuals to present themselves, or their children, for psychiatric evaluation and prompts an analysis of how psychotherapy has responded to meet the needs of those affected. The probability that ADHD will feature in a therapy setting is greater now than ever before. For the therapist, awareness of the cultural context within which this phenomenon has emerged is of growing importance.

Research aim and objectives

The research aim is to explore sociocultural conceptualisations and the treatment of ADHD.

Objectives

- To examine the role of sociocultural forces in the conceptualisation and incidence of ADHD
- To analyse the dominance of behavioural therapies in ADHD treatment
- To explore an alternative therapeutic approach

[2] ADHD case numbers vary widely. Recent estimates suggest that ADHD affects 5.9% of children and 2.5% of adults worldwide (McGrath, 2024). 11% of children aged 3-17 are diagnosed with ADHD in the United States. Approximately half are treated with medication (53.6%) while 44.4% receive behavioural treatment (Danielson et al., 2024). HSE data (2013) suggests that ADHD is the most common presentation in the Child and Adolescent Mental Health Services (CAMHS). Their report shows that one in three children within the service have been diagnosed with ADHD.

Theoretical insights

This study will draw on theoretical insights from Michel Foucault and Iain McGilchrist.

Foucault (1965, 1979a) argues that truth and knowledge are not representative of objective reality but constructs that emerge from historical and social power relations. A Foucauldian analysis invites a critical exploration of the systems of power through which ADHD discourse operates. Foucault contends that Western culture increasingly employs subjugating mechanisms to regulate populations, reinforce norms, and maintain power. This framework will thus be used to explore how ADHD discourse has permeated the education system, where teachers are the most likely source of ADHD referrals.

McGilchrist (2019, 2021) demonstrates that attention shapes our perception. His hemispheric brain theory prompts an exploration into how ADHD has emerged within a culture that, he suggests, is increasingly dominated by a left-brain vision that privileges control, calculation, and categorization. It explores how the hemispheric differences are reflected in the ADHD-focused behavioural treatment methods recommended for ADHD. Furthermore, his insights invite exploration for neurologically-grounded therapeutic interventions.

Research outline

Section 1 begins by examining the relationship between medicine and psychiatry while re-evaluating the authority attributed to the DSM. It adopts Foucauldian approach to explore how the power vested in psychiatric discourse is leveraged within the education system. It draws on the work of McGilchrist to analyse the growing demand for a medical explanation and the market forces that have emerged to meet that demand. While

undiagnosed or untreated ADHD is understood to entail secondary harms, this section ends by examining this assumption with reference to the potential long term consequences that an ADHD diagnosis might on those it effects.

Section 2 analyses the dominance of behavioral therapies for ADHD. It examines the relationship between behavioural methods and the left brain while exploring the historical background from which behavioural practices have emerged. It draws on Foucault's concept of subjugated knowledge to critique the absence of theory associated with right brain treatment methods such as psychoanalysis and humanistic psychotherapy and how these treatments fail conform to the standardized, measurable approach necessitated by scientific empiricism. Lastly, it reviews the attitudes towards ADHD within the psychotherapy community in Ireland.

Section 3 responds to Foucault's call for the "insurrection" of subjugated knowledge. It begins by discussing the centrality of intersubjectivity, contrasting Buber's I–thou relationship with that of the I–it relationship characteristic of behavioral treatments. It discusses epigenetic theory and the formative role of the environment on the developing psyche. It explores the therapeutic value of right brain dominant psychotherapy, the healing powers of attention and how a non-directive approach can invite implicit non-verbal memories to emerge within the therapeutic space. Lastly, it discusses how right brain psychotherapy can access the deeper layers of the psyche to promote neuroplasticity and the potential for lasting therapeutic change.

Finally, this study will end with a conclusion, a discussion of its limitations, and areas for further exploration.

Methodology

This dissertation conducts a theoretical, library-based review of the research, exploring sociocultural conceptualisations and the treatment of ADHD. Extensive research literature has been gathered on PubMed, PEP Archive, JSTOR, SAGE pub and EBSCO Discovery as well as books by experts in the field, while relevant articles have been chosen for the benefit of the study.

This study adopts a social constructionist methodology, with reference to key thinkers in the area, Viviene Burr (2025) and Valarie Walkerdine (2016). Social constructionism maintains that social reality is not fixed or inherent but is shaped by cultural, historical and institutional values. From this perspective, the rise of ADHD is explored not as a reflection of a clinical reality or declining public health but as a symptom of sociocultural dynamics shaped through human interaction, language, and social practices. This research methodology prompts an exploration of how dominant conceptualisations of ADHD have emerged as such while others are marginalised or excluded. Similarly, it provides a lens through which the sociocultural forces associated with the rise of ADHD have impacted the practice of psychotherapy.

This approach is suited to the study's aim of exploring the sociocultural conceptualisations and the treatment of ADHD. It allows for a critical investigation into how dominant conceptualisations about what constitutes a disorder are embedded within treatment models and therapeutic discourse. In doing so, the research contributes to ongoing conversations in mental health studies about how disorder is constituted through language and the social forces that determine what constitutes appropriate therapeutic care.

Key search items: ADHD, Attention Deficit Hyperactivity Disorder, Psychotherapy, Non-medical treatment

Section 1: Sociocultural conceptualisations

Introduction

The widespread embrace of the DSM classificatory system is demonstrated by its commercial success. In 2022, the *Wall Street Journal* listed the *DSM-5-TR* on its nonfiction bestseller list, a rare accomplishment for a clinical reference manual, especially considering that its price is upwards of $127 (Kingson, 2022).

Valerie Harwood (2006) notes that when dominant discourses are established as such, they often maintain a position of authority in the absence of critical reflection. In her book *Diagnosing 'Disorderly' Children* Harwood suggests that the ease with which psychiatric discourse has permeated our social institutions calls for an interrogation of this "familiar and poorly known horizon" (p. 5).

Medicine and psychiatry

"A common assertion regarding so-called "mental disorders"", writes Terry Lynch, "is that they are medical conditions. This claim has been made so widely and for so long that it is generally assumed to be an established fact" (2018, p. 9). According to Mills (2022) the biomedical model has shaped psychiatric theory since the release of the DSM III in 1980. This marked a fundamental shift in how psychiatry viewed and therefore treated mental disturbances. However, Mills suggests that this transition was motivated by bureaucratic rather than scientific interests.

Prior to the DSM III, psychiatry relied instead on a psychosocial approach. This consisted of more subjective psychoanalytically informed treatment models that explored the meaning one's symptoms in relationship to their environment. Mills notes that the

heterogeneous nature of each respective case was problematic for insurance companies who demanded a more efficient procedure. Moreover, psychiatry was criticised for its lack of reliability with widespread diagnostic discrepancies documented across the profession.

The anti-psychiatry movement emerged during this period also. This was led by figures such as Thomas Szasz, who claimed that mental illness was a myth. He criticized psychiatry for its failure to empirically support its practice (Landman, 2024). This period marked what Mills (2022) describes as a crisis in credibility for the profession.

