

# **Representation of Attention Deficit Hyperactivity Disorder (ADHD) and Construction of Diagnosed Individuals' Identity in Institutional Discourse**

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# Abstract

This thesis studies how Attention Deficit Hyperactivity Disorder (ADHD) and the diagnosed individuals are represented in medical, educational and laypeople communities. Historically depicted by the media as a myth or benign condition (Barkley et al. 2002), ADHD is one of the most common diagnoses in childhood with potential lifelong effects (Kutcher et al., 2004:12).

This thesis considers the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-V) for the representation of ADHD in psychiatry, educational guidelines for its representation in the education community, and forum threads from *ADD Forums* for its understanding among parents of diagnosed individuals. Potentially stigmatizing lexicalisations and influences across the textual genres are also examined.

The analysis draws on the SFL transitivity framework (Halliday & Matthiessen, 2004), Appraisal theory (Martin & White, 2005), and cognitive approaches on metaphor and metonymy (Dirven, 2003; Radden & Kövecses, 1999). The data was manually annotated, and a pilot study of a sub-corpus addressed the consistency of the analysis.

Similarities in the representation of ADHD and the evaluation of diagnosed individuals are observed across the textual genres. Conceptual metaphor and metonymy analysis evidences complementarity in the understanding of extreme behaviour and inattention among the three social communities. Behaviour is conceptualised as a gradable entity, and scalability marks clinical significance. Lexicalisations of (in)attention show that the faculty of attention is understood as a spatial relationship of the individual with the surroundings. Overall, no evidence of linguistic stigmatisation was found in the corpus. This thesis supports studies that relate stigma with people's perceptions of behaviour rather than with diagnosis disclosure. This thesis proposes that evaluative inferences of human behaviour are metonymically motivated, establishing an EFFECT→CAUSE metonymy relationship among different parts of an action scenario.

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# Chapter 1

## Introduction

This thesis studies how Attention Deficit Hyperactivity Disorder (ADHD) and those diagnosed with it are represented in texts produced by the psychiatric, educational and family institutions. These institutions are attributed a major capacity for influencing the construction of individuals' identity and conditioning the experience of the diagnosis. The study draws on discourse analytic approaches and applies a qualitative linguistic analysis to a selection of texts, which are representative of the institutions examined. The linguistic analysis is grounded in Systemic Functional Linguistics (SFL), but it also includes a cognitive perspective, which is particularly appropriate for the study of semantics. This chapter offers an introduction to the study. Section 1 defines ADHD, it presents relevant work on the topic within discourse studies, notes some areas for further research, and introduces the research questions that have guided the thesis. Section 2 presents the linguistic perspectives adopted. Section 3 describes the specific texts analysed and some methodological considerations. Finally, Section 4 describes the organisation of the thesis.

### **1 Defining ADHD. Contextual background and research questions**

The American Psychiatric Association (APA) identifies ADHD as a Neurodevelopmental Disorder. This category includes conditions with onset in early development, characterized by personal, social, academic or occupational impairments (APA, 2013:31). Inattention is associated with inability to focus on tasks or conversations, lack of organization and negligence in everyday activities; hyperactivity is mainly identified with intrusiveness and verbal and kinetic incontinence (2013:32). ADHD is regarded as a lifelong condition involving academic, occupational, and social impairments. Its high index of comorbidity is frequently depicted as its major risk factor –up to 90% of the individuals diagnosed with ADHD have also received another diagnosis (Malamberg et al. 2011:1469). Along with depression, ADHD is one of the psychological conditions most commonly diagnosed in childhood (O'Driscoll et al., 2012:1055; Fine, 2006:175), with an official average rate of 5% of children and 2.5% of adults in most cultures (APA,

2013:61; Clark, 2012). ADHD has been attributed an active role in shaping children's self-understanding (Singh, 2007) and identity (re)construction (Rafalovich, 2004:119; Schmitz et al., 2003:398-399). Stigmatization is observed among children and adults and reported on an international scale (ADHD-Europe, 2009; Clark, 2012; Lebowitz, 2016:199; O'Driscoll et al., 2012; Mueller et al., 2012). Stigmatisation is also identified among parents of children with ADHD, with the mothers being affected the most (Mueller et al., 2012). This thesis argues that, alongside the prevailing biological perspective on ADHD, social-oriented research can also help us understand the condition insofar as the experience of ADHD is conditioned by social structures and practices.

The study draws on the discourse analysis tradition and holds a social constructivist position towards knowledge. Constructivism originated in 1935 with the publication of Fleck's *Genesis and Development of a Scientific Fact*, and was later fully developed by Kuhn. On this view, knowledge is to be regarded as a historical and social product. A socio-historical perspective toward mental illness can be traced back to Foucault's studies on the Western conceptualisation of 'madness' and 'abnormality' (1972 and 2001), commonly regarded as the foundation of discourse studies on mental illness. Discourse studies have sometimes criticised ADHD on the basis that diagnostic criteria presuppose social values. This critical stance resonates with the controversial opinions that ADHD has historically generated among the general population, the media, and part of the psychiatric community (Rafalovich, 2004:44). Laypeople and some clinicians denounce the validity of ADHD as a syndrome, alleging that the condition is over-diagnosed, misdiagnosed, and overtreated with psychoactive drugs (Buitelaar & Rothenberger, 2004; Rafalovich, 2004:76). The common identification of children as the main target has reinforced the controversy: ADHD is one of the few conditions diagnosed in childhood which is predominantly treated by medication (Fine, 2006:175). This thesis does not discuss the epistemological status of ADHD, and the clinical validity of ADHD as understood today is not put into doubt. Instead, it is concerned with how ADHD and individuals with the diagnosis are represented in different social communities, the assumption being that the experience of an illness or mental disorder is inseparable from its prevailing representation and how people understand it.

In discourse studies, ADHD has been examined from the sociological and ethnographic standpoints (Graham, 2007; Danforth & Navarro, 2001) but is still an under-researched topic in linguistics. Linguistic studies on ADHD have mainly focused on speech analysis of diagnosed individuals (see Fine, 2006, Chapter 6; Redmond, 2004;

Oram et al., 1999). The influence of medical and educational discourses on laypeople's constructions of ADHD has been explored in discourse studies (see Danforth & Navarro, 2001). However, the institutional representation of the diagnosis as generated in language, including potential stigmatizing articulations, is understudied. This thesis focuses on the following questions and addresses them from a linguistic-based discourse analysis:

- (1) How are Attention Deficit/Hyperactivity Disorder and diagnosed individuals represented in the psychiatric, educational and family institutions?
- (2) Does the data analysed present any evidence of influences across the different institutional discourses?
- (3) Does the data analysed present any evidence of stigmatization?

The linguistic analyses presented in this thesis are applied to the psychiatric, educational and family institutional text types, enabling a more comprehensive overview than is generally achieved by studying representation in one discourse type only. By examining the texts considered in the thesis, the study also advances research on mental illness stigmatisation, which has traditionally focused on mass media productions. The linguistic analysis allows one to reconceptualise ADHD-related behaviour, it enables a reappraisal of the linguistic enactment of ADHD stigma, and it raises awareness of the implications of the current institutional representations of ADHD for the social identity of the diagnosed individuals.

## **2 Theoretical and linguistic approaches**

The research is grounded in the Critical Linguistics (CL) approach to discourse studies. CL traditionally emphasised the need for a solid theory of language when performing linguistic discourse analysis (Fowler, 1996a:12 and 1996b) and understood 'criticism' as a 'defamiliarization' practice (Fowler, 1996b: 46&50). This understanding of 'criticism' is closer to the Foucauldian conception of discourse adopted in this thesis than other positions in Critical Discourse Analysis (CDA). Following Foucault (1969), discourse is understood as the categorizing system that conditions what we say and think about in a knowledge domain in a particular socio-historical context (1969:41&65). 'Criticism' is not understood as a positivist uncovering of truth but as the adoption of a stance of estrangement towards the ordinary (Fowler, 1996b:24&58) so as to raise awareness of unconscious assumptions embodied in linguistic instantiations.

Systemic Functional Linguistics (SFL) was originally adopted in CL (and later in CDA) due to its comprehensive account of language as a social phenomenon. SFL was regarded as the linguistic theory with most analytical potential (Fowler et al., 1979:188; Fowler, 1981:82&189), probably because it can tolerate new linguistic developments in its framework (Fawcett, 2010:viii; Butler, 2003:202). SFL adopts a stratified approach to language: phonology, lexicogrammar, and semantics in the Hallidayan model (Halliday, 1978:39). Each stratum constitutes a system of options, simultaneously generated in linguistic instantiations in compliance with the functional nature of language (Hasan, 1987:184). The stratified approach supports one of the central assumptions of SFL, the mutual predictability between language and context, from which follows the denial of arbitrariness between semantics and lexicogrammar and the hypothesis that language use and linguistic change are ultimately conditioned by context (Halliday, 1978:44). Linguistic choices are articulated according to the three linguistic metafunctions (ideational, interpersonal and textual), which operate simultaneously in language use. This thesis focuses on the ideational and interpersonal metafunctions and indicates their interdependence in the generation of representations.

In order to fully understand both the communicative and cognitive dimensions of language, CL stressed the need to incorporate pragmatic and cognitive-based accounts of language (Fowler & Kress, 1979:187; Fowler, 1996a:8&11; Fowler, 1981:189; Fowler, 1996b:15&134-5), a stance shared in this thesis. The suitability of Cognitive Linguistics for discourse analysis is maintained and evidenced in the discourse studies literature (see Hart, 2018 for a review). This thesis argues it is appropriate to combine SFL and Cognitive Linguistics to study how language works. In particular, the thesis analyses metaphor and metonymy to study representation in the semantics stratum. The integration of a cognitive approach with SFL analysis allows us to account for aspects of representation and evaluation that are understudied in traditional SFL-based research (e.g. figurative language), enabling an overall more fine-grained exploration of some linguistic phenomena studied in SFL –in this thesis, the generation of evaluation.

### **3 Methodology and data**

The thesis analyses representative texts produced by the three institutions under study. The psychiatric discourse is studied via an analysis of the chapter on ADHD in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-V). This manual includes



all the psychological conditions identified to date by the American Psychiatric Association (APA). The educational discourse is addressed via educational guidelines for primary and secondary teachers, written by experts on ADHD. The family discourse is studied via posts written by relatives of individuals diagnosed with ADHD (i.e. parents). The posts are taken from *ADD Forums*, a major online community for people diagnosed with ADHD and their relatives.

The analyses focus on the ideational and interpersonal dimensions of language and are divided by linguistic strata, i.e. lexicogrammar, semantics, and discourse semantics (evaluation). The analyses also examine the characteristics of each textual genre that most condition the representation enacted in each text. The analysis of the DSM explores the importance of modality to the representation of ADHD in the psychiatric discourse. The analysis of the educational guidelines examines the importance of directives in generating a representation of the students for the teachers. The analysis of the forum threads studies the importance of humour, the linguistic resources involved in humour generation and how this affects the representation of children with ADHD. The analyses of the lexicogrammar study the process types and (when relevant) the modality employed to represent ADHD-related behaviour. The study of discourse semantics focuses on the evaluation of behaviour and draws on Martin and White's framework of Appraisal (Martin & White, 2005). This thesis argues that it is appropriate to differentiate the semantics stratum from discourse semantics (i.e., the discourse semantics stratum defined in the Martinian model as an elaboration of the textual meaning does not exhaust the semantics stratum of the traditional Hallidayan model). The distinction makes it possible to argue for a more detailed study of lexis, frequently omitted in SFL. The traditional scarce attention to lexical representations and figurative language in SFL contrasts with the Cognitive Linguistics approach, which has taken the study of figurative language, and semantics more generally, as its major cornerstone. This thesis argues for the suitability of integrating a cognitive approach into the study of the semantics stratum, especially relevant for an examination of representation.

## **4 Organisation of the thesis**

The thesis is divided into nine chapters. The first two chapters examine the contextual and theoretical background of the study (Chapters 2 and 3). The literature review is followed by a description of the methodology adopted and the challenges encountered

during the analysis (Chapter 4). The rest of the chapters exposit findings, first by each discourse individually (Chapters 5-7), then in comparison (Chapter 8).

Chapter 2 establishes the general context of the thesis. The chapter is divided in two sections: the first focuses on mental illness as understood in general; the second is concerned with ADHD specifically. These sections offer a general historical overview of what mental illness and ADHD are understood to be, an examination of how they are addressed in discourse studies, and an overview of the different theories of stigma (i.e. the Modified Labelling Theory of stigma and psychology-based approaches) as applied to mental illness and ADHD.

Chapter 3 describes the approach to language adopted in the thesis. The chapter opens with an examination of critical discourse studies, namely, Critical Discourse Analysis (CDA) and Critical Linguistics (CL), and explores how social commitment and criticism are understood in the thesis vis-à-vis traditional CDA. It continues with a historical overview of Systemic Functional Linguistics. The chapter discusses the value of distinguishing semantics and discourse semantics strata as defined in the SFL Hallidayan and Martinian models, it discusses the importance of metaphor analysis for the study of representation, and it and argues for the suitability of incorporating a cognitive approach to account for the semantics level in SFL-based analyses.

Chapter 4 describes the three datasets analysed, and explains how the thesis applies the linguistic approach examined in Chapter 3. The chapter also discusses methodological challenges encountered during the pilot analyses and how they were resolved. In particular, the chapter describes how the Attitude framework of Appraisal was operationalised to be applied to the textual genres studied. The chapter addresses the distinction between Judgement and Appreciation attitude types, and between Affect and Judgement attitude types. It shows how the Appraisal analysis addresses the “Russian Dolls” issue (the challenge of distinguishing between different layers of evaluation), and it proposes redefining levels of attitude inscription for the evaluation of behaviour according to type of inference.

Chapters 5, 6 and 7 present the findings of the analyses of the three datasets (DSM, forum threads and educational guidelines). The three chapters describe the representation of ADHD and of diagnosed individuals by considering the behavioural traits associated with the condition (Inattention and Hyperactivity-Impulsivity) in the three strata examined (lexicogrammar, semantics and discourse semantics). Each chapter closes by

examining the characteristics of the textual genre of the text analysed, accounting for the influence of genre characteristics on the representations of ADHD and diagnosed individuals. Chapter 5 examines the employment of modality in the psychiatric genre to represent psychiatric conditions and explores how behaviour is conceptualised as scalable. Chapter 6 examines the different linguistic resources that trigger conversational humour in the forum threads (i.e. irony, hyperbole, anecdote, and speech projection), and outlines the pragmatic functions of humour in the informal context of an online forum. Chapter 7 considers the different strategies of recommendation giving included in the educational guidelines and how these may influence the portrayal of students with ADHD.

Chapter 8 compares the findings of the three analyses. The chapter opens by examining how ADHD is understood in the different social communities. The second section examines the representation of ADHD behavioural traits. It considers the representation of behaviour at the lexicogrammatical level; the scalable conceptualisation of behaviour revealed in the different texts; the inherent negative value associated with ADHD-related behaviour; and the shared conceptual ground in the representation of ADHD behaviour (revealed by the metaphor analysis). The third section discusses how references to ADHD are employed by the lay community to generate affiliation, and examines the importance of humour in promoting affiliation and evaluating the diagnosed individuals. The chapter closes by proposing that the invoked evaluations of human behaviour studied in this thesis are generated through a metonymic inference based on an EFFECT→CAUSE relation.

The concluding chapter summarises the contributions of the thesis and outlines some directions for future studies. The first section reviews its contributions to the literature on mental illness in discourse studies; the importance of humour for evaluation and the different interpersonal functions of humour identified in the analysis. The value of integrating a cognitive approach in SFL-based studies of language to address under-researched topics is also reiterated. The second section explores some directions for future research: integrating the findings of the analyses with previous studies on mental illness stigma so as to provide a coherent account of stigma in communication; exploring how humour functions in medical contexts and, in more general terms, in support groups for excluded social communities; and examining how conceptual metonymy contributes to the inference of evaluation. The latter point is particularly important for studies on stigma, and for research on conceptual metonymy as inferencing cognitive tool.

# Chapter 2

## Contextual Overview

### 2.0 Introduction

This chapter situates Attention Deficit Hyperactivity Disorder (ADHD) in the study of mental illness. Section 2.1 examines the psychiatric understanding of ‘mental disorder’ (2.1.1), mental illness stigmatisation (2.1.2), and reviews discourse analysis-oriented research on mental illness (2.1.3). Section 2.2 examines the biomedical account of ADHD (2.2.1), it contraposes the biomedical perspective to sociological-oriented research and examines the stigmatization identified with ADHD and diagnosed individuals (2.2.2). The chapter closes revising the discourse studies surrounding ADHD (2.2.3).

### 2.1 Mental illness

Mental illness as the subject of scientific study is frequently traced back to the eighteenth and nineteenth centuries, with the specialization of medicine and the constitution of psychiatry as a legitimate field of medical research (Shorter, 1997:1; Foucault, 1972:174&178). The nosology of mental disorders is relatively new, being first identified with the American Psychiatrist Association’s first publication of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM), in 1952. While there is widespread agreement on the experience of insanity or abnormality as a universal and transhistoric phenomenon in the history of humanity (Shorter, 1997:1; Pilgrim, 2007:544; Fabrega, 2007:131), disagreement remains over what constitutes abnormality and how it might be addressed. Such tensions had already manifested in the early days of psychiatry, a multi-theoretical area of study with psychodynamics as its leading approach. The co-existence of divergent methodologies led to the publication of the first DSM (1952) to standardize the diagnostic categories and facilitate communication within the psychiatric community (Sanders, 2011:395). Even today, what might be understood as a mental disorder, and how psychological conditions should be categorised, remains a discussion in psychiatry, manifesting in differing approaches to mental illness (i.e. biomedical, psychosocial, psychoanalytical, sociological) (Shorter, 1997:26) and echoing perennial concerns with

the normative nature of psychiatry (Pilgrim & Rogers, 2005:2554; Fabrega, 2007:147). The object of study of science is assumed to be objective, independent from the social factors surrounding the research. In psychiatry, questions regarding how abnormal behaviour should be understood are ultimately inseparable from the socio-historical conditions in which the abnormality is established as a medical condition. This dependence on social values has been a source of criticism throughout psychiatry history.

In the 1960s and 1970s, the objectivity of psychiatry was called into question by the anti-psychiatric current, associated with Szasz, Laing, Scheff, Lemert, Goffman and Foucault (Pilgrim, 2007:538; Sedgwick, 1982:25). Although this movement's leading personalities included psychiatric practitioners (Szasz, Laing), it is associated with a sociologic approach and politically-based criticism (Pilgrim, 2007:538). Anti-psychiatry was a reaction to the increasing numbers of psychiatric diagnosis and administration of drugs; it claimed that bad practices in the psychiatric discipline, referred to as a 'modern form of social control', needed addressing (Szasz, 1971:xxi). It also raised doubts about the universalist status of the psychiatric diagnosis, by arguing that categorizing an individual as 'mentally ill' is ultimately based on the social meanings attached to behaviours regarded as symptomatic (Sedgwick, 1982:4&25; Shorter, 1997:273). Szasz, for example, emptied the diagnoses of their medical condition, downgraded to "problems of living" only to be accounted for in relation to cultural judgements and moral values (Szasz, 1971:xxvi; Szasz, 1960:114).

The general anti-psychiatrist criticism of psychiatric knowledge takes for granted the objective validity of medical understanding surrounding physical illness and is ultimately grounded in assumptions of a mind-body dualism, a constitutive element of Western medicine (Fabrega, 2007:145; Pilgrim, 2007:540; Sedgwick, 1982:28). It fails to acknowledge the social construction of the concept of "illness", specifically the meaning attributed to observable events which can be examined and comprehended (Sedgwick, 1982:30). Acknowledging the social construction of medical concepts, such as 'mental illness', and our dependency on them to make sense of the world does not entail depriving mental illness of its medical legitimacy.

Criticism from anti-psychiatrists generated unrest over the reliability of psychiatric diagnoses (Sanders, 2011:397), serving as impetus for the revision and medicalization of the psychiatric field, leading to the publication of the third edition of the DSM in 1980. The DSM-III shifted from the psychodynamic model to the Kraepelin's model of psychiatric diagnoses. Kraepelin's model followed a naturalist approach:

symptoms were understood as the expression of biological and inheritable diseases of the brain or the nervous system, and conditions were described in terms of an onset, a course and an outcome (Pilgrim, 2007:537; Ban, 2006:431&437). In the 1950s, the first psychotropic drugs were employed to treat psychotic disorders (Ban, 2006:432; Horwitz, 2011:429). Psychotropic drugs were regarded as syndrome-specific and required to standardise nosology and diagnostic criteria (Ban, 2006:434; Sanders, 2011:395). The psychodynamic approach, grounded in psychoanalysis, did not fit this new tendency. Following the discovery that the human brain and behaviour could be chemically altered, the new fields of neurobiology and neuropharmacology gained influence, reorienting the discipline towards the biomedical model (Ban, 2006:434). Presented as an atheoretical symptom-based description of all mental disorders identified to date, the DSM-III operationalized the diagnostic process and established a single nosology that ensured a shared understanding among clinicians (Ban, 2006: 434; Horwitz, 2011:427; Buitelaar & Rothenberger, 2004:i2; Sanders, 2011:397).

The biomedical model assured psychiatric legitimacy by bringing the discipline closer to the broader spectrum of medical science (Deacon, 2013:846&849). Still, while mental disorders are identified with diseases of the brain or the nervous system, they are defined through clusters of symptoms instead of definite biomarkers (Gornall, 2013; Schwartz & Corcoran, 2010:66). Fundamentally, mental disorders constitute nosological entities understood as patterns of symptoms that represent potential expressions of the condition. Concerns have been raised about the grouping of symptoms into ‘disorder categories’; these have sometimes been accorded a certain degree of arbitrariness and overlap in their descriptions (Shorter, 1997:296).

The 2013 publication of the fifth and latest edition to date of the DSM brought a substantial change to the conceptualization of mental disorders that did not meet without controversy among the psychiatric community (Gornall, 2013). Genetic and scientific research increased the empirical evidence of the flexible boundaries of mental disorders. This hindered the integration of new findings with the classification employed so far (perceived to be too narrow), escalated the rate of comorbidity (two or more disorders presented together), and escalated the employment of the “Not Otherwise Specified” (NOS) category (applied when the diagnostic criteria is not met completely) (APA, 2013:5&12). These difficulties were blamed for lowering the thresholds of the diagnosis (Busfield, 2012:587). The DSM-V replaced the NOS category by the “Other Specified Disorder” and the “Unspecified Disorder” categories, in which the clinician can choose

to specify the reason why not all the diagnostic criteria are met. These categories acknowledge a lack of comprehensiveness in the definitions of symptoms (APA, 2013:19), and allow access to treatment in those countries where individuals require a formal diagnosis (Busfield, 2012:587). The proliferation of diagnostic categories has been attributed to the need to exclude false-positive diagnosis (diagnosed individuals who are not suffering from the condition) (APA, 2013:12).

The new DSM-V adopts a dimensional approach: previously differentiated diagnoses are merged and conceptualized as a spectrum such as autism and sexual dysfunctions (APA, 2013:7). This spectrum diagnosis has been described as more “functionally specific” (Sanders, 2011:401). However, a criticism of the dimensional model has been the expansion of an over-inclusiveness already denounced in the DSM-IV, increasing false-positive diagnosis (Wakefield, 1997:633). Over-inclusiveness also entails a potential pathologization of ordinary extreme behaviours, leading to redefine the concept of normality (Sanders, 2011:399; Gornall, 2013; Deacon, 2013:852; Nadkarni & Santhouse, 2012:118). While the new dimensional approach is more reliable for research, it has been argued that it might nonetheless complicate the diagnostic process. The spectrum approach entails gradation, but the diagnosis carries a cut-off point that appears arbitrary (Wakefield & Schmitz, 2010:44).

Subsection 2.1.1 examines the definition of mental disorder in the DSM-V; it shows how the orthodox psychiatric definition is not devoid of internal tensions and evaluates the major objections to it: the need for contextualizing the symptoms, the cultural dependency of psychiatric diagnoses, and its consequences for the trans-cultural applicability of the nosology. Subsection 2.1.2 examines the stigmatization of mental illness and considers the most common approaches adopted in stigma research. Subsection 2.1.3 revises research on mental illness in the field of discourse studies.

### **2.1.1 Mental disorder in the DSM-V**

The DSM-V defines “mental disorder” as a “syndrome characterized by *clinically significant disturbance* in an individual’s cognition, emotion regulation or behaviour that reflects a *dysfunction* in the psychological, biological, or developmental processes underlying mental *functioning*”, and excludes any “*expectable* or *culturally approved* response to a common stressor or loss” and “socially deviant behaviour [...] and conflicts between the individual and society” (APA, 2013:20; emphasis added by author). Three

main factors stand out from this description: (1) an emphasis on “clinical significance” as a determinant condition for the diagnosis; (2) the adoption of a functionalist perspective; and (3) the distinction between mental disorders and extreme but ordinary forms of conduct, or conducts in opposition with social norms. Points (1) and (3) are related to the need for identifying a marker that enables one to determine what conducts are to be regarded as pathological and those which constitute ordinary behaviour; point (2) raises concerns about the notion of normality as opposed to the dysfunctions regarded as signs of a disorder. These three aspects ultimately lead to the preoccupation about the cross-cultural applicability of the DSM nosology.

The specification “clinically significant disturbance” echoes the necessity to draw a line between extreme ordinary values of distress and patterns of behaviours which constitute diagnosable symptoms. This specification adds a qualitative differentiator to enable the distinction, and the differentiator factor is eventually based on the professional criteria of the practitioner. Wakefield identified the statement “clinical significant disturbance” as a requirement for assessing a behaviour as pathological in DSM-IV (Wakefield, 1997:641), employing the description as a threshold elevator for the application of the diagnostic criteria. In describing the ‘Other Specified’ and ‘Unspecified’ categories for the ADHD diagnosis, the DSM-V employs the wording as differential criteria to delimit clinical behaviour: the individual should present “symptoms characteristic of attention deficit/ hyperactivity disorder that cause clinically significant distress or impairment in social, occupational or other important areas of functioning [...]” (APA, 2013:65&66). Such wording, Wakefield would say, does not increase *per se* the validity of the diagnosis, but implies an appeal to the practitioner’s criteria and entails a descriptive circularity, for the social and/or occupational impairment of the individual has already been largely exemplified in the diagnostic criteria of the symptoms (Wakefield, 1997:642). However, the DSM-V’s raising of the diagnosis thresholds seems debatable, and the question of what is clinically significant remains unanswered.

The functionalist approach of the DSM has generated applause and concern among mental health researchers. The main difficulty in addressing the presence of a dysfunction as determinant factor for a diagnosis is the absence, in the DSM, of any description of what a dysfunction is understood to be. It is not clear whether ‘dysfunction’ is understood as a descriptive or a causative explanatory concept. ‘Dysfunction’ can either be understood as the presence of some internal biological abnormality, as supported by Wakefield and the biomedical approach (1997:635), or as abnormal acting in terms of



deviation from the normative standard. If standardized behaviour is understood as being determined by cultural norms, 'dysfunction' implies a cultural judgement, as supported by Canino and Alegría (2008:238). In the first case, using 'dysfunction' as the cause of the pathological behaviour implies a biologization of a symptomatic behaviour. In the second case, using 'dysfunction' as a differential marker entails the naturalisation of the behaviours regarded as standard in the culture where the diagnosis is defined.

The requirement of differentiating the 'problems of living' from clinical conditions is a recurrent issue in the DSM. "Culturally expectable and/or approved" extreme reactions or behaviours and personal conflicts between the individual and the social group are excluded from diagnosis (APA, 2013:20). Taking greater consideration of the context in which the symptoms appeared so as to relate the problematic behaviour to potential triggering circumstances has been suggested as a measure to distinguish between behaviours that constitute expected deviations from what is socially acceptable, and behaviours that are a result of dysfunction (Wakefield, 1997:633; Wakefield & Schmitz, 2010:30; Canino & Alegría, 2008:238). The decontextualization of the symptoms and the potential pathologization of regular extremes have been raised as a criticism of the DSM-V by professionals of psychiatry (Gornall, 2013). While this decontextualization may pursue the universality of the APA nosology, the diagnostic criteria described in the DSM occasionally seem to belie the independence of diagnosis from cultural normativity, eventually relating the criteria to socially disapproved behaviours (Wakefield, 1997:635; Wakefield & Schmitz, 2010:33).

This concern for the cultural sensitivity of DSM nosology is one of the major criticisms raised against the psychiatric discipline by the sociological approach to mental illness and it has been addressed by the fourth and fifth editions of the DSM (Lewis-Fernández et al., 2014:130). The DSM-V acknowledges the importance of cultural factors in establishing a diagnosis ("the judgement that a given behaviour is abnormal and requires clinical attention depends on cultural norms") and the existence of divergent thresholds of tolerance in different cultures (APA, 2013:14). This tension between the necessity to account for the importance of cultural elements in determining pathological conditions and the universality implied by the biomedical approach is echoed in the DSM: "in the absence of clear biological markers or clinically useful measurements of severity for many mental disorders it has not been possible to completely separate normal and pathological symptom expressions contained in diagnostic criteria" (APA, 2013:21).

The psychiatric discipline's shift towards acknowledging a culturally sensitive form of nosology raises concerns about the Western-based universality of the DSM and the actual possibility of a cross-cultural application (Thakker & Ward, 1998:501; Nadkarini & Santhouse, 2012:118; Brown et al., 2011:939; Canino & Alegría, 2008:239; Shorter, 1997:303). Concerns have been raised about cultural-bound syndromes: disorders which are mostly diagnosed in Western cultures (Thakker & Ward, 1998:504). The alarm about cultural-bound syndromes is intensified by observations of socio-political pressures as having been decisive factors in determining the inclusion and exclusion of disorders in the DSM. Homosexuality, Post-Traumatic Stress Disorder and Premenstrual Dysphoric Disorder are the most paradigmatic examples (Shorter, 1997:305; Brown et al., 2011:941; Nadkarini & Santhouse, 2012:118). The first one was excluded, in great measure, due to protests from the homosexual community; the other two were included as a result of pressure from veterans of the Vietnam War and their supporting organizations, and feminist groups respectively.

This interference of sociological forces in the classification of psychiatric conditions has raised concerns about the scientific legitimacy of the criteria adopted for (de)pathologizing human behaviour (Shorter, 1997:304; Brown et al, 2011:941), and use of the DSM as the gold standard of psychiatry, alleged to be socio-politically and economically driven (Nadkarini & Santhouse, 2012:118; Pilgrim, 2007:538). The concerns about the cross-cultural applicability are underlined by the poor correspondence of the prevalence rates of some conditions across cultures; ADHD is included among those disorders with the poorest concordance across different cultures (Nadkarini & Santhouse, 2012:118; Canino & Alegría, 2008:240).

### **2.1.2 Stigma and stereotyping of mental illness**

Social approaches to mental illness stress the relationship between the representation and experience of mental illness and stigmatization. Mental illness, together with homosexuality, HIV-AIDS, obesity and leprosy, constitutes one of the paradigmatic areas of study in medical stigma research (Pescosolido et al. 2008:431; Hinshaw, 2005:714), frequently attracting greater public disapproval than physical illnesses (Rüsch, et al., 2005:530). Mental illness stigmatization is constructed around four different dimensions: concealability (the perception of a mental disorder as a hidden condition), chronicity,

general association of the disorder with social threat, and controllability of the deviant conduct: the more the behaviour is associated with controllable causes, the more blameful the individuals are perceived to be (Hinshaw, 2005:716). Studies on mental illness stigmatization are especially concerned with public attitudes towards diagnosed individuals. Such attitudes are measured by attitude scales, social distance, and the semantic categories employed to design the diagnosed individuals and disorders (Hinshaw, 2005:719). General attitudes toward individuals with a psychological diagnosis are attributed three main characteristics that ultimately endorse the perpetuation of stigma: benevolence, authoritarianism and fear (Corrigan et al., 2005:180). Mental illness stigmatization is reported as an enduring reality in everyday life, perceived both among adults and children (Hinshaw, 2005:714; Mukolo et al., 2010:97; Rüsche, et al. 2005:532). The stigmatization is evidenced in customary linguistic expressions already embedded in infant language (e.g. “crazy”, “psycho”, “mad”), and in the usual depiction of mental illness in popular media (Hinshaw, 2005:720; Pescosolido, 2008:433). The direct effect on individuals seeking treatment, personal relations and their educational and professional lives, and the impact on mental health research funding and public perception makes mental illness stigmatization a central topic of social and expert concern (Hinshaw, 2005:714; Corrigan et al., 2005:180; Mukolo, 2010:92&99).

Goffman's *Stigma* (1963) is widely recognised as the seminal work in pioneering stigma as topic of research (Bos et al. 2013:1; Link & Phelan, 2010:576; Pescosolido et al. 2008:431). According to Goffman, stigma constitutes a discrediting attribute that becomes a stigmatizing mark in the relations enacted between different individuals in specific social settings and epochs (Goffman, 1990:13&45). Understood as a deviation from the social expectations, stigma is inherently normative (1990:15&151). Its association with social norms turns it into an endemic social feature, since all societies are constituted by norms relating to the identities of its members (1990:155). Goffman described stigma as pervasive: it constitutes the prism through which non-stigmatized and stigmatized individuals interpret the actions of the latter, thus becoming the foundation of self-representation (1990:40). The pervasiveness of stigma is also reflected in the stigmatisation of close relatives or intimates of the stigmatized individuals (“courtesy stigma”) (1990:44).

Today, stigma constitutes a multidisciplinary field of study; sociology, and cognitive and social psychology are the main approaches (Link & Phelan, 2001:365; Yang et al., 2007:1533). Social psychology principles are frequently adopted in anti-

stigma campaigns (Mukolo et al., 2010:100, Hinshaw 2005:714). However, in characterising 'stigma', there is still a tendency to turn to Goffman's definition due to the coexistence of different depictions of the phenomenon (Link & Phelan, 2001:364). 'Stigma' is identified with 'labelling', with the negative stereotypes attributed to the label, and with its discriminatory effects (Link & Phelan, 2010:577). 'Stigma' is occasionally considered together with 'prejudice' (Phelan et al., 2008:365), although 'prejudice' is associated with intergroup control and exploitation, and 'stigma' with norm enforcement, regarding identity or conduct (Bos et al., 2013:2). Social psychology has distinguished three components of stigma: stereotyping (cognitive process through which an individual is regarded in terms of specific attributes), prejudice (negative prejudgements attached to out-members of a group), and discrimination (limitation of the power and/or rights of the discredited group) (Rüsch et al., 2005:530). Since stigma may also involve internalising the degradation, it comprises both social and psychological processes (Hinshaw, 2005:715).

Some of Goffman's main insights on stigma are supported by the literature: stigma as basis for self-representation; the presence of 'courtesy stigma'; 'rejection' and 'devaluation' as components of the habitual experiences of stigma (Mukolo et al., 2010:93); and stigma as a universal socio-historical phenomenon (Hinshaw, 2005:720; Yang et al. 2007:1528). One of Goffman's central assumptions was the possibility to study 'stigma in general', omitting all the attributes of the stigmatised individuals except the stigma itself (Goffman, 1990:174). This assumption has been questioned and qualified as stigmatizing in itself (Hinshaw, 2005:727).

In an attempt to draw a profile of mental illness stigma, Sadler and colleagues propose that social judgements about the stereotypes assigned to each diagnosis be analysed according to the perceived intentions (or "warmth"), and perceived capability (or "competence") (Sadler et al., 2012:916). The authors distinguish four forms of stigmatization among four groups of mental disorders: those perceived as (1) incompetent and hostile (schizophrenia, multiple personality), (2) competent but hostile (sociopathy), (3) incompetent but warm (neuro-cognitive disorders), and (4) middle warm and competent (anxiety, mood disorders) (Sadler et al., 2012:919). Stereotypes surrounding mental illness are based on the first two groups, whose symptoms are visible and related to the individual's intentions and self-control (Sadler et al., 2012:920). This observation matches the stereotypical attributes associated with mental illness: dangerousness, incompetence and character weakness (Corrigan et al, 2005:181; Mukolo et al. 2010:93),

which have popularized the idea that a mental disorder entails potential violence, unpredictability, lack of self-control, and irrationality (Hinshaw, 2005:716). The ‘danger stereotype’ is reflected on research on mental illness stigmatization, which usually focuses on disorders with externalizing behaviours, and it tends to permeate all ordinary perceptions of mental disorders (Mukolo, et al. 2010:94).

The major development of Goffman’s conceptualization of stigma is Scheff’s Labelling Theory and Link and colleagues’ modified version, specifically designed for application towards mental illness. The Modified Labelling Theory (MLT) conceptualises stigma as being constituted by labelling process, the stereotyping (here understood as the association of difference with negative evaluations), the establishment of an “Us and Them” distinction, and the loss of social status and discrimination (Link & Phelan, 2001:367-371). This emphasis on discrimination is regarded as an improvement on the individual-centrism observed on Goffman-based studies, which often understand stigma as attributes possessed by the stigmatized individual instead of a set of relations enacted by social actors (Link & Phelan, 2001:366; Yang et al. 2007:1524). The importance of social factors informs much of the current research on stigma, particularly in sociological-oriented studies. Stigmatisation has been based on community normative expectations and individual factors (e.g. the individual’s psychology and social networks) (Pescosolido et al., 2008:433). The social-cognitive models developed in social psychology also consider the social and economic factors that influence stereotyping as a cognitive process, and the association of stereotypes with negative emotions or prejudices (Rüsch et al., 2005:531).

Labelling theories have been criticised for overestimating the importance of the ‘labelling’ in stigmatization. The original Labelling Theory understood the labelling itself as causative of deviant behaviour in which individuals labelled and treated as deviant eventually become deviant (Thoits, 2010:120). MLT does not understand the labelling as deviance-causative, but it views it as promoting negative social consequences, including fewer social networks, reduced employability, and lower self-esteem (Link & Phelan, 2010:573; Link et al. 1989:403-4). Following MLT, individuals with a psychological diagnosis generate expectations based on their knowledge of the diagnosis. The more a diagnosis is associated with social rejection and discrimination, the more likely is for individuals to perceive the rejection as applicable to them, which may promote diagnosis secretiveness and treatment withdrawal (Link & Phelan, 2010:573&574; Link et al., 1989:403). MLT also recognises the positive effects of diagnosis in promoting treatment

(Link & Phelan, 2010:577&578). However, the strongest dissociation of the 'label' from stigma is seen in social psychology research.

