

The hard problem

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There is a problem at the heart of the current debate about ADHD. Those who question its reality tend to describe it entirely from the outside. Those who live with it experience it from the inside. The difference matters.

The philosopher David Chalmers gave this difficulty a name in a lecture delivered in Tucson, Arizona, in 1994. He developed the argument in his 1995 paper,

[Facing Up to the Problem of Consciousness](#).

Chalmers distinguished between what he called the “easy problems” and the “hard problem” of consciousness.

That said, the easy problems are not that easy, as far as I can see. They include explaining how the brain:

- * processes information,
- * directs attention,
- * stores memories,
- * produces speech and
- * controls behaviour.

They are called easy only because they can be investigated using scientific methods.

The hard problem is quite different. It asks why those physical processes are accompanied by subjective experience:

- * Why does seeing red feel like something?
- * Why does pain hurt?
- * Why, in fact, is there a first-person experience of being alive at all?

In other words, science might eventually describe every process taking place in a person's brain while still failing to explain in any way what it is like to be that person. That distinction is obviously relevant to discussion on the existence of ADHD.

ADHD as seen from the outside

The public debate about ADHD is dominated by the easy problems such as:

- * How many people have been diagnosed?
- * What do brain scans show?
- * Do diagnostic criteria identify a distinct group?
- * Are private clinics diagnosing too many people?
- * Do stimulant medications work?
- * Could modern schools, workplaces, smartphones or social media be creating the behaviours now labelled as ADHD?

These are all legitimate questions. I do not dispute that. They are worthy of being investigated. But none of these questions captures the experience of living with ADHD, which is precisely why Channel 4's programme on this issue failed.

This should be obvious.

An observer can see someone arriving late, but they do not necessarily see the desperate attempt to organise time that preceded it.

They might also see a person who has failed to complete a task, but they do not experience the paralysis of knowing exactly what must be done while being unable to begin doing it, from which I do not suffer but which I know many with ADHD do.

Again, they might see distraction, but they do not feel attention being pulled simultaneously in several directions.

Most especially, and here I refer to what was said about Chris Packham, they might see someone apparently functioning well, but they do not see the exhaustion required to maintain that appearance.

I could keep going: I think you get my point. The external behaviour is observable. The internal cost is not.

This is why accounts of ADHD based entirely on observed behaviours are inadequate. A person's visible performance says little about the amount of effort, anxiety, self-monitoring and compensation required to produce it. Success does not prove the absence of ADHD. It may instead reveal the scale of the masking and coping strategies

that the person has developed.

The same problem arises when assessing treatment. An outsider may ask whether medication makes someone more productive, but that can be a misplaced criterion for success, since it is externally focused. The person taking a drug might want to do so because they value a quieter mind, a greater sense of choice, or the ability to direct attention rather than being driven by it. Those outcomes are real, even if they are difficult to measure from the outside. Others, more importantly, may use different criteria. Almost by definition, neurodiverse people are not homogeneous.

A social construct is not an invention

This has particular relevance for the suggestion used by some critics that ADHD is a social construct. This is often presented as if it proves that ADHD is imaginary. It proves nothing of the sort.

ADHD is undoubtedly a category created by people. The boundaries of the diagnosis, as is widely recognised, have been agreed by committees. The criteria have changed over time. They may remain inadequate. We can hope they improve. But the reality is, social expectations influence which differences are noticed and when they become disabling.

But every medical diagnostic category is, in this sense, a construct. A category is a tool used to group experiences, signs and symptoms that appear to have something significant in common. This is the most that can be said for the term cancer, as I noted previously. The category is not the person, and the map is not the territory. That, though, does not mean there is no territory.

The demands of a neoliberal society may make ADHD-related difficulties more visible. They may also make those difficulties more disabling. But social circumstances that shape how a condition is expressed do not mean the underlying differences are unreal. As an example, short-sightedness is more disabling in a society that expects people to read. That does not mean short-sightedness is invented by books.

Nor does the hard problem prove that ADHD must have one particular biological cause. That could not settle every diagnostic dispute, validate every assessment or show that medication is always appropriate. Subjective experience has to be considered alongside developmental history, functional impairment, alternative explanations and the available clinical evidence.

What the hard problem does show is the limitation of any account that treats externally observed behaviour as the whole reality of ADHD.

There is no brain scan, blood test or questionnaire that can fully communicate what it feels like to inhabit another person's mind. That is true of ADHD, autism, depression, pain and consciousness itself.

The unavoidable conclusion is that first-person testimony matters. It is not infallible, but neither is observation from the outside. A serious assessment must bring together what can be observed, what has happened throughout the person's life, how they function in different circumstances and what they report experiencing.

The debate about ADHD therefore cannot, then, be resolved by standing outside people's lives and declaring that their experience is merely a product of fashion, social media or inadequate discipline, as some appear to be doing by depending solely on easy questions.

The hardest question is, in fact, not whether an outsider can see ADHD. Those limiting themselves to the easy questions clearly cannot. It is, instead, what it feels like to live with the ADHD mind, every day, over a lifetime, and which explanation best makes sense of that experience. And any debate that refuses to ask that question is not a serious debate about ADHD at all.

Note: I must acknowledge the input of Jacqueline Murphy into this post. I would not have known about the hard problem if she had not drawn my attention to it. This article would not have existed without our discussion of it.