Landman (2024) claims that this corresponded with the proliferation of drug treatments as the promise of a neurochemical solution gave rise to a search for a single biological cause. This invited a more empirically grounded approach as psychiatry proceeded to align itself with the biomedical model. In turn, it abandoned its once relational framework as it moved towards a more standardised approach that was readily quantifiable (Mills, 2022). Individual behaviour was measured and classified into fixed diagnostic categories as the clinician shifted from understanding to identifying and categorising their subject's symptoms.

The validity of the DSM

Lynch (2018), however, argues that the movement towards a more standardised approach came at the expense of scientific integrity. He cites psychiatrist Thomas Insel, the director of the American National Institute of Mental Health's (NIMH) from 2002 to 2015. Prior to the release of the DSM-5, Insel writes:

> *While DSM has been described as a 'bible' for the field, it is, at best, a dictionary, creating a set of labels and defining each. The strength of each of the editions of DSM has been 'reliability' – each edition has ensured that clinicians use the same terms in the same ways. The weakness is its lack of validity.*

(as cited in Lynch, 2018, p. 5)

Similarly, both O'Sullivan (2025) and Lynch (2018) note that the diagnostic categories included in the DSM are established by majority vote rather than effective scientific practice. "The problem with the DSM", writes Lynch, "is that in all of its editions it has simply reflected the opinions of its writers" (p. 6). Moreover, O'Sullivan (2025) reports that among the advisors to the DSM-V who were responsible for ADHD, 78% reported financial ties to pharmaceutical companies, indicating a potential conflict of interest.

The Diagnosing of 'Disorderly' Children

Harwood (2006) notes that the effect of psychiatry is not limited to the clinical domain and insists that the potential to diagnose children with medical conditions such as ADHD, "the disease of disruptive children" (Landman, 2024, p. 83), has become normalised within the education system. Both Harwood (2006) and Mills (2022) assert that teachers blindly trust the medical classification and assume that it is a clinical reality. Notably, teachers are more likely than parents recommend that children seek an ADHD diagnosis (Frisira et al., 2025). While teachers do not have the authority to diagnose a child, the information that they provide to both parents and clinicians plays a central role in the diagnostic process (Morrow et al., 2012). This is demonstrated by the relative age effect.

Evidence from 13 different countries demonstrates that the children who are the youngest relative to their classmates are more likely to be diagnosed with ADHD and medicated (Whitely et al., 2019). A Canadian study reported that these numbers are 41% higher for boys born in December than for those born in January of the same year. The rate is 77% in girls (Morrow et al., 2012). Whitely and colleagues (2019) suggest that

schoolteachers are mistaking expressions of age-appropriate immaturity and attributing it to ADHD.

The influence of the school system on the diagnosis of ADHD has been demonstrated by Ponnou & Thomé (2022). They report that both schools and their teachers are evaluated based on the performance of their pupils and are therefore incentivised to improve classroom efficiency. Similarly, Whitely and colleagues write:

> *The diagnostic criteria of ADHD – in particular making careless mistakes, not 'seeming to' listen, failing to finish school work, being disorganised, disliking schoolwork or homework, blurting out answers and leaving a seat when remaining seated is expected – are all evidence of a child's failure to comply in a school environment.*
>
> (2019, p. 388)

These findings suggest that ADHD diagnoses are associated with institutional demands. Similarly, they correspond with Russell Barkley's review on the effects of the psychostimulant medications on children diagnosed with ADHD. "The major effect of stimulants", writes Barkley, "appears to be an improvement in classroom manageability rather than academic performance" (1978, p. 1). These medications continue to be prescribed today (Ponnou & Thomé, 2022).

The Discipline of the Machine

Michel Foucault (1965) argues that Western society had relied increasingly on "dividing practices" that objectify individuals to extend social control. Note that the term 'diagnosis' is derived from the Greek 'gnōsis' (to know) and 'dia' (apart). This speaks to

Foucault's assertion that knowledge may be used to differentiate or separate. In *Discipline and Punish* (1979) Foucault suggests that dominant institutions such as psychiatry construct 'global' and 'unitary' forms of knowledge that assume objective authority. This, he argues, enables them to exercise their power through language. Foucault describes scientific classifications as instruments of institutional control that promote the "isolation of anomalies and normalization of anomalies through corrective measures" (1979b). What Foucault terms the "discipline of the machine" refers to the institutional aim of maximising efficiency by subjecting deviant individuals to subjugating interventions.

Robert Whitaker (2010) shares his concerns with the subduing effect that stimulant medications have on children, citing examples suggesting that children taking the drug seem "passive, submissive", and "zombie-like" (p. 223). Moreover, Ponnou & Thomé's (2022) analysis concludes that stimulants drugs have shown no long-term benefit for academic difficulties associated with ADHD. Additionally, Yaakov Ophir (2022) notes that most schoolchildren discontinue their medication during weekends and holidays. The seasonal pattern of medication use suggests that drug treatment is introduced to meet institutional demands rather than promote well-being as parents report that "there is no need to take medications when there is no school" (p. 67). Alternatively, O'Sullivan (2025) notes that academic supports such as environmental accommodations or extra time on exams that are offered to students diagnosed with ADHD have shown no measurable improvement in academic performance.

The Divided Brain

"Attention is not just another 'function' alongside other cognitive functions", writes McGilchrist (2009, p. 28). For the manner in which we dispose our attention onto the world

shapes the very nature that which comes into being: “Absent, present, detached, engaged, alienated, empathic, broad or narrow, sustained or piecemeal, it therefore has the power to alter whatever it meets” (2021, p. 21). In turn, attention determines how we relate to the world.

McGilchrist insists that our highly industrialised Western society reflects an increasing reliance on the left hemisphere.[3] The proliferation of a classificatory system that objectifies human experience, isolates it from its surroundings, attributes it to a category that ‘re-presents’ that experience in a formalised manner that is fixed, static, disembodied, decontextualised, and, ultimately, easier to control, is symptomatic of the societal shift that McGilchrist has observed. “The raison d’être of the left hemisphere”, he writes, “is control and calculation. Importantly we are not exempt from being the objects of control and calculation in a culture in which all is controlled and calculated” (2021, p. 48).

[3] He demonstrates this, in part, by way of IQ testing: Vocabulary, a left brain test, has seen an increase of 0.35 IQ points each year from 1971 to 2007 (Pietschnig et al., 2010). However, spatial ability, a right brain test, has demonstrated a decline of 0.48 points per year from 1977 to 2014 (Pietschnig & Gittler, 2015).

