

*Global perspectives on ADHD. Social dimensions of diagnosis and treatment in sixteen countries*, edited by **Meredith R. Bergey, Angela M. Filipe, Peter Conrad, and Ilina Singh**. Baltimore, MD: Johns Hopkins University Press, 2018. 400 pp. ISBN: 9781421423791.

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Categories: Medical Sociology; Science, Knowledge, and Technology

The book *Global Perspectives on ADHD: Social Dimensions of Diagnosis and Treatment in Sixteen Countries*, edited by Meredith R. Bergey, Angela M. Filipe, Peter Conrad, and Ilina Singh, is the first case of an extensive and comparative analysis of the planetary diffusion of the most common developmental and psychiatric diagnosis among children and adolescents, the *Attention Deficit and Hyperactivity Disease* (ADHD), with a global spread estimated between 5% and 7.2%. From the beginning of the third millennium, the scientific literature on ADHD has exponentially grown, especially in the areas of child psychiatry and developmental psychology. A quick scroll through the Google Scholar search engine is enough to realize the extent of this phenomenon. From 1980 to 2000, less than 30,000 scientific products were available; from 2000 to 2019, almost 400,000 articles, monographs, and research reports have been published. There is a wide scientific production from which it is difficult to draw a detailed picture of ADHD since studies mostly focus on biomedical or cognitive aspects, use diverse analytical frameworks and different methodologies, and concern limited samples.

*Global Perspectives on ADHD* represents the collective effort to overcome this gap in the scientific literature and to grasp the ADHD global extension and the sociocultural and economic factors involved in its planetary spread. For this purpose, the editors propose leaving aside the objectivist definition supported by the biomedical knowledge and instead to conceive of ADHD as a *biosocial assemblage*, “composed of fluid, heterogeneous elements that have a relation to each other but do not have a fixed ontology” (p. 378). Abandoning the univocal definition and universal ontology, it is possible to bring out “the contribution of a range of social, natural, and technological factors to the cluster of symptoms, signs, and markers associated with ADHD” (p. 378). That is exactly what the book does. As with all edited volumes, some chapters are better and clearer than others, but the final result is a well-organized and comprehensive account of the global phenomenology of the diagnosis.

The volume consists of 18 chapters, each of which—with the exception of the introductory one and the concluding reflections—is devoted to analyzing the diffusion and the path of institutionalization of the

diagnosis in a specific nation. The chapters are organized as a scientific journey in the order of when ADHD was adopted in each country, from earlier to more recent “adopters,” as Bergey and Filipe state in the introductory chapter: the United States, Canada, Australia, the United Kingdom, Germany, Portugal, Ireland, Brazil, Argentina, Italy, Chile, France, New Zealand, Japan, Taiwan, and Ghana. The worldwide picture that the book offers is extensive but still incomplete due to the absence of social scientists familiar with ADHD in many parts of the world, as the editors point out.

The scientific journey begins where it all began: in the United States, when the diagnosis of ADHD was first developed and institutionalized by the American Psychiatric Association mainly through the diagnostic and therapeutic guidelines contained in the *Diagnostic and Statistical Manual of Mental Disorders (DSM)*, published in 1968. The US case was written by Bergey with Peter Conrad, the first sociologist to have dealt with ADHD, studying its development and diffusion in the US since the 1970s. Through Conrad's work, ADHD has become the emblematic case of the medicalization process, showing how personal conditions and situations of discomfort are turned into medical diseases or disorders under the pressure of scientific, professional, economic, and cultural factors.

The intellectual journey then continues across the English-speaking countries that first adopted the approach of the DSM and with it the diagnosis of ADHD: Canada and Australia. For several decades, these were the only nations where the disorder appeared and spread among children and where psychostimulants (e.g., methylphenidate, commonly known by the commercial name Ritalin) were prescribed for its treatment in increasing rates among children and young adults.

Despite its growing popularity in North America, the diagnosis took more than 20 years to cross the Atlantic Ocean and land in Europe. In the UK, scientific communities and the media began talking about it in the 1980s, but the phenomenon at that time was labelled as an American problem. It was in the 1990s and 2000s that the diagnosis and related drug prescriptions reached much higher rates with the contribution of the pharmaceutical industry, which actively promoted a medical approach and financed continuing medical education. In Germany, something similar happened. Although a wide and controversial debate on the issues of inattention and hyperactivity has been present since the first half of the 20th century, it was in the 1990s that a significant increase in diagnosis and prescription rates was recorded. More recently, the German scientific debate and public opinion are discussing the availability of psychostimulants as neuro-enhancement opportunities. In Italy, the debate started in the 2000s, and it is mainly through the activity of associations and advocacy groups that specific discourses and forms of knowledge about ADHD are produced and diffused as well as the first attempts to influence social policies and legislation. In countries where diagnosis has more recently spread, such as Taiwan and Ghana, the book documents how the results can be very different. In Taiwan, institutionalization seems to have been fully accomplished due to the well-recognized and undisputed authority of the child psychiatry discipline in the country, which was developed under the umbrella of the APA's biomedical model. In Ghana, a lack of institutionalization and scarce economic resources make ADHD diagnosis less common than other mental health traditions and solutions (e.g.,

healers and priests). Adopting the sociological perspective, the book emphasizes how local differences affect the acceptance and diffusion of diagnosis and related therapeutic options. Some countries (e.g., the US, Canada, Australia, Germany, Portugal, Taiwan, and Chile) have a more favorable orientation toward medical treatment as a first response, whereas other countries (e.g., Italy, France, the UK, Argentina, Brazil, and Japan) tend to favor psychosocial interventions as a primary treatment, reserving drugs for the most severe cases. Also included in the local differences discussed in each case are the sociocultural and economic processes that led to the globalization of diagnosis: the strengthening of the worldwide cultural predominance of American psychiatry and the *DSM* as the main source of criteria to diagnose attention and hyperactivity problems; the Big Pharma strategies looking for new markets around the world after nearing saturation in ADHD diagnosis and treatment in the US; the role of the Internet in facilitating the availability of information on symptoms and relief, and the growing relevance of advocacy groups that has also contributed to spreading public awareness about ADHD, often encouraging research lines and promoting public health policies.

The book is addressed to, and can be easily enjoyed by, anyone interested in ADHD: researchers, professionals, policymakers, and citizens who are interested, curious or worried about the trajectory of a phenomenon that was born as a culturally-bound syndrome but is now rapidly spreading all over the planet.