Despite labelling theories' popularized belief that diagnoses may be stigmatizing in themselves, it is often not the label of the diagnosis that results in stigma but the deviant behaviours of the psychological condition (Hinshaw, 2005:720). The employment of psychiatric or lay mental health terms to refer to the diagnosis is associated with low stigmatizing effects, and the correlation between labelling and stigma is reported to be stronger for the formation of self-stigmatizing beliefs than for the opinions of others (Wright et al., 2011:503). The label of a mental disorder tends to carry stigmatization when the condition is ordinarily attributed violence and dangerousness (Hinshaw, 2005:720). This is the case for schizophrenia and psychosis (Wright et al., 2011:504). Social psychology research has shown that a mental disorder diagnosis does not always entail an internalization of stigma and decrease in self-esteem: sufferers can be empowered by the stigma or remain indifferent to it (Corrigan et al. 2005:181; Rüsch et al., 2005:533). Diagnosis can also be empowering for the close relatives of the diagnosed individuals and the individuals themselves. In contrast to the traditional association of childhood mental disorders with faulty parenting, biomedical discourse stresses the importance of biological causes and the lack of volitional control over the deviant conducts (Hinshaw, 2005:716). The decline of the punitive attitude toward mental disorders has diminished parental blame and increased the likelihood of seeking treatment –ADHD stands as a paradigmatic example (Hinshaw, 2005:719&722).

On this basis, anti-stigma organizations promote the biomedical discourse to reduce the blame customarily attributed to diagnosed individuals and encourage the view of pathological conducts as non-volitional behaviour to counter the desire of social distance (Kvaale et al., 2013:783).<sup>1</sup> This promotion of biomedical explanations has resulted in laypeople's adoption of biomedical discourse as their conceptual frame for understanding mental disorders (Kvaale et al., 2013:783). Biomedical explanations have also been attributed the promotion of an essentialist view of mental illness. The absence of volition fosters a perception of dangerousness as inevitable: it stresses the inability of self-control, increases public pessimism regarding mental illness prognosis, and promotes a view of disorders as chronic, incentivising intolerant attitudes (Kvaale et al., 2013:790;

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<sup>1</sup> See Pilgrim & Rogers (2005:2550) for a criticism of the recurrent re-framing of mental illness stigma as a medical (instead of social) phenomenon in anti-stigma campaigns, regarded as a result of the tendency to take diagnostic categories as given facts.

Canadian Health Services Research Foundation, 2013:191). Studies on stigma have evidenced that, contrary to expectations, more knowledge of mental disorders does not always come with a diminishment of stigma, stereotypes and prejudice (Hinshaw, 2005: 714&723; Pescosolido, et al., 2008:432). Occasionally it has increased public fear and social distance from individuals with mental disorders associated with violent symptoms (Corrigan et al., 2005:180). Thus, stigma continues to be a reality in many mental disorders and in the general social perception of mental illness.

This thesis contributes to the literature on stigma by examining how experts and lay communities evaluate ADHD. Following social psychology approaches, stereotyping is understood as a basic cognitive process that enables the rapid assignation of specific attributes to individuals. Contrarily to the labelling theories, stereotypes are not regarded as negatively value-laden in themselves. Stigmatization is grounded in prejudice, the attribution of negative values to the stereotyped characteristics, and the behavioural (and linguistic) expression of negative evaluations.

### **2.1.3 Mental illness in discourse studies**

The study of mental illness in discourse studies is frequently traced back to Michel Foucault, one of the pioneers of discourse studies as a field of research. Foucault is considered one of the most influential authors in deconstructing the Western conceptualization of ‘madness’ by examining its relationship with the legal system (Parker et al. 1995; Foucault, 2001; Foucault, 1972). Of note is the link between mental illness with individuals’ conducts and volition, associated with the French Penal Code of 1810<sup>2</sup> (Foucault, 2001:89). Felonious actions would be judged as criminal acts if executed voluntarily; in lacking a conscious execution, the individual would not be punished but administered due care and correction (ibid.). The need of psychiatric reports to determine the nature of the infraction brought together the legal and psychiatric systems (2001:27-28). The association of mental illness with the penal system institutionalized a double discourse (medical and moral) on mental illness. On the one hand, ‘insanity’ was understood as illness and the abnormal individual as someone in need of treatment; on the other hand, ‘insanity’ was ethically condemned, and the lack of adjustment to social

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<sup>2</sup> See Article 64 (about penal irresponsibility) "Il n'y a ni crime ni délit, lorsque le prévenu était en état de démence au temps de l'action, ou lorsqu'il a été contraint par une force à laquelle il n'a pu résister" –retrieved from [www.legifrance.gouv.fr](http://www.legifrance.gouv.fr)

norms was considered an ethical offence (Foucault, 1972:178 and 2001:27). Although Foucault did not equate ‘discourse’ to language and refused to identify its study with the study of language (Foucault, 1969:70&71), his work influenced the development of different approaches to discourse studies, including linguistics. Foucault’s emphasis on the study of the ‘objects of discourse’ (what can be known in a specific knowledge field) and the positions individuals hold in the social practices have been especially influential.

Discourse studies have traditionally examined representations of mental illness and diagnosed individuals in mass media. The impact of media on laypeople’s understanding is largely recognized. More recently, institutional texts have also been considered to be of paramount importance in establishing a frame for the everyday social practices and canonical representations of the phenomena. Current discourse studies on mental illness present three main themes:

- (i) Mental illness representation in the media (both written and audio-visual),
- (ii) Institutional discourses on mental illness (governmental policies and psychiatric discourse),
- (iii) Alternative discourses associated with mental illness, relatively recent or not commonly considered in conjunction with mental health.

Studies on media representation of mental illness have traditionally focused on newspapers articles (Bilić & Georgaca, 2007; Coverdale et al., 2002; Nairn et al., 2001 and Nairn, 1999). The studies reveal a generally negative image ascribed to mental illness in news coverage characterized by its correlation with dangerousness, criminality, vulnerability and unpredictability (Coverdale et al., 2002:698; Bilic & Georgaca, 2007:181; Nairn et al, 2001: 654). Individuals with psychologic diagnoses are portrayed as having aggressive and threatening personalities (Nairn, 1999:588).

Schizophrenia, depression, alcohol and drug abuse are the most commonly reported diagnoses in news coverage, which tends to portray mental illness as a general phenomenon, without clear specifications of the disorders being referred. This may contribute towards perpetuating stereotypes of psychological conditions as a solid unitary group (Coverdale et al., 2002:697-699; Bilić & Georgaca, 2007:170). Studies on printed media highlight a tendency to disregard or re-frame the sources of information, which may result in thematic changes with stigmatizing effects (Coverdale et al., 2002:697; Nairn et al, 2001:654). Periodicals prefer laypeople’s narratives to professional



explanations, which generally present mental disorders in a more positive light. Such preference has been attributed to the journalistic need of newsworthiness, customarily generated by emphasizing conflict and deviance (Nairn et al., 2001:654; Nairn, 1999:583).

Analyses of mental illness representations in prime-time screenings suggest that portrayals of disorders and diagnosed individuals in TV programmes are more influential than those in films (Diefenback, 1997:300). The studies support the negative views of printed media, and the association of mental illness with violence and criminality (Diefenback, 1997:289). Both adult and children media promote negative representations of mental illness as a general and unified condition (Coverdale & Nairn, 2006; Wilson et al., 2000:442). Children's animated and non-animated programmes associate mental illness with non-human and violent or illogical characters, commonly depicted as villains or irrational comedic personalities with little self-control (Wilson et al., 2000:442; Coverdale & Nairn, 2006:85).

Discourse studies on media productions have also examined the attitudes of mental health service users toward practitioners (e.g. Bischoff & Reiter's (1999) study on how practitioners' gender influences the relationship with the patients in movies), and the representation of children's mental health (Clarke et al., 2016). North American women's magazines have reportedly depicted mental disorders as a risk that responsible mothers should be vigilant about (Clarke et al, 2016:397), and tacitly portray children with mental disorders as "unsuccessful" and "non-nice" (2016:391&393).

Among institutional texts, psychiatric and governmental policy discourses are the ones that have received major attention.

Practitioners' conceptualisations of mental illness are commonly studied via analyses of semi-structured interviews with practitioners and interactions between patients and clinicians (Lofgren et al., 2015; Zeeman & Simons, 2011). Patients and clinicians show ambiguous views on mental illness: patients may present spiritual views and clinicians display an amalgam of biomedical, psychological and more humanistic perspectives (Lofgren et al., 2015:478-479; Zeeman & Simons, 2011:719).

Analyses of interviews with mental health professionals have evidenced a general discomfort with the orthodox medical definition of mental disorder, perceived as evoking cultural values (i.e. Mental Health Act, 1983, amended in 2007, Buckland, 2014:54). Negative evaluations have also been identified in records of mental incompetence

declaration in court (Marchese & Celerier, 2017). Marchese and Celerier's Appraisal Theory-based analysis of legal and administrative proceedings documents reveals that wordings with emotive meanings in legal texts can have significant persuasive effects (Marchese & Celerier, 2017:46). The passing of the Mental Health Act in 2010 coincides with a shift in (in)competence conceptualization: shifting from a dichotomous representation (negative judgements formulated with expressions and prefixes of absence) to a more scalar one that mitigates the clear-cut distinction of competence-incompetence (2017:55).

Policy documents pre- and post-2010 reveal a switch in the understanding of children's mental health (Callaghan et al. 2017). From being understood as a phenomenon of universal concern that is closely linked to socioeconomic factors (2017:115), post-2010 policies show a biomedical understanding of mental health, detached from socioeconomic conditionings, and frame it in the logic of austerity: mental illness prevention is necessary for a reduction of social expenditure (2017:115-118). The prominence of biomedical discourse and the emphasis on diagnosis in policy documents are interpreted as a move towards an understanding of mental health as a something concerning the individual, shifting the responsibility from the state to the affected people (2007:121&123).

Policy and governmental documents increasingly employ the term 'service user' when describing mental health patients, who are hardly ever labelled as 'people', 'patients' or 'sufferers' (Hui & Stickley, 2007:420-421). Turning patients into consumers has shifted focus onto notions of involvement and participation, increasing focus on patient's influence and the adoption of an individualistic framework (Hui & Stickley, 2007:417; Ynnesdal Haugen et al., 2016:202). Patients' resistance to involvement is often perceived by health service providers as irresponsibility (Ynnesdal Haugen et al., 2016:200&201). Linguistic analyses of consultation proceedings reveal that patients' agency is often illusory, with decisions regarding treatment appearing to have been made before any consultation with the patients has taken place (2007:421). Policy discourse also presents a dubious attribution of power to the 'service users', who are depicted either as people with problems, or as a problem in themselves for the community (2007:422).

Studies on mental disorders representation according to gender differences (Scholz et al, 2017) and on the employment of religious terms in personal experiences of mental illness (Andersen et al., 2013) have evidenced the importance of sociocultural factors in mental health understanding and recovery. Depression, for example, is reported

as harder to diagnose in men than women, partly because men tend to perceive help seeking as contradicting traditional masculinity (Scholz et al., 2017:728&733). Andersen and colleagues' analysis of autobiographies which date from the beginning of the twentieth century to the 2000s reveals a significant use of religious terms in self-portrayals of the conditions (Andersen et al., 2013:789).

The majority of the studies presented consider mental illness as a general phenomenon. This approach may be appropriate when examining governmental policies, psychiatric depictions of 'mental disorder', or the general image of mental illness within the media. Studies on the representation of particular conditions are nonetheless necessary to avoid generating a misleading homogeneous image of mental illness and of the diagnosed individuals.

#### **2.1.4 Linguistic approaches to discourses of mental illness**

There has been much linguistic research applied to health and health communication, mental illness inclusive. The study of mental illness and particular psychological conditions has been a growing concern among linguists working with discourse since the beginning of the 2000s, potentially reflecting a broader social trend. Linguists have studied first and third person accounts of psychological conditions, focusing on both mental illness "in general" (see, for example, Atanasova et al, 2019a and Atanasova et al 2019b for a review) and specific diagnoses. The conditions that have received major attention in linguistic studies are depression (Koteyko & Atanasova, 2018; Brookes and Harvey, 2016; Charteris-Black, 2012; Hunt & Carter, 2011; Rude et al, 2008; Pritzker, 2003; Levitt et al, 2000), Obsessive Compulsive Disorder (OCD) (Campbell & Longhurst, 2013; Knapton 2015, 2016 and 2018; Knapton & Rundblad, 2018) and autism (Semino, 2014a, 2014b; Broderick & Ari Ne'eman, 2008). Other conditions that have received attention are dementia (Harvey & Brookes 2019a; Brookes et al 2018), anorexia nervosa (Knapton, 2013; Skårderud, 2007), schizophrenia, especially in relation to voice hearing hallucinations (Demjén et al, 2019; Demjén & Semino, 2014) and, anecdotically, Attention Deficit Hyperactivity Disorder (ADHD) (Danforth & Kim, 2010). According to the type of data analysed, we can distinguish the following five main types of studies:

- (i) Study of representations of mental illness and psychologic conditions in the media, including newspapers and social networks. See, for example, Atanasova and colleagues (2019a) for a study of the representation of mental illness in local British newspapers; Brookes and colleagues (2018) for a study

of the representation of dementia in British leading newspapers; Harvey and Brookes (2019a) for a multimodal study of stock images employed to represent dementia in the media; and Koteyko and Atanasova (2018) for a multimodal analysis of the tweets with the hashtag “What you don’t see”, posted as part of the campaign Blurt it Out for the Depression Awareness Week of 2006.

- (ii) Study of texts written by individuals with a psychological diagnosis in order to see how the condition is conceptualised by those who suffer it. The provenance and original purpose of the texts are diverse. Scholars have studied texts written for medical-related websites (see Brookes & Harvey, 2016 for a report of two studies about depression and self-harm in medical-support websites); online support groups (see Campbell & Longhurst, 2013 for an analysis of forums and blogs written by people with OCD, and Knapton, 2013 for a cognitive linguistics-based analysis of pro-anorexia websites); autobiographies written by people with a specific diagnosis (see Demjén & Semino, 2014 for a study of an autobiography of a person with schizophrenia, with particular attention to the voice hearing reports); and texts written for the specific research purpose (see, for example, Rude and colleagues’ (2008) experimental study of essays written by college students with and without depression).
- (iii) Study of interviews with diagnosed individuals. As the study of texts written by the individuals with the psychological condition, the study of interviews also allows for first-person accounts of the diagnosis, which makes of them one of the most preferred sources of data. Demjén and colleagues (2019) analysed interviews with voice hearers in order to better understand the relationship that individuals establish with their verbal hallucinations; Charteris-Black (2012) examined the metaphors employed by people with depression to account for their experience with the diagnosis; Knapton (2015, 2016, 2018) and Knapton and Rundblad (2018) analysed semi-structured interviews with people with OCD to study patients’ self-narratives (Knapton, 2018) and conceptualizations of OCD (Knapton & Rundblad, 2018), distinguishing and classifying different OCD episode types (Knapton, 2015), and studying threat conceptualization across the different OCD subtypes (Knapton, 2016).

- (iv) Study of recordings of therapy sessions, occasionally combined with follow-up interviews with the patients. See, for example, Skårderud's (2007) examination of the relation between the conceptualisation of the body and the psychological states in patients with anorexia nervosa; Harvey and Brookes' (2019b) analysis of video recordings of support reading groups for people with chronic psychological pain who were receiving Cognitive Behavioural therapy; and Levitt and colleagues' (2000) analysis of "burden" metaphors employed by clients and clinicians in good and poor outcome therapy sessions for depression.
- (v) Study of literary texts written by authors with a psychological diagnosis or whose main character is attributed a diagnosis. This research includes Hunt and Carter's (2011) corpus analysis of Sylvia Plath's *The Bell Jar*, which despite being a fiction book reflects the psychological disturbances of the author and can provide some understanding of linguistic features and mental states shared by those who suffer the condition. Also relevant to this type of study is Semino's (2014a, 2014b) stylistic analysis of fiction books whose main character has (or is entailed to have) an autistic spectrum diagnosis. While fiction books as the ones analysed by Semino do not provide a first-person account of the diagnosis considered, they show how the disorder and the individuals with the diagnosis are commonly understood by the general population.

As the type of data analysed, also the linguistic features examined vary widely across the linguistic studies. However, we can see that investigations of the conceptualisation of specific diagnosis, especially the ones that analyse first person accounts (either in written texts or interviews), tend to focus on metaphor analysis (see, for example, Demjén et al, 2019; Levitt, 2000; Charteris-Black, 2012; Knapton, 2013; Knapton & Rundblad 2018; Skårderud 2007; Danforth & Kim 2010; Pritzker 2003; Broderick & Ari Ne'eman, 2008). In particular, metaphor analyses tend to investigate people's understanding and experience of psychological diagnoses. The predominance of the focus on the representative function of metaphor can be attributed to the active role of metaphors in shaping our conceptualisation of reality, especially of abstract phenomena as a psychological diagnosis. Levitt and colleagues' (2000) longitudinal study of the "burden" metaphors employed to talk about depression in therapy sessions by clients and practitioners evidenced the importance of conceptual metaphors in shaping the experience

of depression and the recovery process. While in good-outcome therapies metaphors evolved from an emphasis on “carrying a burden” to an emphasis on “unloading the burden”, in poor outcome therapies metaphoric change was not identified (Levitt et al, 2000:29). Likewise, Knapton’s (2013) analysis of pro-anorexia websites show how, far from entailing any novel conceptualization, anorexia is based on everyday Western conceptualizations of female beauty (ANOREXIA IS A SKILL and ANOREXIA IS A RELIGION) (2013:472). Rather than categorising anorexia as a disorder, individuals who suffer it apply source domains socially associated with the category “female beauty” to the target domain of “anorexia”. Thus, Knapton’s study highlights the need to revise the current value system that underlies the sufferers’ perception instead of attributing the perception entirely to the condition.

The overall tendency in discourse studies of mental illness to view metaphors as ideational resources, omitting their interpersonal and textual functions, has also been noted by Knapton and Rundblad (2018:394). The authors stress the need to examine how interactants may use metaphors to build up relationships, to support explanations or for persuasive purposes. Knapton and Rundblad adopt the Systemic Functional Linguistics (SFL) model of language and study how metaphors are employed in interviews with individuals with OCD, considering their ideational (2018:402), textual (2018:404) and interpersonal (2018:404) functions. The examination of the textual and interpersonal functions makes it possible to show how individuals use metaphors for persuasive purposes, as well as identity and epistemic markers and to express emotional reflections.

Beyond metaphor analysis, linguists have studied a variety of other linguistic phenomena in order to better understand the experience of psychological conditions, by the individuals who suffer them and third parties, and have examined how psychological conditions are socially understood. Stylistic analyses of fiction books with characters with psychological diagnosis have revealed characteristics of the mind style associated with the diagnoses represented (see Hunt and Carter, 2011 for depression, and Semino, 2014a and 2014b for autism). Semino’s analysis of three popular fiction books about autism, for example, shows that individuals with ASD are attributed three types of pragmatic failure: lack of adherence to expected informativeness and relevance in conversations, unintentional impoliteness, and difficulty with figurative language interpretation (Semino, 2014a:154; 2014b:287&298). Autism is also associated with an underlexicalization of commonly expected semantic domains, which contrasts with an overlexicalization of those domains that the individual with ASD is interested in (Semino,

2014b:284), and a prevalence of first person deixis (“I”, “me”, “my”), evidencing a tendency to self-focus (2014b:289). Mind styles have also been studied in texts written by the diagnosed individuals themselves. Rude and colleagues (2008), for example, have evidenced that depression is correlated with a presence of negative bias (i.e., a predominance of words with a negative valence), a recurrent use of the first personal pronoun “I” and thought suppression (2008:1129-1131). Knapton (2018) has studied self-narratives of OCD patients in semi-structured interviews in order to define how individuals linguistically construct the self, the mental activities and emotions in OCD episodes (2018:7). The study adopts Systemic Functional Grammar and focuses on the analysis of Themes; the author assumes that narratives of OCD patients with reactive and autogenous obsessions may differ in the entities highlighted in Theme position and in the role attributed to the self (2018:7).

Other scholars have focused on how the general population represents a specific condition and the implications that may follow from it. In this line, Brookes and colleagues (2018) offer a multimodal analysis of the portrayal of dementia and people who suffer it in British newspapers. The study evidences that both verbal and visual representations tend to dehumanise the individuals while grammatically formulating dementia as agentive (2018:380-381), which in combination with the ‘dementia-as-killer’ metaphor, personifies the disease. Harvey and Brookes (2019a) complement this first study with a semiotic analysis of stock images sourced from Getty Images. The authors conclude that stock images tend to objectify people with dementia (2019a:992), emphasising the symptomatology of the pathology and stressing the stigma associated with it (2019a:998). Also focusing on the media, Atanasova and colleagues (2019a) examine the representation of mental illness recovery in arts participation in British local newspapers. The study stands out for focusing on recovery instead of pathology (as the bulk of discourse studies reviewed), raising the question about how mental illness recovery is understood. The authors note that the news analysed challenge the common negative judgement that people with mental illness cannot make productive work, hence countering stigmatising stereotypes (Atanasova et al., 2019a:10).

As it has been noted at the opening of this section, it is possible to trace some parallelisms between current social concerns and the efforts devoted to the linguistic study on mental illness. The prolific research on depression, for example, echoes the World Health Organisation estimation of 322 million people worldwide suffering the condition, with a global estimated prevalence rate of 4.4% (WHO, 2017:8). Brookes and

colleagues (2018) explicitly mention that their study on dementia representation in British newspapers comes as a response to the media misrepresentation of the figures released in 2016 by the Office for National Statistics (ONS), which established dementia as “the leading cause of death in England and Wales” (Brookes et al, 2018:372). In the same way, Knapton research on pro-anorexia websites responded to the social concern about the pro-anorexia movement, in its turn triggered by an episode of *The Oprah Winfrey Show* in 2001, the first time that the movement was being brought to public attention (Knapton, 2013:463). The rising social awareness of mental illness makes it plausible to regard linguistic approaches to the study of psychological diagnoses as a growing field of research, opening the door to potential collaborations between disciplines. Linguistic analysis of first-person recounts has been identified as a useful resource to provide a deeper understanding of patients’ experience of the diagnosis and conceptualizations of everyday experiences linked to the condition. These studies may inform therapy, eventually contributing to recovery. Some linguistic scholars explicitly specify in their studies the potential contributions that their research may have for practitioners. We can distinguish studies that contribute to psychological theory (for example, Rude et al 2008; Knapton 2015), and studies that provide a better understanding of the patients to improve therapy (for example, Demjén et al 2019; Demjén & Semino, 2014; Charteris-Black 2012).

Rude and colleagues’ (2008) analysis of essays of college students with and without a depression diagnosis provides linguistic evidence that supports the negative bias predicted by the cognitive theory of depression (i.e., abundance of negative value-laden terms) and the self-preoccupation predicted by the control theory of depression (i.e., abundance of first-person deixis) (Rude et al, 2008:1129). Linguistic analysis is thus established as a method to provide empirical evidence to support psychological theories. Knapton’s (2015) thematic analysis of interviews of people with OCD identifies three main categories of OCD episodes (activity episodes, about everyday tasks, state episodes, about the individual’s identity, and object episodes, about the effects that may result from the employment of objects). Since people with OCD can experience different episode types, Knapton suggests that accounting for OCD episodes could be more fruitful for the patients than accounting for OCD subtypes.

In studying the metaphors used by individuals with depression when talking about their diagnosis, Charteris-Black explicitly refers to the potential therapeutic implications that paying attention to the metaphors may entail (Charteris-Black, 2012:200). Charteris-Black expands previous metaphor studies on depression, which had reported



conceptualizations of depression in terms of darkness, weight and descent, identifying two new types of metaphor involving a CONTAINER schema: (i) experience of the self as a container of depressed feelings, and (ii) experience of depression as a container of the depressed individual (2012:207). Containment metaphors provide an “embodied experience of depression” (2012:208), and embodiment is identified as what may make some metaphors more expressive and therapeutic than others, since it allows for a more encompassing and holistic perspective of the experience (2012:213). However, Charteris-Black notes that therapists should not explicitly attempt to change the metaphors employed by their clients; instead, they should engage with the metaphors the clients already employ through priming and repetition strategies (2012:215). The importance of embodied metaphors in psychological disorders is also noted by Skårderud (a clinician himself) in relation to the conceptualization of anorexia nervosa (2007:167&171). In analysing therapy sessions and interviews with his patients, Skårderud identifies numerous statements that show symbolisations of emotional states and social values via the body (2007:167). The author mentions the following conceptual domains: ‘emptiness/fullness’ (eating, filling oneself, is experienced as being psychologically overwhelmed), ‘purity’ (anorexia is associated with ascetism), ‘spatiality’ (putting on weight and filling space is associated with (not) being allowed to ‘take space’ emotionally and in social relationships), ‘heaviness/lightness’ (individuals experience their weight beyond the physical sensation), ‘solidity’ (feeling the hardness of trained muscles or the skeleton is experienced as a reduction of anxiety), and ‘removal’ (reducing weight is perceived as removing something negative from the body) (2007:167-169). Skårderud’s study evidences that psychological and physical states can be closely connected, supporting Charteris-Black’s note about the importance of paying attention to embodied metaphors in psychotherapy.

Demjén and colleagues’ research on voice hearing (Demjén et al, 2019 and Demjén & Semino, 2014) constitutes another example of linguistic studies that aim at helping practitioners understand better their clients’ experiences and improve therapy. In their linguistic analysis of voice hearing reports in an autobiography written by an individual with schizophrenia, Demjén and Semino (2014) offer a typology of voices (2014:59) and observe that different types of voice reporting (direct speech as opposed to indirect forms of speech presentation) may function as markers of different experiences of the voices, which may be related with the severity of the condition (2014:58). This study is complemented by a further analysis of the metaphors employed by voice hearers

to explain their relationship with the auditory hallucinations and the voice hearing experience itself (Demjén et al, 2019). The metaphor analysis reveals that individuals ascribe agency to the voices, showing both empowering and disempowering relations with the voices, which in its turn correlates with the level of distress experienced by the patients (2019:24).

This review has shown that linguistic-based discourse studies on mental illness is a growing field of research with the potentiality to make fruitful contributions to other disciplines, in particular to media communication and psychotherapy. This thesis examines an under-researched diagnosis in discourse studies literature (ADHD) and it considers how it is understood by third parties (clinicians, educators and family members). Examining the similarities and differences of the conceptualizations of ADHD by the different social communities as evidenced in language, also allow us to explore whether there are any negative stereotypes that may influence the everyday life of the diagnosed individuals.

## **2.2 Attention Deficit Hyperactivity Disorder (ADHD)**

ADHD is one of the most studied and diagnosed mental disorders in children (Kutcher et al., 2004:12). Inattention is associated with incapacity to focus on tasks or conversations, lack of organization and negligence in daily activities, while hyperactivity is mainly identified with intrusiveness and verbal and kinetic incontinence (APA, 2013:32). ADHD constitutes a potential lifelong disorder with academic, occupational, and social impairments, and its major risk factor is its high index of comorbidity. Up to 90% of individuals with ADHD are diagnosed with another comorbid disorder, with Oppositional Defiant Disorder (ODD) and Conduct Disorder (CD) being the most common (Malamberg et al. 2011:1469; Pfiffner, 2008:51; Rydell, 2010:233), followed by anxiety and depression (Jensen et al., 1997:1071; Pfiffner, 2008:53&55; Michielsen et al. 2015:372). Although there is no genetic evidence for ADHD (Mikami & Hinshaw, 2008:266; Nelson & Galon, 2012:114), heritability is reported in 70% of cases (Wilens & Prince, 2008:276; Diller, 2008:324). ADHD is correlated with parental disorders, but no correlation has been identified with family problems or dysfunctional parenting (Pfiffner 2008:52; Jensen et al., 1997:1070).

The correlation of ADHD with delinquency and violence is frequently stated as one of its most socially concerning factors (Jensen et al., 1997:1069; Pratt et al., 2002:352), much of which is fostered in popular media (Prosser, 2015:601). However, it is not clear whether the correlation is due to ADHD or its comorbidity with ODD and CD (Pratt et al., 2002:345). Substance addiction is noted as one of the main ADHD-related risks (APA, 2006:59; Malamberg et al. 2011:1471; Barkley et al. 2002, in Barkley, 2006:54). Among adults, higher divorce rates and emotional and social loneliness, greater levels of unemployment and job insecurity, and a more reduced family and acquaintance network are reported as the most serious problems (Michielsen et al., 2015:368&369; Ersoy & Ersoy, 2015:1).

ADHD and its comorbid disorders are gender-dependent (Nigg, 2006:24; Hawthorne, 2014:147). With a ratio of 3:1 in community populations and 9:1 in clinic populations, ADHD is reported as under-recognized in girls, partly attributed to the differing manifestations of the condition between genders (Mikami & Hinshaw, 2008:260; Kutcher et al., 2004:12). The high frequency of inattention diagnosis in girls and of hyperactivity-impulsivity in boys has associated gender with specific behaviours and expectations, rendering towards stereotypical male and female portrayals. Stereotyped images abound in ADHD informative literature (e.g. popular teachers' guides); a couple of cases are considered here by way of example. Michael Farrell, in *The Effective Teacher's Guide to Behavioural and Emotional Disorders* (2010), tacitly portrays boys as the official ADHD target: all pronominal referrals to children with ADHD employ the masculine personal pronoun instead of the neutral 'they' –e.g. “[...] a child can meet the criteria if *he* manifests [...]” (Farrell, 2010:92). In *Attention Deficit Hyperactivity Disorder. What can teachers do?*, Geoff Kewley considers eight case studies to illustrate the most common presentations of ADHD (Kewley, 2011:2-9). Only one example portrays a girl as target of the diagnosis (2011:3). The girl is depicted as the ADHD inattentive type, reinforcing the stereotype of a forgetful dreamy girl (2011:3). Stereotypical representations in informative texts for parents and teachers are significant since both communities have an active role in ADHD diagnosis (Buitelaar & Rothenberger, 2004:i3). While ADHD symptoms tend to be gender-dependent, the severity of the diagnosis is not gender-related (Ersoy & Ersoy, 2015:8).

ADHD prevalence rate ranges from 2.2 to 17.8% (Skounti et al., 2007:117). The DSM-V and ADHD-Europe establish the official ADHD average rate as 5% children and 2.5% of adults in most cultures (APA, 2013: 61; Clark, 2012). Variations are attributed

to the divergence of diagnostic criteria employed in different countries and the methodological differences across the estimation studies (Nigg, 2006:16; Polanczyk et al., 2007:946; Polanczyk et al., 2014:439). DSM-IV based studies present a higher rate than those based on DSM-III or the (still current) tenth revision of the World Health Organisation's *International Statistical Classification of Diseases and Related Health Problems* (ICD-10) (Kutcher et al. 2004:12; Skounti et al., 2007:120-122). The increase in the diagnosis is recognized among the psychiatric community, partly attributed to the collaboration of educational institutions in facilitating its identification in classroom settings (Buitelaar & Rothenberger, 2004; Fulton et al., 2009:1076; Rafalovich, 2004:66). Parents' and teachers' reports are added to clinical observations and self-reports in performing the diagnosis (Skounti et al., 2007:117). In adults, the usual absence of third person informants has sometimes called into doubt diagnosis reliability (Wilens & Prince, 2008:274).

Since the 1970s, with the increase of psychopharmacological drug-use as treatment for ADHD, there has been an open debate in academic and public spheres over the validity of ADHD as a mental disorder (Rafalovich, 2004:44; Rafalovich, 2005). In the academic field, the controversy is associated with the sociology of medicine, traced back to Peter Conrad's seminal article (1975) "The discovery of hyperkinesis: notes on the medicalization of deviant behaviour". In the social sphere, popular media has often reduced ADHD to a "myth" or a "benign condition", raising concerns among the medical community at the promulgation of inaccurate portrayals of the disorder and questioning its genuineness (Barkley et al. 2002, in Barkley, 2006:53). Major points of concern include the variable prevalence rate, the possibility of an over/misdiagnosis, rising stimulant prescriptions, the medicalization of behaviour, and disregard for social factors (Rafalovich, 2004:76; Nigg, 2006:6; Buitelaar & Rothenberger, 2004).

Concerns on psychostimulants stem from the 'explosion' of ADHD diagnosis in the 1990s (Diller, 2008:323); the employment of psychostimulants as predominant treatment (Kutcher et al., 2004:12; Fine, 2006:175; Hawthorne, 2014:13); the pharmacological industry's sponsorship of medical research (Hawthorne, 2014:117&119; Nigg, 2006:22); the lack of long-term randomized studies on the effects of stimulants; the potential side-effects and long-term risks of the drugs; and the possibility to ameliorate the symptoms through behaviour intervention (Aberson et al., 2007:6; Cohen, 2006b:150; Diller, 2008:324&326; Hawthorne, 2014:98; Rafalovich, 2004:74-83). While psychostimulants are generally accepted for extreme cases, concern

has been raised over their use as primary intervention (Cohen, 2006b:149; Diller, 2008:325-326; Nelson & Galon, 2012:115). Despite having been discouraged in adult populations for presenting a potential dependence and higher tolerance (Schubert et al., 2009:500; Diller, 2008:327), amphetamine-based stimulants have the FDA's approval as optimal treatment for adults (Wilens & Prince, 2008:280), and in some countries (including the United Kingdom) are also their primary treatment (Schubert et al., 2009:500)

Section 2.2.1 examines the historical development of ADHD as it is currently understood within the psychiatric field. Section 2.2.2 revises the sociological account, its main criticisms of the biomedical discourse, and examines the stigmatization associated with ADHD, diagnosed individuals and their close acquaintances. Section 2.2.3 closes the chapter with a revision of discourse analysis studies on ADHD.

### **2.2.1 Historical overview**

The study of ADHD in psychiatry can be traced back to the work of George F. Still in 1902 (Barkley, 2006:4; Barkley, 1997:65). Still defined unusually aggressive and defiant children, resistant to discipline and overly passionate, as presenting an “abnormal defect in moral control”, independent of their intellectual abilities (Still, 2006:126&132). “Moral control” was understood as behavioural self-control “in conformity with the idea of the good of all” (2006:126-127). The condition was judged clinically significant only in the most extreme cases (2006:129), which could be chronic or temporary (2006:131). Still's research was the first to associate deviant behaviour in childhood with a mental pathology not related to cognitive deficiency.

Barkley, one of the current leading psychiatric figures in ADHD research, distinguishes four stages in ADHD understanding (Barkley, 1997:65):

- (i) G. F. Still's conceptualization of the disorder as a “defective moral control” of behaviour, that gained influence in recognising the symptoms among the sequelae of an encephalitis epidemic that took place in the United States from 1917 to 1918. Such pathologized behaviour was associated with an organic disease, Mild Brain Damage Syndrome (MBD) (Barkley, 2006:5-6).
- (ii) Focus on the hyperactive behaviour and redefinition of MBD as ‘hyperkinetic syndrome’. ‘Hyperkinetic syndrome’ was not necessarily associated with

brain pathology. This change corresponds with the first inclusion of hyperactivity in the DSM (1968). MBD diagnoses persisted in Europe until the early 1970s (Barkley, 2006:8-9).

- (iii) Attribution of equal importance to hyperactivity and lack of focus, drawn from the work of Virginia Douglas (1972). Hyperactivity was evidenced as non-necessary for short term memory or high distractibility to occur. 'Hyperkinetic syndrome' was redefined as Attention Deficit Disorder (ADD) (DSM-III), characterized by impaired attention and organizational skills, difficulty in inhibiting impulsive responses, deficient arousal and a need for immediate reinforcement to remain focused (2006:12).
- (iv) Barkley's development of Douglas' theory, which identifies poor behavioural inhibition as the primary explanatory factor of ADHD (2006:297; Barkley, 1997:66). Behavioural inhibition is attributed to four cognitive functions: the non-verbal working memory (internalizing one's motor activity), the verbal working memory (internalizing one's speech), self-regulation of affect, motivation and arousal (regulation of emotion), and reconstitution (planning and generativity) (Barkley, 2006:300&305). All cognitive functions are assigned to the pre-frontal lobe, affected in some individuals with ADHD (2006:318). The functions enable to delay action and to decouple oneself from the present situation. The projection of potential future consequences allows us to modify the otherwise most probable response to an event. Hence, the self-direction of action and language is established as essential for the capacity to project the future, which, in its turn, is understood as a necessary requirement for the preference of long-term outcomes to more short-term ones (2006:304).

Barkley defines ADHD as "temporal myopia" or "blindness to time" (Barkley, 1997:77, 2006:326). Accounting for ADHD as impaired time perception and management explains the difficulties with planning, organization, and social skills identified among ADHD-diagnosed individuals (2006:310&320). Barkley's unified theory of ADHD (Barkley 1997, 2006) slightly conflicts with the official APA definition as depicted in the DSM. Barkley himself has argued against the atheoretical account of ADHD institutionalized with the DSM (2006:297, 1997:66; also Nigg, 2006:43). The descriptive approach fails to explain ADHD cognitive and behavioural difficulties, and the relationship between poor behaviour inhibition and attention deficit (Barkley, 1997:67).

This tension not only concerns what a scientific account of ADHD needs to accomplish, but shows that differing conceptualizations of ADHD coexist in the current biomedical discourse. While the DSM-V distinguishes three ADHD subtypes (i.e. predominantly inattentive, predominantly hyperactive/impulsive and combined presentation), Barkley argues for conceiving these subtypes as separate conditions (also in Nigg, 2006:9). The DSM assumes the same qualitative deficit of attention in all subtypes (Barkley, 2006:300). According to Barkley, (in)attention is multidimensional (2006:299). The attention deficit in ADD, where the problem lies in focus with attention as “contingency-shaped” or “context-dependent-responding”, should be differentiated from ADHD, where the problem resides in sustaining attention over a prolonged time span as “self-sustained attention” (Barkley, 1997:67 and 2006:317; distinction also acknowledged in Naglieri & Goldstein, 2006:5). The ICD-10 still refers to ‘hyperkinetic disorder’, a narrower concept than ‘ADHD’ as defined in the DSM. These observations evidence that ADHD medical understanding is still not free internal tensions.