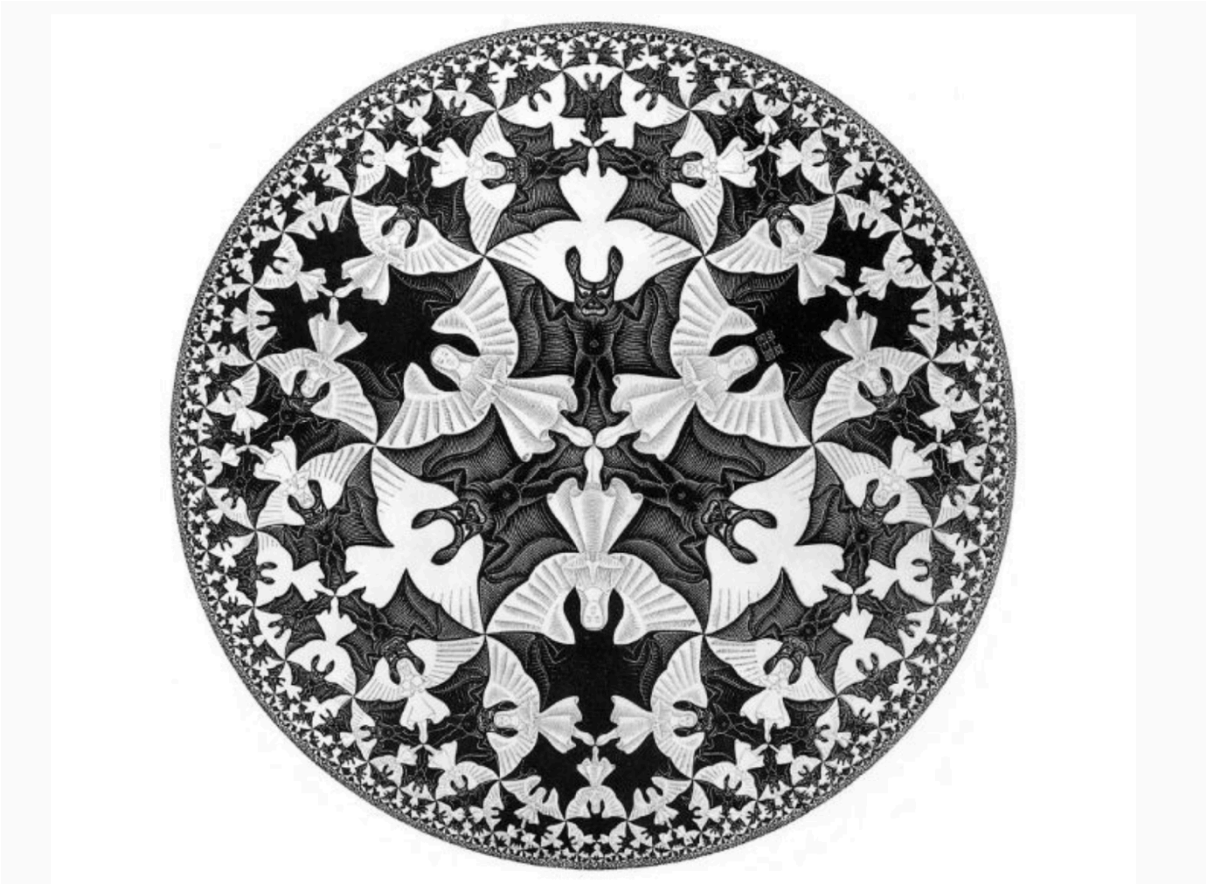

Figure 1: M.C. Escher's *Circle Limit IV* (1960), also known as *Angels and Devils*, invites multiple interpretations, visually demonstrating McGilchrist's assertion that a shift in attention marks a shift in perception.

In his book *On Being Normal and Other Disorders* (2019), Paul Verhaeghe refers to the story of Genesis wherein God creates the animals and invites Adam to name them. Verhaeghe proposes that this grants Adam a sense of dominion or control while allowing him to relate to the animals. One can assume that those who present for clinical evaluation do so because they are experiencing difficulties. A clinical diagnosis may therefore enable them to name that experience.

Similarly, McGilchrist (2021) notes that the left brain tendency to control is compounded by its failure to tolerate uncertainty. To maintain control, it distils reality into

that which it can effectively 'grasp'; albeit at the expense of complexity. O'Sullivan's (2025) findings suggests that this extends to its failure to tolerate the uncertainty that is inherent in the "messy truth" of life. "The pathologising of distress", she writes, "the sanitising of the messy truth of life through biology, is a scientific and a social trend" (2025, p. 18). She adds that this is exacerbated by subjective screening tools that render the diagnostic process vulnerable to exploitation. For instance, ADHD inclusion criteria such as 'Often squirming' or 'Excessive talking' are open to interpretation.[4] "In a culture that expects success and physical perfection", she writes, "diagnosis has become a means to account for anything less" (p. 262).

Know thy $elf

Meanwhile, market forces such as *ADHD Now* have emerged to satisfy the appetite for an explanation: "We dream of a world where no one has to wait in the dark for answers", states co-founder, Matthew Gavin, "where ADHD care is just a click away for anyone, anywhere" (n.d.). Limerick singer-songwriter, Gearoid McCarthy, is one of a number of Irish influencers who testify to being approached by *ADHD Now* for a diagnosis, an example of the marketing practice known as influencer seeding (Hacking, 2017).[5] McCarthy reports that "It was a relief to get a diagnosis like that because, all of a sudden, everything in my life made sense" (ADHD Now, 2024).

[4] The Conners' Adult ADHD Rating Scales (CAARS) is a widely used screening tool for ADHD in adults. It includes both self-report and observer ratings. The author can testify to an anecdotal episode of a clinician who returned a CAARS form to their subject when the initial results revealed a tension between the clinicians' observations and that of the subject's observer (a close relative). Accordingly, the clinician directed the subject to approach someone else, whose view, they felt, would sufficiently pathologize their behaviour. The subject was later diagnosed with ADHD.

[5] Influencer seeding is a strategy used by marketers who send free products to influencers in the hope that they will endorse the product. This strategy encourages the transmission of testimonials from public figures that builds trust in the brand and, ultimately, drives sales.

Beyond the initial relief so often reported by those, like McCarthy, who receive an ADHD diagnosis, O'Sullivan (2025) warns that inhabiting such a disease label risks rendering those who are diagnosed passive victims of a pathologizing narrative. She argues that the power of psychiatric discourse is such that individuals often mistake a diagnosis for an absolute truth and accept the limitations that it ascribes. This, she adds, distracts them from exploring the relationship between their symptoms and their environment. "Sometimes, illness is a sign that the life we have chosen for ourselves is not the right one", she writes, "but Western culture doesn't make it easy to acknowledge that (2021, p. 246).

Paul Tough (2025) recounts the experiences of individuals who reflect on the ADHD diagnosis they received in childhood. As adults, he notes that they had a freedom to discover their "niche" that they did not have in school. He writes:

> *Many of them had sensibly chosen contexts that were a better match for their personalities than what they experienced in school, and as a result, they reported that their A.D.H.D. symptoms had essentially disappeared. In fact, some of them were questioning whether they had ever had a disorder at all — or if they had just been in the wrong environment as children.*
>
> (2025)

This convergence of perspectives highlights the importance of considering environmental factors before identifying with a totalising narrative and outsourcing one's understanding of self to a biological explanation.

The ‘good news’ diagnosis

An ADHD diagnosis also enables those who are diagnosed to avoid the ‘devastating’ secondary harms that untreated ADHD, a supposed “burden” on society, is understood to entail (Schein et al., 2022). “If you look at the four biggest health risks in the US—poor diet, insufficient exercise, obesity, and smoking—ADHD presents a greater risk than all four of these concerns combined”, explains Barkley (as cited in CHADD, 2019). He insists that ADHD, if left untreated, can pose a greater risk of problems in almost any area of life. He claims that the individuals it affects are at greater risk substance abuse, depression, criminality, and suicide should they fail to seek medical intervention. Alternatively, Barkley claims that treatment for ADHD has the potential to add an average of nine to thirteen years to the lifespan of the children and adults who are diagnosed (CHADD, 2019). From this perspective, it is hardly surprising that psychiatrist and TikTok sensation, Ned Hallowell, refers to ADHD as the ‘good news’ diagnosis (McBain, 2022). Moreover, these claims demonstrate the extent to which ADHD is portrayed not merely as a condition to be managed but as a latent threat demanding medical intervention as diagnosis and treatment are positioned as moral imperatives.

Figure 2 Fear is one of the great marketing tools (Tannenbaum et al., 2015). The supposed risk of secondary harms is likely to invoke fear that makes the ADHD landscape fertile ground for those who are willing to leverage it. A 2024 digital marketing promotion by UK-based online ADHD diagnosticians *Diverse Diagnostics* (left) who appropriated the composition from a *UN Women* campaign (right) that highlights widespread sexual discrimination. Targeting parents, they inherit the same oppressive and stigmatizing sentiment criticised in the original composition.

However, findings from Kazda et al. (2022) show results to the contrary. They highlight the significant negative impact of an ADHD diagnosis on adolescents' quality of life, raising important concerns about the long-term consequences of diagnostic labelling and pharmacological treatment. The researchers found that adolescents diagnosed with ADHD reported lower quality of life scores across multiple domains, including mental health, social functioning, and overall life satisfaction. Crucially, the study also compared the diagnosed adolescents to individuals who exhibited similar behavioural traits, e.g., inattention,

impulsivity, and hyperactivity, but had not been formally diagnosed with ADHD or medicated. Contrary to Barkley's claims, these results suggest that those without a diagnosis or treatment exhibit more favourable outcomes in areas such as self-perception, emotional stability, social relationships.

Both Harwood (2006) and O'Sullivan (2025) have written extensively about the long term risks potentiated by identifying with a diagnostic label. O'Sullivan demonstrates this through the 'nocebo' effect, an inversion of the placebo effect.[6] As their findings indicate, we are likely to exhibit the identities attributed to us. They add that our own self-concepts are subject to ongoing iterations over time. ADHD, however, is constitutive of an identity that is inherently disordered, a story of self that escapes iteration. Carl Jung writes:

> *Understanding is a terribly binding power, a veritable soul murder… The core of the individual is a mystery of life which dies when it is grasped… The threatening and dangerous thing… is that the individual appears to be understood*
>
> (cited in Beebe & Falzeder, 2015, p. 140).

[6] The nocebo effect pertains that negative expectations of harm can manifest real physical symptoms. This phenomenon is driven by attention to bodily sensations and predictive coding, wherein the brain's anticipation of harm influences the perception of symptoms. For example, if a person believes that food they consumed was contaminated, they may feel nausea even before any physiological reaction could occur. O'Sullivan illustrates this through the experience of individuals who interpret ordinary bodily changes as signs of illness when primed by fear or expectation

Section 2: ADHD Treatment

Introduction

John McLeod (2019) describes psychotherapy as an existential barometer for society. Although psychoanalytic, behavioural, and humanistic approaches are widely recognised as the foremost traditions within psychotherapy, for the treatment of those diagnosed with ADHD, behavioural interventions dominate (Landman, 2024). This section explores the role of sociocultural forces in the apparent rise of behavioural treatments and the subsequent fall of their intellectual adversaries.[7]

The Great Confinement

Rod Tweedy (2021) outlines the parallels between behavioural treatments such as cognitive behavioural therapy and the mechanistic left brain vision that McGilchrist speaks to. McGilchrist (2021) suggests that evidence of a left brain dominant society began with the industrial revolution. In Europe, this period marked a fundamental shift in how society responded to psychological suffering (McLeod, 2019). While the cultural landscape moved from rural communities to industrialised towns and cities, our understanding of psychological suffering gradually shifted from a holistic religious perspective to a more mechanistic world view. Traditionally, those who were suffering from problems of living were integrated into the community. However, the fragmentation of the communal structures that once catered for the old, poor, or mentally ill gave rise to repressive institutions such as workhouses and asylums as society proceeded to marginalise its non-productive members. This period marks what Foucault (1965) refers to as the age of 'great confinement' and reflects a broad societal

[7] The UK's National Institute of Health and Care Excellence (NICE) provide comprehensive guidelines for ADHD management (Chaplin, 2018). Its detailed recommendations on parent-training, psychological therapies, and pharmacological management are widely adopted in Irish clinical settings, making it the strongest point of reference for this discussion (ADHD Ireland, 2025).

shift to towards the control of those who did not align with the industrial demands of the time.

Behaviourism and mechanistic models

McLeod (2019) observes that the widespread popularity of behavioural interventions such as CBT is not solely due to their accessibility to research and evaluation. He notes that "the current high levels of acceptance of CBT as a method of therapy can be understood, in part, as a consequence of the degree to which CBT taps into longstanding and deep-rooted ideas about conduct and relationships" (p. 118). McLeod also traces the origins of behavioural interventions beyond twentieth-century behaviourism to nineteenth-century Victorian practices of emotional self-control or 'mind training'. His findings are indicative of the values inherent in behavioural interventions designed to manage or 'take control of' one's symptoms. As McLeod suggests, these interventions are employed not simply to alleviate suffering but to regulate behaviour in accordance with pre-existing social expectations.

In 1913, John B. Watson published *Psychology from the Standpoint of a Behaviourist*, considered by many to mark the dawn of behavioural psychology. Watson argues that if psychology is to be recognised as a credible scientific discipline then it ought to concern itself with observable phenomena that can be measured and controlled rather than intangible mental processes. Watson insists that "Psychology as the behaviorist views it is a purely objective experimental branch of natural science. Its theoretical goal is the prediction and control of behavior" (1913, p. 158). He refutes the subjective and introspective and, therefore, right brain approach characteristic of psychoanalysis while calling for a more objective model of human behaviour. The parallel between the mechanistic left brain mode of attention that

McGilchrist speaks to and the behavioural method is represented by McLeod (2019), who writes:

> *The behaviourist image of the person has often been described as 'mechanistic': clients are seen as like machines that have broken down but can be fixed. The image of the counselling client in cognitive approaches is also mechanistic, but uses the metaphor of the modern machine, the computer: the client is seen as similar to an inappropriately programmed computer, and can be sorted out if rational commands replace irrational ones.*
>
> (p. 43)

McGilchrist (2010) argues that the left brain oversimplifies human experience in the service of control. "This kind of attention" he argues, "isolates, fixes and makes each thing explicit by bringing it under the spotlight of attention. In doing so it renders things inert, mechanical and lifeless" (p. 103). Similarly, McLeod (2021) notes that by promising solutions to problems that are centred on dysfunctional aspects of the individual alone, behavioural practices divert attention away from the social conditions from which these problems emerge. A concern that Landman (2024) shares.

Behavioural ADHD treatments

For children and adolescents, NICE propose a group-based, ADHD-focused, parent training program (PTP) as the first-line psychotherapeutic intervention, especially for children under five. For school-aged children with persistent symptoms, cognitive behavioural therapy (CBT) is suggested as an additional option. PTPs incorporate a range of services such as psychoeducation, environmental modifications, and parenting strategies. Landman (2024), however, is critical in his analysis of PTPs designed for ADHD

management. While they offer a seemingly broad range of methods, he argues that they are nonetheless embedded within a singular behavioural paradigm. Landman notes that PTPs, informed by a biomedical conceptualisation of ADHD, adopt behavioural mechanisms of positive and negative reinforcements, rewarding or reprimanding behaviour that is desirable or otherwise. “It is clear that the aim of this method”, he writes, “is to increase children’s obedience to the parents rules or demands” (p. 83). Landman is critical of the decontextualised nature of PTPs and suggests that they focus solely on the child’s behaviour, independent of familial, societal, or educational factors. The formative role of environmental factors will be explored in more detail in the following section.