### **2.2.2 Sociological approach, social controversy and stigmatization**

Sociological research on mental illness has sometimes been criticised for not taking ADHD into proper consideration (Prosser, 2015:597). What is problematic with the sociological account is not the lack of literature on ADHD, which goes back to Conrad’s 1975 publication “The discovery of hyperkinesis: notes on the medicalization of deviant behaviour”, but the perspective commonly adopted.

Sociological research often opens a debate against the validity of ADHD as clinical condition, ultimately founded in the dichotomy between ADHD as a medical category, the existence of which is accepted as a matter of fact, and ADHD as a social category, that reduces it to the status of a social construction (Comstock, 2011:44). This dichotomy, presented in Conrad’s article and still given in some sociological research (see Visser & Jehan, 2009 and, to some extent, Graham, 2007 and 2008), has been criticised by some sociological literature (Comstock, 2011:44; Singh et al., 2013). The dichotomy fails to recognize the complementarity between biological and sociological factors, and the need to account for biological, sociological and psychological factors (Singh et al 2013; Davis 2006:46; Nigg, 2006:36&40). Denying the reality of ADHD by portraying it as a ‘social construction’ disregards ADHD behavioural traits and their impact on people’s lives (Cohen, 2006a:13; Nigg, 2006:31; Prosser, 2015:597). In

considering the social dispute on ADHD, ‘clinical validity’ (the statistical significance of the symptoms attributed to a disorder) should be distinguished from ‘etiological validity’ (the extent to which the causes of the disorder are known) (Nigg, 2006:4&12). While there is psychiatric agreement on the former, there is still no medical consensus regarding the latter. The question is whether this lack of knowledge on causes is compelling enough to not consider ADHD as an impairment that can be medically treated.

The medicalization of behaviour, the legitimacy of understanding a particular behaviour as being of medical concern, is a leading question in sociological research (Prosser, 2015:599), as already mentioned by Conrad (1975:12). In the process, the psychiatric community is positioned as the experts who determine whether a behaviour is deviant, removing all possibility of debate from the social sphere (1975:18). Conrad’s view was that removing deviant behaviour from the social debate meant turning the medical community into the “agent of the *staus quo*” and individualizing social problems (1975:19). Conrad’s portrayal of psychiatry as a form of social control permeates many sociological accounts of ADHD, with diagnosis and the administration of psychostimulants regarded as forms of social control and adherence to social standards (see Rafalovich, 2001:374). Some authors argue that ADHD ascribes meaning to behaviour: in giving a reason to why some children do not fit the school institution, instead of addressing the issue as an educational challenge, the problem is attributed to the individual (Cohen, 2006:12&13; Hawthorne, 2014:35). While the study of ‘medicalization’ is central in sociological research, the phenomenon is also associated with cultural myths surrounding the illegitimacy of ADHD and the use of psychostimulants as a form of ‘social control’ (Prosser, 2015:600).

The increasing prescription of medication is well-documented and has been acknowledged among the medical community (Nigg, 2006:22&23; Buitelaar & Rothemberger, 2004:i3). Different medication practices have been reported between psychiatrists and paediatricians, with higher rates of diagnosis and psychostimulant prescription attributed to paediatricians and general practitioners (Fulton et al., 2009:1079-1082; Hawthorne, 2014:16; Rafalovich, 2005:314). Socio-economical barriers to diagnosis and treatment, and cultural factors, such as Western stereotypes of ethnographic minorities, have been identified in the diagnosis process (Kendall & Hatton, 2002). Sociological studies have associated the increase in ADHD diagnoses with current (Western) social pressures (Pajo & Cohen, 2013; Winter et al., 2015). The time parents spent with the child has been positively correlated with their inclination to medicate (Pajo



& Cohen ,2013:8), and ADHD diagnosis among adult women has been associated with pressures to meet standards of productivity in work and familiar settings (Winter et al., 2015:429). The impact of cultural factors in diagnosis has raised questions about ADHD cross-cultural validity (Singh et al., 2013).

The sociological perception of ADHD as an explanation of conduct has led to associations of ADHD with diminishing individual responsibility (Tait, 2006:83-84), which is strongly rejected in psychiatry (Barkley, 2006:325). Individuals do not adopt the diagnosis as a self-exemption from responsibility, but as a means for better understanding themselves and developing self-management techniques (also in Comstock, 2011:50). This self-empowerment is particularly observed among individuals who receive an ADHD diagnosis in adulthood (Schmitz et al., 2003:398). Diagnosis also conditions self-understanding in children (Singh, 2007:171). Contrary to the empowerment identified among adults, minors are reported to develop a binary conceptualization of the self as good/bad, where the 'good' is associated with 'normality' and the state achieved with the medication. The self-identity redefinition through the diagnosis is associated with the prototype image of 'ADHD subject' that diagnosed individuals may have (Schmitz et al., 2003:399). The more similar to the prototype individuals perceive themselves to be, the more likely they are to act as the prototype (2003:399).

Prototypical representations may carry negative evaluations, which may crystallize into prejudice and, if behaviourally manifested, lead to stigmatisation. Marginalising of individuals diagnosed with ADHD is reported at an international level (ADHD-Europe, 2009; Clark, 2012; Lebowitz, 2016:199; Mueller et al., 2012). This has significant effects on treatment seeking, adherence and efficiency, symptoms aggravation, social isolation, low self-esteem, and may eventually result in a reduction of social and economic opportunities (Mueller, 2012:101; Lebowitz, 2016:199; Canu et al., 2008:701; Walker et al., 2008:913; Singh et al., 2013).

ADHD stigmatization and its effects on children and adults has mainly been studied in social-psychology (O'Driscoll et al., 2012; Canu et al., 2008; Walker et al., 2008). Among children, stigmatization may result in less participation in class, academic underachievement and drop-out (Walker et al., 2008:913), and concealment of diagnosis (Wiener, 2012:221). Stigmatization of peers with ADHD is equally attributed to children, adults and teachers (Lebowitz, 2016:201; O'Driscoll et al., 2012:1055; Walker et al., 2008:913&919; Wiener et al. 2012:234). Stigmatization is gender-based: male young adults are stigmatised the most, presumably for being perceived as more violent toward

others (Canu et al. 2008:706; Lebowitz, 2016:200), but externalizing behaviours are less accepted in girls (Mueller et al., 2012:104; Mikami & Hinshaw, 2008:263).

Stigmatization manifests as physical avoidance of diagnosed individuals, anger, distrust, bias and fear, both among children and adults (Lebowitz, 2016:200; Walker et al., 2008:912&918). Undergraduates, for example, show unwillingness to engage with peers with ADHD in academic and work settings (Canu et al., 2008:700), and adolescents show reluctance to include them within friendship groups due to symptomatic conducts (O'Driscoll et al., 2012:1058). Psychological studies suggest that ADHD stigmatization is not a direct consequence of the diagnosis or the medication, but arises from perceptions of its behavioural traits (Canu et al., 2008:700; Singh et al., 2010:191; Wiener et al., 2012:234). Stigmatization is not related to the absence of positive attributes, but to the negative evaluation of certain characteristics (Walker et al., 2008:918). This suggests that stigmatization does not emanate from the stigmatised individual but is generated in perceptions of the traits, partly conditioned by the perceivers' personality (Canu et al 2008:704). People characterized as 'agreeable' and 'extrovert' are reported to hold less negative appraisals, and attributed more inclusive attitudes toward diagnosed peers (Canu et al., 2008:706).

Predominant stereotypes of ADHD influence parents and teachers' interactions with diagnosed children (Wiener et al., 2012:234). Teachers usually assume students with ADHD underperform (Mueller, 2012:106), and parents often display more negative evaluations of their children's academic performance if they exhibit ADHD (Lebowitz, 2016:202). The homogenization of individuals with ADHD is identified as a paradox within the biomedical model (Hawthorne, 2014:61&134): ADHD is a biological individual phenomenon, but diagnosed individuals are regarded as a single group, thus perpetuating stereotypes. Homogenization has been identified among self-help groups for parents with ADHD-diagnosed children, where parents tend to turn personal incidents into omni-applicable accounts (Frigerio & Montali, 2016:940). Homogenization is deemed a powerful resource for normalizing individual experiences and preventing parental blame (2016:941).

Stigmatisation of parents of diagnosed children ("courtesy stigma") has also been identified, with mothers being affected the most (Hinshaw, 2005:722; Singh, 2004:1193; Mueller et al., 2012; Singh et al., 2013; Davis 2006:49). Courtesy stigma perpetuates the "poor parenting myth" that ADHD is caused by dysfunctional parenthood (Kewley, 2011:45; Lebowitz, 2016:201), and it is more common among those who understand

ADHD as a social phenomenon than among those who adhere to the biological perspective (Lebowitz, 2016:201). The biomedical account is associated with a diminishment of ADHD stigmatization, shifting from moral-based conceptualizations of ADHD to a biological-based understanding (Hawthorne, 2014:33; Conrad, 1975:18). Explanations that establish social factors as causes of ADHD such as diet, bad parenting or a low income family background, are identified as more stigmatising.

The intersection of the diminishment of stigma with a validation of psychostimulants as (often) the primary treatment has been referred to as the “irony” of inclusive politics (Graham, 2008:28). The claim for inclusivity that understands differences and disability as a condition of being, comes together with an enforcement of ‘normality’ by means, for example, of the institutional endorsement of psychostimulants. Hawthorne has denominated this phenomenon “accidental intolerance”: medical care can contribute to intolerance by reinforcing the dysfunction in normalizing the appropriate behaviour through the medication prescription (Hawthorne, 2014:153). These observations indicate that it is inadequate to equate destigmatization with support. For destigmatisation to be given, what may be needed is to understand difference as part of the ‘average’ way of being (also in Hawthorne, 2014:175).

### **2.2.3 Discourse studies on ADHD**

Discourse studies have examined representations of ADHD and the diagnosed individuals in different social spheres and texts types: everyday talk (Danforth & Navarro, 2001); interviews with diagnosed individuals (Singh, 2007; Schubert et al., 2009) and mothers of diagnosed children (Singh, 2004); pedagogical practices and discourses (Graham, 2007, 2008; Bailey, 2009); newspapers (Horton-Salway, 2011); practitioners’ accounts (Rafalovich, 2005); parents’ guide-books (Rafalovich, 2001) and parents’ directed information produced by institutional organizations (Erlandsson et al., 2016); first person testimonials (Winter et al., 2015; Bröer & Heerings, 2013); and parental self-help groups (Frigerio & Montali, 2016), among others. The studies often take a sociological constructivist account of ADHD and a critical perspective towards biomedical understanding. The methods adopted are diverse: ethnographic approaches (Frigerio & Montali, 2016; Bailey, 2009), conversation-analysis oriented (Schubert et al., 2009), linguistic-oriented CDA (Danforth & Navarro, 2001; Horton-Salway, 2011; Erlandsson

et al., 2016). Some studies do not adhere to any of the main approaches to discourse analysis, with the methodology being sometimes ambiguous –the educational discourses analysed in Graham’s (2007, 2008), for example, are unclear, as how the exclusionary and subjugation practices attributed to the pedagogical discourse are actually generated in text (Graham, 2007:1&7).

Studies of representations of ADHD in everyday written and oral communications, newspapers, interviews and testimonials indicate a tensional adoption of biomedical discourse among the population. DSM-IV’s wordings are those most frequently used to describe ADHD-related behaviour in non-professional everyday talk, emphasising its pathological character (Danforth & Navarro, 2001:173&177). However, other studies call into doubt the colonization of public discourse by neurobiological accounts –see Bröer and Heerings’ analysis of informal online texts and interviews with diagnosed individuals: ADHD representation amalgamates neurobiological, psychological and sociological explanations (Bröer & Heerings, 2013:54). Tensions of biological and psychosocial accounts are also observed in newspapers (Horton-Salway, 2011) and among parents of diagnosed children (Frigerio and Montali, 2016). Divergent stances towards the diagnosis and medication are also observed among physicians, psychologists, psychiatrists, paediatricians and general practitioners (Rafalovich, 2005:309&318).

Analyses of ADHD representation in British newspapers articles show that only a minority address ADHD as a medical condition; the majority adopt a psychosocial standpoint and portray ADHD as a label for ordinary mischievous behaviour, and both repertoires depict negatively the diagnosed children and their parents (Horton-Salaway, 2011:537&539&545). The ambiguous social adoption of biomedical discourse is also evidenced in parental self-help groups: while parents employ such discourse to explain ADHD causes and justify psychostimulant treatments, they do not see ADHD as a psychiatric condition, describing it as a non-socially accepted “way of being” (Frigerio & Montali, 2016:942&945).

Explanatory documents produced by health institutions also promote the biomedical framework among parents (Erlandsson et al., 2016). Erlandsson and colleagues’ study of ADHD representation in parental support documents of the National Institute of Mental Health (US) notes the embeddedness of social values in ADHD conceptualization, and shows the institution portraying children as sufferers of a life-long disorder that can only be regulated with medication. The need of behaviour modification

and management is also identified in parental guidebooks, which promote portrayals of children with ADHD as lacking self-regulation and acting as if driven by a “non-human agent” (Rafalovich, 2001: 375-376&379)

The common negative accounts of ADHD offered by the media and explanatory documents contrast with first-person testimonies (see Winter et al., 2015). None of the YouTube videos of adult women with ADHD examined by Winter and colleagues calls into doubt ADHD validity, and all portray it positively, as an explanation and treatment of underperformance (2015:420-426).

The studies revised show the importance of examining the presence of evaluation in institutional portrayals of ADHD, and up to which point institutional and ordinary representations are influenced by the biomedical discourse. Although some studies report the presence of evaluation in portrayals of ADHD, both in the everyday and in medical literature (see Hawthorne, 2014:104&126), the employment of evaluative language is a contested subject. Against the common equation of G. F. Still’s deficit in “moral control” with ADHD (see Section 2.2.1), Comstock precisely argues that the current characterization of ADHD is not bound to explicit judgements (*vis-à-vis* Still’s moral hygiene tradition, which understood psychological conditions as manifestations of an “immoral psychology”) (Comstock, 2011:48). A linguistic-based analysis, as the one offered in this thesis, grounds the study of the potential enactment of social values in linguistic evidence and provides closer insight into any cross-discourse influences.

# Chapter 3

## Theoretical Framework

### 3.0 Introduction

Chapter 3 examines the theoretical stances adopted in this thesis: Critical Linguistics (CL), in the field of discourse studies (Section 3.1), and Systemic Functional Linguistics (SFL), as an approach towards language and linguistic analysis (Sections 3.2 and 3.3). Section 3.1 contrasts CL with other approaches in discourse studies, focusing on Critical Discourse Analysis (CDA). It considers how discourse criticism is understood in this thesis. It discusses the main criticisms of CDA and the aspects excluded from this research (3.1.1), as well as exploring its political stance (3.1.2). Section 3.2 offers a historical overview of SFL (3.2.1). It analyses the central aspects of the theory (3.2.2), discusses the main criticisms (3.2.3), and introduces the Martinian revision of the model (3.2.4). Section 3.3 presents frameworks which are theoretically and analytically enriching for traditional SFL, and which are also applied to the analysis in this thesis: the Appraisal Theory developed by the Sydney School (3.3.1), and approaches to metaphor analysis (3.3.3). The section also considers the distinction between the semantics and discourse semantics strata and metaphoricity in SFL (3.3.2), and it closes with a discussion on the integration of a cognitive approach in SFL-based analysis (3.3.4).

Adopting SFL and the discourse analysis approach carries a particular stance regarding the relationship between language and knowledge. SFL stresses communication as one of the major aspects of language, and understands meaning as being functionally generated within specific social conditions. Understanding language as a contextually meaningful system of signs means that language is the product of convention (Halliday, 1978:44; Fowler, 1981:56; Hodge & Kress, 1993/1979:206). Meaning, the evoked knowledge of the world, is regarded as a convention, and the conventionality of meaning allows for a shared view of reality. In these terms, language has been described as what inserts order and intelligibility in the world (Halliday, 1992:32, Fowler, 1991:17). Language mediates our categorizations of reality and allows us to make sense of our physical and inner mental experience (Hodge & Kress, 1993/1979:5&38; Fowler, 1996:11).

The social-semiotic approach stresses the contextual dependency of meaning, denying the possibility of a true representation of reality in absolute terms. SFL analysis evidences how different linguistic structures generate different portrayals of events. Linguistics helps us re-examine the categorizations accepted as ‘common sense’ and ‘out of question’ (Halliday, 1992:32, Fowler & Kress, 1979:185-186). This double-character attribution to language (i.e. language as a social product and a determining factor of knowledge) is shared by the critical approaches to discourse studies, which analyse everyday representations to unveil the social assumptions that sustain them as incontestable facts.

The close connection between SFL and critical discourse studies is well acknowledged and developed by authors of both disciplines (Thompson, 2004:251; Martin, 2000b; Martin & Wodak, 2003; Matthiessen, 2012; Wodak, 2011; Fairclough, 2003:5). The social-semiotic approach to language and social practices is stated as the main shared point of the disciplines (Martin & Wodak, 2003:9). Meaning is understood as a product and determiner of social practices. This premise draws direct influence from the Frankfurt School’s Critical Theory, which placed language and the social structures in a dialectical relationship (Wodak, 2011:51, Martin & Wodak, 2003:6; Blommaert & Bulcaen, 2000:447; Chilton, 2005:19). Following Habermas, one of the major exponents of the Frankfurt School and probably the main influence on CDA’s social theoretical approach (Weiss & Wodak, 2007:6&14), language was regarded as the “metainstitution” that conditions all other social institutions, and as a medium and producer of social power (Habermas, 1988:172). Critical Theory’s concern for the legitimization of social control constitutes the point of departure of the critical turn in linguistics, which turned power, ideology and social inequality into the main guiding axes of research (Blommaert & Bulcaen, 2000:450).

This thesis adopts a discursive approach as its basic epistemological stance, but it does not examine the strategies employed to perpetuate or challenge power. Since language expresses knowledge and conditions our categorizations, linguistic analysis is regarded as indispensable for comprehending how an object of study is understood and attended to in the everyday. In the case of ADHD, its representation ultimately conditions how the diagnosis is experienced and addressed by the diagnosed individuals and their relatives. This thesis adopts SFL as the main linguistic approach because it provides an accurate framework for the study of representation in language. The Appraisal Theory expansion of traditional SFL allows us to study the expression of evaluation. Figurative

language, which has traditionally received little attention in SFL, is included and addressed with a cognitive-based account.

### **3.1 A critical discourse approach**

Studying the linguistic representation of ADHD is important insofar as our understanding of ‘things’ condition how we address and relate with them in our everyday lives. This active role of understanding is particularly relevant when the object in question shapes individuals’ self-perception and how people live their lives. This is the case for the diagnosis of illnesses (especially chronic ones), and psychological conditions.

This thesis addresses representation from a discourse studies position. Accordingly, it regards language as being of paramount importance in our understanding of reality, and shares its social constructivist perspective toward knowledge, recognising the importance of socio-historical factors in knowledge generation. This thesis moves away from the Critical Discourse Analysis (CDA) approach and argues for a more linguistic-based analysis, more in the line of the East Anglia School of Critical Linguistics (CL), CDA’s predecessor, as developed in Fowler’s *Linguistic Criticism* (1996b). CL and CDA share linguistic assumptions and ideological agenda. The latter incorporated social theory and increased its social concern (Matthiessen, 2012:440-2; Martin & Wodak, 2003:4). CDA has been criticised for adopting a leftist political position as a basis of research, and for the lack of methodological and theoretical rigour, partly grounded in CDA’s instrumental approach to linguistic and social theories (Breeze, 2011; Hammersley, 1997; Verschueren, 2001; Widdowson, 1998 & 1995). In contrast, CL argued for a strong linguistic theory and methodology (substantially based on SFL), and conceived criticism more in compliance with the Foucauldian perspective to discourse adopted in this study (Fowler, 1996a; Fowler, 1996b; Chilton, 2005:22).

The Foucauldian approach to discourse contrasts with the Anglo-Saxon tradition, which frequently understands discourse as ‘text’ or the actual practice of language in context (Wodak, 2011:51; Martin & Wodak, 2003:6; van Dijk, 2000:9; Fowler, 1981:80; Fowler, 1996b:93). The Foucauldian perspective is broader and regards ‘discourse’ as a categorizing system (Foucault, 1969:39) that comprises what can be said in a knowledge domain of a particular culture in a concrete historical time (1969:41&65). ‘Discourses’ exist in socio-historical contexts (1969:103) and are constituted by ‘rules’ (1969:41) that



define how things are understood (1969:50). Accordingly, these rules are not universal but specific to a particular time, including its social and material conditions (e.g. institutions, social groups, co-existent discourses) (1969:87&100). The regulatory nature of discourse enables the development and maintenance of knowledge and social practices (1969:67&71).

Discourse in the Foucauldian sense does not imply an antirealist stance (e.g. the negation of the *actual* existence of mental illness), but the rejection of positivism (e.g. that mental illness *actually is* what the current medical community establish about the subject). In analysing discourse, what is being studied is not the ‘thing’, but its representation in a particular culture and time by the relevant institutions in terms of knowledge generation. Treating ‘discourse’ as regulator of social practices and ‘objects of knowledge’ involves considering the cognitive and social spheres, and to take a social constructivist epistemological stance regarding the production of knowledge (Fleck, 1979 and Kuhn, 1996/1962).

The following sections address the main challenges of CDA and the position adopted in this thesis. Section 3.1.1 examines the CDA approach and the position that it has traditionally taken in linguistics in contraposition to CL. Section 3.1.2 examines the social commitment of CDA and CL, considering their theories of ideology and their conceptions of criticism.

### **3.1.1 Critical Discourse Analysis, Critical Linguistics, and the ‘critical’ approach to linguistic analysis**

Critical Discourse Analysis (CDA) is usually traced back to Fairclough’s *Language and Power* in 1989 (Blommaert & Bulcaen, 2000:454; Breeze, 2011:495), and is regarded as one of the most influential discourse studies traditions due to the social accountability of its research topics and its claim for interdisciplinarity (Blommaert & Bulcaen, 2000:447). Echoing *Language and Control* (Fowler et al. 1979), Fairclough defined language as “the primary medium of social control and power” for its capacity to naturalize ideologies, and understood that power is inserted into language by the people in control (Fairclough, 1989:2; Weiss & Wodak, 2007:12&14).

Norman Fairclough, Ruth Wodak and Teun van Dijk are commonly referred to as the founders of the principal CDA approaches: the discursive, the historical, and the

cognitive respectively (Blommaert & Bulcaen, 2000:447; Wodak, 2011:58-60). The traditions present methodological and theoretical differences, but all conceive language as a social practice enacting and challenging power relations (Wodak, 2011:52; van Dijk, 2001:96; Fairclough, 1989:17). “Power” is central in CDA, identified with the enactment and perpetuation of discrimination and oppression (Martin & Wodak, 2003:6, Martin, 2004b:180; van Dijk, 2001:119; Fairclough, 1989:17; Wodak, 2011:52). In its turn, language is regarded as a legitimizing apparatus for dominant ideologies (Weiss & Wodak, 2007:15; Fairclough, 1992:67 and 1989:12). CDA understands linguistic productions as places of struggle and negotiation of power (Wodak, 2011:52; Weiss & Wodak, 2007:15; Fairclough, 1992:67), which may make social change possible (Fairclough, 1989:17; 1992:102 and 2003:8).

CDA does not constitute a monolithic theory of language and society, nor can it be attributed a defined methodology (Wodak, 2011:54; Martin & Wodak, 2003:5; Meyer, 2001:14; Fairclough, 2003:6; van Dijk, 2001:97). Holistic linguistic theories such as Halliday’s SFL and Chomsky’s Generative Transformational Grammar have occasionally been explicitly rejected (see Weiss & Wodak, 2007:13). CDA defines itself as a problem-oriented interdisciplinary approach (Wodak, 2011:54; Weiss & Wodak, 2007:21; van Dijk, 2001:96; Meyer, 2001:30) and advocates that theory be defined depending on the research goals (2007:2). CDA focuses on discourses in which ideology and inequality are at stake, such as racism, media, advertising, gender, education and economy (Blommaert & Bulcaen, 2000:450-1; Martin, 2004b:180; Weiss & Wodak, 2007:12). It emphasises the importance of studying historical and political contexts (Wodak, 2011:54; Weiss & Wodak, 2007:22; van Dijk, 2001:98).

CDA’s resistance to grounding analysis in a solid linguistic theory contrasts with Critical Linguistics (CL), the first approach to establish Systemic Functional Linguistics (SFL) as the main theoretical framework for the study of discourse (Fowler, 1996a:3; Fowler, 1991:68; Fowler, 1981:28). Even if Fowler stated his preference for the more traditional Chomskian nomenclature, (Fowler, 1996b:v; Fowler, 1981:182), SFL was regarded as the most detailed linguistic theory available to give an account of language as a social phenomenon, and the one with the most analytical potential (Fowler et al., 1979:188; Fowler, 1981:82&189). Recent studies have provided evidence of SFL’s potential to display how grammatical changes, conditioned by extra-linguistic factors, generate semantic reconfigurations of experience (see Clarke, 2016 on the increasing use of the progressive form in stative verbs). The SFL linguistic framework adjusted to the

perspective developed in *Language and Control* (Fowler et al., 1979) and *Language and Ideology* (Hodge & Kress, 1993/1979), the seminal works that constituted CL as a field of study within linguistics. Language was established as a determinant factor of social life and cognition (Fowler & Kress, 1979:26; Hodge & Kress, 1993/1979:1), and linguistics would have to address the relations between language and mind, and language and society to account for language phenomena (Hodge & Kress, 1993/1979:3). CL recognized the necessity of incorporating pragmatics and cognitive accounts of language into the functional approach (Fowler & Kress, 1979:187; Fowler, 1996a:8&11; Fowler, 1981:189; Fowler, 1996b:15&134-135). A comprehensive study of language could not be exclusively based on SFL but would require a certain degree of eclecticism (Fowler, 1996a:8 & 11), a position maintained in this thesis.

CDA also promotes eclecticism, but it has been criticized for instrumentalizing linguistic theory –i.e. theoretical categories and approaches are adopted as analytical tools to conduct research (Breeze, 2011:50; Widdowson, 1998:138). The instrumentalist stance is recognized by CDA scholars (van Dijk, 2001:98; Wodak, 2011:54), and is occasionally described as one of CDA’s strengths (Weiss & Wodak, 2007:6&7). One criticism of theory instrumentalization is that it can mean employing concepts of high theoretical load (e.g. power, ideology, discourse) as “ad hoc bricolage” to provide theoretical consistency to analyses (Widdowson, 1998:137). One consequence of the instrumentalization of theory and eclecticism has been the adoption of contradictory stances: the inclusion of the Frankfurt School social theory, with Habermas as major exponent, alongside French poststructuralism, with Foucault as major contributor (Breeze, 2011:501; Chilton, 2005:38; Hammersley, 1997:240). Central concepts such as “text” and “discourse” (Widdowson, 1995:159&171), or even “ideology” are not always coherently understood. Some CDA authors recognize this lack of theoretical coherence, but argue that conflicting epistemological, social and linguistic theories do not jeopardize the research (Weiss & Wodak, 2007:6&7). The analyst is just required to clarify, in each study, which theoretical assumptions and tools are employed (2007:20).

CDA’s eclecticism can be related to its lack of a defined and systematic method of analysis. Fairclough’s *Discourse and Social Change* (Chapters 5 and 6) is often treated as CDA’s methodological blue-print (Blommaert & Bulcaen, 2000:44). The book presents a linguistic analytical tool-kit, ultimately based on Halliday’s SFL, which is meant to be applied following three analytical stages: (i) description or textual analysis, (ii) interpretation or analysis of the discourse practices, and (iii) explanation or analysis

of the broader social practice (Fairclough, 1992:231 and 1989:109). However, the book does not offer a systematic explanation of the analysis or the linguistic features. The more recent publication *Analyzing Discourse* (Fairclough, 2003) offers a more elaborate exposition of linguistic features, and the linguistic descriptions are still based on SFL (see Chapter 10).

The dangers of following an eclectic methodological framework are multiple and serious, including unsystematic application of methods, employment of incompatible concepts, lack of analytical coherence, and absence of any falsification possibility (Breeze, 2011:502). Back in the 1990s, Fowler warned about the dangers of not following a method in the linguistic study of discourse (Fowler, 1996a). His claim for linguistic rigour was formulated in a bitter criticism of the emerging CDA: “it seems that everything can count as «discourse analysis», and if [...] critical linguistics gets classified under that heading, there is a danger that the compactness of the original analytic methodology will dissipate [...]” (1996a:12). Like CDA, CL argued for analysing the contextual background (Trew, 1979:155; Fowler, 1996b:111-114; Fowler, 1981:12&33), and acknowledged its theoretical legacy as being closely aligned with French poststructuralism (Foucault, Barthes, Lacan, Kristeva) (Hodge & Kress, 1993/1979:ix; Fowler, 1981:124; Fowler, 1996b:1). In contrast to CDA, CL’s standpoint was primarily linguistic.

CDA’s eclecticism has been described as tendentious, for exclusively selecting the theories that satisfy its ideological position while disregarding fruitful approaches to language that lack its ‘critical stance’ (e.g. cognitive linguistics) (Chilton, 2005:21). The absence of a solid linguistic theory has been identified as the cause of CDA’s lack of fertile contributions to the understanding of language and mind (2005:22&46). A systematic methodology is considered a requirement for achieving a comprehensive analysis of discourse. Likewise, a theoretical perspective does not constitute a tool to be adjusted according to convenience: it conditions the stance adopted towards the object of study, the analysis and the interpretation of the results (Fowler, 1996b:10).

### **3.1.2 Social commitment and criticism**

Social commitment constitutes the guiding axis of CDA –in essence, a critique of the dominant ideologies (Martin, 2004b:181; van Dijk, 2001:119). *Language and Control* (Fowler et al., 1979) comprises the first critical analysis of discourse and became the first

work in Critical Linguistics (CL). Already in the early days of CL, social engagement was related to the concept of 'ideology', and the latter was understood as the establishment of certain discourses as common sense, with the capacity to homogenize power and absorb counter discourses (Hodge & Kress, 1993/1979:6 & 157). In both CL and CDA, 'ideology' has a double character, especially noticeable in Fairclough's discursive approach (Fairclough, 1989:33 and 1992:87), in debt of Althusser (2014:177&188). 'Ideology' has a cognitive aspect (i.e. the commonsense representation of reality), and a political aspect (i.e. the social consent of power) (Fairclough, 1992:87, from Althusser, 2014:177). Van Dijk has also distinguished the double character (see, for example, van Dijk, 2000:10). In CDA and the early CL (Fowler et al. 1979), 'critique' is understood as the disclosure of ideologies (but see Fowler, 1996b for a different perspective).

The earlier works in CL and CDA are valued for uncovering the discursive construction of reality and knowledge (Verschueren, 2001:59; Widdowson, 2000:10). However, the positivist stance of the critique often takes the form of normative political linguistic analysis (Hammersley, 1997:240), and it has been severely attacked (Breeze, 2011; Verschueren, 2001; Widdowson, 2000 & 1998). Some CDA authors express their political standpoint in their works (e.g. Fairclough, 1989:5). The overt recognition of political ideology has been identified as an element of criticism itself (Fairclough, 1989:5; Martin & Wodak, 2003:6; van Dijk, 2001:96), exempting the research of political bias and equating the notion of 'critique' to a leftist political stance (Breeze, 2011:501; Hammersley, 1997:239). Adopting a political position involves accepting assumptions prior to the analysis, which undermine the validity of CDA's analytical practice (Verschueren, 2001:62; Widdowson, 1995:170): the data studied is presented as worthy of analysis on the basis of the pre-attributed ideology, evidenced in the results. Some authors argue that the critical enterprise cannot be disinterested (Fairclough, 2003:16; Wodak, 2011:54; also shared by Fowler, 1996b:9). Yet basing the analysis on a pre-defined understanding of the social practices subordinates the linguistic analysis to its interpretation (Verschueren, 2001:60; Widdowson, 1995:169 & 1998:144&148; Breeze, 2011:513): the analyst examines the textual characteristics that are assumed to vary in terms of the social power, and interprets them as linguistic conditionings of the denounced ideology. This gap between analysis and conclusions has been reported as "the big issue" of CDA (Verschueren, 2001:68-69), and has been charged with promoting a "naïve linguistic determinism" (Breeze, 2011:508) and tendentious interpretations, based on

personal convictions instead of linguistic analysis (Widdowson, 2000:18; Verschueren, 2001:63). The analyst's position towards the text also presupposes a specific stance that readers have to embrace to share the critique (Widdowson, 1998:144, Breeze, 2011:520).

The social commitment and political normativity of the critical enterprise rely on the conception of 'ideology' derived from the Frankfurt School's Critical Theory. The theory of ideology supports the epistemological validity of the 'critique' and conditions how 'power' is understood. In Critical Theory, ideologies are regarded as the representations of social reality that define all subject positions and social relations in terms of objectification of the other: individuals and social groups define themselves by contraposition to other subjects or communities which are objectified, enabling relations of discrimination (Habermas, 1984:379). Ideologies do not result from political deception but are accepted as the state of things insofar as they are rational –i.e. social institutions and practices have been rationalized to guarantee their own preservation. Critical theorists are divided between those who claim the impossibility of a real critique, arguing that all critique is founded on the same object that is being criticised (e.g. Adorno, 1962:10), and those who affirm the possibility of a critical practice (e.g. Habermas, 1984:385). CDA and the early CL align with the positive current, thus understanding that a criticism of the dominant discourses can reveal the mystification of reality and enable social change.

This positivist critical stance is based on the triad 'knowledge', 'reality' and 'truth', and the classic Western association of 'criticism' and 'knowledge' (i.e. 'critique' as the discernment between truth and illusion), which goes back to the Enlightenment (frequently attributed to the Kantian *Critique of Pure Reason*; Foucault, 1995). This perspective toward criticism assumes that (i) truthful knowledge has been attributed to myths, (ii) truth can be revealed, and (iii) we can distinguish what is knowledge from what is not –that is, 'criticism' unveils what is to be understood by *legitimate* knowledge (Foucault, 1995:8). In these terms, CDA commonly takes ideology as the object of criticism to the extent that it is opposed to truth (Foucault, 1980:118). Not all CDA scholars support this conception of ideology. Van Dijk argues for a multimodal perspective, which understands ideology as formed by a cognitive and a social dimension (i.e. ideology as socially constructed knowledge) (van Dijk, 2006 and 2000). This conceptualisation establishes ideologies as the basis of all representation and relationship, challenging the exclusive association of ideology with legitimizations of power by dominant groups (van Dijk, 2006:729; 2000:8). Jim Martin and David Rose, in SFL, also criticize the equation of 'ideology' with 'naturalization of control' and describe discourse

as ideological in nature (Martin, 2004b:181; Martin & Rose, 2008:19). These scholars have adopted a more comprehensive approach to power, giving rise to the new Positive Discourse Analysis (PDA) (Martin, 2004b; Martin, 2000b). The PDA approach to power is closer to the Foucauldian stance, which refuses its traditional understanding in exclusively negative terms. Understanding power as domination equates it with oppression and prohibition, and attributes it exclusively to ‘others’ (Foucault, 1980:115-116&119; Martin; 2004b:183). However, we also find power in knowledge and maintenance of social practices, which shows that power is more productive than repressive (Foucault, 1980:119; Martin, 2004b:197). PDA argues that we must attend to texts which reflect inequality or discrimination, but also to those that challenge inequality and offer new forms of organization (Martin; 2004b:185; Martin, 2000b:297), thus reconsidering discourse analysis as a productive academic activity (Martin, 2004b:182).

In this thesis, ‘ideology’ is understood in reference to political agendas (already in Foucault, 1980:130). The Foucauldian conception of ‘discourse’ echoes both the social and cognitive dimensions of language and adjusts to ‘criticism’ as understood in the later CL (Fowler, 1981; Fowler, 1996b), and shared in this thesis. ‘Critique’ is not attributed a higher status of truth than that of the discourses under study (Fowler, 1981:26; Fowler, 1996b:50), nor does it aim to discover any ultimate truth. The critical practice is understood as a process of “defamiliarization” (Fowler, 1996b:12), the adoption of a stance of estrangement toward the categories that constitute the “habitualized world” (1996b:24&58) in order to uncover the “system of unconscious ideas” manifested in language (Fowler, 1996b:50). Criticism as “defamiliarization” recognises the intrinsic relation between language and cognition (Fowler, 1996b:54), and presents the ‘critique’ as becoming aware of the automatized way of understanding the world.

This section has explored the position regarding discourse studies maintained in this thesis in contrast to other approaches adopted in the field. The thesis shares CL’s linguistic perspective in discourse studies: the importance attributed to linguistic theory and method for conducting analysis, and the preference for the SFL approach to language. This thesis also shares CL’s understanding of discourse criticism as a way of uncovering the conditions and restrictions of human knowledge (Fowler, 1996b:48), and of elucidating the causes and practical consequences of the categories analysed (Fowler, 1996b:26).

## 3.2 Systemic Functional Linguistics

Systemic Functional Linguistics (SFL) has traditionally been considered one of the best approaches in linguistics for conducting critical studies of discourse (Butler, 2003:158). Adopting SFL entails both a linguistic theoretical stance and a mode of practice (Halliday, 1985:1). SFL provides a theoretical and descriptive linguistics framework (Fawcett, 2010:vii; Halliday, 1981a:16), which systematically unifies language structure, meaning and use, thus making SFL an efficient approach for analysing linguistic and extra-linguistic dimensions (Thompson, 2004:249). Education, translation, artificial intelligence, computational linguistics and stylistics are among the most common areas of application (Butler, 1985:3; Fawcett & Young, 1988:ix; Matthiessen, 2012:438). SFL has been praised as an “applicable” and “socially accountable” form of linguistic research due to its permeability and capacity to deal with problems of the widest variety of disciplines (Matthiessen, 2012:436). SFL’s richness has also been attributed to its flexibility in incorporating new model developments (Fawcett, 2010:viii; Butler, 2003:202), making it a highly dynamic theory. Proof of this is the existence of four ‘families’ of systemic functional grammar (SFG): Sydney, Cardiff, Nottingham and Leuven (Fawcett, 2010:6; Fawcett, 2008:3). The Sydney and Cardiff schools are the most relevant ones, which is partly attributed to their formalisation and testability in computer modelling (2010:6). This thesis follows Sydney Functional Grammar as detailed in the latest version of *Introduction to Functional Grammar* (IFR) (Halliday & Matthiessen, 2004).