Marginalisation of relational models

For adults, ADHD-focused CBT is the psychotherapeutic treatment of choice. CBT is a highly-structured, time-limited, and goal-oriented approach. Its targeted interventions are grounded in a deficit-oriented framework, viewing ADHD as a chronic neurodevelopmental disorder. As such, it does not treat the core symptoms of ADHD (inattention, hyperactivity, and impulsivity) directly, rather it aims to reduce deficit-based functional impairments such as procrastination, time-management and self-regulation.

The widespread endorsement of this neurochemical aetiology is explored in a scoping review by Champ et al. (2021). Their study *The impact of psychological theory on the treatment of Attention Deficit Hyperactivity Disorder (ADHD) in adults*, reviewed the literature on treatment methods available for adult ADHD, charting the theoretical grounds upon which these approaches are based. Their findings suggest that the current research conceptualises ADHD from a single deficit-focused paradigm of cognitive behavioural theory. Champ insists that “treatments based on approaches from a singular perspective… may be limited in scope and capacity to identify and support positive psychological factors

for well-being and growth" (p. 17). This prompts questions related to the ascendency of such widespread theoretical dominance.

Subjugated Knowledge

This seemingly narrow theoretical perspective relates to what Michel Foucault refers to as subjugated knowledge (1980). Foucault argues that society consists of hierarchies of knowledges wherein the dominant discourses exercise their power through institutions that support global and unitary forms of understanding. For Foucault, these ideas are assigned "truth" status, assuming their role as the arbiters of so-called objective reality. He insists that alternative, intuitive or embodied knowledges are subjugated. That is, they are marginalised, dismissed as redundant or invalid, buried and disguised in a formalised system designed to deny conflict and maintain consistency.

This cultural phenomenon finds a striking parallel at a neurological level. In its effort to maintain consistency, McGilchrist suggests that the goal-oriented left brain denies that which does not align with its preconceived world view and, when faced with evidence of the contrary, fails to reconsider its assumptions. This speaks to the dichotomous position held by Russel Barkley (2002). In an *International Consensus Statement on ADHD*, Barkley argues that to question the legitimacy of ADHD is not only contrary to mainstream science but "… is tantamount to declaring the earth flat, the laws of gravity debatable, and the periodic table in chemistry a fraud"(p. 90). Barkley insists that despite the views of a "handful of non-expert doctors"(p. 89) the biomedical conceptualisation of ADHD is irrefutable.

In *The Matter With Things* (2021) McGilchrist draws on case examples of right hemisphere-damaged patients. These extreme examples demonstrate more clearly the

proclivity of the left brain (now unopposed) to deny experience in a manner that speaks to Foucault's claims. He writes:

> *Attention does not just change things in some rather nebulous way. Attention is responsible not just for the how (though it is), not just for the what (though it is), but, as far as the left hemisphere is concerned, for the whether-at-all of existence. What it doesn't attend to, as far as the left hemisphere is concerned, doesn't exist.*
>
> (2021, p. 104)

The extent of this denial is evident in a male subject who not only denies that his left arm (connected to the then damaged right brain) is paralyzed but he denies that the arm his own and (when brought to his attention) claims that it belongs to someone else, a woman. Whats more, it is suggested that he blames the woman for disturbing his sleep while proceeding to caress his arm erotically. McGilchrist writes that, "As far as they are concerned, their left half has just gone missing" (p. 89). These findings have been replicated in later studies, wherein the subjects' delusions were banished upon temporary activation of the otherwise inhibited right brain. "[T]he self-consistent rationalism of the left hemisphere", writes McGilchrist, "has convinced it that it need not concern itself with what the right hemisphere knows: it believes it knows the whole story itself" (2021a, p. 104).

For Foucault (1980), institutions such as psychiatry play an active role in dismissing alternative discourses while actively enforcing what it is that we consider normal or pathological. These clinical examples correspond with the attitude of dominant cultural institutions, who deny alternative forms of knowledge that challenge their views. The refusal to acknowledge relational, contextual, or embodied knowledge in the treatment of ADHD can, from this perspective, be understood as both a neurological and a cultural form of denial existing within a society that, as McGilchrist suggests, is left brain dominant.

Evidence-based solutions

Notably, the NICE recommendations heavily rely on quantitative studies such as Randomized Control Trials, especially when assessing the effectiveness of interventions. In *Modern Man in Seach of a Soul* (1933) Carl Jung notes that science is the law of aggregates and suggests human beings are best understood as that of a myth. Myths convey implicit meaning, an embodied knowledge that escapes aggregation. Similarly, McGilchrist (2021) notes that the complexity of the human condition is lost in our efforts to make explicit what has to remain implicit. Conversely, to refute the evidence included in a recent New York Times article *Have We Been Thinking About A.D.H.D. All Wrong?* (Tough, 2025), Russell Barkley states that "By the way I won't be addressing the anecdotes in the paper, those are not relevant to a scientific or a scholarly understanding…" (2025). Barkley's dismissal of qualitative evidence underscores a left-hemispheric, positivist epistemology in which subjective experience is viewed as methodologically suspect. Such a position reveals a deeper cultural bias: one that privileges quantitative measurability over subjective experience.

The Divided Therapist

Terry Lynch (2018) shares his concerns with the proliferation of biomedical discourse within psychotherapy and calls for a revaluation of the authority attributed to the DSM. "Rather than embrace the DSM", he writes, "I encourage the counselling professions to press for trauma-informed responses, within which experiences and behaviours are accepted and addressed in their own right rather than repackaged as "mental disorders" within a system whose "bible" is utterly lacking validity" (p. 9).

In contrast, a 2023 article published by the *Irish Association for Counselling and Psychotherapy* (IACP) calls for psychotherapists to deepen their understanding of the ADHD. Author Peter Kelly asks *What is it like to have ADHD?* and notes that "it is a vitally important topic for further exploration within psychotherapy given the increased prevalence of ADHD presentation" (p. 31). This reveals a tension between trauma-informed critiques of psychiatric labelling and the growing influence of psychiatric discourse within Irish psychotherapy. While Lynch challenges the medicalisation of distress and calls for a trauma-informed, contextually grounded response, Kelly's framing reflects a growing institutional alignment with psychiatric models and raises important questions about how psychotherapy negotiates its role within a system increasingly shaped by diagnostic and biomedical discourse.

In *Discipline and Punish* (1975) Foucault calls for the "insurrection" of subjugated knowledges from "the institutions and against the effects of the knowledge and power that invests scientific discourse" (p. 84). As such, the next section proposes a psychotherapeutic approach to ADHD treatment beyond symptom-management.

Section 3: Beyond symptom-management

Introduction

This section explores an alternative approach to psychotherapy for those who present with symptoms associated with ADHD. It prioritises relational and contextual understanding, beginning with Martin Buber's concept of intersubjectivity and linking it to McGilchrist's theory of attention. It then examines early brain development, right-brain attachment, and the impact of trauma and environment on ADHD symptoms. A critique of diagnostic labels follows, highlighting their reductive influence on therapeutic engagement. The final sections propose a right-brain-focused therapeutic model, grounded in neuroplasticity and attuned presence, advocating for empathy and relational healing beyond symptom management.

Being in the world

Martin Buber (2023)suggests that therapy is a conversation between two living beings. He proposes that we address existence in two qualitatively different ways: the I–It relationship, in which the other is treated as an object, and the I–Thou relationship, in which the other is met with openness, presence, and mutual recognition. Central to Buber's work is the concept of intersubjectivity. He suggests that human connectedness arises when one encounters the other as a unique subject rather than an object to be used, analysed, or controlled.

This distinction parallels the different modes of attention as described by McGilchrist and his theory of the divided brain (2021). McGilchrist suggests that the right brain capacity to recognise connections facilitates our capacity for genuine relational attention i.e., an openness to the presence of an Other. Conversely, the left hemisphere tends toward objectification and instrumental control. Relational healing, therefore, relies not merely on

technical or analytical intervention but on the cultivation of an open and intersubjective space. Notably, the formative role of our relationships extends beyond the therapeutic exchange. In early infancy, the relationship that we have with our environment is a key determining factor in the development of the emerging psyche (Holmes, 2014).

Early brain development

The field of epigenetics has demonstrated that both nature and nurture play formative roles in brain development (Batcheler, 2023). Human infants are among the most underdeveloped and highly dependent among their primitive relatives. Our brains develop rapidly during this period of dependency, reaching approximately 80% capacity by just two years of age. Batcheler insists that "the period of rapid brain development that takes place during pregnancy and early childhood provides the foundations for every individual's future development, health and wellbeing" (2023, para. 1). This development is not simply biologically determined but it is shaped by both nature and nurture. Gene expression, he argues, is determined by the dynamic interplay between our genetic predisposition and our environment. Central to our early environmental experiences is the attachment relationship with our primary caregivers (Holmes, 2014).

Attachment and the right Hemisphere

This period of heightened dependency demands that infants rely on the support of their environment i.e., primary caregivers (usually the mother) to regulate their affective states. Since the left brain follows the right brain in the developmental timeline, early childhood is a period of right brain dominance (Schore, 2014). In the absence of the verbal capacity of the left brain, the mother-infant bond is conducted between the non-verbal right

brain unconscious and affective communications of both mother and infant i.e., right brain to right brain. Non-verbal cues such as eye contact, tone of voice, body language etc. that characterise the embodied affective exchanges of the mother-infant dyad provide a platform from which infants can begin to form a relationship with their emotional world and develop their capacity to regulate their own emotions.

Conversely, disruptions to the attachment relationship can have a lasting negative impact on the developing infant. A growing body of research highlights the central role of attachment in the development of all psychiatric disorders (Schore, 2014; Sloan et al., 2025). Early experiences of frequently dysregulated and unrepaired attachment are stored in the then dominant right brain. Not only traumatic experiences but defensive responses to overwhelming affect (dissociation) are "affectively burnt in" (Schore, 2014, p. 74) to the implicit-procedural memory. These early experiences are constitutive of the infants internal working models. That is, internalised representations of the mother-infant bond that unconsciously inform later responses to interpersonal stress. They are central to the development of the emergent psychological structure and the infant's sense of self. Deficits in right-brain relational capacities and subsequent difficulties with affect regulation are central to the developmental trajectory of many mental health disorders, including ADHD (Ben-Dor Cohen et al., 2024).

Signs and signifiers

The relationship between the environment and ADHD is highlighted by Landman (2024), who writes:

> *If you're a black child in the United States with parents from a disadvantaged social background, cramped housing, frequent parental quarrels, or parents who are*

separated, you are six times more likely to be diagnosed with ADHD than if you're a white child from a well-off background, with parents who live together in comfortable housing.

(p. 106)

Psychoanalysis explores the subjectivity of the individual in relationship to their environment (Landman, 2024). Hyperactivity, for example, is viewed not as an illness but as an embodied response to environmental distress. “Every psychic or behavioural symptom”, writes Landman, “is an attempt to endure or resolve some unbearable intrapsychic conflict” (p. 71). In other words, symptoms have meaning. Suzanne O’Sullivan (2025) notes that the preoccupation of psychiatry with biological research distracts from the many environmental factors that, she argues, are invariably linked to mental disturbances such as ADHD. Additionally, O’Sullivan discusses her approach to the treatment of individuals diagnosed with such conditions. “I am one of a group of doctors who prefer to ask the question, ‘What has happened to you?’ instead of, ‘What is wrong with you?’”, she writes (p. 166).

In a 2015 video *Psychiatry Must Stop Ignoring Trauma,* Bessel van der Kolk shares his concerns about the relationship between psychiatry and trauma. In reference to diagnoses such as Oppositional Defiant Disorder, van der Kolk insists that psychiatry fails to explore why people become defiant and adds that it “doesn’t really want to look at what’s behind there”. Claiming that the vast majority of individuals who seek psychiatric care are, in fact, traumatised human beings, van der Kolk objects to the widespread administration of psychotropic drugs. “Instead of looking at social conditions as being at the origin of these disorders” he states, “these kids get drugged up”.

O’Sullivan (2025) notes that attending to social and environmental contributors presents meaningful opportunities for transformation. By exploring the role of social factors,

O'Sullivan aims to help individuals develop an understanding of their symptoms. "Childhood abuse, neglect, multiple foster placements, witnessing violence and alcohol exposure in utero have all been shown to increase a person's risk of developing ADHD", she writes, "These areas of life are readily available for social and psychological intervention but they are not currently at the fore of the ADHD discussion" (p. 167).

Similarly, Terry Lynch (2018) draws on his clinical experience with clients diagnosed with depressive disorders. Lynch refutes the assumption that mental disorders are biological disorders and stresses the need for counsellors to avoid inheriting a biomedical framework of psychological suffering. Following brief discussions with patients who are diagnosed with a psychiatric condition, Lynch recounts how he discovered that he was working with deeply traumatised individuals. While a routine diagnosis presupposes a neurochemical dysfunction, Lynch observed a meaningful representation of environmental distress.