Section 3.2.1 provides a historical overview of SFL. Section 3.2.2 presents the framework of SFL, its position towards language and main concepts. Section 3.2.3 discusses some criticisms of the theory. Section 3.2.4 presents the genre theory and the discourse semantics stratum developed by Martin in the Sydney School.

### 3.2.1 Systemic Functional Linguistics: a historical overview

SFL is associated with M. A. K. Halliday, who is often seen as a counterpart of Noam Chomsky; both are regarded as the founders of the two major linguistic theories in the post-war era (Butler, 1985:40; Fawcett, 2008:1). Halliday himself raised walls against Chomsky in the introduction to *Language as Social Semiotic*, one of the founding works of SFL. Constructing a linguistics theory on the idealization of the individual and a



grammar on the idealization of the sentence, Halliday argued, is put in question by the origin of language itself: ‘the social man’ (Halliday, 1978:4). Still, Chomsky was not the first to construct a theory of language based on idealizations, nor was Halliday the first to stress the social nature of language: both should be regarded among the major exponents of two opposed currents of thought. Chomsky stands as the founder and major representative in linguistics of the formalist analytic tradition, although he positions himself as an inheritor of Port-Royal Logic and Grammar (Chomsky, 1966:39&40). Chomsky opposed Bloomsfield’s rejection of mentalism, arguing that “observable” phenomena offer a very limited account of language (Godfrey, 1965:251&256). Language was understood as “the instrument for the free expression of thought”, an exclusive product of the mind (Chomsky, 1966:13). Linguistics would study the “deep structure” of language, the reflection of mental processes (1966:31), converging with cognitive science (Godfrey, 1965:252). Against this formalist abstraction, Halliday adopted the Prague Linguistic Circle’s functionalist stance and defended the primacy of language as a *means* for communication. Founded in 1926 by Vilém Mathesius, the Prague group regarded language as goal-oriented, which satisfies “cultural needs” (Jakobson, 1978:5 and 1971a:523). As the primary communicative tool, language should be studied in terms of its performance following a “means-end” model (1971a:523). Halliday brought together different linguistic approaches and integrated the outcomes of ethnography into linguistics, founding Systemic Functional Linguistics.

Bringing language back to ‘the social man’ involved studying language within its sociocultural context (Halliday, 1978:2). The ‘context of situation’ became one of the cornerstones of SFL: language only exists as language in-use (1978:33), and use is conditioned by the situation type where such use takes place. ‘Context of situation’ was coined by Malinowski. Utterances were meaningful only within their “context of situation” (Malinowski, 1923:307), meaning was rooted in the function words performed (1923:309), and language was identified with its pragmatic character (1923:316). Malinowski’s linguistic insights and influence on the SFL tradition is well recognized (Halliday, 1981b:127; Halliday 1985:3; Hasan, 1985). Malinowski’s conception of meaning as a social construct, and the functionalist and systemic conception of language were welcomed in Firthian linguistics. The concepts of ‘context of situation’ and language as ‘mode of action’ were adopted with more reservations, both in the Firthian theory and in the emerging systemic functional approach. References to context are also found in the Prague School. Jakobson identified the “environment” or “speech situation”

as the spatio-temporal framework that conditions the content and realization of linguistic instantiations by defining the function performed by language in communicative activity (Jakobson, 1971b:284).

Halliday's conceptualization of the 'context of situation' as a situation type, the theoretical construct that conditions all textual realization (Halliday, 1978:110), derives from Firthian linguistics. J. R. Firth was the first scholar to incorporate the 'context of situation' as a central construct of semantics (Firth, 1968a:13; 1957a:27; Firth, 1957d:102), understood as the verbal and non-verbal actions of the participants in conversation, the relevant objects and the effects of the verbal action (Firth, 1957b:181). The Firthian 'context of situation' lost the realist trace it held in Malinowski's theory (see, for example, Malinowski, 1923:325). Firth's conceptualisation of 'language as a mode of behaviour' was grounded in Malinowski's pragmatic view of language (Firth, 1957a:19; Firth, 1957d:98), and it is echoed in Halliday's conception of language as "encoding" "behaviour potential" into "meaning potential" (Halliday, 1978:21), turning social reality into the highest level of semiotics (1978:39).

Conceiving social reality as semiotics implies understanding meaning as being generated within and by means of social structure and activities, conditioned by social relations and relevant contextual factors. Conceived in relational terms, meaning acquires a systematic nature and ideational and interpersonal dimensions. The ideational and interpersonal components of meaning (Halliday, 1978:79) are also found in Malinowski's approach to language as a mode of behaviour and reflection. While Malinowski prioritised the behavioural mode, Halliday emphasised their equal status. Understanding "language as a social semiotic" entails adopting immanent approach to meaning and conceiving language itself as constructive of meaning (Butler, 2003:155; Halliday, 1978:51; Hasan, 1987). The immanent approach contrasts with the transcendent approach, which understands language as a representation of meaning, identified with an external referent. Halliday's immanent approach can be traced back to Firth's rejection of dualisms in linguistics (Firth, 1957c:220; Butler, 1985:5; Halliday, 1978:51), which turned meaning into a central issue in all language strata (phonetics, grammar, lexis and semantics) (Firth, 1957a:19; Butler, 1985:4). The Firthian stratified view of language set the precedent for the Hallidayan semantic-based systematic approach (Halliday 1978:39; Ventola, 1988:54).

### 3.2.2 Meaningfulness of language

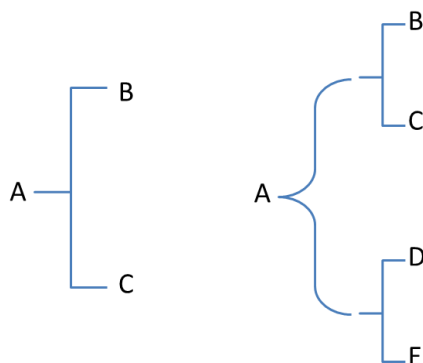
Following the Hallidayan tri-stratal system of language, SFL conceives language as constituted by phonology, lexicogrammar, and semantics, and each stratum is a system in itself (Halliday, 1978:39). The different strata are related by realization, and each realization belongs to a different semiotic level. Semantics (what individuals can “mean”) realizes the ‘behavioural potential’, which corresponds to the ‘social semiotic’, the highest level of semiotics, and encompasses all that individuals can ‘do’. Meanings (semantics stratum) are realized as wordings through the lexicogrammatical system, which represents all that speakers can “say” (Halliday, 1978:40; Gregory, 1987:96). The lexicogrammatical potential is actualized in text, which constitutes the basic unit of semantics (1978:109). In their turn, wordings are realized as sounds (phonetics) (Halliday, 1992:20; Hasan, 1987:184). The lexicogrammatical and semantic potentials are not necessarily equipotent (i.e. individuals might not be able to realize linguistically part of their meaning potential), and there is not a one-to-one dependency between semantics and lexicogrammar (i.e. the same meaning can be expressed in different ways) (Butler, 1985:60).

In Halliday’s model, lexis and grammar are conceived as the end points of a cline, and belong to the same linguistic stratum (lexis as the most “delicate grammar”) (Halliday & Matthiessen, 2004:44; Hasan, 1987; Ventola, 1988:55; Butler, 1985:128). Lexis and grammar realize semantic choices and only differ in their organisation and ways of generating meaning (Hasan, 1987:208; Butler 1985:128).

Halliday’s approach has been referred to as ‘neo-Firthian’ and ‘sociosemantic’ for its emphasis on semantics and social context (Ventola, 1988:55). Context conditions the meaning options that are actualized in the linguistic strata. The conception of language as (actualized) potential is central in SFL. Conceiving language as systematic entails that linguistic instances are choices of options, to the detriment of other options that could have been realized in the same situation. SFL’s systematic view of language is a legacy of the Prague group (Jakobson, 1971a:524). Jakobson defined language as a “pattern of relations”: a meaningful system whose elements –grammatical and lexical– are established in relationships of opposition among each other (Jakobson, 1971a: 284&525 and 1971e:215).

SFL represents the behavioural, semantic and lexicogrammatical options in networks of options that relate any possible choice in exclusive disjunctions (Halliday,

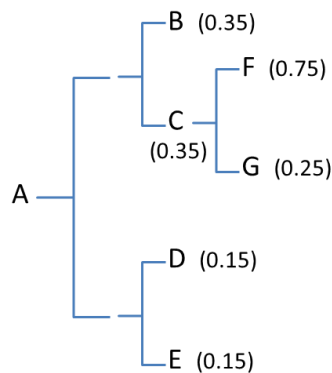
1978:40&128; Halliday & Martin, 1981:56; Nesbitt & Plum, 1988:7). Linguistic choices are logically dependent on one another (Halliday, 1978:41; Halliday, 1981c:140). The simplest network is represented as  $A \rightarrow (B \vee C)$  (if A is satisfied, then either B or C are needed); more complex variables would take forms like  $A \rightarrow [(B \vee C) \wedge (D \vee E)]$  (if A is satisfied, then either B or C are needed, plus D or E) (Figure 3.1<sup>3</sup>).



**Figure 3.1 Examples of system networks**

System networks help in mapping how selected options are interrelated (Halliday 1981:140). The options are not conscious decisions and are given together at once in the linguistic instance (Halliday & Matthiessen 2004:23; Thompson, 2004:9). SFL is sometimes referred to as a “theory of language as choice”, reflecting the primacy of the paradigmatic relations in the model (Thompson, 2004:248; Nesbitt & Plum, 1988:7). Paradigmatic relations (represented by systems) condition the syntagmatic ones (represented by the lexicogrammatical structures) (Halliday 1978:41; 1981:14; Martin, 2010:27; Nesbitt & Plum, 1988:9). Ascribing probabilities to the different network options makes it possible to generate patterns of typical choices and see whether expectancies are met in a specific situation (Nesbitt & Plum, 1988) (see Figure 3.2 below). This topic has been particularly developed by the Cardiff School (Butler, 2003:187).

<sup>3</sup> Based on Hasan’s (1987:187) Figure 7.1 “A simple system network”.



**Figure 3.2 Illustration of the adscription of probabilities to a system network**

The distinction of patterns of choice supports the mutual predictability between language and context. All linguistic choices are ultimately conditioned by context and can be analysed in relation to their contribution to the development of the text and the formation of social relations, identities and categorizations (Mathiessen, 1992:39). The essence of SFL’s functionalism is the definition of language in terms of its “metafunctions”: language is meaningful insofar as it is metafunctionally ordered (Halliday, 1978:22; Halliday & Matthiessen, 2004:29-30). In all linguistic realizations, it is possible to distinguish:

- an “ideational” function, constituted by an experiential component or representation of the world, and a logical component, or the relationships among propositions;
- an “interpersonal” function, comprising the relationships and social roles enacted in the linguistic exchange between the speakers, and the relationship of the speaker with the content revealed (i.e. commitment); and
- the textual function, which enables the communication in a meaningful way (Halliday, 1978:112).

The ideational metafunction is also referred to as “the content function” (1978:112), for being centred on the propositional content and portraying reality (Thompson, 2004:86). The interpersonal metafunction, or “participatory function”, refers to language as a means to affect the other participants in communication (Halliday 1978:112; Gregory, 1987:96). Language as exchange can be either of information or of goods-and-services; in the last case the exchange frequently involves non-verbal actions, relegating language to a secondary role (Thompson, 2004:46; Halliday & Matthiessen, 2004:107). The textual metafunction, or “enabling function”, brings cohesion and

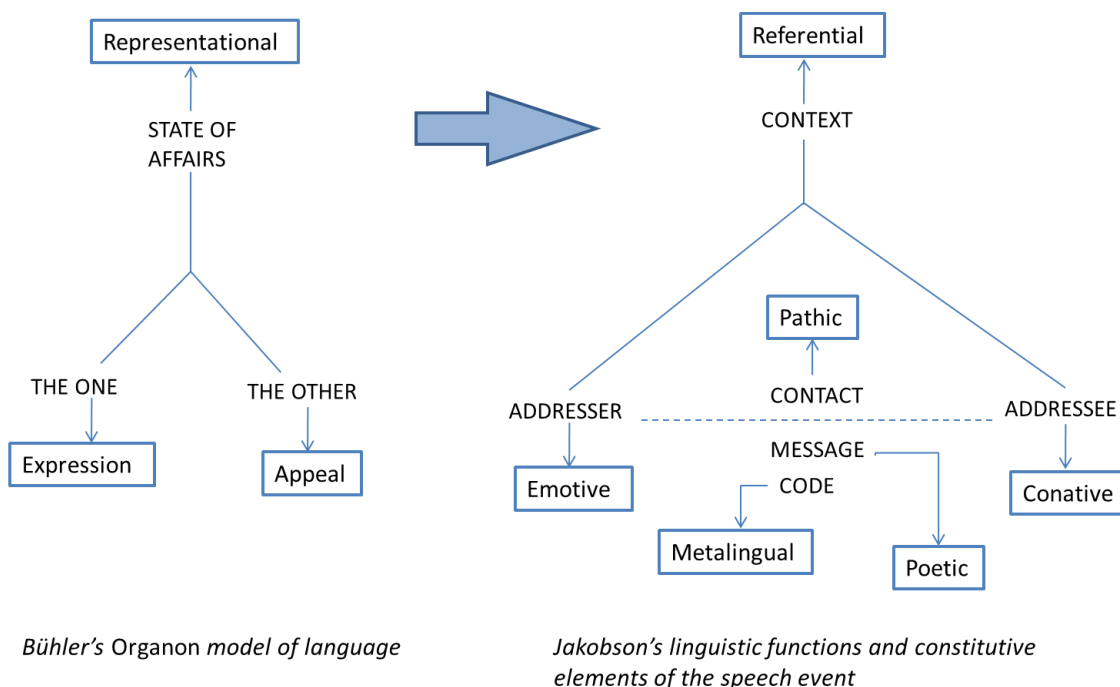
coherence (Butler, 1985:45; Thompson, 2004:179; Ventola, 1988:56). The textual metafunction performs a “meaning organizer” role: it turns new information into given states, and generates contrasts of prominence (Matthiessen, 1992:42). While the ideational and the interpersonal metafunctions are oriented towards the extra-linguistic reality, the textual one is oriented towards the “semiotic reality” of language itself, constituted by the meaning derived of the other two (1992:42&53).

The functionalist angle of SFL and the consequent importance of semantics in the study of language is inherited from the Prague School, more concretely, from Jakobson’s development of Bühler’s functions of language.

In his preface to *Theory of Language*, Bühler describes language as a tool of social behaviour whose main characteristic is its representational capacity (2011/1934:xciii). Despite initially prioritizing the representational dimension, Bühler stresses that all cognitive use of language is derived from its social informative purpose: with language *one* informs *the other* about *the things* or *state of affairs* of the world (2011/1934:31). In Bühler’s *organon* model, language is a means to transfer information. From the three variables distinguished in the ‘speech act’, the empirical phenomenon upon which the linguistic study is grounded, follow the three functions of language: (i) “representation”, where sign acts as a “symbol” of the state of affairs; (ii) “expression”, where sign is a “symptom” or index of the inner states of the speaker expressed in the message; and (iii) “appeal”, where sign acts as a “signal” with the aim of affecting the addressee’s inner or outer behaviour (2011/1934:35). Establishing communication as the main linguistic phenomenon turns language into a social tool of “significative” (meaningful) nature. The three linguistic functions constitute semantic concepts that determine the signification of the speech act (*ibid.*). Bühler draws the first delimitation to the dominance of the representational function: all study of language must consider the relationship mediated between the participants (2011/1934:37). Bühler’s theory is a first attempt to build a comprehensive model of language, bringing together its representational and interpersonal dimensions.

Bühler’s triadic functional model was developed by Jakobson, the direct precedent of Halliday’s metafunctions –see Figure 3.3 below. Jakobson defined the linguistic functions according to the six “constitutive factors” of the speech event: the message, the addresser, the addressee, the context referred to in the message, the code, and the contact among the participants, understood as a “physical channel” and “psychology connection” (Jakobson, 2006:48). Accordingly, Jakobson distinguished the

following linguistic functions (2006:49-50): (i) “referential”, the cognitive or denotative, oriented towards the context; (ii) “emotive” or expressive, the addresser’s attitude towards the message, understood to colour all utterances; (iii) “conative”, or the orientation of the message towards the addressee, explicitly seen in vocative and imperative propositions; (iv) “phatic”, focused on establishing contact between the participants and sustaining communication; (v) “metalingual”, focused on the metalanguage and the verification of the common understanding; and (vi) “poetic”, focused on the message for its own sake and the “palpability of the signs”. Although the poetic function finds major expression in poetry, it is constitutive of all linguistic instances and has a privileged status in Jakobson’s model (Jakobson, 2006:53; Jakobson, 1971a:525 and 1971c:558).



**Figure 3.3 Comparative illustration of Bühler’s and Jakobson’s models of language**

The linguistic functions confer a multidimensional character to meaning, which must be analysed based on the task performed by language in communication. The correlation between function and context entails that signification is conditioned by context. Echoing the centrality of context derived from linguistic functions, Jakobson referred to his model as a “pragmatic approach to language” (Jakobson, 1971d:703), a characteristic that has also been attributed to SFL (Daalder & Musolff, 2011; Martin & Rose, 2008:29). The functionalist pragmatization of language can be traced back to Bühler’s identification of the “concrete speech event” as the object of study in linguistics (2011/1934:20). Jakobson and Halliday’s functionalist stances differ on the logical status attributed to linguistic

functions (Fowler, 1981:168). For Jakobson, it is not necessary for the six linguistic functions to be given together in every speech event, and there is a functional hierarchy, depending on the situation. The Hallidayan metafunctions are constitutive of language itself and operate simultaneously, thus being always possible to distinguish the three of them in all linguistic instantiations (Halliday & Matthiessen, 2004:31).

The metafunctional hypothesis is the core of SFL: it brings all linguistic strata together and gives the theory its sociological relevance (Halliday & Martin, 1981:134). All metafunctions are reflected in each linguistic stratum and systematically correlate their variables (Hasan, 1987:184; Ventola, 1988:57).

The functional components of language are realized and brought together by the lexicogrammatical system (Halliday, 1978:128; Thompson, 2004:34). The ideational component is realized by the transitivity system, the interpersonal by the Mood system, and the textual by the Theme system. The lexicogrammatical systems are defined in terms of *what* they realize in a text (Halliday & Martin, 1981:101). Transitivity is the meaning generated from the speaker's relation with the world as observer; it is concerned with the process types employed to represent phenomena and participants' roles (Halliday & Martin, 1981:134). SFL expands the concept of 'transitivity'. Traditionally applied to the verbs that require a direct object, SFL applies 'transitivity' to the whole clause, examining how action is distributed and the relationships established among the participants (Thompson, 2004:90). Processes determine participant roles, and constitute the central component of the transitivity system (Fawcett, 2008:11; Halliday & Matthiessen, 2004:175).

The Mood system considers the clause as exchange (Halliday & Matthiessen, 2004:106). Meaning is generated from the speaker's relationship with other interlocutors (Halliday & Martin, 1981:134). The Mood expresses the role the speaker adopts towards what is said, and it is constituted by the Subject and the Finite, where the Finite indicates tense or modality (Halliday & Matthiessen, 2004:111). Mood is associated with polarity (i.e. the expression of the proposition as positive or negative), and modality (i.e. the speaker's judgement about what is said) (2004:143). Speakers' judgements can be concerned with the probability or usuality of the proposition (modalization), or are intended to inflict an action on the addressee or express the speaker's inclination (modulation) (2004:618).



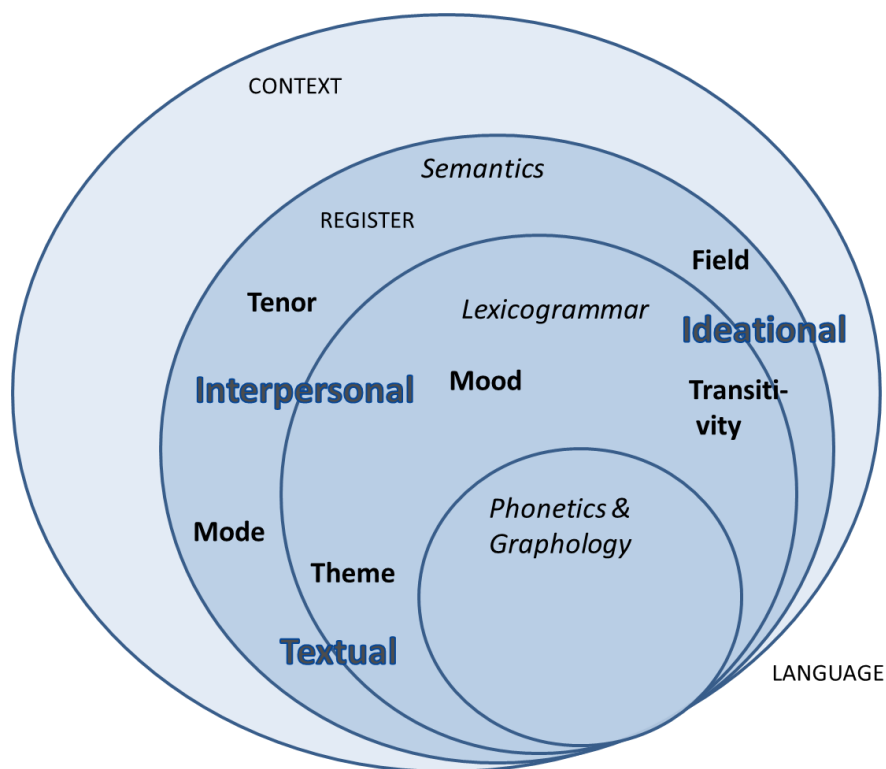
The Theme system shows how the speaker relates the text to the world and the text itself (Halliday & Martin, 1981:134). The Theme is the starting point of the message, it is determined by the mood of the clause and it is constituted by one of the participants of the transitive system (Halliday & Matthiessen, 2004:64&71; Thompson, 2004:159). Theme system structures the clause and distributes information within the clause by generating semantic links (i.e. cohesive function) (2004:87-88). Just as the linguistic metafunctions are all performed together, all elements of the lexicogrammatical system are given in text.

The semantics system is also systematically related to the ‘context of situation’: speakers only present the meaning potential appropriate for the situation type (Halliday, 1978:111). The semiotic structure of the situation constitutes the ‘Register’, that is, the meaning potential associated with each situation type (Halliday, 1978:125). Register is determined by three (situational) variables: the ‘Field’, or the social activity that takes place; the ‘Tenor’, or the relationships between the participants (i.e. social and speech roles); and the ‘Mode’, or communication channel adopted (i.e. face-to-face or mediated) (Halliday, 1978:32).

Field, Tenor and Mode are the determinants of all linguistic instantiations, which can be predicted from the context of situation (Halliday, 1978:62). The Field conditions the selection of experiential meaning and the transitivity options available; the Tenor conditions the interpersonal meaning and the mood selections; and the Mode conditions the textual meaning and is reflected in the cohesion, voice and Theme choices (Halliday, 1987:142) (Figure 3.4<sup>4</sup> below). The variables of Register determine the lexicogrammatical patterns, evidencing the non-arbitrariness of language (Berry, 1987:45).

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<sup>4</sup> The concentric circles are the regular graphic representation of the model in the SFL literature.



**Figure 3.4 The Hallidayan model of language**

The systemic interrelation of all linguistic strata allows us to reveal the different systemic choices through the study of texts. The simultaneous presentation of the metafunctions implies that linguistic systems are equally important in generating meaning, and relatively dependent on one another (Butler, 1985:40). Negating a hierarchy among metafunctions is an important contribution from SFL, breaking with the traditional emphasis on the representativeness of language (Butler, 1985:48).

The metafunctions are mutually permeable (Halliday, 1981c:144; Gregory, 1987:96). Some authors argue that this overlap questions the validity of the metafunctions hypothesis (see Butler, 1985:83). An overlap of experiential and interpersonal components is recognised, for example, in modality and attitude (Halliday, 1981c:144). However, the overlap evidences the need to consider meaning as a whole. Despite the non-hierarchical relationship of the metafunctions, studies tend to focus on a specific metafunction (Halliday, 1978:49). This thesis is concerned with the ideational and interpersonal dimensions of meaning.

### 3.2.3 A critical evaluation

SFL is valued for bringing language and social context together, and for its applicability in linguistic and non-linguistic research. However, since its early days, SFL has also received constructive criticisms from the SFL community, facilitating its development.

Back in the 1980s, doubts were raised about the functional relations established between the lexicogrammar's components (i.e. Actor, Goal, Process), claimed to be impossible to demonstrate (Butler, 1985:90). The correlation between contextual variables and semantic choices (ideational, interpersonal and textual) was also questioned for lack of supporting evidence (Berry, 1987:41; Butler, 1985:88). The universal character of SFL functional components raised concern among the community, since a universalistic hypothesis omits language variation across cultures (Butler, 1985:83). Concerns have also been raised about the anti-cognitivist stance of SFL (Butler, 2008), which can be traced back to the Firthian rejection of logical and psychological approaches to language (Firth, 1968a:12; 1968b:117). The SFL understanding of cognition as a secondary aspect in the study of language persists today (Butler, 2003:158).

The impossibility of falsifying the functional character of the Systemic Functional Grammar (SFG) categories puts their theoretical validity into question. However, theoretical validity should arguably be based on the contributions and development possibilities that the theory offers the discipline, instead of its falsification possibility. This stance is echoed in Halliday and Fawcett's claim that "often the major steps of progress do NOT come from painstaking methodology [...] but from [...] «the creative imagination»" (Halliday & Fawcett, 1987:3, as cited in Butler, 2003:203). From this perspective, SFL constitutes one of the most prolific linguistic research areas of the twentieth century (Fawcett, 2010:viii).

SFL was initially developed within Anglo-Saxon scholarship and English-centrism constituted a weakness of the approach. Nonetheless, SFL has since been applied to Indo-European and non-Indo-European languages. Halliday and Matthiessen's SFG has been adapted to Spanish (Lavid, Arús & Zamorano-Mansilla, 2010), French (Caffarel-Cayron, 2006), Chinese (Li, 2007) and Japanese (Teruya, 2007). Although SFG needs to be adapted to the language under study, SFL offers a rich framework for research and language understanding, permeable enough to incorporate the changes.

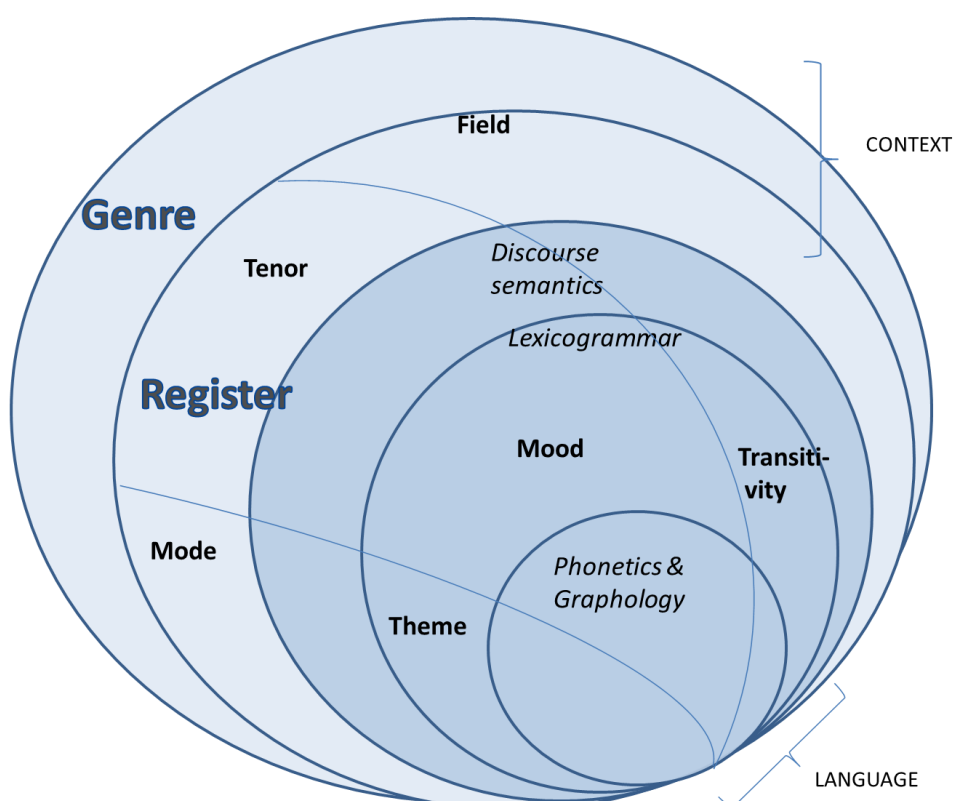
SFL does not draw a clear-cut distinction between semantics and grammar. SFG stresses the meaningfulness of syntax. The semanticization of grammar is a strong theoretical point, but it leads to indeterminacy in process type identification. Analyses may present different annotations depending on whether a grammar-based or a semantic-based perspective is adopted (see Gwilliams & Fontaine, 2015; O'Donnell, 2018 and Chapter 4, Section 4.3.1.2). Gwilliams and Fontaine (2015) have proposed making a double analysis in those cases where semantics and grammar-based analyses would lead to different annotations. The Cardiff Grammar stresses syntax more than the Sydney School, but all SFL varieties must address this indeterminacy.

The Cardiff Grammar is described as both a simplification and an extension of Halliday's SFG (Fawcett, 2008:65). Fawcett distinguishes eight metafunctions (i.e. experiential, interpersonal, thematic, logical relational, polarity, validity assessment, affective, informational) instead of the three distinguished by Halliday (Fawcett, 2008:10; Butler, 2003:186). The Cardiff Grammar simplifies the Hallidayan because it rejects the transitive and ergative double analysis, it identifies only one main verb per clause, suppressing the identification of a predicator and a verbal group, and it does not differentiate between attributive and identifying processes (Fawcett, 2008:65-67; 1987:138). The Cardiff and Sydney schools also stress different aspects of language. The Sydney School stresses the social aspect of language; the Cardiff School emphasizes the cognitive aspect (Fawcett, 2008:6). The lack of a cognitive-friendly standpoint is one of the weakest points of the Sydney School (Butler, 2008, 2003:201). This thesis follows Halliday and Matthiessen's SFG (Halliday & Matthiessen, 2014), but it shares Butler's stance on the importance to integrate a cognitive account for a comprehensive study of language (see Section 3.3.4).

### **3.2.4 The Martinian model: Genre and discourse semantics**

The Hallidayan model understands the relationship of language with its social context as conditioned by Register. Context constitutes the highest stratum of meaning, and Register determines the meaning potential available for linguistic instantiation according to the situation type (see Figure 3.4 in Section 3.2.2). Martin understands that the relationship between language and the social context (extra-linguistic reality) is a direct consequence of the inherent functionality of language (Martin, 1991:102, 2014). All linguistic realisations are goal-oriented social activities, and the 'purpose' of activity is the most

general contextual factor that determines the combination of the variables of Register (Martin, 1991:131). Like the Hallidayan model, the Martinian stratifies reality into the language and context planes. In the Martinian model, context is the content plane of language, the extra-linguistic reality that is “semiotized” by our relationship with it, and it is divided into “Genre” and “Register” (Figure 3.5<sup>5</sup>). Genre constitutes a “staged, goal-oriented social process”, the most abstract semiotic system that determines the social practices of a culture (Martin, 2009:13; Martin & Rose, 2008:6). Language, the expression plane of Register, constitutes the less abstract semiotics (Martin, 1999:30, 1991:128).



**Figure 3.5 The Martinian model of language**

Since Genre determines the global organization and meaning of a text, it does not present the metafunctions or dimensions of meaning identified in Register and the linguistic strata (Martin, 1999:31, 1991:131). Martin’s Genre shows that meaning realizations are limited: only those instantiations of the meaning potential that are in accordance with the Genres available in a culture are actually possible (Martin, 2009:13; Martin & Rose, 2008:17). The Martinian Genre stresses that our relationship with extra-linguistic reality is always

<sup>5</sup> Based on Martin’s (2010:16) Figure 1.7 “Language in relation to stratified model of social context (as register and genre)”.

mediated by meaning. The emergence of different social practices will involve new language practices and the generation of new genres (Martin, 1999:48, 1991:141).

The other contribution of the Martinian model is the identification of discourse semantics as the third stratum of language. The discourse semantics stratum develops coherence and cohesion, which, in the Hallidayan model were studied as part of the textual metafunction in the lexicogrammar (Martin, 2001:35&37). Establishing discourse semantics as stratum highlights that the construction of experience, the adoption of a stance, and the meaningful organization of discourse transcend the level of the clause (i.e. the lexicogrammar).

Discourse semantics is formulated as an interface between the lexicogrammar and the context, thus linking linguistic choices with Register variables as realized in discourse (Martin, 2019:358; Martin & Rose, 2007:296-308). Cohesion is reinterpreted at the semantic level (i.e. beyond the clause), and it is organised in systems following the metafunctions of language: (i) IDEATION and CONJUNCTION, which correspond to the experiential and logical variants of the ideational metafunction respectively. The former is concerned with the semantic relations between the participants and the whole discourse, and the latter with the interconnections between events and different parts of the text; (ii) NEGOTIATION and APPRAISAL, which correspond to the interpersonal metafunction, and are concerned respectively with the assignment of roles and organization of exchanges, and evaluation; and (iii) IDENTIFICATION, which corresponds to the textual metafunction and considers how events and participants' identities are introduced in the text and referred to once they are known by the interlocutor or reader (Martin, 2014, 2001:44; Martin & White, 2005:9; see Table 3.1).

<i>Metafunctions</i>	<i>Register</i>	<i>Discourse Semantics</i>	<i>Lexicogrammar</i>
Ideational	Field	Ideation and Conjunction	Transitivity
Interpersonal	Tenor	Negotiation and Appraisal	Mood
Textual	Mode	Identification	Theme and Rheme

**Table 3.1 Correspondence between linguistic strata in the Martinian framework**

This thesis draws on the APPRAISAL framework to study the evaluation associated with ADHD and the diagnosed individuals and how that evaluation influences their representation. The next section outlines the approaches incorporated into the SFL-based analysis in the thesis: APPRAISAL and discourse metaphor.

### **3.3 Expanding Systemic Functional Linguistics**

This thesis complements the traditional SFL framework with the APPRAISAL system of discourse semantics, and it includes metaphor and metonymy analysis as part of the study of representation. Section 3.3.1 offers an overview of the APPRAISAL system; Section 3.3.2 distinguishes the semantics and the discourse semantics strata and considers “metaphoricity” in SFL; Section 3.3.3 examines SFL and non-SFL accounts on metaphor; Section 3.3.4 considers the integration of a cognitive approach in SFL-based studies of language.

#### **3.3.1 The APPRAISAL system**

Language in use carries ‘evaluation’. Evaluation constitutes the expression of the speaker’s attitude or perspective towards what is being talked about, and the construction and maintenance of a relationship with the addressee (Hunston & Thompson, 2000:6-13; Martin & White, 2005:95; Martin, 2004a:323). The study of evaluation allows us to understand the system of values and assumptions shared by a social community, and how they are reinforced or challenged in language. Evaluation contributes to organizing discourse, functioning as both an interpersonal and textual phenomenon (Thompson & Zhou, 2000:122).

There are different approaches to the study of evaluation in language. Hunston and Thompson (2000:24) identify four parameters of evaluation: good-bad, certainty, importance and expectedness. They characterize evaluation as inherently comparative, subjective, and value-laden, and associate each one of these characteristics with common grammatical realisations (2000:21). We see grammatical approaches to evaluation in Conrad and Biber’s (2000) study of adverbials, and in Hunston and Sinclair’s (2000) study of adjectival behaviour in evaluations.

Martin and White’s (2005) APPRAISAL framework offers the most comprehensive account of evaluation in language to date and is the one adopted in the thesis. Appraisal Theory considers evaluation as inherent to meaning itself (Martin & Rose, 2008:19). Evaluation has a prosodic nature: it spreads across the text and determines how non-value

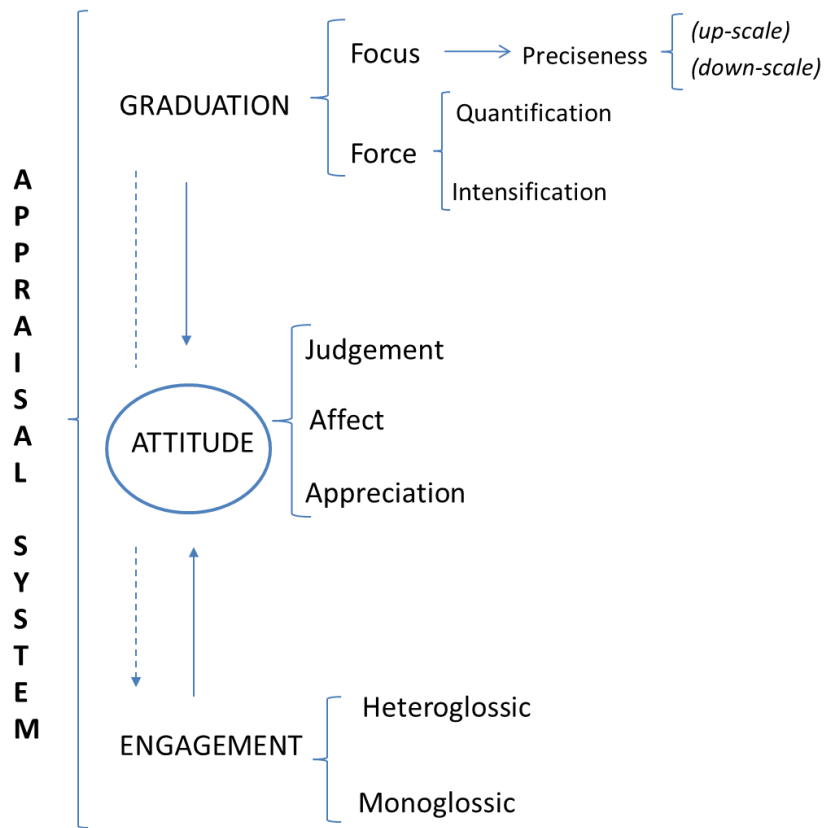
laden words are interpreted, conditioning the meaning of the whole text (Martin & White, 2005:19; Martin & Rose, 2007:59; Martin, 2008).

The APPRAISAL system delineates three dimensions of evaluation: (i) ATTITUDE, the core of the system; (ii) ENGAGEMENT or the ‘source’ of the evaluation, which distinguishes between the voice of the author (monogloss), and the incorporation of other’s attitudes (heterogloss) (Martin & Rose, 2007:49-50); and (iii) GRADUATION, which intensifies or dims the evaluation (graduation as ‘force’), and defines the category of facts evaluated with more or less precision (graduation as ‘focus’) (Martin & White, 2005:35-37; in Martin and Rose (2007) referred to as “amplification”) (see Figure 3.6<sup>6</sup>). The subsections below examine the systems of ATTITUDE and GRADUATION, the APPRAISAL dimensions most relevant to this thesis. The ENGAGEMENT system is not considered in the analysis undertaken in this thesis. Studying the stance adopted by the authors of the texts analysed in relation to other discourses would have allowed us to explore, for example, how the forum users position themselves in relation to the health authorities, how informational texts as the educational guidelines may acknowledge the canonical psychiatric discourse, and how the psychiatric institution takes distance or supports alternative accounts of psychological distress. While acknowledging the potential benefits of including ENGAGEMENT in the analysis, in particular for an exploration of potential influences across the discourses considered and to examine how the portrayals of ADHD and individuals with the diagnosis are endorsed across different institutional voices, this thesis did not address these research questions from a dialogic standpoint. Instead, the thesis focused on examining similarities and differences in the conceptualizations of symptomatic behaviour across the discourses, and the evaluations that the different social communities studied associate with the individuals.

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<sup>6</sup> Based on Martin and White’s (2005:38) Figure 1.18 “An overview of appraisal resources”.

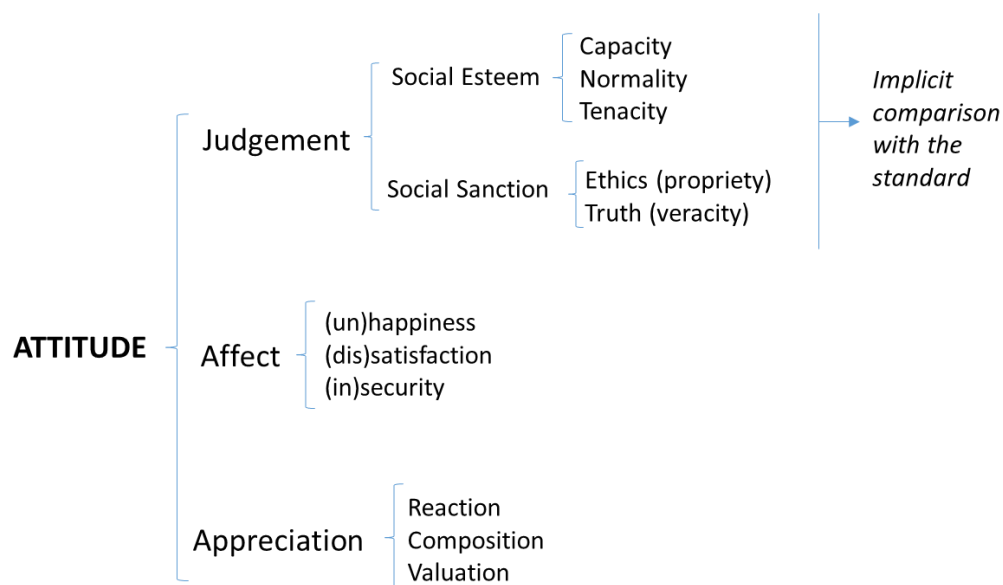




**Figure 3.6 The Appraisal system**

### 3.3.1.1 ATTITUDE

The APPRAISAL framework identifies three “modes of attitudinal meaning”: Affect, Judgement and Appreciation (White, 2011:16), which echo the traditional distinction between emotion, ethics and aesthetics (Martin & White, 2005:42) (see Figure 3.7).



**Figure 3.7 The Attitude system**

**(i) Affect**

Affect is the most fundamental attitude type; it comprises personal and contingent positive or negative mental reactions (e.g. “sadly”) (White, 2011:19). Affect is differentiated according to the emotion expressed: (Dis)satisfaction, (Un)happiness and (In)security (Martin & White, 2005:49). Feelings may be attributed to participants (e.g. ‘X is sad’) or their actions (e.g. ‘X is crying’). Depending on the source, feelings can be self-attributed by the authorial voice (e.g. ‘I’m sad’), or express authorial perception toward what is being depicted (e.g. ‘She looks sad’) (Martin & White, 2005:46).

**(ii) Judgement**

Judgement (and Appreciation) are institutionalized evaluations in a community and assumed in the reader (Martin & White, 2005:45). Judgements constitute assessments of the appropriateness of people’s behaviour by reference to social norms, and are differentiated between Social Esteem and Sanction (White, 2011:23). Social Sanction evokes moral values: it is associated with the truthfulness of individuals and their adequacy regarding ethical values (Martin & White, 2005:52). Social Esteem refers to the normality of behaviour, the capacity and tenacity assigned to individuals (*ibid*).

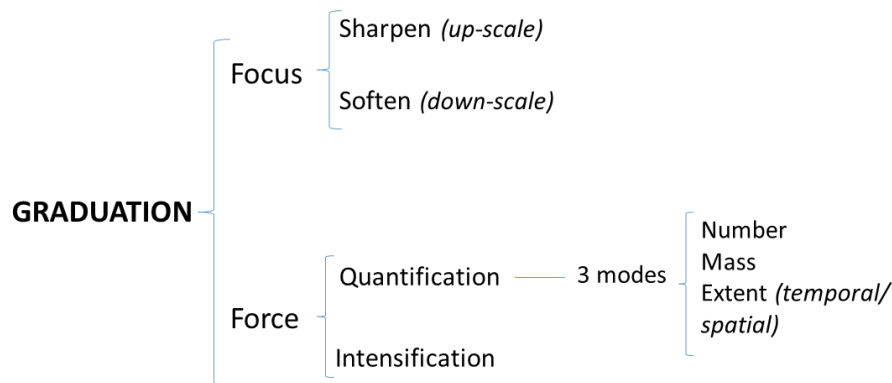
**(iii) Appreciation**

Appreciation is the evaluation of things and natural phenomena (White, 2011:25). Appreciation is differentiated in: (i) [people’s] Reaction to objects, which can be

understood as ‘impact’ (how has the object grabbed me?) and ‘quality’ (like or dislike towards the object); (ii) Composition of the object evaluated, understood as ‘balance’ (does the composition “hang together”?) and ‘complexity’ (is the composition “hard to follow”); and (iii) Valuation, the value (worthiness) attributed to an object or performance. (Martin & White, 2005:56).

### 3.3.1.2 GRADUATION

GRADUATION has a central position in the APPRAISAL framework (Martin & White, 2005:136). It can function as both a modifier and source of ATTITUDE and ENGAGEMENT when the graded terms are non-attitudinal (2005:139&152-153). The framework distinguishes two main types of Graduation (Figure 3.8):



**Figure 3.8 The Graduation system**

#### (i) Graduation Focus

‘Focus’ is applied to non-gradable categories and indicates their degree of prototypicality (Martin & White, 2005:137). Constructing a category in terms of prototypicality may evoke evaluations about the closeness of the sample considered in relation to the prototype. Consider the examples: ‘X is *the real* Y’ (Graduation Focus-Sharpening), ‘X is *a sort of* Y’ (Graduation Focus-Softening). Graduation ultimately presents belonging or exclusion from Y as a matter of judgement. Contrarily, by emptying category Y of Graduation, Y is taken as a given reality (‘X is a Y’ or ‘X belongs to Y’).

#### (ii) Graduation Force

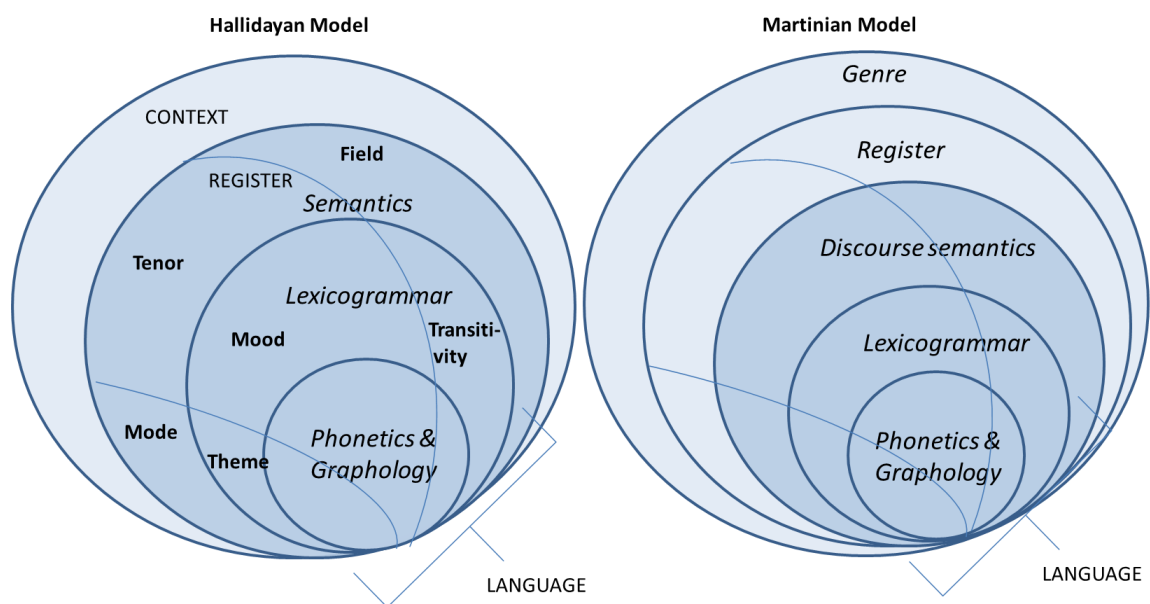
‘Force’ concerns the quantification or intensification of quantities, processes and entities, portraying them as scalable (Martin & White, 2005:140). Graduation Force increases or

decreases the “volume” of Attitude and allows for the generation of “attitudinal tokens” (i.e. non-evaluative terms are filled with attitude) (Martin & White, 2005:153).

The APPRAISAL framework complements the lexicogrammatical account of interpersonal meaning, focused on the mood and modality transitive systems (Martin, 2000a:143). Evaluation is realized at clause level by lexicogrammatical resources but there is not a fixed correspondence between lexicogrammar and evaluation due to the context dependency of the latter (Martin, 2000a:161; Martin, 2008:117; Martin & White, 2005:35). Context dependency makes it possible to differentiate between evaluations explicitly or directly expressed in text through lexicogrammatical resources (“inscribed”), and indirect evaluations, which are implied through ideational and contextual inferences (“invoked”) (White, 2011:17-18). Indirect appraisal constitutes one of the most noticeable overlaps between ideational and interpersonal meanings, and lexical metaphors are identified as one of the linguistic resources that best attest to this phenomenon (Martin & White, 2005:64).

### **3.3.2 Semantics, discourse semantics and metaphoricity in SFL**

The discourse semantics stratum of the Martinian model is commonly graphically represented at the same level of stratification as the Hallidayan semantics stratum (see Figure 3.9 below). However, the two strata do not comprise the same linguistic resources nor do they present the same level of semiotic abstraction (see Section 3.2.4). I argue that it is convenient to distinguish the Hallidayan “semantics stratum” from the Martinian “discourse semantics”, i.e. the discourse semantics does not exhaust the whole stratum of semantics and hence they should not be equated. The theoretical implications of distinguishing the semantics and discourse semantics strata are not addressed in the thesis, but the distinction does not contradict the traditional SFL model.



**Figure 3.9 Hallidayan and Martinian models contrasted.**

In the Hallidayan model, the semantics stratum is conceived as the meaning between ‘form’ (meaning as encoded in lexicogrammar and expressed in writing or sound) and ‘context’ (the context of situation where the meaning happens) (Taverniers, 2019:56). In modelling the semantics stratum, Taverniers distinguishes three ways to theorise semantics in SFL: (i) semantics as ‘topological meaning’ (regrouping of distinct lexicogrammatical phenomena in more abstract domains); (ii) semantics as ‘discourse-structural meaning’ (text as semantic unit and cohesion as semantic concept); and (iii) semantics as a ‘higher-level systemic meaning’ (i.e. a higher layer of system networks superimposed to the lexicogrammatical ones, e.g. speech functions vis-à-vis the Mood system) (Taverniers, 2019:59-60). Martin’s discourse semantics can be understood as exploiting the second perspective on semantics.

More generally, the semantics stratum accounts for the variability between expression (form) and content (meaning): relationships between expression and content are often ‘many-to-one’ or ‘one-to-many’ instead of ‘one-to-one’ (Taverniers, 2019:60). Speech functions and grammatical metaphors (i.e. alterations in conventionalized correspondences between grammar and semantics that generate a shift in meaning (Halliday & Matthiessen, 1999:538)) were the main motivations for the distinction of a semantics stratum (2019:77).

In SFL, “metaphoricity” (lexical and grammatical) involves a ‘many-to-one’ relationship between meaning and expression (i.e. one form with multiple meanings) (Taverniers, 2019:65), and it is attributed a conceptual move toward thingness (Halliday

& Matthiessen, 1999:264; Simon-Vandenberg, 2003:225&253). SFL scholarship has studied grammatical metaphor thoroughly, but research on lexical metaphor and other types of figurative language is minimal or absent. The neglect of figurative language is part of the general omission of lexis. SFL has traditionally integrated lexis into grammar (i.e. lexicogrammar), but studies on lexical representations are rare (Fontaine, 2017:116-117). The little attention to lexis is attributed to two main factors: (i) SFL was primarily conceived as a “sentence grammar approach” to language (O’Grady, 2019:474), and (ii) understanding language as social semiotics traditionally disregarded the cognitive aspects of lexis (Fontaine, 2017:116). SFL’s omission of lexicon contrasts with Cognitive Linguistics’ advancements in lexical representations and the centrality of metaphor and figurative language in general. This thesis argues that maintaining a distinction between the discourse semantics and semantics strata further opens the door to the adoption of a cognitive perspective in studying how metaphor and metonymy work in language.

### **3.3.3 Metaphor outside and in SFL and its importance in discourse analysis**

The importance of studying metaphor in discourse analysis is fully recognised in the current literature (Chilton, 2005; Dirven et al, 2007; Hart, 2008; Musolff, 2012; Semino, 2008:217). Traditionally, discourse studies rarely attended to metaphorical expressions (Hart, 2005:91). Figurative language was attributed rhetorical and aesthetic functions only (Chilton, 2005:30; Kövecses, 2002:68), hence neglecting the active role of metaphors in conceptualisation and evaluation, their foregrounding capacity, and their relevance in argumentation (Musolff, 2012:301; Semino, 2008:31-33).

The importance of metaphor in knowledge generation and acquisition and the development of scientific theories has been repeatedly reported (Black, 1979:37; Boyd, 1979:360; Kuhn, 1979:414; Dirven et al., 2007:1232; Semino, 2008:131). Already Black observed that metaphors facilitate understanding in allowing the projection of attributes (and “associated implications”) from a primary subject (the source of the properties transferred) to a secondary subject (the one represented) (1979:28-29). In science, metaphors function as bearers of novel terminology (Boyd, 1979:369); as cognitive resources that enable accommodating new observations into existing frameworks (Kuhn, 1979:415-416); and as knowledge dissemination resources (Semino, 2008:132&221).

This literature supports the appropriateness of analysing figurative language in a study of the linguistic representation of ADHD and diagnosed individuals.

Metaphor analysis often brings a cognitive approach to discourse studies (Hart, 2008:92). This section offers a brief overview of the cognitive approach to metaphor and establishes the perspective adopted in the thesis. The integration of a cognitive approach in an SFL-based study is discussed in Section 3.3.4.

Cognitive approaches understand metaphors (and metonymy) as essential resources for the generation of social and psychological reality, for their active role in shaping people's thoughts and patterns of reasoning (Gibbs, 1997:145; Kövecses, 2002:xi). A cornerstone in cognitive literature is Conceptual Metaphor Theory (CMT) (Lakoff & Johnson, 2003/1980). In CMT, metaphors involve understanding a conceptual domain (target domain) in terms of a more concrete one (source domain) (Kövecses, 2002:4). Thus, metaphor entails directionality (2002:4; Gibbs, 2009/2006:604). The conceptual mappings between target and source domains are triggered by the metaphor and generated in the comprehension (Gibbs, 2009/2006:604; Kövecses, 2002:7). Conceptual metaphors aid in abstract topic conceptualization and in understanding novel and conventionalized metaphorical expressions (Gibbs, 2009/2006:606).

The cognitive tradition recognizes the inadequacy of reducing metaphors to mental phenomena. Physical and social experience are seen as conceptual metaphor motivators (Gibbs, 1997:161&153; Kövecses, 1997:167&185; Kövecses, 2002:96&186), and the importance of considering pragmatic aspects is equally acknowledged (Gibbs, 2009/2006:602). However, omission of context in metaphor generation and understanding is a recurrent concern in the literature (see, for example, Hart, 2008:93). A discourse-oriented approach to metaphor does not contradict the cognitive perspective, and allows us to examine the evaluations embedded in metaphorical expressions and to address their "social accountability" (Musolff, 2012:305).

The SFL perspective allows for an understanding of metaphor as a multifunctional phenomenon (Simon-Vandenberg, 2003:230): as an ideational phenomenon it generates new meanings (Halliday & Matthiessen, 1999:227), and as an interpersonal phenomenon, it generates evaluation (Simon-Vandenberg, 2003; Simon-Vandenberg, 1995). Evaluation is noted as one of lexical metaphors main motivating factors (Simon-Vandenberg, 2003:223&237&250; Simon-Vandenberg, 1995:112). The APPRAISAL system identifies metaphors and idioms as triggers of invoked evaluations

of the provoked type (the invoked type that is closest to the inscribed form) (Hood, 2019:392; Martin & White, 2005:64&67). However, the system does not distinguish between novel and conventional metaphors, or metaphors and similes, and hence their potential evaluative differences are disregarded. SFL highlights Register and textual genre variation of metaphor: they condition the textual functions of a metaphor and the evaluations evoked (Ravelli, 2003:48; Simon-Vandenberg, 2003:230).

The thesis subscribes to Dirven's approach to metaphor and metonymy as two modes of conceptualisation that underlie language and thought (Dirven, 2003:75). Dirven provides a cognitive update on Jakobson's early distinction of metonymy as based upon conceptual contiguity, and metaphor as based on conceptual similarity (Dirven, 2003:86; Jakobson, 2003/1956:42-43). The contiguity-similarity dichotomy allows for an understanding of 'figurativity' in terms of conceptual distance, i.e. the more conceptual distance, the greater the shift or transfer in denotation, hence making it possible to place metonymy and metaphor on a continuum (2003:93).

### **3.3.4 Integrating a cognitive perspective in an SFL-based analysis**

The integration of a cognitive perspective in an SFL-based study of language is a contested subject. In the early days of SFL, Halliday explicitly rejected cognition as an explanation of language – "[...] for me linguistics is a branch of sociology. Language is part of the social system, and there is no need to interpose a psychological level of interpretation" (Halliday, 1978:38-39). In later work, Halliday and Matthiessen address cognition ("[...] our dialogue is relevant to current debates in cognitive science", Halliday & Matthiessen, 1999:ix). However, Halliday and Matthiessen reinterpret cognition in their own terms: "[...] cognition 'is' [...] not thinking but meaning: the 'mental' map is in fact a semiotic map, and 'cognition' is just a way of talking about language" (1999:ix-x); language, in its turn, is understood "as a social semiotic, rather than as a system of the human mind" (1999:2). Consequently, some SFL researchers raise issues about the compatibility of SFL with cognitive linguistics –see, for example, O'Grady (2019:474&477); also Hart (2014), in presenting SFL and Cognitive Linguistics as two fruitful linguistic theories for CDA, avoids advocating any integration of the two approaches.



The Hallidayan stance contrasts with the approach taken by other SFL scholars. Fawcett has stressed the need for “a cognitive-interactive model of communication” in any linguistic theory (Fawcett, 2008:19) –although, for Fawcett, “cognition” has to do with text planning and execution (see discussion in Butler, 2013). The need for a dialogue between SFL and Cognitive Linguistics is stressed in Butler’s work (Butler, 2008; 2013). Butler’s extensive examination of different structural-functional and cognitive linguistic theories has shown that SFL presents more affinities with Cognitive Linguistics than with other structural-functional theories (Butler, 2008:24; 2013:186&205; 2019:278-279), which contrasts with the general lack of dialogue between the approaches.

Attempts to integrate SFL and Cognitive Linguistics are seen in the work of Davidse, Taverniers and colleagues (see Butler (2013:203) for an overview of work that links SFL and Cognitive Linguistics). Fontaine has also argued for an integration of cognitive approaches in order to offer more comprehensive studies of lexis, while noting that this would require a re-evaluation of SFL position on lexical items (Fontaine, 2017:117&132). This thesis shares Butler’s understanding of language as “both a social semiotic system and a cognitively represented and implemented phenomenon” (Butler, 2013:193), and his observation that any functional approach to language should aim to answer as fully as possible “how does the natural language user work” (Butler, 2013:207; 2008:4 –attributed to Simon Dik). Metaphor, categorisation and construal are identified as areas that would benefit the most from a dialogue between SFL and Cognitive Linguistics (Butler, 2013:210). The thesis incorporates a cognitive-informed analysis of lexical and conceptual metaphors and metonymies as part of the study of semantics stratum.

# Chapter 4

## Methodology:

### SFL-based discourse analysis.

#### 4.0 Introduction

This chapter examines how SFL is applied in the thesis to provide an SFL-informed discourse analysis. As mentioned in Chapter 1, Section 1, the study addresses the following research questions:

- (i) How are ADHD and the diagnosed individuals represented in the psychiatric, educational and family institutions?
- (ii) Does the data analysed present any evidence of influences across the different institutional discourses?
- (iii) Does the data present any evidence of stigma?

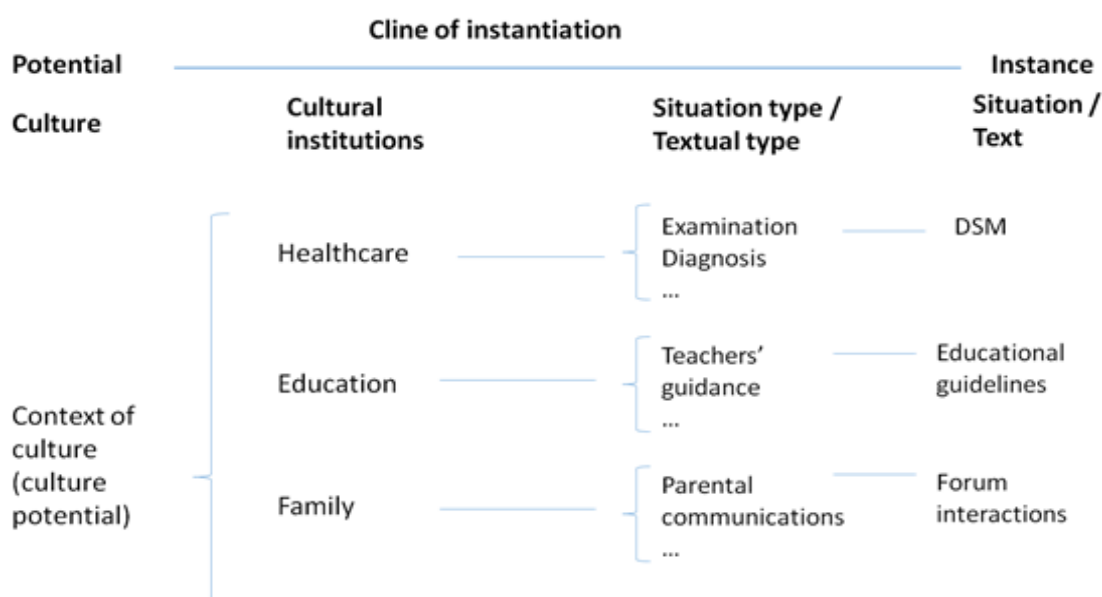
The analysis adopts a purely qualitative approach. The thesis acknowledges the analytical value of quantitative descriptions of linguistic phenomena, and the benefits of incorporating both approaches. However, this research has prioritised a more detailed analysis of the generation of meaning over quantitative accounts. The question of representation is addressed from the perspective of three linguistic strata: lexicogrammar, semantics and discourse semantics. The analysis also incorporates an examination of the main linguistic characteristics of each textual genre. The SFL-drawn analysis of the lexicogrammar and the discourse semantics is integrated with the study of linguistic resources usually not examined in the SFL literature: metaphor and metonymy at the level of semantics, and humour and directives as relevant textual genre characteristics for the representation and generation of evaluation.

This chapter opens with a presentation of the data analysed (Section 4.1). Section 4.2 offers an overview of the analytical approach. Section 4.3 revises the analytical procedure in light of two pilot analyses, the difficulties encountered and the considerations that led to the re-examination of the analysis of invoked evaluations as developed in the thesis.

## 4.1 Data

This thesis studies the representation of ADHD to understand how it is comprehended as a psychiatric diagnosis, and as a condition that affects the everyday of the diagnosed individuals and how society relates to them. The textual data analysed is produced by the main social institutions involved with the diagnosis: (i) the psychiatric institution, which generates the canonical knowledge and determines how ADHD is diagnosed; (ii) the educational institution, which may act as informant in the diagnoses (during childhood and teenager years); and (iii) the family of diagnosed individuals, who discuss their daily life and challenges arising from the diagnosis. Examining data from the three institutions makes it possible to identify any influence across the textual data.

Figure 4.1<sup>7</sup> shows the institutional domains and the documents considered in this thesis. The figure portrays the different relations of instantiation observed between the cultural spheres. The left of the cline represents the maximum level of meaning potential (i.e. the context of culture), which is actualized (instantiated) at the different levels of social productions (i.e. institutions, social practices/texts types, particular situations/texts) (Matthiessen, 2013:454).



**Figure 4.1 Institutional domains and documents considered in the thesis**

For each analysis, the data was extracted from larger documents according to research relevance, i.e. the sections that make reference to ADHD and the diagnosed individuals. As illustrated in Figure 4.1, the texts belong to different discourse types, satisfy different

<sup>7</sup> Based on Matthiessen's "Figure 3. Healthcare as a contextual motif extended along the cline of delicacy", in "Applying Systemic Functional Linguistics in healthcare contexts" (Matthiessen, 2013:446).

goals, and correspond to different socio-semiotic processes (i.e. field). What follows is an overview of the different field types of the texts analysed (see Matthiessen, 2013:453 and Bowcher, 2019:158-159 for the different field types):

<b>Data</b>	<b>Field</b> (socio-semiotic processes)	<b>Tenor</b> (institutional roles involved in the practice)
DSM-V ( <i>Diagnostic and Statistical Manual of Mental Disorders</i> , 5 <sup>th</sup> )	“Expounding”: the DSM offers a taxonomic <i>categorisation</i> of psychological conditions “Enabling”: the DSM <i>regulates</i> the diagnosis process	experts-practitioners
Educational guidelines	“Expounding”: <i>explanation</i> of ADHD “Recommending”: <i>advising</i> teaching practices	child psychology experts - non-expert professional community (teachers)
Parental accounts in online forum interactions	“Sharing”: parents and close relatives <i>share</i> experiences of their children with ADHD	general population - general population

**Table 4.1 Overview of the corpora according to the field of activity and tenor**

Another important situation type is health journalism, with medical journalists disseminating health-related news to the general public. Journalism and media representations have been traditionally examined in CDA research on mental health (see Chapter 2, Sections 2.1.3 and 2.2.3). Media constitutes a central genre in discourse studies for its capacity to generate and spread opinions and beliefs, and condition what the general population accepts as facts. The importance of media notwithstanding, this thesis has examined genre types that have a weaker presence in the literature but are central in knowledge generation. Governmental policies were excluded for being centred on general mental health provision instead of ADHD. The institutions examined generate the current accepted knowledge of the condition, informing diagnostic practices (i.e. psychiatry) and shaping the accepted lay understandings in daily social practices (i.e. educational and family). The DSM and the educational guidelines in particular are expected to have an important regulatory role in establishing legitimate conceptualizations and practices.

Sections 4.1.1-4.1.3 present the texts analysed. Each section provides a general contextual background accounting for the relevance of each corpus for the present study. A similar amount of data was collected for each discourse type ensuring the results of different studies could be compared, albeit on a qualitative rather than quantitative basis.

### 4.1.1 DSM

The study of the psychiatric discourse considers the section on ADHD from the *Diagnostic and Statistical Manual of Mental Disorders* (fifth edition) (DSM-V), published by the American Psychiatric Association (APA). The DSM is the official publication of the APA and presents all mental conditions to date and the diagnostic criteria for clinicians. The DSM has a double purpose: informative and regulatory (of psychiatric proceedings and canonical psychiatric knowledge). Prior to the publication of the third edition (1980), the DSM had been the standardization instrument of the American psychiatric practices; the DSM-III became the international canon of the psychiatric discipline. The new version of the *International Classification of Diseases* (ICD-11) from the World Health Organization is to be readjusted to meet the DSM classification more accurately. Although the DSM is written for the internal use of the psychiatric community, it has a strong international social impact. In ADHD diagnosis, the influence of the DSM in other social spheres is particularly significant.

The diagnosis of ADHD requires reports and evaluations by third party informants (e.g. parents, teachers) to complement practitioners' observations –i.e. ADHD is diagnosed only if symptoms are observed in at least two different settings (APA, 2013:60). Informants are commonly asked to complete different questionnaires constituted of rating scales that reproduce the DSM diagnostic criteria with minor changes from the original. Examples of publicly available rating scales are: (i) *The SNAP-IV Teacher and Parent Rating Scale*, (ii) *Vanderbilt ADHD Diagnostic Teacher Rating Scale*, (iii) *Vanderbilt ADHD Diagnostic Parent Scale*, (iv) *ADHD Rating Scale-IV: Home Version*, (v) *Adult ADHD Self-Report Scale (ASRS-VI.1) Symptom Checklist*, (vi) *DIVA 2.0 – Diagnostic Interview for ADHD in Adults*. Rating scales (i-iv) reproduce the DSM diagnostic criteria in statements which parents and teachers grade by matching the descriptions with child behaviour. The scales reproduce shortened versions of DSM symptoms, adapted to child behaviour. These observations lead to the hypothesis that the DSM definition of the symptoms has the potential to influence teaching and family communities' understanding of ADHD.

The section analysed contains 3,523 words (APA, 2013:59-66) and follows the standard structure of the manual. Contrary to the DSM-IV, in which each chapter starts with a description of the mental disorder considered, the DSM-V opens the chapters with the “Diagnostic Criteria” (a description of the symptoms required for the diagnosis),

followed by the sections “Diagnostic Features” (description of ADHD), and “Associated Features Supporting Diagnosis” (traits frequently correlated with ADHD). The chapter continues with general information about the condition: “Prevalence” (international diagnostic rates); “Development and Course” (manifestations of the condition over time); “Risk and Prognostic Factors” (elements that may influence the presence of ADHD); “Culture-Related Diagnostic Issues” (acknowledgement that different cultures present different ADHD prevalence rates, attributed to different diagnostic practices) (APA, 2013:62); “Gender Related Diagnostic Issues” (rates per gender); and “Functional Consequences of Attention-Deficit/Hyperactivity Disorder” (exposition of potential outcomes of the disorder in different settings and stages of life). The last sections of the chapter are concerned with factors of diagnostic practice: “Differential Diagnosis” (expositions of alternate disorders with similar behavioural manifestations that could be misdiagnosed for ADHD); “Comorbidity” (conditions commonly presented together with ADHD); and “Other Specified” and “Unspecified Attention Deficit/Hyperactivity Disorder” (categories the clinician can employ to effectuate the diagnosis in cases in which the individual does not present all the required criteria) (APA, 2013:65-66). All sections were examined in relation to the research questions (representation of the individual and ADHD).

#### **4.1.2 Forum threads**

The family discourse is studied through the examination of forum interactions between parents and carers of non-adults diagnosed with ADHD. Forum data provides insights into the ordinary representations of the condition and the individuals. The source is *addforums.com*, the biggest forum worldwide on ADHD. The majority of contributors are from the United States, Canada and the United Kingdom, but forum users are worldwide. On the date of the data collection, January 2018, the forum brought together users from over 60 countries<sup>8</sup>. The forum is used by relatives of diagnosed individuals, i.e. parents and carers, husbands and spouses, and diagnosed adults and teenagers. Conceived as a space to share experiences and information, the forum is open to the

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<sup>8</sup> For a full list of the geographic coverage of the users, see the following report of one of the coordinators of the forum: <http://www.addforums.com/forums/showthread.php?t=24546> (accessed in 30th January 2018).

general public (excepting private threads), thus constituting a valuable resource for the study of ADHD.

The data was gathered from two different threads: “You know your child is ADHD when...” (Thread 1) and “Proud moments”<sup>9</sup> (Thread 2). Both threads are grouped in the category of “General Parenting Issues”, in its turn included in the general category “Parents of children with ADD/ADHD”. The threads are listed as “Sticky Threads”, i.e. the users have marked them as being topics of significant interest for most of the contributors, increasing their visibility. The selection of the threads for data collection observed the following considerations:

- (i) The threads selected were those written by parents or carers of the diagnosed individuals. The forum includes numerous threads written by diagnosed individuals to share first-hand experiences with other members with the diagnosis or their relatives. These threads would constitute a valuable resource to study self-representation and first person understanding of ADHD. However, this study focuses on third parties’ representations of ADHD, i.e. the psychiatric community, the educational community and, in the case of the forums, the family.
- (ii) The threads selected included those that provided descriptions of how parents and family members perceive ADHD. Many of the threads included in the Parenting Issues category considered specific topics (e.g. medication types, informative resources, education types); others were designed for users to share doubts about particular issues (e.g. what would the community of users do in particular circumstances). These threads would constitute a valuable resource to study the stance that family members take towards specific everyday issues. However, they were discarded from consideration in this thesis for not providing clear depictions of how ADHD is understood and experienced at the family sphere.

The threads selected, “You know your child is ADHD when...” and “Proud moments” are spaces where parents can share negative (Thread 1) and positive (Thread 2) incidents related with ADHD. Thread 1 comprises experiences which remind parents about their

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<sup>9</sup> See “You know your child is ADHD when...”: <http://www.addforums.com/forums/showthread.php?t=49258>; “Proud moments”: <http://www.addforums.com/forums/showthread.php?t=67582> (accessed in 30th January 2018).

children's ADHD diagnosis. Although parents mainly write about annoying or distressful experiences, posts are generally written in ironic and humorous tones. Thread 2 is presented as a positive space. However, the opening post already portrays 'parental pride' as being in jeopardy: "I thought it would be good to share something that made us proud about our ADHD kids this week, kinda a lift me up type thread." The goal of the threads was considered to meet the purposes of the research: they provide clear descriptions of the children or of everyday situations related to ADHD, and the inclusion of both threads could be expected to offer a balance between positive and negative portrayals. Thread 1 had been started on the 18<sup>th</sup> February 2008, the last comment on the date of data collection (January 2018) dated from the 12<sup>th</sup> October 2017, and the thread included a total of 376 comments; Thread 2 had been started on the 29<sup>th</sup> April 2009, the last comment on the date of data collection dated from the 4<sup>th</sup> August 2017, and the thread included a total of 69 comments.

A sub-corpus was created from the two threads which included a total of 3,435 words and comprised 25 posts from Thread 1 and 21 from Thread 2. The data was selected from 19 participants for each thread. The corpus was designed through a randomized selection based on the criteria below. The selection facilitated the analysis and guaranteed that the data was representative for the purpose of the study:

- (i) Avoidance of posts in which the user only expressed gratitude for the thread or previous contributions.
- (ii) Avoidance of posts that constituted a clear answer (e.g. through quotation) to previous posts, which could have necessitated further study of interactions between forum users.
- (iii) Avoidance of lengthy posts (for they would have restricted the analysis of representation to those representations provided by a minority of users).

All posts were anonymized: in-text references to names were replaced by letters (i.e. X, Y...), and forum users' nicknames were substituted by an anonymization code in the working Excel file. Thread "You know your child is ADHD when...": TYK + number of participant (1-19); Thread "Proud Moments": TPM + number of participant (1-19). The participant number was allocated independently in both threads.



### 4.1.3 Educational guidelines

The educational discourse is studied through the examination of educational guidelines produced by ADHD-related bodies for primary and secondary school teachers. The guidelines analysed comprise five documents for a total of 7,298 words approximately, including:

- From ADD Attitude: *The Teacher's Guide to ADHD and Classroom Behavior. Why kids with ADHD act the way they do — and how teachers can help them succeed.* By Susan Caughman and Wayne Kalyn (1,369 words)
- From ADD Attitude: *10 Teaching Strategies That Help Students with ADHD. Never underestimate the effectiveness of a teacher who recognizes and harnesses the power of structure, communication, and interactive learning!* By C. Z. Dendy, M. Boring and K. Sunderhaft (1,477 words)
- From ADHD Foundation: *ADHD Secondary School strategies.* (464 words)
- From ADHD Foundation: *ADHD Primary School strategies.* (409 words)
- From Living with ADHD: *ADHD a guide for UK teachers.* [www.livingwithadhd.co.uk](http://www.livingwithadhd.co.uk) (3,579 words)

These guidelines were selected for analysis due to being authored and distributed by recognised ADHD authorities. *ADD Attitude* is a US-based website that provides leading ADHD-resources for families, adults with ADHD and professionals. The *ADD Attitude* advisory board comprises of leading practitioners and researchers, and the website offers material reviewed by the professionals. The *ADHD Foundation* (United Kingdom) brings together families, adults with ADHD, practitioners and teachers, and provides support resources and training. *Living with ADHD* is a website supported by Janssen Pharmaceutical Companies of Johnson & Johnson. *ADHD a guide for UK teachers* is the only guideline authored by a pharmaceutical company. It was included for being the sole resource that provides a description of ADHD for the lay public (i.e. the teaching community). The rest of the guidelines are practice-driven and do not offer a description of the condition.