The story of self

"What does the baby see when he or she looks at the mother's face?", asks Winnicott, "I am suggesting that what the baby sees is him or herself" (2005, p. 37). As discussed, the mother-infant bond provides a platform through which the infant can begin to develop a coherent and unified sense of self. In other words, a story of self. Inadequate caregiving prompts the infant to defensively exclude affect. This raw (emotional) data, therefore, cannot be integrated into our self-narrative. "If the problem with PTSD is dissociation", writes Bessel van der Kolk, "the goal of treatment would be association: integrating the cut-off elements of the trauma into the ongoing narrative of life, so that the brain can recognize that "that was then, and this is now"" (2015, p. 180). This reflects the enduring influence of the

psychoanalytic method as it was proposed by Freud and Breuer in 1893. In *Studies on Hysteria*, they write:

> *It will now be understood how it is that the psychotherapeutic procedure which we have described in these pages has a curative effect. It brings to an end the operative force… which was not abreacted in the first instance [i.e., at the time of the trauma], by allowing its strangulated affect to find a way out through speech; and it subjects it to associative correction by introducing it into normal consciousness.*
>
> (p. 17)

Language acts as a substitute for action, they argue. It is through language, therefore, that one can incorporate the otherwise disparate elements of their experience into a coherent story of self. "We change ourselves by redescribing ourselves", writes Phillips, "and we redescribe ourselves in dialogue with someone else" (as cited in Tweedy, 2021, p.32). This resonates with the humanistic and person-centred approach formulated by Carl Rogers (1961). For Rogers, psychotherapy is a process of becoming that human beings engage in "to become that self that one truly is" (p. 163). These philosophical roots can be traced back to Danish philosopher, Søren Kierkegaard: "Be the self that one truly is" (1849, p. 18) and Nietzsche: "you should become who you truly are" (1882, p.152). Thus, the narrative of self refers to a process rather than an end.

Totalising narratives

Waska (2015) argues that diagnostic labels curtail this exploration, arguing that they provide a safe and seemingly explanatory haven from the underlying issues that a sustained humanistic exploration would endeavour to explore. "These can be ignored, denied, or disguised by the concept of ADD as a defensive move by patient and/or analyst" he writes,

"Both patient and analyst can be guilty of using the diagnosis of ADD as an easier-to-explain, simpler-to-control method of coping" (p. 144).

Epston and White (1990) strongly oppose the imposition of scientific classifications in the therapeutic space. They argue that diagnostic labels such as ADHD objectify the subjects experience as they are forced to submit to a totalising narrative that is not representative of their subjective experience. Similarly, Christine N. Winston (2015) observes that both humanistic and existential traditions challenge the reductionist biomedical approach. As Kirschenbaum notes, such labels can function as self-fulfilling prophecies: "Call a client a patient and he is liable to act like one" (2007, p. 112).

Conversely, ADHD-focused treatments circumscribe the meaning of its subjects' experience to a fixed clinical identity. Moreover, these methods, as the name suggests, are reduced to focusing on symptom-related impairments. "This, however, is precisely what must not be done", writes Freud in *Recommendations to Physicians Practising Psycho-analysis* (1912e). "In making the selection, if he [the analyst] follows his expectations he is in danger of never finding anything but what he already knows; and if he follows his inclinations he will certainly falsify what he may perceive (p. 111-112). In addition, Freud speaks to the power of maintaining an "evenly suspended attention". He proposes that the analyst withhold conscious attention in the service of the subjectivity of the individual. Grotstein notes that "Freud apparently never realised that he had, in effect, discovered the functioning of the right cerebral hemisphere!" (2009, p. 13).

The difference between the two modes of attention, McGilchrist (2010) suggests, not only determines what we engage with but also shapes the very nature of the relationship we form. He writes:

> *I believe that the essential difference between the right hemisphere and the left hemisphere is that the right hemisphere pays attention to the Other; to whatever it is that exists apart from ourselves, with which it see itself in profound relation… By contrast, the left hemisphere pays attention to the virtual world that it has created, which is self-consistent but self-contained, ultimately disconnected from the Other, making it powerful – but also curiously impotent, because it is ultimately only able to operate on, and to know, itself.*
>
> (p.103)

As discussed, the left hemisphere tends toward control while the right hemisphere is inherently relational. This mode of attention, as Welch Siegel and Siegel (2020) demonstrate, has profound implications for the healing power of therapy.

The 'right' way

Neuroplasticity refers to the brain's capacity to change in response to experience. Far from being fixed or predetermined, neural pathways are shaped and reshaped through relational and environmental influences. Welch, Siegel, and Siegel (2020) describe communication as a sharing of energy and argue that attention is the means through which this energy flows. They note: "What we pay attention to changes the function and structure of the brain. Where attention goes, neural firing flows, and neural connection grows" (p. 139). In this way, psychotherapy becomes not merely a means of managing symptoms but a practice of restoring neural integration through the quality and nature of the therapist's attention.

Similarly, Allan Schore (2014) insists that psychotherapists inhabit a position of immense potential. That is, if they adopt the "right" mode of attention. In their effort to

exercise conscious control over affect, Schore argues that practices such as the behavioural treatments discussed, preoccupied with targeted (left brain dominant) interventions, fail to address the underlying affective communications associated with our unconscious (right brain dominant) model of attachment. “A shift in attention”, writes Welch Siegel and Siegel, “has the ability to radically transform states from chaos or rigidity to integrative functioning, as when sensing the body calms the mind or naming an emotion tames distress” (2020, p. 144). For Schore, therapy provides the conditions wherein clients are willing to explore experiences that would otherwise be avoided.

By remaining open and responsive to the subject’s non-verbal cues, therapists can engage with the right brain affect regulating communications that once characterised the mother-infant bond and render the implicit memories associated with the subjects internal working models available for restoration. “These affective communications of traumatised self states”, writes Schore, “were neither intersubjectively shared nor interactively regulated by the original attachment object… but now the patient has the possibility of a restorative relational experience” (2014, p. 81). The affectively attuned empathic therapist who endeavours not to control, but to understand and accept the subjects experience, can thereby access the deeper layers of the psyche, creating a new opportunity for a therapeutic change.

The wide and narrow gate

Schore (2014) insists that the exploratory nature of the treatment that he refers to will likely involve a sustained effort and commitment by both therapist and client and is not conducive to the short-term treatment modalities currently proposed for ADHD. Robert Waska (2015) shares his observations of a departure from what he describes as a “natural examination” of human conflict towards a more “quick fix, externally focused, behavioral

and symptom-based paradigm" (2015, p. 144). Speaking to the sociocultural factors attributable to the treatment of those diagnosed with ADHD, he writes:

> *In recent years… it does appear that the original foundation of psychoanalysis and psychoanalytic psychotherapy has become eroded and slowly replaced with a greater focus on symptom reduction, behavioral change, medication, and the view of the patient as being possessed by some "thing" that needs to be managed, sedated, or otherwise controlled. This is all quite different from the more humanistic element of psychoanalytic work in which we believe that internal psychological conflict causes the majority of personal suffering.*
>
> (p. 143)

Waska insists that diagnoses such as ADHD are not only unhelpful but harmful for psychotherapy. He suggests that they prompt a "quick leap" from exploring the very psychological disturbances that psychotherapy ought to explore. He notes that meaningful change in psychotherapy is not linear, rather it is organic and open-ended. This resonates with the biblical analogy of the wide and narrow gate, wherein Christ's followers are presented with two contrasting choices: a quick and easy option or a long and difficult one. Although the wide gate is broad, the road is easy, and there are many who take it, Christ invites his followers to walk through the narrow gate; for the long and difficult path is that which leads to transformation (*The Holy Bible*, 2011).

Conclusion

Introduction

The aim of this study was to explore sociocultural conceptualisations and the treatment of ADHD. Three main objectives guided this exploration: First, to examine the sociocultural forces that shape the conceptualisation and incidence of ADHD. Second, to analyse the dominance of behavioural therapies. Third, to propose an alternative therapeutic approach. By drawing on theoretical perspectives from Michel Foucault and Iain McGilchrist, this study demonstrates sociocultural forces that have shaped the ADHD landscape. The findings in this study highlight the need for a more holistic understanding of the behaviours associated with ADHD.

Key Findings

Section 1 demonstrated that the validity of the DSM is not proportionate to the authority that it assumes. It explored the bureaucratic and financial reasons why psychiatry abandoned its once psychosocial model and turned to the medical model; a transition that redefined mental disorders as medical conditions. It discusses the role of psychiatric discourse within the education system as teachers are the most likely source of referrals for children. Here, ADHD, "the disease of the disruptive child", is available as a mechanism of social control within an institution that is designed to maximise efficiency. The section also examines how the dominant conceptualisation of ADHD extends to adults, as market forces have emerged to meet the demand for diagnoses. It discusses the relief described by those who receive a diagnosis and how ADHD enables individuals to outsource their understanding of self to a biological explanation. It demonstrates how ADHD discourse exacerbates this demand through the catastrophisation of undiagnosed or untreated ADHD and corresponding

romanticisation of ADHD, “the good news diagnosis”. By contrast, it discusses the ‘nocebo’ effect and recent evidence that highlights the long term risks associated with inheriting an identity that is inherently disordered.

Section 2 demonstrates the parallels between left brain dominance, behavioural principles, and 19th century practices of social control. It outlines how the popularity of behavioural methods such as CBT is demonstrative of their alignment with cultural values that are increasingly shaped by the left brain’s propensity for control and calculation. This is demonstrated by the prioritisation of explicit, quantifiable evidence despite the failure of empiricism to encapsulate implicit human experiences. It discusses how the omission of right brain-oriented psychosocial therapies to treat ADHD is representative of what Foucault describes as subjugated knowledge and how this corresponds with the failure of the left brain to recognise ambiguity. Lastly, it discusses the tension within the psychotherapy community in Ireland. While some insist that practitioners must familiarise themselves with ADHD, others call for a movement away from the disease model and a return to a more trauma-informed response.

Section 3 explores the potential of right brain, relational therapies such as psychoanalysis and humanistic psychotherapy to promote lasting therapeutic change. It discusses the formative role of the environment in the developing psychological structure and how the theory of epigenetics presents opportunities for therapeutic healing. It demonstrates the power of attention and the primacy of non-verbal communication in accessing the implicit procedural memories that are constitutive of our internal working models. By contrast, it outlines how ADHD-focused methods are limiting in their approach by inheriting a pathologizing narrative while reducing its aim to that of symptom-management. It draws on Freud’s call for an ‘evenly suspended’ and how non-directive therapies can invite otherwise dissociated affect to be reintegrated into the ongoing narrative that constitutes one’s sense of

self. It demonstrates how this approach provides a platform from which clients can redefine their experience in the presence of an empathic Other.

Theoretical Implications

Both Iain McGilchrist and Michel Foucault offer compelling theoretical perspectives to the discussion.

A Foucauldian analysis of the relative age effect discussed in Section 1 challenges the assumption that an ADHD diagnosis is a reflection of an underlying pathology. It indicates that diagnosing children has been instrumentalised as a mechanism to extend the control of those who do not conform to the demands of the education system. Moreover, Foucault reveals that the dominance of behavioural therapies for ADHD is a reflection of subjugated knowledge and institutional power rather than practical efficacy.

McGilchrist demonstrates that the proliferation of standardised practices that disembody and decontextualise human experience is representative of left brain dominance. This is reflected in rise of highly structured, deficit-focused behavioural treatments and the fall of open-ended, embodied humanistic and psychoanalytic approaches. Similarly, his insights emerge in the failure to tolerate uncertainty and the growing compulsion to seek a biological explanation that ADHD offers. McGilchrist's hemispheric brain theory also presents valuable neurological insights for more relational, right brain oriented approaches.

Limitations of this study

While this study provides a critical examination of ADHD through sociocultural and theoretical lenses, it is important to acknowledge its limitations. As a library-based and

theoretical analysis, the study relies on existing literature and conceptual frameworks rather than primary research. This lack of qualitative data invites future research to explore how these insights manifest in real-world settings.

This critique has predominantly focused on the limitations of the ADHD-focused behavioural therapies discussed. However, it must be noted that such interventions provide practical strategies for managing symptoms, particularly in structured environments like schools. This perspective was not fully explored within the study due to its focus on deeper therapeutic transformation rather than short-term symptom-management.

Additionally, the financial implications of long-term relational therapies cannot be ignored. Commitment to ongoing psychoanalytic or humanistic approaches can represent a significant economic burden, potentially limiting accessibility. Although this study's focus was on theoretical critique, this remains an important consideration for practical application.

Furthermore, it is important to recognise the limitations of psychiatry's capacity as an institutional body to address the complex needs of every individual. As a state body, psychiatry is compelled to adopt a generalised approach to large populations. While it may be effective in general terms, this approach is often at odds with psychotherapy and the subjectivity of the individual. This inherent tension underscores the need for therapeutic models to move beyond a standardised approach.

Finally, it is essential to recognise that, regardless of therapeutic orientation, the strength of the therapeutic relationship is the key determinant in any therapeutic exchange. The human qualities that promote relational depth such as empathy, attunement, and trust are not exclusive to therapists who practice the orientations that this study proposes.

Areas for further research

The cultural emphasis on evidence-based methods inhibits the capacity for psychoanalytic and humanistic therapies (which are less easily measured) to extend their reach. As a result, these therapeutic models risk remaining on the sidelines of mainstream treatment. Meanwhile, an investigation into the extent to which psychiatric discourse has infiltrated psychotherapy necessitates further research.

By challenging dominant discourses and furthering the inclusion of qualitative data into academia, there is potential to broaden the scope of right brain oriented therapies. For this shift to occur, researchers and practitioners must challenge prevailing narratives and advocate for principles that champion a person-centred rather than a symptom-focused approach.

Implications for Practice

The term 'authenticity' is derived from the Greek *autos* meaning 'self' which is closely associated with 'author' or 'authority'. To be authentic, therefore, is to be the author of an original story of self that is drawn directly from one's unique experiences. ADHD represents a story that is constitutive of an identity that is inherently disordered and renders those whom it affects a passive victim. The findings in this study demonstrate that therapists must allow for their subject to move beyond the confines of a biological explanation and empower them to redescribe and reauthor their story and 'become that self that one truly is'.

While this discussion has demonstrated the potential for psychotherapy to effect lasting change, the dominance of biomedical discourse is such that therapists risk blindly following its lead and, in doing so, deny that potential. This is not to dismiss the experiences of those who are suffering from symptoms associated with ADHD. Rather, it is to encourage

practitioners to critically reflect on whether adherence to a medicalised framework is best suited for those who bring ADHD into the therapeutic space. In essence, these findings suggest that therapists work with the person and not the problem.

In conclusion, the dominant therapeutic interventions for ADHD conform with the biomedical conceptualisation that ADHD is a chronic biological disorder. Thus, they are reduced to symptom management. This study challenges this conceptualisation and positions the recent rise of ADHD as a cultural phenomenon rather than a clinical reality. This prompts a re-evaluation of ADHD-focused treatment methods and a shift towards a more humanistic approach that allows for its subject to tell their own story. In short, this study calls for therapists to invite their clients to enter the narrow gate and walk with them down the long and difficult path.

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