### 4.1.4 Ethics statement

This study received the approval of the University of East Anglia's General Research Committee (GREC) on the 24<sup>th</sup> November 2016, with reference GREC 16-545 (see Appendix I for evidence of approval). The GREC approval was required for the data

collection and use for research purposes of the forum threads. The GREC representative for the faculty of Politics, Philosophy, Language and Communication Studies (PPL) gave the following advice to the candidate:

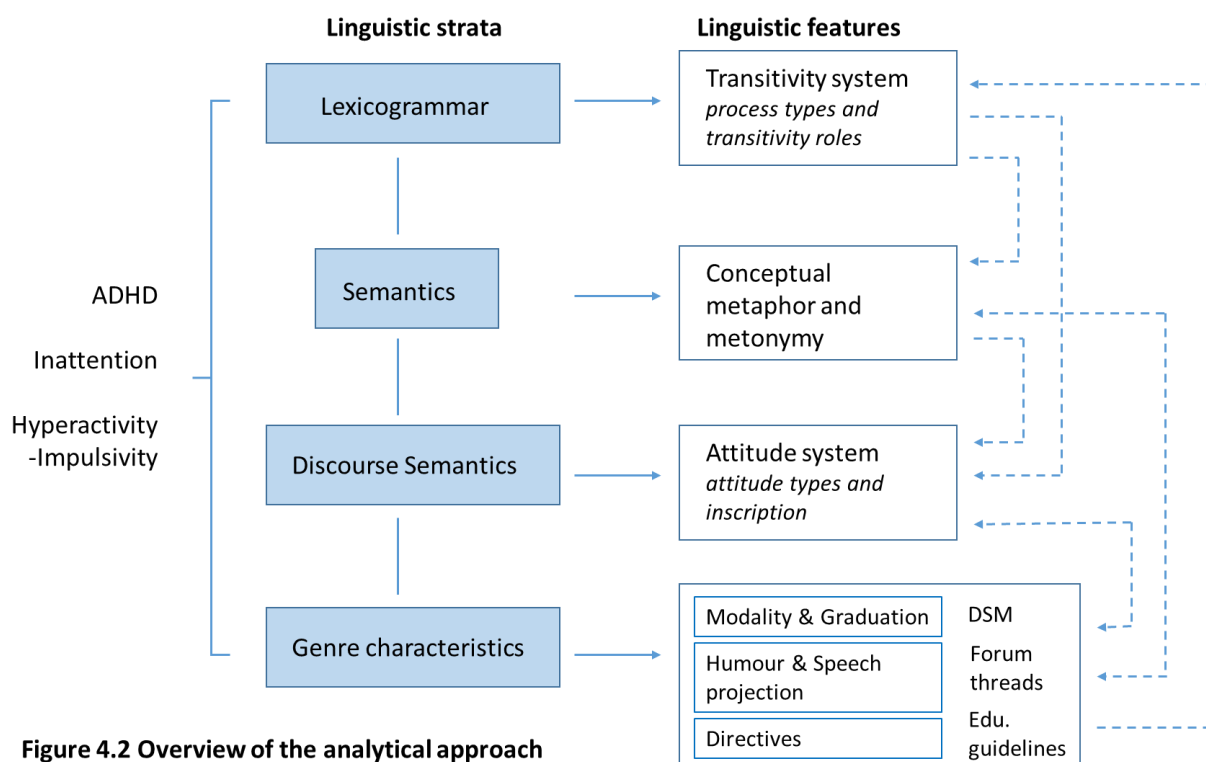
### **GREC ethical approval forms**

1. That the researcher should always adhere to the privacy policy of the website in question.
  2. In particular, the researcher must be aware of the difference between data that is intended to be private (such as that shared between friends on Facebook within private profiles) and data that is considered public (such as that posted in public groups).
  3. Therefore material posted in a public environment (such as a public group) is considered public and can be used/shared.
  4. Material posted in a private sphere does require the permission of the gatekeeper and/or the individuals concerned.
- So that means, that Sara [the candidate] does not have to contact each individual who has posted if they have posted on a site that is a public forum.

The candidate followed the GREC guidance and anonymised any reference to the forum users as specified in Section 4.1.2.

## **4.2 The analytical approach: an overview**

ADHD and its symptoms (inattention, hyperactivity-impulsivity) were established as the guiding axes of the analysis of the three corpora. ADHD is defined by behavioural manifestations, making it difficult to separate the representation of the condition from the individuals who present the diagnosis. The representation of ADHD and the individuals with the diagnosis was addressed from the perspective of three linguistic strata: lexicogrammar, semantics, and discourse semantics. The main stylistic characteristics of each textual genre was also considered. Figure 4.2 below summarises the structure of the analyses and the main linguistic resources studied. The broken lines show the interrelations between the strata (i.e. how the linguistic resources in one stratum influence the meaning generation in another). Influence across strata is indicated along the analyses (Chapters 5-7) and it evidences the suitability of examining the different linguistic resources for a more comprehensive study of representation.



**Figure 4.2 Overview of the analytical approach**

The relevant linguistic expressions were manually annotated for each corpus in separate Excel files. At the level of the lexicogrammar, the analysis considers the transitivity system; it examines the different process types employed to represent ADHD-related behaviour and the transitive roles employed to represent ADHD and the symptoms. The process types were systematically annotated clause by clause, following the considerations discussed in Section 4.3.1. The study of the transitive roles followed a search for the lexemes “ADHD”, “inattention”, “hyperactivity”, “hyperactive”, “impulsivity”, “impulsive”, “inattention”, and “inattentive” in each corpus. For the forum threads corpus, the clause-by-clause annotation was only applied to the randomly selected sub-corpus (Section 4.1.2); the key-word search examined the two threads in full.

The study of the semantics stratum incorporates a cognitive-informed analysis of lexical and conceptual metaphors and metonymies (see, for example, Radden & Kövecses, 1999 on metonymy; Kövecses, 2004 and Turner & Lakoff, 1989 on metaphor). In particular, the thesis shares Dirven’s understanding of metonymy and metaphor as conceptual contiguity and similarity respectively (Dirven, 2003) (see Sections 3.3.3 and 3.3.4). The analysis focuses on the metaphors and metonymies employed in the representation of ADHD, the symptoms and the diagnosed individuals. Similarly to the SFL-based analysis, the analysis of metaphor and metonymy is purely qualitative. The metaphors were identified manually in the corpora under study. For the forum threads, metaphors were first manually retrieved from the sub-corpus. The analysis of the sub-

corpus enabled to identify three groups of metaphors: SPACE conceptual metaphors, and WEATHER and MACHINE metaphors. The identification of the conceptual domains permitted to define specific lexemes according to the lexicalisations of the metaphors in the sub-corpus:

- SPACE: “here”, “there”, “elsewhere”, “far”, “close”
- WEATHER: “hurricane”, “wind”, “tornado”
- MACHINE: “motor”, “machine”, “fly”, “radio”

The manual annotation of the metaphors of the forum sub-corpus was followed by a search of the lexemes in the whole corpus.

The cognitive analysis of metaphor and metonymy also considered their function in discourse. Attention was paid to where in the text metaphors had been identified, and which pragmatic functions they allow for in each textual genre, with particular reference to the generation of evaluation.

In the strata of discourse semantics, the analysis considered the generation of evaluation (i.e. the Attitude system of APPRAISAL). The attitude types associated with ADHD and ADHD-related behaviour were systematically annotated and distinguished by level of inscription following the considerations outlined in Sections 4.3.3 and 4.3.4 in the three corpora. The DSM and educational guidelines were annotated in full. For the forum threads, the sub-corpus was fully annotated. The unit of analysis of attitude was considered to be the shortest expression that conveys the evaluation. Graduation (modulation of Attitude) was not systematically annotated but was addressed in relation to Attitude in those cases where the graduation resources are relevant for the representation of behaviour.

The analysis also examines the “genre-specific characteristics” of each corpus that were considered to be relevant for the representation of ADHD (see Figure 4.2). The genre-specific linguistic features were established in the preliminary reading of the corpora and were then considered for their influence on the generation of representation and evaluation.

The DSM, forum threads and educational guidelines are referred to throughout the thesis as ‘textual genres’ or ‘discourse types’. References to ‘genre specificities’ or ‘textual genres’ are employed, following Hasan and Halliday’s tradition, to refer to the linguistic patterns or styles of the text considered. These linguistic patterns or styles are

conditioned by the field of the activity involved, the relationship between the participants (tenor) and the mode of the interaction (i.e. the context of situation or Register). Hasan's 'genre', which is in practical terms interchangeable with 'Register' (O'Donnell, 2019:219), contrasts with the Martinian model, where 'genre' is treated as "a staged, goal-oriented purposeful activity in which the speakers engage as members of our culture" (Martin, 1984:25; Chapter 3 Section 3.2.4). The Martinian 'genre' accounts for the most general goal of the activity (e.g. giving instructions), and the linguistic choices associated with the particular activity (e.g. the general linguistic patterns that differentiate a story from the instructions of a manual). Following Martin, the DSM is an example of the classification genre (psychiatric taxonomy), in its turn a type of institutional genre. The educational guidelines are also a type of institutional genre, i.e. institutional guidelines. The forum threads analysed belong to the macro-genre of stories, in particular to informal recounts (autobiographical) and anecdotes (inclusion of the emotional reaction of the writer/speaker) (see Rose, 2006). With respect to 'genre', diagnostic criteria or the classroom behaviour guidelines are related to a wider range of procedural texts with similar linguistic patterns (e.g. instructions on how to perform an experiment, directions, instruction manuals) (Martin, 2005:12). The Martinian 'genre' is not addressed in the thesis.

### **4.3 Analysis: procedure and considerations**

The analysis was preceded by two pilot analyses to ensure annotation consistency. The first one (Pilot 1) only considered data from the DSM corpus, the second pilot (Pilot 2) included data from both the DSM and forum corpora. The pilot analyses examined the representation of ADHD and diagnosed individuals as realised in the lexicogrammar and the discourse semantics strata. For the lexicogrammatical level, the analysis considered the process types and modality choices from the transitivity system. For the discourse semantics, the analysis examined the expression of evaluation by applying the Attitude framework of the APPRAISAL system.

This section describes how the transitivity and Attitude systems were operationalised in this thesis, the difficulties encountered in the pilot analyses and how these difficulties were addressed. Pilot 1 is explained in Sections 4.3.1 and 4.3.2, with reference to transitivity and Attitude analyses respectively. Pilot 2 addressed the difficulties arising in

Pilot 1 in relation to the analysis of evaluation (Section 4.3.3). Section 4.3.4 presents the re-examination of invoked attitude types as developed and applied in this thesis.

### **4.3.1 Pilot 1: Operationalising the transitivity system**

#### **4.3.1.1 Process types**

Through the transitivity system, it is possible to study how reality is linguistically construed, specifically how the events and the relationship between the participants involved in the events are construed in text (Bartlett, 2014:46). The transitivity system distinguishes different types of processes, which establish different relationships and roles between the participants involved in the events portrayed, providing a “model or schema for construing a particular domain of experience” (Halliday & Matthiessen, 2004:170). Hence, the focus is not so much on the events and participants themselves, but on how they are talked (or written) about, the assumption being that a study of transitivity choices can reveal us something about how text producers understand the reality reported. In the English language, we can differentiate six process types: Material, Mental, Relational, Verbal, Behavioural and Existential, which can be further classified in more refined subcategories (see Table 4.2 below for a summary). The first three types are considered to be common in all languages, regarded as the basic human understanding of participation (Bartlett, 2014:45). Material and Mental processes portray the difference between inner and outer experience (happenings or doings in contraposition to our “replay of the outer”), whilst Relational processes allow us to classify, identify and generalise things (Halliday & Matthiessen, 2004:170).

Process type	Subtypes
Material	
Relational	Attributive:Intensive Attributive:Possessive Attributive:Circumstantial Identifying:Intensive Identifying:Possessive Identifying:Circumstantial
Mental	Mental:Cognitive Mental:Perceptive Mental:Desiderative Mental:Emotive
Behavioural	Behavioural:Speaking Behavioural:Thinking Behavioural:Perceiving Behavioural:Psychological Behavioural:Body posture
Verbal	
Existential	

**Table 4.2 Process types and subtypes considered in the analysis**

Halliday and Matthiessen note that “process types are fuzzy categories” (2004:172): in analysing texts we may encounter borderline cases which may not be easy to define, providing “alternative models” of the experience (2004:173). SFL scholars are divided between those who prioritise the grammatical criteria and those who prioritise the semantic (notional) criteria in the transitive analysis (O’Donnell, 2019:212). This thesis has prioritised the grammatical criteria and process types are annotated according to their grammatical patterns. A grammar-based annotation allows the analyst to base the annotation on grammatical probes instead of subjective impressions of meaning, hence increasing the replicability of the analysis while allowing us not to “miss significant differences between process types” (Bartlett, 2014:49). Grammatical probes consist of rephrasing the original sentences with agnates (i.e., clauses with different formulations but with similar meanings to the original ones) (2014: 49). For example, since processes unfold in time, many grammatical probes involve considering the unmarked tense used to construe events that happen in the ‘here and now’ (Halliday & Matthiessen, 2004:179). A brief overview of the process types considered and the grammatical probes that allow us to assess the transitivity analysis is offered below. Grammatical probes are based on Bartlett’s (2014, chapter 3) and Halliday and Matthiessen (2004, chapter 5).

### ***Material processes***

Material processes encode ‘doings and happenings’ (Halliday & Matthiessen, 2014:179). The participant that realises the action is the **Actor**, and this action may bring a change to something (e.g., ‘to clean the table’) or may bring something into being (e.g. ‘to write a book’). The process may involve a participant that receives the action: the **Goal**. If the participant is not acted upon, then this participant is not construed as the Goal of the Material process but as its **Scope** (Bartlett, 2014:52). For example, if I say that ‘Yesterday I ran 15k’ or ‘Yesterday I ran more than an hour’, “15k” and “more than an hour” are not the Goal of the process, but the Scope, showing the extension of the process (*how much* or *for how long* the action of running took place) (2014:53). The Scope is restricted to intransitive verbs (in traditional grammar terms), and it construes the “domain” of the process or “the process itself” (Halliday & Matthiessen, 2004:192).

Material processes can also involve a **Recipient** and a **Client**, the ones that “benefit” from the process (Halliday & Matthiessen, 2004:192), both identified in traditional grammar as the Indirect Object. However, the participants “occur in systemically different environments” (2004:191): the Recipient is the receiver of a transfer of goods, and the process of giving can be expressed as “to P”; the Client is the receiver of a transfer of services, and the process is expressed as “for P” (2004:191; Bartlett, 2014:54-56). Finally, in those cases where the process of the Actor is caused by something or someone else it is possible to identify a further participant: the **Initiator** (“P made X to do Y”, where P is the Initiator) (2014:56).

Grammatical probes (from Bartlett, 2014:49-51; see also Halliday & Matthiessen, 2004:179-197) include:

- (i) Material processes can be rephrased as “What X did was to...”, where X is the Actor.
- (ii) If the Material process involves a Goal, it can be rephrased as “What X did to Y was to...”, where Y is the Goal.
- (iii) The present continuous (or present-in-present) is the unmarked tense to describe that a Material process happens ‘right now’.

### ***Mental processes***

Mental processes refer to inner states of a **Senser** which take place in relation to some **Phenomena** (what is sensed or produces the state). The Senser is a conscious being (i.e.,



pronominally referred to as ‘he’ or ‘she’, not ‘it’) (Halliday & Matthiessen, 2004:201); however, by metaphoric extension we may treat as conscious virtually any entity (2004:202). We can distinguish four types of Mental processes depending on the state referred to and their grammatical patterns: **Desiderative** (to want or desire), **Cognitive** (to think, the Phenomena are ideas), **Perceptive** (to perceive something with the senses, the Phenomena are events), and **Emotive** (to like or dislike) (Bartlett, 2014:59; Halliday & Matthiessen, 2004:208). Mental processes may involve an **Inducer** when they are caused by a participant alien to the Senser or the Phenomenon (2014:57). Mental processes can also express the impact or affect that the Phenomenon may have upon the Senser (e.g., ‘to frighten’ or ‘to distract’), annotated as **Mental Affective**.

Grammatical probes (from Bartlett, 2014:64-65; see also Halliday & Matthiessen, 2014:201-207) include:

- (i) One participant of mental processes is, necessarily, a sensate.
- (ii) Mental processes can project a separate event as a clause or take a rankshifted clause as a participant, which acquires the status of some content of consciousness.
- (iii) The present simple is the unmarked tense to describe states that happen right now.
- (iv) Mental processes cannot be substituted by ‘do’ or rephrased as “What X did was to...”.
- (v) Mental:Perceptive processes can be paraphrased with the Phenomenon in a rankshifted clause, with -ing ending for unbounded events and infinitive for bounded events.
- (vi) Mental:Emotive processes can be paraphrased with the Phenomenon as a rankshifted clause, with -ing ending or a clause introduced by “the fact that”.
- (vii) Mental:Cognitive processes can project a clause as Phenomenon, introduced by “that”, “if”/”whether” or a wh- word.
- (viii) Mental:Desiderative processes can project a clause with a “to- infinitive” as Phenomenon.

### ***Relational processes***

The Relational processes construe states of being and establish class-membership and identity relations (Bartlett, 2014:74; Halliday & Matthiessen, 2004:210). We can differentiate three types of relation: ‘**intensive**’, ‘**possessive**’ and ‘**circumstantial**’, and two modes of being: ‘**attributive**’ and ‘**identifying**’ (2004:215; 2014:77). Qualities,

possessions and locations can be construed with Relational processes, and are portrayed as static, or with Material processes, and are portrayed dynamically (as a change of location, a transfer of possessions or the acquisition of qualities) (2004:212).

The Attributive type may involve a **Client** (if the state of being is projected upon a third party), or an **Attributor** (if the participant that establishes the relation of being is mentioned) (Bartlett, 2014:76). Identifying processes may involve an **Assigner** when the participant that establishes the identifying relation is mentioned (2014:79).

Grammatical probes (from Bartlett, 2014:79; see also Halliday & Matthiessen, 2004:219-228) include:

- (i) The unmarked tense to represent states that happen ‘right now’ is the present simple. The present continuous is highly marked, only employed in Attributive processes to connote control or behavioural propensity (e.g., ‘he is being silly again’) (2004:212).
- (ii) Relational processes cannot project.
- (iii) Relational Identifying processes can be reversed, either directly (with the verb ‘to be’) or with the passive form; Relational Attributive processes cannot be reversed.
- (iv) Relational Attributive processes answer to the questions “What?, How?, What... like?”; Relational Identifying processes answer to the questions “Which?, Who?, Which/Who . . . as?”.

### *Verbal processes*

Verbal processes involve the transfer of information. The participant that transfers the information is the **Sayer**. Verbal processes may also involve a **Receiver**, the participant that receives the information, realised as a Complement and preceded by the preposition “to” (Bartlett, 2014:66), a **Target**, a participant evaluated in the act of speaking, and a **Verbiage**, the information transferred (2014:68). The Verbiage takes the form of a nominal group (not a report or a quote), which either condenses the content of what is said or the name of the saying (e.g., ‘question’ in ‘he asked me a question’) (2014:68; 2004:255).

Grammatical probes (from Bartlett, 2014:68-69; see also Halliday & Matthiessen, 2014:252-256) include:

- (i) Verbal processes have a Sayer and can be paraphrased as “What X *said* was...”.
- (ii) Verbal processes can project reports and quotes as clauses.
- (iii) The process can have a Receiver.
- (iv) The present continuous is the unmarked tense to describe processes that happen ‘right now’.

### ***Behavioural processes***

Behavioural processes are recognised as the less clear-cut process type (Bartlett, 2014:72; Halliday & Matthiessen, 2004:248). They involve a **Behaver** (the participant that performs the behaviour), which tends to be a conscious being (2014:250). Behavioural processes are borderline cases, an in-between Material, Verbal, and Mental. However, they are grammatically different from the other groups, and many Behavioural processes can occur behaviourally and non-behaviourally (2014:251). We can distinguish the following subtypes: **Behavioural:Speaking** (near Verbal): focused on the activity on its own instead of the information transfer (2014:70); **Behavioural:Thinking** (near Mental:Cognition): focused on the focus of attention, without referring to the hopes or beliefs of the behaver (2014:71); **Behavioural:Perceiving** (near Mental:Perception): focused on the perceptions instead of the phenomena perceived; **Behavioural:Psychological**, processes and states like ‘coughing’, ‘breathing’, ‘smiling’, ‘laughing’; **Behavioural:Body postures**, like ‘stand’, ‘lie down’.

Grammatical probes (from Bartlett, 2014:72; see also Halliday & Matthiessen, 2014:250) include:

- (i) Behavioural processes need a sensate.
- (ii) The usual unmarked tense to describe actions and states that happen ‘right now’ is the present continuous –but can also use the present simple (e.g., ‘why do you cry?’).
- (iii) Behavioural processes follow the ‘do- test’

### ***Existential processes***

Existential processes represent something as existing or happening and only involve one participant, the Existent (Halliday & Matthiessen, 2004:256; Bartlett, 2014:79).

Grammatical probes (from Bartlett, 2014:80-81) include:

- (i) The unmarked tense to describe that the process happens ‘right now’ is the present simple.
- (ii) The verb tends to be the ‘to be’ in third person singular.
- (iii) The subject is ‘there’; if it is not present it can be inserted without modifying the meaning.

#### **4.3.1.2 Process type annotation**

The transitivity analysis of the process types was realised systematically at a word level (i.e. every word that functions as process in the clause was annotated). This section comments on the annotation of non-finite gerund forms and of clauses with groups of lexical verbs, and it provides examples of how the grammatical probes detailed in Section 4.3.1.1 were applied in the analysis.

##### *(i) Annotation of non-finite gerund forms*

The pilot showed that the DSM frequently employs the non-finite gerund form to describe manifestations of the symptoms, functioning as adverbials of manner –example (4.1).

4.1 Inattention manifests behaviorally in ADHD as wandering off task [Material], lacking persistence [Relational:Attributive:Possessive], having difficulty sustaining focus [Mental:Cognition], and being disorganized [Relational:Attributive:Intensive] (DSM)

Gerund forms as the ones in example (4.1) were annotated as processes. All the gerunds tacitly portray the diagnosed individuals as actors, while omitting any direct reference to them according to the style of the DSM genre.

##### *(ii) Annotation of clauses with two lexical verbs*

Clauses with two lexical verbs were annotated differently depending on whether the lexical verbs constituted different Processes (example 4.2) or a single Process element (examples 4.3-4.4).

4.2 Often fidgets [Material] with or taps [Material] hands or feet or squirms [Material] in seat. (DSM)

4.3 Often fails to give close attention [Mental:Cognition] to details [...] (DSM)

4.4 Often has difficulty sustaining attention [Mental:Cognition] (DSM)

When the different lexical verbs constitute different processes, each verb was annotated separately (as in example 4.2). Alternatively, when the different lexical verbs constitute a complex verbal group that realises a process, they were annotated as a single process and the process type was defined by the non-finite verb. Hence, in example (4.3), [Mental:Cognition] is defined by “to give [close] attention”, not by “fails”, and example (4.4) is annotated as [Mental:Cognition] instead of [Relational:Attributive:Possessive]. Martin, Matthiessen and Painter (1997:117) also comment on the possibility of annotating the verbs separately, thus attributing equal status to both of them. Conversely, the finite verb of complex verbal groups was taken into account in analysing the inscription of evaluation. Thus, example (4.4) was annotated as an inscribed negative Judgement of Capacity, and the inscription is marked by the Relational Attributive Possessive process (“has difficulty”) –the different types of attitude inscription are addressed in Section 4.3.4.

*(iii) Grammar-based annotation and application of grammatical probes*

The annotation process followed the grammatical probes detailed in Section 4.3.1.1. In what follows, examples are offered of how the probes were applied for each process type. Examples of cases in which two different annotations were possible are also discussed.

***Grammatical probes for Material processes***

4.5 Often ... makes [Material] careless mistakes in schoolwork, at work, ... (DSM)

What he did was to make careless mistakes... → ‘to do’ probe satisfied.

Right now, he is making careless mistakes → present continuous for the ‘right now’ probe.

4.6 ... didn't do [Material] his work, drew [Material] pictures when he should have been doing [Material] a reading assignment. (Forum)

What he didn't do was to work / What he did was to draw ... to do a reading assignment → ‘to do’ probe satisfied.

Right now, he is not doing his work / he is drawing... / he's doing a reading assignment → present continuous for the ‘right now’ probe.

4.7 ... allow them to fidget [Material], without driving you and everyone else crazy [Material]. (Education Guideline 3)

What he did was to fidget ... / What he did was to drive me crazy → ‘to do’ probe satisfied.

Right now, he is fidgeting ... / he’s driving me crazy → present continuous for the ‘right now’ probe.

4.8 Often interrupts [Material] or intrudes [Material] on others (e.g., butts into [Material] conversations, games, or activities...) (DSM)

What he did was to interrupt / intrude / butt into conversations ... → ‘to do’ probe satisfied.

Right now, he’s interrupting (me) / intruding (me) / butting into (my) conversations ... → present continuous for the ‘right now’ probe.

What he did to (me) was to interrupt (me) / intrude (me) → Goal probe satisfied.

### ***Grammatical probes for Mental processes***

4.9 Students [Senser] ... get lead mentally astray [Mental:Affective] by a passing bird [Phenomenon] ... (Education Guideline 1)

A passing bird leads Q mentally astray → reformulation in active form

\*What students did was to get lead mentally astray ... → invalidation of the ‘to do’ probe.

\*Right now, a passing bird is leading Q mentally astray → invalidation of the present continuous for the ‘right now’ probe; present simple as unmarked tense.

\*Right now, they are getting led mentally astray by a passing bird → invalidation of the present continuous for the ‘right now’ probe; present simple as unmarked tense.

4.10 ... your kid [Senser] decided [Mental:Desiderative] to paint [Material] himself ... (Forum)

\*What he did was to decide to ... → invalidation of the ‘to do’ probe.

\*Right now, he is deciding to paint himself... → invalidation of the present continuous for the ‘right now’ probe; present simple as unmarked tense.

4.11 My son [Senser] really loves [Mental:Emotive] soccer [Phenomenon], and loves [Mental:Emotive] playing [Phenomenon]. (Forum)

\*What he did was to really love soccer ... → invalidation of the ‘to do’ probe.

\*Right now, he is really loving soccer ... → invalidation of the present continuous for the ‘right now’ probe; present simple as unmarked tense.

4.12 Often fails to give close attention to [Mental:Cognitive] details [Phenomenon]. (DSM)

Since “give attention to” is considered to be the main process, “fail to” is not included in the probes:

\*What he did was not to give close attention to details → invalidation of the ‘to do’ probe.

\*Right now, he is not giving close attention to details. → invalidation of the present continuous for the ‘right now’ probe; present simple as unmarked tense.

### ***Grammatical probes for Relational processes***

4.12 ... when hes on the pc, he [Carrier] has [Relational:Attributive:Possessive] loads of concentration [Attribute] ... (Forum)

\*Right now, he is having loads of concentration → invalidation of the present continuous for the ‘right now’ probe; present simple as unmarked tense.

‘What?’ probe → loads of concentration

4.13 ADHD [Carrier] ... often represents [Relational:Attributive:Intensive] a barrier to school success [Attribute]. (Educational Guideline 3)

\*Right now, ADHD is representing a barrier to school success. → invalidation of the present continuous for the ‘right now’ probe; present simple as unmarked tense.

‘What?’ probe → a barrier to school success

4.14 Individuals with ADHD [Token] ... exhibit [Relational:Identifying:Intensive] inattention, social dysfunction, and ... [Value] (DSM)

\*Right now, individuals with ADHD are exhibiting inattention → invalidation of the present continuous for the ‘right now’ probe; present simple as unmarked tense.

Possibility of reversibility in passive form → ‘Inattention, social dysfunction ... are exhibited by individuals with ADHD.’

4.15 Inadequate or variable self-application to tasks that require sustained effort [Value] is often interpreted [Relational:Identifying:Intensive] by others [Assigner] as laziness, irresponsibility, or failure to cooperate [Token].

\*Right now, X is being interpreted by others as laziness / \* Right now, the others are interpreting X as laziness → invalidation of the present continuous for the ‘right now’ probe; present simple as unmarked tense.

Possibility of reversibility (in active form) → The others interpret X as laziness, irresponsibility ...

### ***Grammatical probes for Verbal processes***

4.16 Students with ADHD don’t mean to blurt out [Verbal] answers [Verbiage] (Educational Guideline 1)

Right now, the students are blurting out answers → present continuous for the ‘right now’ probe.

Transfer of information? Yes.

Verbiage? Yes.

4.17 Completes [Verbal] people’s sentences [Verbiage] (DSM)

Right now, he is completing people’s sentences → present continuous for the ‘right now’ probe.

Transfer of information? Yes.

Verbiage? Yes.

### ***Grammatical probes for Behavioural processes***

4.18 Often does not seem to listen [Behavioural:Perception] when spoken to directly (DSM)

Since “listen” is considered to be the main process, “seem to” is not included in the probes:

Right now, he’s not listening → present continuous for the ‘right now’ probe.



What he didn't do was to listen → 'to do' probe satisfied.

No Phenomenon

4.19 ... she was able to follow along [Behavioural:Cognitive] (Forum)

Right now, she is following along → present continuous for the 'right now' probe.

What she did was to follow along → 'to do' probe satisfied.

4.20 Often talks excessively [Behavioural:Speaking]. (DSM)

Right now, he is talking excessively → present continuous for the 'right now' probe.

Transfer of information? No, the focus is on the activity.

Verbiage? No.

4.21 when hes on the pc ... can sit [Behavioural:Body Posture] still for hours.  
(Forum)

Right now, he is sitting still → present continuous for the 'right now' probe.

"Sitting still" is portrayed as a state, not an activity.

### ***Different possible annotations***

Occasionally, there are cases where different annotations are grammatically possible and contextually equally valid. Consider examples 4.22-4.24 below.

4.22 He whined [?] and complained [Verbal] that he didn't want [Mental: Desideration] to do [Material] it. (Forum)

In example 4.22, "whined" can have two possible interpretations depending on whether we read the relative clause as complementing both processes of the conjunction ("whined" and "complained") or just the second one ("complained").

Interpretation 1: "(He whined) and (complained that he didn't want to do it.)" → The subordinate clause functions as projection of "complained" (Verbal); then "whined" functions as a Behavioural: Speaking process.

Interpretation 2: "He (whined and complained) that he didn't want to do it" → The subordinate clause functions as projection of both "whined" and "complained"; then "whined" functions as a Verbal process.

Depending on the interpretation, the verb “to whine” also acquires different connotations in the sentence and portrays slightly different versions of the event recounted. Following the first interpretation (“whined” as a Behavioural process), the action represented by the process does not entail any transfer of information, and so we could imagine the child crying, shouting or making some sort of sound, which is followed by the actual verbalization of his low predisposition to do the homework. Following the second interpretation (“whined” as a Verbal process), the verbs would be read as two synonymic expressions that complement each other to represent what the child did and how (i.e., complaining in a particularly annoying way, potentially with a high-pitched tone of voice). Example 4.22 was annotated differentiating the two process types (and hence attributing two differentiated actions to the child), but the second interpretation would have been equally valid.

Example 4.23 is another case that could receive two possible annotations:

4.23 Students with inattentive ADHD may get lost [?] in their fast moving thoughts.  
(Education Guideline 1)

Being an idiomatic expression, “to get lost” could either be annotated as a Behavioural: Cognition process or a Relational:Attributive:Intensive.

(?) Right now, they’re getting lost...

(?) What they did was to get lost...

Example 4.23 was eventually annotated as Behavioural:Cognitive; it was felt that Behavioural processes can capture better the change of state, portraying it as a dynamic action instead of a static condition –compare ‘I am lost at German classes’ (I do not understand German at all) to ‘I get lost at German classes’ (I may be able to follow the lessons a bit, but I find them very difficult).

As a last example of a possible multiple annotation, consider 4.24 below:

4.24 The teachers should: appreciate that the child cannot help her/himself [?]: her/his behaviour is not prompted by naughtiness (Education Guideline 2)

Example 4.24 provides the first item of a list of bullet points that the teachers are recommended to do. The meaning of the verb “cannot help” relies on the ellipsis of the second lexical verb, which has to be inferred from the overall context of the guideline. The meaning of 4.24 depends on the preceding descriptions provided in the guideline and on the teachers’ background knowledge of how this behaviour that “is not prompted by

naughtiness” materialises (e.g., ‘cannot help not following instructions / fidgeting / interrupting...’). Since the second lexical verb could not be concretised due to the high contextual dependence, the process was not annotated in the transitive analysis; however, it was taken into consideration for the Appraisal analysis.

### 4.3.2 Pilot 1: Difficulties in the operationalisation of ATTITUDE. Appreciation vs. Judgement and levels of inscription.

The Attitude types distinguished in the analysis are presented in Table 4.3 (from Martin & White, 2005).

Attitude type	Attitude subtypes	Level of inscription
Affect	Affect:(In)security Affect:(Un)happiness Affect:(Dis)satisfaction	Inscribed / Invoked
Judgement	Judgement:Propriety Judgement:Normality Judgement:Capacity Judgement:Tenacity	
Appreciation	Appreciation:Reaction:Quality Appreciation:Reaction:Impact Appreciation:Valuation	

**Table 4.3 Attitude types and subtypes considered in the analysis**

Pilot 1 revealed that the application of the APPRAISAL framework to the analysis of evaluation in the DSM corpus presented several difficulties. The difficulties encountered echoed issues already reported in the literature on APPRAISAL and made it necessary to consider how to apply the system to the study of evaluations in depictions of human behaviour. The analysis faced two main difficulties: the distinction of Appreciation from Judgement Attitude types in depictions of behaviour, and the “Russian Doll’s syndrome” (an attitude type stands as token of another attitude type which, in its turn, it can stand as token for another attitude type...) (see Thompson, 2014, 2008).

Judgement constitutes the dimension of Attitude concerning people and people’s behaviours (Martin & White, 2005:52), i.e. “agent-based” evaluations (Bednarek, 2009:156), and Appreciation is the dimension of Attitude concerning things, natural phenomena, and performances (where performance stands vis-à-vis behaviour) (Martin

& White, 2005:56), i.e. “object-based” evaluations (Bednarek, 2009:156). Thus, the attitude type varies depending on whether we address the behaviour as an action, i.e. a conjugated verb in grammatical terms (example 4.6), or as a product, i.e. a nominalisation in grammatical terms (example 4.7).

4.25 Often fidgets with or taps hands or feet or squirms in seat. [Judgement]

4.26 Hyperactivity refers to excessive motor activity [...] when it is not appropriate, or excessive fidgeting, tapping, or talkativeness. [Appreciation]

In discussing the distinction between Appreciation and Judgement in the assessment of behaviour, Thompson also questions the analysis of evaluations of the result of people’s actions; for example, in ‘The kind words [of the minister]’, should the evaluation of ‘kind’ be attributed to ‘words’, or to ‘minister’? (Thompson, 2014:57-58, 2008:179). In the evaluations of the products of people’s actions, there is a transfer of value from the behavior to the outcome of the actions (Thompson, 2014:58, 2008:178-9; also noted in Martin and White, 2005:67; and White, 2006:55). In Thompson’s words:

A further step in this grey area [behaviour as product, nominalisations] takes us to the results of behavior, which can also be evaluated in ethical terms that belong most typically to JUDGEMENT: the attributes of the human behavior are transferred to the product. [...] the evaluative items actually indicate the moral qualities of the person [...] and yet the wording attributes these qualities to the results, in a form of transfer which occurs so frequently that it can be argued that any sense of a metaphorical 'disjunction' has all but disappeared. (Thompson, 2008:179)

In Pilot 1, the distinction between Appreciation and Judgement was of particular significance due to the Register features of the DSM. Descriptions of ADHD and the symptoms depict behaviours of the individuals (both as finite and non-finite verbs) and potential outcomes of the diagnosis (or results of ADHD-related behaviour). Thompson argues that in those cases the analyst has two options: a “semantic-based labelling” (all appraisals of behaviour are annotated as Judgements, regardless of wording), or a “grammar-based labelling” (the appraisals are distinguished according to wording). Thompson supports a grammatically-based approach on the basis that it guarantees replicability and avoids turning the linguistic analysis into “a subjective commentary” (Thompson, 2014:58, 2008:180-181). Following Thompson’s suggestion, Pilot 1 was done following a grammar-based approach to ensure analytical reliability.

However, the application of a grammar-based approach in the data considered was not free of difficulties due to the recurrent portrayals of ADHD through the behavioural traits (or symptoms) and the products of the actions or outcomes of the symptoms. A purely grammar-based distinction suggests annotating nominalizations as tokens of Appreciation, and ‘conjugated’ verbs as tokens of Judgement (see examples 4.6 and 4.7 above). A strict grammar-based annotation that only considers performances or products of actions as entities (both attitude targets of Appreciations) did not seem appropriate for the analysis of the corpus studied. Categorizing the representations of ‘behaviour as entity’ as Appreciations would miss an important part of the (indirect) representations of the individuals.

In Pilot 1, Appreciations from nominalisations or outcomes of ADHD were annotated as tokens of invoked Judgements giving an account of the implicit portrayal of the behavior. Taking Appreciations as tokens of invoked Judgements made it possible to reflect the different layers of evaluation, but it carried the peril of the “Russian Dolls” or “Chinese box” syndrome, signalled by Thompson (2014:60, 2008:183). The “Russian Dolls” syndrome puts the analytical replicability in jeopardy (e.g. How to know when to stop the analysis? How to make the analysis verifiable?) and makes quantitative analysis problematic –the latter not applicable in this thesis (2014:61; 2008:184). Consider example (4.26) (above), annotated as [-Appreciation ^ -Jud:Prop’I ^ -Jud:Norm’I], or example (4.27):

4.27        Often ... makes careless mistakes ... [-Appreciation ^ -Jud:Cap’I ^ -Jud:Norm’I]

If we want to account for the different layers of attitude inscription, a negative inscribed Appreciation of behaviour as entity (“motor activity”, “fidgeting”, “tapping”) or behaviour outcomes (“careless mistakes”) would trigger an invoked negative Judgement (of Propriety or Capacity). In its turn, the first Judgement would trigger, more or less explicitly, a Judgement of Normality (the individuals with the diagnosis would be compared to the average population, in (4.26) lexicalised in “excessively”). The analyst could go even further and argue that, since the lack of behavioural appropriateness is due to a lack of capacity to constrain oneself, the Judgement of Propriety evokes an evaluation of the lack of skills of the individual.

The “Russian Dolls” effect also evidences a difficulty in annotating invoked Attitude. The ultimate dependence of invoked evaluations on subjective values is

signalled in the literature as one of the major difficulties in analysing implicit evaluations (Martin, 2003:173; Pounds 2010:114; Fuoli & Hommerberg, 2015). The invoked mode of attitude realisation is contraposed to the inscribed one. Inscribed evaluations present the authorial attitudinal stance directly denoted (Martin & White, 2005:61; White, 2006:42), and condition the meaning attributed to non-attitudinal expressions of the context, i.e. inscribed positive (or negative) evaluations enable a prosody of positive (or negative) evaluation (Martin & White, 2005:64). Invoked evaluations are further distinguished between “provoked” (the closest ones to the inscribed type, associated with lexical metaphors, similes and idioms), and “invited”, in its turn subdivided in “flagged” (associated with the insertion of attitude by the Graduation resources), and “afforded” (the most implicit and influenced by the general text type and cultural values) (Martin & White, 2005:67).

The operationalisation of the traditional distinction of invoked evaluations as noted in Martin and White (2005:67) presented severe difficulties due to lacking specification of the lexical triggers for each type of inscription in the framework<sup>10</sup>. The lack of systematicity in invoked evaluation analysis has been acknowledged in the literature. In commenting on the study of invoked evaluations, Martin described the dilemma faced by the analyst of invoked evaluations as a trade-off between a “coding nightmare” (if invoked appraisal is taken into consideration) and missing “a great deal of the attitude implied by texts” (if invoked appraisal is left out) (Martin, 2003:173).

Regarding the operationalisation of attitude, Pilot 1 revealed that: (i) invoked evaluations are important in the study of representation of behaviour and should be taken into consideration to address the formation of stereotypes and potential stigmatisation that might follow, and (ii) the analysis of invoked evaluations as presented in Martin and White (2005) presents difficulties for systematic applications. The study of different textual genres, each one with different linguistic resources to invoke attitude, was hypothesised as another potential difficulty in the analysis of attitude.

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<sup>10</sup> The descriptions provided in brackets of the different Invoked evaluation types are from Hood (2019:392).

### **4.3.3 Pilot 2: Operationalising ATTITUDE**

Pilot 2 addressed the operationalisation of Attitude, especially the analysis of the invoked mode, and it was employed to check the consistency of the transitivity analysis. Pilot 2 included data from the DSM and the Forum threads. A sub-corpus was generated from the full corpus of data of the forum threads as indicated in Section 4.1.2. The sub-corpus was analysed systematically for the different linguistic resources considered.

This section presents the considerations arising from Pilot 2 with particular reference to the application of White's (2004) distinction between "opinion" and "emotion" attitude types as a means to distinguish between Affect and Judgement and avoid annotation difficulties in studying the evaluation of behaviour (already noted by Thompson, 2008, 2014) (Subsection 4.3.3.1); and White's (2006) redefinition of inscription types for the annotation of evaluation (Subsection 4.3.3.2). White's framework is more grammar-based than Martin and White's (2005) framework and proved to be easier to operationalise. However, the high level of detail would have made it difficult for it to be applied systematically across the three corpora considered, therefore White's approach was redefined and simplified to meet the interests of the study (Section 4.3.4).

#### **4.3.3.1 Affect vis-à-vis Judgement, and Attitude as "opinion" and "emotion"**

Affect Attitude type refers to the expression of feelings, which can be self-attributed to the authorial voice (interactant-sourced directed, 'I'm happy'), attributed to participants (projected Affect, 'She's happy'), and realised by the processes of the participants (behavioural and mental states, 'She's laughing') (Martin & White, 2005:46). According to the type of emotion expressed, Affect is further classified in (Dis)satisfaction, (Un)happiness and (In)security (2005:49). The possibility of adding the subcategory of Affect:Surprise has been noted by Bednarek (2009:165), although she recognises that accounting for Surprise in terms of emotion is not entirely clear, i.e. surprise (feeling) vis-à-vis expectedness (not emotional reaction).

In a study of the evaluation of behaviour, two complications may arise in distinguishing Affect from Judgement attitude types, both of them signalled by Thompson (Thompson, 2008 and 2014). One difficulty concerns the distinction between attributed

feeling (projected Affect) and Judgement (e.g. ‘She is very cheerful’); the other difficulty concerns the classification of generalised emotional states (i.e. “more or less permanent character traits that are not a response to a specific stimulus”, 2008:177) as Affect (e.g. ‘She is a very cheerful and independent person’). In the first case, Thompson argues, it may be difficult to distinguish projected or attributed feeling from Judgement, since the depictions of third persons’ emotions sometimes trigger reactions from the observers and hence should be better identified as Judgements (Thompson, 2008:176; 2014:56). The second case points to the need for distinguishing temporary and directed emotional reactions (e.g. ‘I’m happy’ –now, because I have met my friend [stimulus]), from a generalised and undirected state (e.g. ‘I’m a happy person’ –but right now I am not happy). Following Thompson, while the first example constitutes an authorial expression of feeling (Affect), the second expression should be regarded as an authorial evaluation of character (Judgement). In order to avoid these overlaps between Affect and Judgement, Thompson proposes to limit Affect to interactant-sourced directed feeling (2008:178).

Tracing clear delimitations between Affect and Judgement was regarded as especially important for the study of data from the forum threads, expected to offer descriptions of particular children instead of groups of individuals as the DSM. The thesis keeps the distinction between projected Affect (attribution of feelings to third parties) and Judgement, but it follows Thompson’s distinction between feelings (or directed feelings, i.e. Affect) and general undirected states (evaluation of the character of a person, i.e. Judgement).

White’s distinction between “emotion” and “opinion” (White, 2004:232; also adopted in Bednarek’s 2009:155-156) sheds further light on the delimitation of Affect. “Emotion” comprises “emotional reactions or states of human subjects” (White, 2004:232) and it is associated with the Affect dimension of Attitude. “Opinion” constitutes “positive or negative assessments [...] –assessments under which a positive or negative quality is said to be an inherent property of the phenomenon being evaluated” (White, 2004:232), and it is associated with the Judgement and Appreciation dimensions. White’s distinction between “emotion” and “opinion” makes it possible to (i) keep the distinction of projected Affect for temporary emotional states (i.e. those directed or caused by a stimulus, hence genuine feeling/emotion), and (ii) narrow down Affect to expressions of feeling, thus avoiding the overlaps with Judgements in assessments of character. Depictions of character (e.g. ‘She is a very cheerful and independent person’ or ‘I’m a happy person’) are classified as (self)assessments of the individual considered,



i.e. Judgement. Instances of projected Affect to the individuals with ADHD (a minority in the corpora studied) can be further accompanied by invoked Judgements, for example: “Children with ADHD may find these [changes in routines] particularly unsettling.” [Affect:Insecurity ^ -Jud:Normality] (from *ADHD a guide for UK teachers*).

#### 4.3.3.2 Inscribed evaluation

The analytical challenges of the different levels of attitudinal inscription and the need to examine further the different linguistic resources that enable indirect evaluations are acknowledged and addressed in White (2006:49). Pilot 2 applied White’s (2006) re-examination of the inscription of attitude. The levels of attitude inscription are based upon the semantic distinction between (i) locutions with “fixed” evaluative value, i.e. “stable across a wide-range of contexts”, (ii) “attitudinal tokens”, linguistic items without positive or negative values, only with ideational content and whose value depends on the co-text and the system of values of the readers (2006:39), and (iii) locutions that are frequently associated with a specific evaluation but which can nonetheless vary across contexts (2006:48&51). The different levels of inscription and its application in the corpora studied is presented and illustrated below with examples from the corpuses:

- (i) *Inscribed evaluation* (explicit)  
e.g. “Is often forgetful in daily activities” [-Judgement:Capacity] (DSM)
  
- (ii) *Provoked evaluation – Invoked* (with evident exhibition of the subjectivity of the author, as in metaphors, similes and comparisons (White, 2006:50))  
e.g. “most of the family refers him to some type of weather like a tornedo, a huricaine...” [-Judgement:Propriety’I ^ -Judgement:Normality’I] (Forum)<sup>11</sup>
  
- (iii) *Evaluation by association – Invoked* (terms with evaluative associations, but whose positive or negative value is non-stable across contexts)  
e.g. “Often loses things necessary for tasks or activities” (DSM)  
[-Judgement:Capacity’I ^ -Judgement:Normality’I]

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<sup>11</sup> Typos and misspellings have been left as in the original in all the examples offered in the thesis.

“To lose” is frequently attributed a negative value, but it may trigger a positive evaluation when followed by negative valued Direct Object (e.g. ‘He lost his fear of failing’).

- (iv) *Evoked evaluations – Invoked* (ideational content that triggers evaluations by connections made in the text, ultimately dependent on the system of values and background knowledge of the reader).

e.g. “... kids who learn differently” [-Judgement:Normality] (Guideline from *ADD Attitude*)

The attribution of a different learning process does not imply a negative judgement of the person, except in those cases where ‘difference’ is contextually equated to ‘difficulty’.

White’s distinction of inscribed evaluation offers a more detailed examination of the potential lexicogrammatical realizations of the different levels of inscription than the one presented in Martin and White’s (2005) and it brings clarity and systematicity to the analysis. However, White’s modelling of attitude inscription is nonetheless complex to apply in a systematic manner across long texts. One of the major complications is determining whether lexical value attributions are consistent across a variety of contexts or variable. White recognises that a search of the terms in a general corpus such as the Bank of English is often needed (2006:44), but the constant reliance on general corpus searches makes the distinction of evaluation inscription complex to apply systematically. The strong reliance on reader’s values for ‘evoked evaluations’ also makes the distinction difficult to apply consistently. The difficulties encountered in the application of White’s inscription types led to the redefinition of evaluation inscription developed in the next Section 4.3.4.

#### **4.3.4 Redefinition of ATTITUDE annotation for a study of behaviour**

The two Pilot analyses evidenced the need for defining specific coding guidelines that would allow us to operationalise the analysis of attitude, in particular the analysis of invoked attitude. Invoked evaluations are essential for the study of stereotypes and potential stigmatisation of the individuals, but both Martin and White’s (2005) and White’s (2006) presentations of invoked evaluation proved to be difficult to apply in a systematic manner across the different texts studied. This difficulty is ultimately

grounded upon two main issues already pointed out in the literature: (i) evaluation is linguistically expressed by an open-ended set of forms (Fuoli & Hommerberg, 2015:315; Hunston, 2011:3) which, as evidenced in the Pilots, may vary according to the textual genre, and (ii) the Appraisal framework is a “flexible interpretative tool” (Fuoli & Hommerberg, 2015:331), making mechanic applications of the framework to any text type difficult and bringing subjectivity to the annotation. The manual annotation followed in this thesis allows for a detailed and exhaustive analysis of the texts, but it also brings subjectivity to the annotation process, jeopardising analytical transparency, reliability and replicability (Fuoli & Hommerberg, 2015:316).

In order to make the analysis of evaluation as transparent as possible, this section presents the annotation principles followed in the analysis and the decisions taken to address the difficulties observed in the Pilots. The operationalisation of the attitude analysis was inspired by White’s (2006) re-examination of attitude inscription, in particular by: (i) White’s references to common lexicogrammatical realisations for each type of invoked evaluation, and (ii) White’s account of invoked evaluations of behaviour from processes, depictions of states, or results of processes as ‘attitudinal inferences’ (White, 2006:49&55). The transfer of (valued) attributes signalled by Thompson (see Section 4.3.2) may be considered as an inferential process. However, the inference as accounted for in White (2006) entails a reversal of Thompson’s notion of ‘evaluation transfer’: while Thompson noted a transfer of values from the behavior to the product, in White’s account the evaluation of the behavior is inferred from their actions or the products of their actions. White’s account appears to be more experientially based: what we observe and experience of individuals is their actions, what may result from the actions and how these actions and outcomes impact us.

The Pilots revealed that the texts analysed in this thesis depict ADHD and the individuals with the diagnosis by offering descriptions of the behaviours associated with the condition and the outcomes that the symptomatic behaviour may cause. Since this thesis is interested in the attitudes attributed to people with ADHD, the diagnosed individual was established as the ultimate attitude target (‘object of evaluation’). The levels of evaluation inscription were redefined in relation to how directly the attitude expressed in the text is attributed to the individual:

- Inscribed attitude: expressions of evaluation *explicitly* associated with the individual with ADHD (the attitude target). ‘Explicitness’ is defined in terms

of the lexicogrammatical realisations that allow for the association of the attitude to the individual.

- Invoked attitude: expressions of evaluation associated with the individual with ADHD through an ‘attitudinal inference’ (or ‘evaluation transfer’). The attitudinal inference is defined according to the ‘source’ that allows the inference. Following the Pilots, three main ‘sources’ were identified: (i) the individuals’ behaviours, (ii) the behavioural outcomes, (iii) the impact of the behaviours on third parties. A further ‘source’ was identified in the educational guidelines in particular: (iv) situations caused by or related to the ADHD symptoms. As for the inscribed attitude, lexicogrammatical realisations were also defined for each type of attitudinal inference.

In order to make the analysis more operative and replicable, each level of inscription was associated with the lexicogrammatical relations that allow for the expression of evaluation (see Tables 4.4 and 4.5 below). Both inscribed and invoked evaluations can be further modulated (increased or decreased) with graduation resources. Graduation was not analysed systematically across the corpora, but it was examined in conjunction with other linguistic resources, especially in the portrayal of behaviour in the DSM corpus.

This redefinition of attitude inscription constitutes a simplification of Martin and White’s (2005) and White’s (2006) delicate description of the different types of invoked (implicit) evaluation. Associating the level of attitude ascription (inscribed/invoked) with the lexicogrammatical relations that allow it also takes some distance from the semantic based analysis of Martin and White (2005). As an example, consider the sentence ‘Matilde cries.’ Following Martin and White’s (2005), the sentence would be annotated as an inscribed evaluation of Affect Unhappiness type, and the attitude would be inscribed (explicit) because it is infused in the semantics of the verb ‘to cry’. Following the definition of inscribed and invoked attitude provided above, however, the sentence would be annotated as an invoked evaluation of Affect Unhappiness type. It would be annotated as ‘invoked’ instead of ‘inscribed’ because the attitude target (Matilde) is evaluated in terms of her behaviour (crying), and so the evaluation attribution draws on the following inference process: I see Matilde crying, hence Matilde is sad (but maybe she is excited, extremely happy or moved). This redefinition of levels of attitude ascription allows us to examine not only the attitude types associated with individuals with ADHD, but also it elucidates *what* makes us have a (negative) attitude towards a person –e.g., is it the explicit specification that the person has a diagnosis, their character attributes or the

behaviour a person may exhibit? In this way, the analysis of evaluation can reveal how stereotypes and the potential stigmatisation that might follow are constructed.

### *Inscribed evaluations*

Inscribed evaluations are explicit ascriptions of valued meaning to the attitude-target (i.e. individual with ADHD). Table 4.4 below shows the lexicogrammatical resources that mediate the expression of explicit evaluation.

<b>Inscribed evaluations</b>	
Naming	Not identified in the data
Classifier (Adjective) ^ Noun	e.g. <i>You discover all of the missing assignments of your <u>innattentive 5th grader</u> in his desk [...]</i> [-Jud:Norm] [-Jud:Cap'I]
Relational Process Identifying Intensive	e.g. <i>my son changed overnight <u>from [being] the most difficult kid in the classroom</u> with the lowest marks [-Jud:Prop] to <u>a model student</u></i> [+Jud:Prop]
Relational Process Attributive Intensive	e.g. <i>Children with ADHD are significantly <u>more likely than</u> their peers without ADHD to develop conduct disorder ...</i> [-Jud:Norm]
Relational Process Attributive Possessive	e.g. <i>My son always <u>has trouble</u> studying...</i> [-Jud:Cap]
Noun ^ Qualifier ('with-' phrase)	e.g. <i>Students <u>with focus problems</u> should [...]</i> [-Jud:Cap]
Modal verbs (explicit Modality:Ability)	e.g. <i>can't sit still</i> [-Jud:Cap] [-Jud:Prop'I]
Mental processes [Perception, Emotion subtypes]	e.g. [...] <i>the full <u>range of problems experienced</u> by those with ADHD</i> [-Jud:Cap]

**Table 4.4 Lexicogrammatical realizations of inscribed evaluations**

The lexicogrammatical realisations identified for inscribed attitude allow for a direct transfer of value (of the lexical word) to the individual being evaluated. Direct transfer of value is observed in (i) identifications of the individual with a specific entity or as a member of a class (e.g., 'P is a bully'), (ii) adscription of a feature to the individual (e.g., 'P is aggressive'). While the paradigmatic lexicogrammatical realization of such relations of identification and attribution are the Identifying and Attributive Relational processes respectively, we can nonetheless distinguish more lexicogrammatical affordances of class and feature attribution.

(i) Transfer of value by identification

- Naming (noun or nominalised adjective): total identification of the subject with a salient feature (e.g., 'Mr Clumsy') or with a class (e.g.,

‘the tyrant’), where the feature and the class are socially or contextually valued.

- Classifiers: class adscription, in English realised by the structure ‘adjective ^ noun’ (e.g., ‘The clumsy boy’).
- Relational Identifying processes: the relation of identification is explicitly expressed by the process (e.g., ‘Peter is clumsiness on Earth’).

(ii) Transfer of value by adscription of a feature

- Relational Attributive processes: the relation of feature attribution is explicitly expressed by the process. The feature attribution can be constructed as a description of the individual of the form *A is b*, through Intensive Attribution relations (e.g., ‘Peter is very clumsy’), but can also be constructed in terms of possession, through Possessive Attributive relations (e.g., ‘Peter presents huge degrees of clumsiness’).
- Qualifiers: adscription of a feature, in English realised through a *with*-phrase (e.g., ‘the boy with clumsiness’).
- Modality Ability: expression of the presence or lack of a feature in terms of ability of the person; the evaluation takes place in those contexts where individuals are expected not to present or to present a feature (against expectations) (e.g., ‘Peter can’t move nimbly’ would be annotated as a negative Judgement of Capacity, but ‘Peter can’t fly’ would be a non-evaluative statement).
- Mental processes of perception and emotion: the feature is directly attributed to the individual in terms of emotion of the experiencer (attitude target) (e.g., ‘Peter experiences clumsiness’, ‘Peter feels clumsy’) or perception of the attitude target (e.g., ‘Peter looks so clumsy today’).

It is possible to understand the different linguistic resources as enabling different degrees of value attribution in accordance with the identification established between the individual and the quality. In other words, different lexicogrammatical representations of a quality, when that quality is value-laden, also convey different nuances in the value attribution to the subject.

### Invoked evaluations

Invoked evaluations comprise all the evaluations ascribed to the attitude-target (the individual with the diagnosis) via an inferential process. Table 4.5 summarises the ‘attitudinal inferences’ and the lexicogrammatical resources associated with them. The square brackets indicate that what is signalled is optional.

<b>Invoked evaluations</b>	
(i) Inferred from actions	Process ^ [Goal] ^ [Circumstance] Process ^ Counter-expectation e.g. <i>Often leaves seat in situations when remaining seated is expected</i> [-Jud:Prop'I]
(ii) Inferred from (potential) outcomes (of ADHD / ADHD symptoms / behavioural manifestations of the symptoms)	ADHD / Symptom [explicitly stated or elided] ^ Process ^ [Goal] ^ [Circumstance] Nominalisations [actions of the individual] Classifier (e.g. “impulsive”, “distracted”) ^ Noun Description of product action / Report of verbiage of individual e.g. <i>There is also a link between ADHD in children and [...] academic underachievement [...]</i> [-Jud:Cap'I]
(iii) Inferred from descriptions of actions of third parties triggered by the actions of the individual with ADHD	Process ^ [Verbiage] ^ [Goal] ^ [Circumstance] e.g. <i>Help these students by pairing them with more mature classmates who can remind them [...]</i> [-Jud:Cap'I]
(iv) Inferred from descriptions of situations related to the symptoms of ADHD	e.g. <i>fidget toys can help students burn excess energy and improve focus, without distracting other students</i> [-Jud:Prop'I]

**Table 4.5 Invoked evaluations of individuals as generated through evaluative inference**

According to how close the source of the attitudinal inference is to the attitude target, we can distinguish the following four levels of invoked evaluation:

(i) Transfer of value from the actions of the individual to the individual

The individual is evaluated by their actions. In both cases, the verb of the process is in Finite form and the grammatical subject (i.e., the diagnosed individual) may be explicit or elided.

- Process ^ [Goal] ^ [Circumstance]

The attitude can be invoked by the semantics of the process or, when the process is not valued, by the Goal (direct object) or the Circumstances (adverbial phrases or clauses), or a combination of them.

- Process ^ [Counter-expectation]

The attitude can be invoked by the attribution of counter-expectation to the actions of the individual (e.g., ‘Surprisingly, she arrived on time today’). Counter-expectation refers to the situation reported, vis-à-vis the expressions of surprise (e.g., ‘I was so surprised to see her there!’), where the speaker is situated as the affected person (by some unexpected stimulus), or the Judgements of Normality, which present the behaviour or character of the individual as not adhering to standards (e.g., ‘He is remarkably tall for a five-year old’).

(ii) Transfer of value from the (potential) behavioural outcomes

The individual is evaluated by the outcomes associated with the diagnosis or the core symptoms (inattention, hyperactivity-impulsivity). The individual-agent is not referred to and the outcomes (i.e. behaviours, states or incidents associated with ADHD) are mainly either explicitly attributed to ADHD or the symptoms, or represented as nominalisations.

- ADHD/symptomatic behaviour (explicitly stated or elided) ^ [Goal] ^ [Circumstance]: evaluation invoked by the semantics of the Goal or the Circumstances where the behaviour takes place.
- Nominalization of actions of the individual: evaluation invoked by the semantics.
- Classifier (e.g., “distracted”, “impulsive”) ^ Noun (e.g., “behaviour”, “attitude”):
- Description of the product of the behaviour / an action
  - Verbiage: reported speech of the individual; annotated as source of evaluation in those cases where the speech is regarded as related to the diagnosis.

(iii) Transfer of value from the impact of the behaviour of the individual on third parties as evidenced in the descriptions provided by the latter

The individual is evaluated with reference to third parties’ verbal and kinetic actions that have taken place (realis), or are to be realised (irrealis), in response to the actions of the individuals with ADHD. The individuals with the diagnosis may be explicitly referred to as acted upon or not.



- Process ^ [Verbiage] ^ [Goal] ^ [Circumstance]: the attitude is invoked by the semantics of the process, the Goal or Verbiage, the Circumstances, or a combination of them.

(iv) Transfer of value from depictions of situations related to the behaviour of the attitude target

General description of situations related to the symptoms. The presence of ADHD-related difficulties stands as the ultimate cause or explanatory reason.

The evaluative inferences distinguished above present the different grounds that inform our assessments of people, allowing us to compare the texts studied by attitude types and by the inference types, the latter dependent, to a great extent, on the textual genre. Neither inferences nor evaluative connections are necessary (White, 2006:49&55). Evaluative inferences are non-necessary insofar as they ultimately rely on the reader's knowledge or cultural values<sup>12</sup>. The non-necessity of evaluative connections is evidenced when we consider processes frequently associated with negative (or positive) attitudinal evaluations (e.g. 'to disrupt'), but which may change their evaluative valence with the Direct Object that follows them (e.g. a dictatorial regime). The linguistic resources noted above in square brackets (e.g., Direct Objects, circumstances), together with pragmatic effects such as humour, can trigger the evaluation or override default ones.

The annotation scheme presented in this Section is designed for studying the evaluation of human agents specifically and is not intended for application to other attitude targets. The levels of attitude adscription are defined according to how explicitly the evaluation is attributed to the behavior (the attitude target). Defining the general lexicogrammatical relations that allow for the attitude attribution makes it possible to systematically apply the annotation to different text types. The attitude types annotated are those defined in Martin and White (2005), following the level of delicacy (granularity) specified in Table 4.3 (Section 4.3.2). The section closes considering items that presented some annotation ambiguity.

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<sup>12</sup> The literature distinguishes inferences by deduction (necessary true) from inferences from induction or abduction (non-necessary) (see Stanford Encyclopaedia of Philosophy, "Abduction" <https://plato.stanford.edu/archives/sum2017/entries/abduction>). Truth conditions do not apply to evaluation, but the distinction shows whether the inference follows from established premises (deduction), or whether it follows from case observations (induction and abduction). Evaluative inferences belong to the second group –e.g. from the assessment of the result of an action (what we observe), we infer a judgement of the actor.

### *Decisions about ambiguous items*

In applying the framework, some decisions were made regarding the annotation of items that could be classified differently, in particular: (i) evaluative descriptions that are attributed an irrealis state (questions, hypothesis), (ii) humour, and (iii) implicatures.

#### (i) Annotation of evaluative descriptions of hypothetical states

In annotating conditional sentences (recurrent in the educational guidelines) and questions, i.e. where the situation described was constructed as a hypothetical state (irrealis), no distinction was made between the evaluations inferred from actions that have been realised from those ones inferred from actions that have not yet taken place. Example (4.28) below presents two possible annotations of a conditional:

4.28        [...] **if you have any concerns** about a child's health or medication, you should consult [...]

**Annotation 1:** Invoked Affect Unhappiness projected

**Annotation 2:** Inscribed Affect Unhappiness projected

Following 'Annotation 1' evaluations derived from the descriptions of irrealis states would be annotated as Invoked regardless of the grammatical realisations that triggered the evaluation (in example (4.28), the Relational Attributive Possessive process). According to this annotation, factuality would prevail over all the other lexicogrammatical resources distinguished in the framework presented above for inscribed evaluation. Following this interpretation, any expression of attitude in a statement presented as hypothetical would be annotated as invoked. This thesis understands the evaluation (our attitude ascribed to things) and the factuality of events as two independent domains, hence it was preferred to dissociate the realis/irrealis state attributed to the proposition from the level of inscription of the evaluation as presented in 'Annotation 2'.

#### (ii) Annotation of humour

Humorous descriptions or comments about the children with ADHD are common in the forum threads studied, in particular in the thread "You know your child is ADHD when....". Humour is highly related with expression of evaluation and, as evaluation, it cannot be associated with any pre-defined set of linguistic resources, raising doubts regarding how it should be accounted for in annotating attitude. After a first analysis of the data, it was evidenced that humour on its own does not influence the attitude type

(determined by the attitude target), nor it influences the level of attitude inscription as defined in the framework presented above. Instead, humour influences the valance, making negative evaluations appear as not genuinely negative. Consider example 4.10:

4.29 You brother in law asks you to get him quiet and you say “If you can think of a way then let me know” to which he responds “then can you get him to go somewhere I’m not”

Humorous statements as example (4.29) were annotated following the framework specified above. Example (4.29) is annotated as a Judgement of Property of the child invoked by the actions of third parties, more specifically by the reported exchange between the parent and the brother-in-law (type (iii) of evaluative inference distinguished in the framework). In example (4.29), an otherwise overtly negative description of the children is softened by humour. Therefore, humour is accounted for as a graduation softener that allows for an ‘evaluation shift’, but it is not relevant to the discrimination of attitude type or level of inscription.

### (iii) Annotation of implicatures

Evaluative inferences as understood in this thesis should be distinguished from the traditional Gricean “conversational implicatures”, pragmatically inferred from the conversational context<sup>13</sup> (Grice, 1989:25-26). Evaluative inferences evoked from implications triggered by the context have not been annotated. As an illustration of the implicated meaning that has been left out of the analysis, consider the following statements taken from Trump’s 2016 Campaign kick-off speech: “They [Mexican immigrants] are bringing drugs and crime” and “They [Mexican immigrants] are rapists”<sup>14</sup>. Following our annotation framework, the examples present a negative invoked Judgement of Propriety (evaluation inferred from actions, i.e., the verb and direct object), and a negative inscribed Judgement of Propriety respectively (evaluation inscribed by the Relational Identifying process). However, they could be annotated as instances of invoked Affect Insecurity (projected), in which case the Affect:Insecurity would not be not inferred from the statement “They are rapists”, but from the implied meaning

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<sup>13</sup> A speaker implies *q* in saying *p* if: “(1) he [the speaker] is presumed to be observing the conversational maxims, or at least the Cooperative Principle; (2) the supposition that he is aware that, or thinks that, *q* is required in order to make his saying or making as if to say *p* (or doing so in those terms) consistent with this presumption; and (3) the speaker thinks (and would expect the hearer to think that the speaker thinks) that it is within the competence of the hearer to work out, or grasp intuitively, that the supposition mentioned in (2) is required” (Grice, 1989:30).

<sup>14</sup> Discussed in the Pre-Conference Institute to the European Systemic Functional Linguistics Association Conference 2019, in the workshop led by Professor Mariana Achugar on the 2nd July 2019.

“Mexican immigrants live here, so we have rapists among us [and so there is a need for the anti-immigration policies and a wall]”. The high reliance on personal knowledge and subjective values that the annotation of implicated meaning entails would hinder the transparency and replicability of the analysis.

# Chapter 5

## The DSM-V

### 5.0 Introduction

Chapter 5 analyses the representation of ADHD, its symptoms, and individuals with the diagnosis in the *Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition (DSM-V). The DSM-V adopts a dimensional approach toward psychological conditions. Contrary to previous editions, the DSM-V understands most mental disorders as a spectrum, without well-defined boundaries (APA, 2013:6). Understanding psychological conditions as a spectrum means that the diagnosis criteria do not identify a homogeneous group of individuals, and are intended to end the subtyping proliferation of the psychiatric nosology (2013:12).

The dimensional approach involves a shift in the conceptualization of ‘mental disorder’. In the classical model, category membership is regarded as a binary relationship (either an item or individual P is included in the set constituted by the category or it is not) (Taylor, 1995:23). Categories are described by a set of necessary and sufficient conditions that define a homogeneous population; the boundaries of each category are clear-cut, removing the possibility of liminal cases (Rosch, 1975:193; Cantor et al. 1980:182). Understanding ‘mental disorder’ in terms of a spectrum means category membership is regarded as a graded continuum, and the graduation is established through a relationship of similarity to the prototype (Osherson & Smith, 1981:35&42; Taylor, 1995:54). ‘Prototype’ can be understood as “the clearest cases of category membership” (i.e. a member of the category that reflects the most shared features) (Rosch, 2002:259), or as a “schematic representation” or “fuzzy schema”, which enables the recognition of entities defined by the category (Zadeh, 1982:293&296; Taylor, 1995:59-60). The prototype view explains borderline or atypical cases; it acknowledges that the symptoms associated with diagnosis need not always present for the condition to be diagnosed, and explains the frequently heterogeneous presentations of mental disorders (Cantor et al. 1980:183-185).

ADHD symptomatic traits are represented in terms of scalability, recurrence and (high) probability, thus adhering to a spectrum conceptualization. This analysis supports

studies on the importance of evaluation in psychiatric diagnosis, which are especially rich in philosophy of psychiatry (see Sadler, 2013). Symptomatic traits present negative evaluations. Behavioural manifestations are frequently valued in terms of inability and inappropriateness, and descriptions of pathology are ultimately based upon assessments of normality.

This chapter is divided into four sections. Section 5.1 examines the representation of ADHD, Section 5.2 the representation of inattention, Section 5.3 the representation of hyperactivity-impulsivity, and Section 5.4 considers general characteristics of the DSM as textual genre and how they influence the representation of the diagnosis. The first three sections are divided according to the level of strata considered (lexicogrammar, semantics and discourse semantics). Section 5.4 considers the importance of comparisons, modality and graduation in portrayals of clinically significant behaviour and of diagnosed individuals.

## **5.1 ADHD**

### **5.1.1 Transitivity analysis**

In the DSM-V, ‘ADHD’ is mainly employed as a nominal to designate an entity (i.e. a psychological condition). Table 5.1 below shows that ‘ADHD’ also characterizes the behaviour related with the condition (i.e. Qualifier and Classifier grammatical functions) and the individuals with the diagnosis (i.e. Qualifier function).

<b>ADHD as "entity"</b>	<b>Actor</b>	<i>ADHD begins in childhood. ADHD and intermittent explosive disorder share</i>
	<b>Carrier</b>	<i>ADHD is associated with [+ behaviour traits / symptom]</i>
	<b>Attribute</b>	<i>... may predispose some children to [have] ADHD</i>
	<b>Phenomenon</b>	<i>assessing ADHD</i>
	<b>Circumstance</b>	<i>Inattention manifests behaviorally in ADHD</i>
<b>ADHD as Qualifier [Noun ^ "ADHD"]</b>	<b>Qualifier of "things"</b>	<i>Symptoms of ADHD are A diagnosis of ADHD The essential feature of attention-deficit/hyperactivity disorder (ADHD) is</i>
	<b>Qualifier of people</b>	<i>individuals with ADHD children with ADHD drivers with ADHD individuals with a specific learning disorder who do not have ADHD *</i>
<b>ADHD as Classifier ["ADHD" ^ Noun]</b>	<b>Classifier of "things"</b>	<i>the ADHD presentation should still be diagnosed. influences on ADHD symptoms. ADHD prevalence rates the full ADHD symptom cluster</i>

**Table 5.1 ADHD representation in the lexicogrammar (DSM)**

The DSM represents ADHD as self-causative (e.g. the intransitive processes of the Material Creative type, “ADHD begins...”), and as the primary cause of some behaviours and (negative) outcomes (e.g. the Relational Attributive Intensive processes, “is associated with”). Behaviour traits and outcomes of ADHD are regarded as pathological. Representations of ADHD as causative agent contrast with structures like “[...] may predispose some children to ADHD”, a relational causative clause in which ADHD stands as a Possessive Attribute provoked by the presence of certain behavioural traits (i.e. “behavioral inhibition, effortful control, or constraint; negative emotionality; and/or elevated novelty seeking”, APA, 2013:62). The analysis would read as “[X behavioural traits] (Agent/Attributor) may predispose (Process:causative) some children (Carrier) to [have/get] ADHD (Attribute:Possessive)”, where “have” or “get” are proposed as elided processes. The Possessive Attributive process maintains ADHD’s “entity” status. ADHD, as a psychological condition, stands as the cause or reason for certain behavioural traits. However, since ADHD is defined by its symptomatic behaviour, the presence of these behavioural traits is the trigger of the diagnosis.

As ‘entity’, ADHD is something the psychiatric community can deal with (“assess”). The transitive function of Phenomenon also represents ADHD as something

concrete to which we can direct our actions. As part of a Circumstance, ‘ADHD’ circumscribes the presence of certain behaviours or states of being to the diagnosis: ‘ADHD’ constructs the conditions in which ‘something’ is given (“inattention” in the example of Table 5.1). Likewise, the qualifier phrase “of ADHD” presents certain psychological entities (e.g. symptoms) as belonging to ADHD; hence ADHD is again presented as an entity that can be an object of study.

Table 5.1 shows that the structure ‘X with ADHD’, a non-finite clause without any verb, is the preferred form to refer to diagnosed individuals in psychiatric discourse. Halliday and Matthiessen describe the non-finite dependent clauses without verb (i.e. the ‘with-’ construction) as (commonly) attributive relational clauses (2004:425). In all those above cases it is possible to find an agnate<sup>15</sup> in which the verb is present. Two different agnates are possible: ‘individuals *who are* ADHD’, and ‘individuals *who have* ADHD’. The example in Table 5.1 marked with an asterisk shows the second option as the preferred finite agnate clause. Thus, “with ADHD” constitutes a simplified form of a Possessive Attributive process and entails a relationship of ‘ownership’, which stands against the relation of being established by the Intensive Attributives. Both agnates construct a subcategory (people “with ADHD”), but while the Intensive Attributive represents ADHD” as an inherent quality of the individual, the Possessive Attributive represents “ADHD as a separate entity (i.e. as disorder). The default construction “with ADHD” follows the advice of the DSM-IV to employ the expression “an individual with...” to designate people with psychological diagnoses (APA, 1994:xxi). The wording addresses the popular criticism of the manual for being considered a classification of people instead of mental disorders. The DSM only employs ADHD as a Classifier to modify ‘things’ associated with the condition (i.e. symptoms, prevalence), not people (e.g. ‘ADHD individuals’).

### 5.1.2 Semantics analysis

ADHD is represented both as a potential lifelong condition (a perennial feature of the person) and as an entity separate from the individual. The double representation as an ‘entity’ and ‘quality’ entails that ADHD, as a cluster of regular and clinically significant

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<sup>15</sup> It is preferred to employ the term ‘agnate’, as in *Introduction to Functional Grammar*, instead of the traditional term ‘cognate’ to keep SFG emphasis on the systematic relationship between the different alternative grammatical structures (Halliday & Matthiessen, 2004:31).



behaviours, is metaphorically conceptualized as an entity that individuals may or not have, and that can be studied by the medical community (ADHD IS AN ENTITY).

The metaphorical attribution of physical entity status to psychological conditions has been accounted for in the literature –see, for example, Semino (2008:181) for a corpus-based analysis of how individuals who suffer from depression understand the condition and the mental and emotional experiences associated with it as physical entities that they have and can deal with. In the DSM, the exclusive representation of the diagnosis in terms of “possession” denotes the active avoidance of the potential stigmatizing effects that could follow from representing psychological conditions as properties of being (e.g. ‘X is autistic’, ‘X is ADHD’, ‘autistic/ADHD individuals’).

### **5.1.3 Analysis of evaluation**

Evaluations were identified as being associated with ‘ADHD’ where ‘ADHD’ is explicitly mentioned, and were distinguished according to level of inscription. The targets of the evaluation are individuals with ADHD in all cases. Evaluations are mostly negative and the negative valence connotes that the traits are medically significant.

#### **5.1.3.1 Inscribed evaluations**

Evaluations were identified as inscribed when they are triggered by Relational processes (Attributive Intensive and Possessive types, the Identifying type was not observed). All evaluations are Judgements of Normality, Capacity and Propriety, and share a negative valence (see Table 5.2 below).

Attitudinal Evaluations	Lexicogrammatical realizations	
Jud:Norm	Rel:Att:Intensive	<i>Children with ADHD are significantly <u>more likely than</u> their peers without ADHD to develop conduct disorder ... increasing the likelihood for substance use disorders and incarceration.</i>
	Rel:Identifying: Intensive	<i>ADHD is associated with <u>reduced</u> behavioral inhibition ... [Jud:Prop 'I] ADHD is associated with <u>reduced</u> school performance and academic attainment [Jud:Cap 'I]</i>
	Rel:Identifying: Possessive	<i>children with ADHD display <u>increased</u> slow wave electroencephalograms</i>
Jud:Cap	Rel:Att:Intensive	<i>children with ADHD remain relatively impaired into adulthood. Individuals with ADHD are inattentive ...</i>
	Rel:Att:Possessive	<i>individuals with ADHD may exhibit cognitive problems on tests of attention... Individuals with ADHD ... exhibit inattention, social dysfunction...</i>
	Rel:Identifying: Intensive	<i>ADHD is associated with ... <u>effortful control, or constraint</u></i>
Jud:Prop	Rel:Att:Possessive	<i>ADHD is common among children and adolescents who display excessive anger and irritability. Individuals with ADHD ... exhibit ... <u>difficult-to-manage behavior.</u></i>

**Table 5.2 ADHD inscribed evaluations (DSM)**

Explicit Judgements of Normality are not triggered by the attribution of ‘ADHD’ to individuals (“children with ADHD”), but by comparing the group of diagnosed individuals to the average population and signalling their variation from the average. Comparisons are also expressed in terms of probabilities (e.g. a higher likelihood of developing behaviour-related difficulties) that diagnosed individuals present and which are not expected in the average population. Employing full comparative structures (“than their peers without ADHD”) reinforces the comparison and makes ADHD-associated difficulties more explicit (e.g. behavioural problems, potential eventual incarceration). Judgements of Capacity and Propriety depict problematic cognitive and social skills (“impaired”, “dysfunction”), and difficult behaviour (“excessive anger”).

As a consequence of the ultimate function of the manual (i.e., to guide a psychological diagnosis), all behavioural features described in the DSM are read as signs of a pathological condition and draw an implicit comparison between diagnosed individuals

and the general population. Table 5.2 also shows how, in the DSM, many explicit evaluations of the individuals are triggered by Identifying Relational processes. In many cases, the clinicians stand as the elided Assigner. Consider, for example, “ADHD is associated [Rel:Identifying:Intensive] with reduced behavioural inhibition”, annotated as an inscribed Judgement of Normality with an invoked negative Judgement of Propriety. The example can be reversed as “(Clinicians) [Assigner] associate ADHD with reduced behavioural inhibition”, which makes the evaluation process more explicit. Thus, while tracing a strong association between the individuals and the ADHD-related difficulties (and the negative evaluations associated with the latter), Relational Identifying processes also point to the psychiatric community as the ultimate source of the evaluation.

### **5.1.3.2 Invoked evaluations**

Invoked evaluations triggered by “ADHD” are mainly Judgements of Capacity and Propriety. Some Judgements of Normality were also identified. Table 5.3 distinguishes two types of evaluative inference: (i) from the individual’s actions, and (ii) from the outcomes of diagnosis. The presence of ADHD is stated in all examples, indicating that the Judgements of Capacity or Propriety are based on the condition. Implicit Judgements of Normality were only identified in those cases where there is an explicit comparison between individuals with the diagnosis and the average population, either by a comparative structure or by indicating some frequency (Table 5.3). As with the inscribed evaluations, it is the comparison that was identified as the trigger of the implicit Judgement of Normality, not the specification of “ADHD”.

Inference	Attitudinal Evaluations
1.1 Process ^ [Goal] ^ [Circumstance]	Jud:Cap'l ... individuals with ADHD obtain less schooling, have poorer vocational achievement ... <u>than their peers</u> <b>[Jud:Norm'l]</b>
	Jud:Prop'l children with ADHD may misbehave or have a tantrum some individuals with ADHD may develop secondary oppositional attitudes toward such tasks
2. Outcome	Jud:Norm'l ADHD is associated with <u>an increased</u> risk of suicide attempt
	Jud:Cap'l Mild delays in language, motor, or social development are not specific to ADHD but often cooccur. ADHD is associated with reduced school performance and academic attainment... <b>[Jud:Norm'l]</b>
	Jud:Prop'l ADHD is associated with <u>reduced</u> [Jud:Norm'l] behavioral inhibition, effortful control, or constraint; negative emotionality; and/or <u>elevated</u> novelty seeking. Traffic accidents and violations <u>are more frequent in drivers with ADHD.</u> <b>[Jud:Norm'l]</b>

**Table 5.3 ADHD invoked evaluations (DSM)**

(i) *Evaluative inference from the individuals's actions*

Evaluative inferences from actions or behaviours are identified in clauses of the structure “Actor ^ Process ^ [Goal] ^ [Circumstance]”; the Actors are individuals with ADHD and the elements in square brackets may not be present. The evaluative inference can be triggered by the semantics of the processes (“misbehave”), the Goal (“less schooling”, “oppositional attitudes”), or the Circumstance (although Table 5.3 includes no examples of the later). In transitive verbs, where the Goal is present, the Goal tends to constitute the trigger of the inference.

(ii) *Evaluative inference from the outcomes of diagnosis*

Outcomes or observable effects of ADHD are represented by nominal groups and evoke Judgements regarding the capacity or appropriateness of diagnosed individuals' actions, or their adequacy to the standards of the average population. The target of the evaluation is not mentioned, but the group of individuals with ADHD is retrievable from the context as the affected or agentive subject. The invoked evaluations result from transferring the evaluation of an observable fact (“traffic accidents”, “delays in language”) to the explicit or projected human agent (an individual with ADHD). The negative evaluations of the

outcomes are triggered by the semantics of the nouns or modifiers in all cases (“...delays in language...”, “...negative emotionality...”).

Invoked evaluations, especially those inferred from the outcomes of diagnosis, portray ADHD as the cause of lack of adherence to the standards of the general population.

## **5.2 Inattention**

### **5.2.1 Transitivity analysis**

‘Inattention’ names one of the core symptoms of ADHD (i.e. attention deficit), and its derived adjective “inattentive” indicates related pathological behaviour (e.g. “Inattention becomes more prominent during elementary school”, “Inattentive behavior is associated with various underlying cognitive processes”). The transitive analysis presented in this section does not consider the representation of inattention according to the instances of the word in the manual (rather scarce), but it examines the descriptions of all those behaviours associated with the symptom. The SFG typology of processes allows us to determine the main characteristics attributed to inattention. Table 5.4 offers examples of behaviours understood as symptomatic. The table only includes behaviours represented as conjugated verbs (i.e. overt allusions to the actions of individuals).

<b>Process Types</b>	
Mental: Cognition	<i>fails to give close attention has difficulty remaining focused quickly loses focus</i>
Mental: Perception	<i>overlooks or misses</i>
Mental: Affective	<i>Is often easily distracted is easily sidetracked</i>
Mental: Desideration	<i>Often ... dislikes to engage in tasks that require sustained mental effort</i>
Material	<i>makes careless mistakes does not follow through on instructions fails to finish schoolwork has difficulty organizing tasks Often avoids... to engage in tasks ... mind seems elsewhere</i>
Relational: Attributive: Intensive	<i>Often ... is reluctant to engage in tasks that require sustained mental effort Is often forgetful are inattentive</i>
Relational: Attributive: Possessive	<i>has poor time management present [...] inattentive features.</i>
Relational: Identifying: Intensive	<i>Individuals with ADHD ... exhibit inattention, social dysfunction</i>
Behavioural: Cognition	<i>has difficulty sustaining attention</i>

**Table 5.4 Inattention representation in the lexicogrammar (DSM)**

Mental processes provide the paradigmatic representation of ‘attention’, a mental faculty. We can distinguish the Cognition, Perception, Desideration and Affective subtypes; while the first three Mental subtypes represent the individual as a Senser that directs a mental action towards some Phenomena, the Mental: Affective subtype represents the individual with inattention as being affected by the Phenomena (external stimuli). Occasionally, inattention is represented more like an activity than like a mental state through Behavioural processes (i.e., “sustaining attention”).

Material processes portray mundane activities or results of activities that are caused by inattention (e.g. “makes careless mistakes”) and constitute one of the most abundant process types employed to represent the symptom. Inattention is represented as the ultimate cause of undesired actions or results, emphasising the effects of the symptom.

Relational Intensive processes portray inattention either as a person's quality of being (e.g. "... are inattentive", "[i]s often forgetful"). The Relational Possessive processes, much less frequent, do not present (in)attention as a quality of being, but as something that is or is not given; the perennial character of the attribute is entailed in all cases (in "... has poor time management", having good or bad time management is a relatively stable trait). Occasionally, the DSM also represents inattention through Relational Identifying Processes, which establish an identification of the individual with the symptoms displayed.

Overall, inattention is mainly portrayed as an individual's trait (Relational Intensive processes); as a state of mind that can be manifested in cognitive and perceptual skills, or lack of desideration to engage in cognitive demanding tasks. Inattention may also involve being involuntarily affected by Phenomena, and it can have tangible consequences for the daily activities of those who present the symptom (as expressed in the Material processes).

### **5.2.2 Semantics analysis: inattention as the end of a scale and a spatial relation**

The linguistic representations of 'inattention' show that there are two conceptualizations of the symptom: (i) "inattention" as a scalar concept, which employs the lowest end of a scale to portray any possible degree of attention deficit, and (ii) (in)attention as a spatial relation.

#### **5.2.2.1 'Inattention' as a scalar category**

The semantics of 'inattention' enables a double conceptualization of the symptom: 'inattention' as absence of attention, and 'inattention' as all the possible degrees of deficit or non-sufficiency of attention. 'Inattention' as 'absence' entails that the pathology is based upon a qualitative difference grounded on an exclusive relation: either there is attention (manifestation of the faculty) or not (absence of attention). 'Inattention' as 'non-sufficiency' entails that the pathology is based upon a quantitative difference: individuals present more or less attention, and 'inattention' is to be diagnosed in cases where the deficiency is impairing. The double conceptualization converges in the Latin *in-* prefix; the co-existence of the two possible meanings is also observed in Romance languages –

see RAE (the Spanish dictionary of the Spanish Real Academy), for Spanish; DIEC2 (Catalan dictionary of the Institute for Catalan Studies) for Catalan; and Larousse, for French<sup>16</sup>. The *in*-prefix expresses “negation or privation”, where “privation” is understood as “loss or absence” (OED, 2018 entry 3), but it can also connote “a lack of” when added to nouns (Oxford Dictionaries Online, 2018), from which follow ‘absence’ and ‘non-sufficiency’ as possible meanings.

Conceptualizing ‘inattention’ as ‘absence’ fits with the prevailing definitions of ‘attention’: the “faculty of attending” (OED, 2018) or “considering or taking notice of someone or something” (Oxford Dictionaries Online, 2018). Either we ‘take notice’ of something or we do not. Representing (in)attention as ‘focusing’ (or failing to do so) conceives attention as something either given or not. The official name of the diagnosis (‘attention deficit’) and the employment of rating scales in the diagnosis process demonstrate a scalar conceptualisation of inattention. ‘Inattention’ as a scalar category is also inferred from wordings such as “[...] inattention becomes more prominent and impairing”, or “[a] diagnosis [...] requires that inattention [...] be excessive for mental age” (APA, 2013:62 & 64). Inattention can be graded in terms of intensity or duration. Expressions like “fails to give close attention to details [...]”, which portray attention as something that varies according to intensity, contrast with expressions such as “has difficulty sustaining attention” or “has difficulty remaining focused”, which portray attention in terms of temporal extension. Those cases in which attention is not present in the needed intensity for enough time to meet the requirements of the situation are regarded as medically significant.

The representation of ‘attention deficit’ through ‘inattention’ involves a metonymic conceptual relationship that can be understood in two possible directions: (i) LOWEST END OF SCALE FOR WHOLE SCALE, or (ii) UPPER END OF SCALE FOR WHOLE SCALE (Radden & Kövecses, 1999:32). In LOWEST END OF SCALE FOR WHOLE SCALE metonymy, “inattention” constitutes the negative or lowest end in a scale of degrees of ‘attention’ (i.e. ‘inattention’ as ‘absence’ or ‘zero’ value), and it portrays the whole spectrum of attention deficit. In the UPPER END OF SCALE FOR WHOLE SCALE metonymy, ‘inattention’ constitutes the maximum level of attention deficit in a scale of degrees of deficit.

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<sup>16</sup> See: *Diccionario de la Lengua Española* (<https://dle.rae.es/in-#L9vLorj>); *Diccionari de la Llengua Catalana* (<https://dlc.iec.cat/>); *Le dictionnaire Larousse en ligne* (<https://www.larousse.fr/dictionnaires/francais/in-/42087?q=in#41991>)



Radden and Kövecses (1999:32) observe that the most common metonymic conceptualizations of scales employ a whole scale to represent its upper end or, vice versa, the upper end stands for the whole scale. The LOWEST END OF SCALE FOR WHOLE SCALE metonymy is employed for achieving “special effects” (1999:32). Interpretation (ii) adheres to Radden and Kövecses’ observation that the UPPER END OF SCALE FOR WHOLE SCALE metonymy tends to be the most common conceptual relation. Interpretation (i) suggests a pragmatic intensification of the medical significance or pathological character of the deficiency. The pragmatic intensification of the pathological character connoted by ‘inattention’ is supported by the employment of ‘inattention’ and derivate expressions (“inattentive”) in other textual genres (e.g. the forum), used to signal the medical character of the condition (Chapter 6, Section 6.2.2). Either conceptualization of ‘inattention’ –as ‘absence’ or ‘non-sufficiency’– turns the concept into a normative category that is inherently negative value-laden. It is ‘normative’ because ‘inattention’ identifies a deviation from the standard of attention, and it is ‘negative’ because the deviation is regarded as medically significant for the outcomes that may result from it.

#### **5.2.2.2 (In)attention as a spatial relation**

Metaphor-based representations of ADHD behavioural traits are uncommon in the DSM. Only the following case has been identified for inattention (APA, 2013:59):

##### 5.1 mind seems elsewhere

Example (5.1) depicts inattention as a spatial relation of the individual with their surroundings (i.e. the ongoing situation and other subjects): ATTENTION IS BEING HERE and INATTENTION IS NOT BEING HERE (or INATTENTION IS BEING ELSEWHERE), with the deictic expression “here” designating the self of the ADHD patient. ‘Mind’ stands metonymically for ‘person’ (MIND FOR PERSON, “mind seems elsewhere” instead of ‘the individual seems elsewhere’), and ‘person’ does not refer to the physical being of the individual, but it stands for some ‘inner self’. The location referred to by the spatial deixis (“elsewhere”) is virtually any situation in which the individual is engaged, and the deictic centre is a third person observer (potentially the clinician).

Spatial conceptualizations of (in)attention are common among the lay community (see Chapter 6, Section 6.2.2). Although example (5.1) is an anecdotal case, it is contextually significant. The wording was employed as a descriptor of inattention for the

first time in the DSM-IV –“They often appear as if their mind is elsewhere” (APA, 1994:78). The DSM-V keeps the description and includes it in the Diagnostic Criteria: “Often does not seem to listen when spoken to directly (e.g., mind seems elsewhere, even in the absence of any obvious distraction)” (APA, 2013:59). The metaphor exemplifies (elaborates) the description of the symptom to make it more illustrative and applicable to the different cases clinicians may observe. Although the metaphor shows that the psychiatric community occasionally relies on metaphor-based understandings of psychological phenomena, the use of the metaphoric expression observed in example (5.1) must be distinguished from those identified in the informal exchanges analysed. While in informal exchanges metaphor-based conceptualizations are ‘the way of speaking about things’, in the psychiatric manual they are employed in illustrative terms.

### **5.2.3 Analysis of evaluation**

Inattention and inattention-related behaviour trigger Judgements of Normality, Propriety, Tenacity and Capacity, the latter being the most abundant. Tables 5.5 and 5.6 present examples of the inscribed and invoked evaluations identified. Since the DSM does not offer definitions of symptoms but describes them through the associated behaviour, explicit references to symptoms are infrequent.

#### **5.2.3.1 Inscribed evaluations**

Table 5.5 summarizes the types of inscribed evaluation distinguished for ‘inattention’: Judgements of Normality and Capacity. All inscribed evaluations are triggered by Relational Intensive and Possessive processes and share a negative valence.

Attitudinal Evaluations	Lexicogrammatical realizations	
Jud:Norm	Rel:Att:Intensive	<i>Individuals with ADHD are inattentive [...] [Jud:Cap'I]</i>
Jud:Cap	Rel:Att:Intensive	<i>mind seems elsewhere, even in the absence of any obvious distraction Is often forgetful in daily activities</i>
	Rel:Att:Possessive	<i>has difficulty remaining focused Often has difficulty organizing tasks and activities (e.g., difficulty managing sequential tasks; difficulty keeping materials and belongings in order [...]) Often has difficulty sustaining attention in tasks or play activities</i>

**Table 5.5 Inscribed evaluations - Inattention (DSM)**

Explicit Judgements of Normality are scarce and were only identified in those cases where “inattentive” is employed as an Intensive Attribute of the “individuals” (Carriers). “Inattentive” was identified as a trigger for Judgements of Normality in terms of the inherent normativity observed in inattention (Section 5.2.2). Describing somebody as “inattentive” entails ascribing a (negative) deviation from the norm to the individual referred to; the deviation is ‘negative’ in terms of the clinical significance of the outcomes of the behaviour.

The DSM avoids portraying the inattention-related cognitive difficulties with explicit descriptions of individuals as unable to do something (e.g. ‘X is not able to...’, ‘X is unable to...’). Cognitive difficulties are mainly portrayed with Possessive Relational processes that represent the inability as a ‘difficulty’, not as an inherent characteristic of the individuals. Possessive Relational processes can be associated with a lower degree of evaluation attribution than their intensive counter parts –e.g. “often has difficulty organizing tasks” vis-à-vis ‘X is often disorganized’.

Table 5.5 identifies the phrase “mind seems elsewhere” as a trigger for an inscribed Judgement. Martin and White mention lexical metaphor as a resource to generate invoked evaluations (“provoked” type), and to intensify feelings or processes (2005:64-67); the authors do not indicate the evaluative effects of metonymy. While the expression is based on metonymic and metaphoric mappings, both the metonymy MIND FOR PERSON and the metaphoric conceptualization of attention in spatial terms (INATTENTION IS BEING ELSEWHERE) constitute conventional conceptualizations. In categorizing the expression as an inscribed Judgement (instead of invoked), it is proposed

that Martin and White's observation largely applies to non-conventional or novel metaphoric expressions<sup>17</sup>. Conventionalized figurative expressions like "mind seems elsewhere" are attributed the same evaluative explicitness as their literal counterparts ('s/he seems inattentive').

Judgements of Capacity are intensified with frequency adverbs ("often"), repetition of structures that stress the lack of ability ("has difficulty + "-ing" Verb"), and with counter-expectation ("even in..."). However, these linguistic resources do not only function as evaluation intensifiers of the cognitive difficulties. In the DSM, the enhancement of negative Judgements of Capacity marks the medical significance of behaviour. What is clinically significant is not the "difficulty organizing tasks", but presenting it on a regular basis ("often"), and in different scenarios (e.g. in professional and daily life, at home and the workspace). Behavioural pathology is represented in terms of recurrence and severity.

### **5.2.3.2 Invoked evaluations**

Invoked or implicit evaluations are abundant in the depiction of inattention. Implicit evaluations comprise Judgements of Capacity, Tenacity and Propriety, all with negative valence. Table 5.6 distinguishes three types of evaluative inference: (i) from the actions of individuals who present inattentive behaviour; (ii) from outcomes of inattentive behaviour; and (iii) from the actions of third parties triggered by the inattentive behaviour. Inattention is represented as the ultimate cause of professional, academic and social impairment, and as a potential source of adversarial behaviour (due to the failure to follow instructions).

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<sup>17</sup> The example offered by Martin and White is "they fenced us [Indigenous people] like sheep" (2005:65), which is analysed as an invoked negative Judgement of the authorities who treated people like animals. Alternative explicit evaluations of the authorities would be "the authorities were inhumane" or "the authorities dehumanized us".

Inference	Attitudinal Evaluations
1.1 Process ^ [Goal] ^ [Circumstance]	Jud:Cap'l <i>Often fails to give close attention to details makes careless mistakes in schoolwork, at work, or during other activities</i>
	Jud:Prop'l <i>Often loses things necessary for tasks or activities Is often easily distracted by extraneous stimuli</i>
	Jud:Ten'l <i>Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace</i>
2. Outcome	Jud:Cap'l <i>Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort</i> <hr/> <i>Inattention: [...] negatively impacts directly on social and academic/occupational activities</i> <i>... inattention becomes more prominent and impairing.</i> <i>Inattention manifests behaviorally [...] as wandering off task ... having difficulty sustaining focus</i> <i>Academic deficits, school-related problems, and peer neglect tend to be most associated with elevated symptoms of inattention</i> <i>The symptoms are not solely a manifestation of oppositional behavior, defiance, hostility, or failure to understand tasks or instructions</i>
3. Others - actions	Jud:Prop'l <i>Inadequate or variable self-application to tasks that require sustained effort is often interpreted by others as laziness, [projected Jud:Ten'l] irresponsibility, or failure to cooperate [projected Jud:Prop'l]</i>

**Table 5.6 Invoked evaluations - Inattention (DSM)**

(i) *Evaluative inference from actions of individuals with inattention*

Judgements of Capacity, Propriety and Tenacity inferred from the actions of individuals are abundant. The descriptions of behaviour frequently include details of what is realised (Goal) or the circumstance in which the action happens (e.g. “makes careless mistakes [Goal] in schoolwork, at work... [Circumstance:Place]”). The (negative) evaluations are triggered by the actions, its results or the circumstances in which the actions are realised; these different elements may or may not be given in combination. The evaluations are commonly intensified with frequency adverbs (“often”) and manner adverbs (“easily”). As noted for the inscribed evaluations, the graduations of behaviour (intensity and quantity) function as evaluative intensifiers and connote medical significance. The

pathological character of the behaviour makes it possible to base negative deviations from the standard (Judgements of Propriety and Tenacity) on the lack of skills derived from inattention (Judgement of Capacity), instead of a lack of will.

(ii) *Evaluative inference from outcomes of the symptom*

Evaluative inferences from outcomes of inattention are especially common in the DSM. In avoiding theoretical explanations, the manual depicts the psychological conditions as clusters of symptoms. The symptoms are described presenting possible actions of individuals (first level of evaluative inference), and consequences of the symptoms' presence (second level of evaluative inference). Descriptions of the outcomes of inattention mainly evoke judgements regarding the lack of capacity of the individuals that present it. All descriptions omit the individuals who may present or be affected by the outcomes.

(iii) *Evaluative inference from actions of third parties*

The third level of evaluative inference (i.e. evaluation of the individual with inattention through the portrayal of other individuals' actions) is uncommon. The example offered in Table 5.6 is the only case identified (i.e. evaluation inferred from the depiction of typical interpretations). Implicit Judgements of Tenacity and Propriety are projected as habitual interpretations of inattentive behaviours and assessed, by the psychiatric community, as incorrect.

## **5.3 Hyperactivity-Impulsivity**

### **5.3.1 Transitivity analysis**

Hyperactivity and impulsivity constitute the other core symptoms of ADHD. The symptoms and the derived adjective "impulsive" are employed to refer to related behaviour ("impulsive behaviour"); similar counterparts with "hyperactive" do not appear in the manual. Table 5.7 below summarizes the different functions linked to the symptoms; Table 5.8 considers the representation of the behaviours or actions associated with hyperactivity-impulsivity.

<b>Carrier (Rel: Attributive: Intensive)</b>	<i>In adulthood [...] <u>impulsivity</u> [Carrier] may remain problematic [Attribute]</i>
<b>Token (Rel: Identifying: Intensive)</b>	<i>Hyperactivity [Token] refers to excessive motor activity [...] when it is not appropriate [...] [Value] Impulsivity [Token] refers to hasty actions [...] [Value] In adults, hyperactivity [Token] may manifest as extreme restlessness or [...] [Value] In preschool, the main manifestation [of ADHD] [Value] is hyperactivity [Token].</i>
<b>Qualifier: Things</b>	<i>During adolescence, signs of hyperactivity [...] are less common [...]</i>
<b>Classifier: Things</b>	<i>Impulsive behaviors may manifest as social intrusiveness It may take extended clinical observation [...] to distinguish impulsive, socially intrusive, or inappropriate behavior from narcissistic, aggressive [...]</i>
<b>Circumstance</b>	<i>children with ADHD may misbehave or [...] because of impulsivity [...]</i>

**Table 5.7 Hyperactivity-Impulsivity representation in the lexicon (DSM) (i)**

References to ‘hyperactivity’ and ‘impulsivity’ as symptoms (i.e. ‘entity’ status in SFG) are recurrent. ‘Hyperactivity’ and ‘impulsivity’ are explicitly identified with several behavioural traits (Relational:Identifying processes) and attributed a perennial state (Relational:Attributive process). In the Relational Identifying processes, ‘hyperactivity’ and ‘impulsivity’ function as Token and stand for the behaviours understood as symptomatic. In presenting the behaviours as symptomatic manifestations, they are emptied of agency (i.e., the symptoms are presented as ‘entities’, without referring to the agent individual) and are understood as pathological. Alternatively, the symptoms function as modifiers (Classifier function) of behaviour. In contrast to the representation of ‘inattention’, ‘hyperactivity’ is identified as the most observable trait of ADHD (“the main manifestation is hyperactivity”), and ‘impulsivity’ is mentioned as the cause of undesired behaviour (Circumstance of Cause in Table 5.7). In the example, ‘impulsivity’ appears as the ultimate causative agent of the problematic behaviour. The causative role is better appreciated in the agnate clause “Impulsivity may make the children with ADHD misbehave” (i.e. the clause ‘X does Y because of P’ is read as equivalent to ‘P made X do Y’, where the agency or causal role of ‘P’ or ‘impulsivity’ is clearly stated).

Table 5.8 summarises the behaviours associated with hyperactivity and impulsivity. Since the DSM does not distinguish between hyperactivity or impulsivity-related behaviour, the table does not differentiate between the symptoms either.

<b>Process Types</b>	
Material	<i>Often fidgets ... taps ... squirms...</i>
	<i>Runs about</i>
	<i>Climbs</i>
	<i>[unable to] play or engage</i>
	<i>acting as if "driven by a motor"</i>
	<i>cannot wait for turn</i>
	<i>interrupts or intrudes</i>
	<i>butts into conversations, games or activities</i>
	<i>may manifest as ... <u>wearing others out</u> ...</i>
	<i>darting into the street</i>
Relational:	<i>Is often "on the go,"</i>
Attributive:	<i>Is unable to be or uncomfortable being still</i>
Intensive	<i>being restless or difficult to keep up with</i>
	<i>Feeling... restless</i>
	<i><u>Blurts out</u> an answer before a question has been</i>
Verbal	<i>completed</i>
	<i>completes people's sentences</i>
Behavioural:	
Speaking	<i>Talks excessively</i>

**Table 5.8 Hyperactivity-Impulsivity representation in the lexicogrammar (DSM) (ii)**

The most frequent representation of hyperactivity-impulsivity is through Material processes. Other process types employed are Relational Attributive Intensive, Verbal and Behavioural. The greater presence of Material processes evidences that hyperactivity-impulsivity is associated with doings, actions and movement. Movement is depicted as intense and recurrent, either by the semantics of the verb or by modifiers, and as aimless. Although lack of purpose or rationale is commonly identified with impulsivity, the examples in Table 5.8 show that excess of action (hyperactivity) may also connote absence of motivation. The lack of control is also connoted by the Behavioural process of the speaking type identified in Table 5.8 (i.e., "talks excessively"), thus portraying hyperactivity-impulsivity as a general absence of volition, manifested verbally and kinetically.

Relational processes also depict excessive motion, either represented as physical movement ("is often 'on the go'"), or as a psychological state ("unable to be... still"; "feeling ... restless"). While physical movement is frequently expressed through finite actions (mainly by Material processes), psychological agitation is represented as a perennial state of the individual (mainly by Relational processes). Verbal processes semantically connote the suddenness or inappropriateness of the action ("blurts out").



Hyperactivity-impulsivity is represented as recurrent excessive and erratic motion, which can either be exteriorized as motor or verbal activity or remain latent as psychological agitation. The DSM does not represent hyperactivity-impulsivity as characteristics of individuals (e.g., ‘impulsive individuals’ or ‘the individuals are impulsive’, where the symptoms would function as Classifiers or Intensive Attributes). While ADHD can function as a Qualifier of individuals (“individuals with ADHD”, Section 5.1.1), equivalent constructions have not been identified for the symptoms. Hyperactivity-impulsivity and inattention are portrayed as symptoms of ADHD only.

### **5.3.2 Semantics analysis: hyperactivity and the scalability of motion**

The linguistic representations of hyperactivity evidence a conceptualization of kinetic behaviour as gradable. Hyperactivity-related behaviour is depicted as a very high intensity or degree of movement (see Table 5.8, and examples 5.2-5.6 below). Understanding ‘movement’ as scalable is a precondition for any attribution of intensity.

5.2 excessive fidgeting, tapping, or talkativeness.

5.3 excessive motor activity

5.4 display excessive anger and irritability

5.5 hyperactivity may manifest as extreme restlessness

5.6 interrupting others excessively

The intensity of hyperactive behaviour is quantified with grading adjectives and adverbs. Hyperactive behaviour is either portrayed as the highest presentation possible of a conduct (“extreme”, maximizer), or as being beyond the maximum standard level of movement (“excessive[ly]”). The degree adjectives and adverbs “excessive(ly)” and “extreme” semantically entail a comparison of hyperactive-impulsive behavioural traits to their average presentation. “Extreme” portrays the quality in “the utmost possible degree” (OED, 2018) and evokes a superlative relation. “Excessive” denotes a presentation of the quality above the general limits, “exceeding what is usual” (OED, 2018). The existence of a (behavioural) standard is implied in all cases.

Understanding ‘hyperactivity’ as a scalable category implies that a behavioural trait is regarded as a sign of the symptom depending on the degree of presentation: the intensification (“extreme”) or quantification (“excessive”) of the conduct constitute the assessment of clinical significance. Like ‘inattention’, ‘hyperactivity’ is a normative

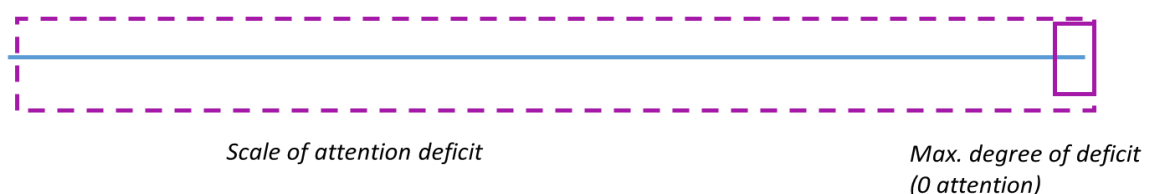
category with inherent negative value. The negative value does not follow from exceeding the maximum limits of the standard; presenting an “extreme perseverance”, for example, would not be regarded as negative or clinically significant. The negative evaluation derives from the functional difficulties correlated with the high presentation of the conduct considered.

Although both “inattention” and “hyperactivity” are scalable and normative categories, the symptoms do not share the same conceptual grounding. Unlike ‘inattention’, ‘hyperactivity’ is not based upon a metonymic relation. Section 5.2.2.1 has described how ‘inattention’ can be conceptually understood as based upon the LOWEST END OF SCALE FOR WHOLE SCALE or UPPER END OF SCALE FOR WHOLE SCALE metonymies. The lowest possible value of attention (or highest degree of deficit) portrays all potential degrees of attention deficit. A parallel scale for ‘hyperactivity’, in which the highest end of the scale would stand for all possible degrees of exceptionally high presence of movement, cannot be traced (see Figure 5.1).

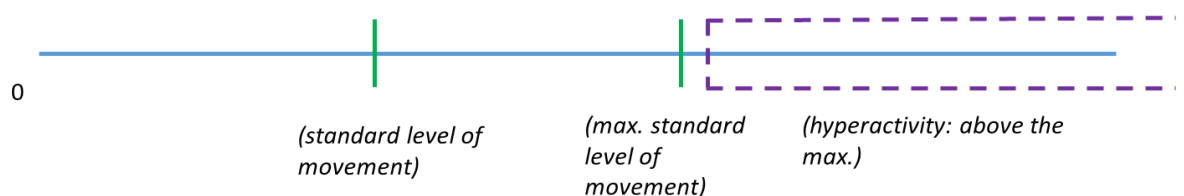
Conceptualization of **inattention** as gradable category: LOWEST END OF SCALE FOR WHOLE SCALE metonymy



Conceptualization of **inattention** as gradable category: UPPER END OF SCALE FOR WHOLE SCALE metonymy



Conceptualization of **hyperactivity** as gradable category: NO UPPER END OF SCALE FOR WHOLE SCALE metonymy



**Figure 5.1 Graphic comparison of inattention and hyperactivity conceptual groundings**

The metonymic conceptualization of ‘inattention’ is based upon two premises: (i) that ‘inattention’ can semantically connote ‘absence of attention’ by the *in-* prefix; and (ii) the possibility of formalizing the lowest value of the scale (i.e. zero or absence). None of

these factors is given for hyperactivity. While the *in-* prefix can connote the opposite or absence of the root, *hyper-* does not entail that the feature is given in the maximum possible value, which would enable the UPPER END OF SCALE FOR WHOLE SCALE metonymy. Instead, ‘hyper-’ indicates that the feature is presented in a degree that exceeds the maximum standard level. Like ‘inattention’, which stands for the whole spectrum of deficit, ‘hyperactivity’ stands for a whole spectrum of ‘high degree of movement’. Unlike ‘inattention’, it is not possible to conceptualize a limit of hyperactive behaviour: it is always possible to observe more presentation of the feature considered.

The linguistic representation of hyperactive-impulsive behaviour is based upon graduation resources that enable a vague quantification of motion or conduct (see examples 5.2-5.6). Figure 5.1 shows how a scalable conceptualization of behaviour entails that the clinical significance of certain behavioural traits is itself understood in gradual terms.

### **5.3.3 Analysis of evaluation**

Hyperactivity-impulsivity-related behaviour triggers evaluations of the Judgement type – specifically, the Propriety and Capacity subtypes. Judgements regarding the inappropriateness of the conduct are the most abundant, especially in the invoked evaluations. Tables 5.9 and 5.10 summarize the different explicit and invoked evaluations distinguished in the representation of hyperactivity-impulsivity.

#### **5.3.3.1 Inscribed evaluations**

Inscribed or explicit evaluations associated with hyperactivity-impulsivity are negative Judgements of Capacity and Propriety. All the evaluations are triggered by Relational Intensive and Possessive Attributive processes, the latter exclusively employed to depict the presence of some behavioural difficulty.

Attitudinal Evaluations	Lexicogrammatical realizations
Jud:Prop	Rel:Att:Intensive <i>Is often “on the go,” acting as if “driven by a motor” Individuals with ADHD [...] exhibit [...] difficult-to-manage behavior children and adolescents who display excessive anger and irritability.</i>
Jud:Cap	Rel:Att:Intensive <i>Often unable to play or engage in leisure activities quietly.</i> is unable to be or uncomfortable being still for extended time
	Rel:Att:Possessive <i>Often has difficulty waiting his or her turn</i>

**Table 5.9 Inscribed evaluations - Hyperactivity-Impulsivity (DSM)**

Judgements of Capacity portray the inability to adhere to social rules, by depicting the incapacity either as a trait of the individual’s character ([is] “unable”) or as a recurrent difficulty. The inappropriateness of not following social expectations is portrayed as a lack of ability instead of lack of will, and hyperactivity-impulsivity is implicitly established as the ultimate cause. The explicit Judgements of Capacity mitigate the negative evaluation of explicit Judgements of Propriety (not meeting ethical standards), basing the latter upon an underlying lack of capacity.

The expression “Is often “on the go,” acting as if “driven by a motor”” is identified in Table 5.9 as an explicit negative evaluation of hyperactive-impulsive behaviour. The explicitness is derived from the Relational process with elided Carrier (the individual with ADHD), and the negative valence is conveyed in including the statement among the diagnostic criteria.

The first mention of the expression as part of the diagnostic criteria of hyperactivity was in the DSM-III (APA, 1980:44), and it has been kept since –see DSM-IV (APA, 1994:84) and DSM-V (APA, 2013:60). The statement is significant insofar as it employs informal language in a psychiatric manual, and its casualness is acknowledged with scare quotes. Informal expressions in the description of symptoms were also observed for inattention (“e.g. mind seems elsewhere”). However, for inattention the informal wording elaborates the description of a symptomatic behaviour and it is employed for illustrative purposes. For hyperactivity-impulsivity, “being on the go” constitutes the main description of a symptomatic behaviour and the simile “as if “driven by a motor”” illustrates what “being on the go” means in the text. The simile traces a parallelism between the conceptual domains of “behaviour” and “machines”; hyperactive-impulsive behaviour is compared to a powerful engine and depicted as an

external force out of the individual's control. Thus, while the simile is presented as a clarification of the preceding expression ("on the go"), it enhances its meaning by connoting the state of being out of control (characteristic of impulsivity), and intensifies the amount of kinetic activity –intensifying the Judgement of Propriety identified in Table 5.9.

Employing the expression "[being] on the go" as part of the diagnostic criteria also involves a re-valuation or shift in its habitual valence. A search in the BNC and the CoCA corpora shows that "on the go" is commonly employed with three main referents: (i) things or projects in process of completion, e.g. "They generally have a (half-completed) job on the go, but don't rush it." (BNC); (ii) activities that happen while the person is going somewhere, e.g. "[...] Lite app as a way to get updates and alerts on the go. No matter where you are in the world [...]" (CoCA); and (iii) a characteristic or attribute of a person (as used in the DSM), e.g. "Friends and neighbours saw a conscientious and hard-working mother who never seemed to sit down, and was always on the go [...]" (BNC), "She was a very outgoing person. She was always on the go and always ready to do." (CoCA). The third use is the least frequent in the general corpora and it triggers positive evaluations in the majority of hits, depicting somebody (usually a woman) who is frequently busy or knows how to keep themselves busy. Including the expression in the diagnostic criteria implicitly re-evaluates the usual positive (or neutral) character of the expression and presents it as a sign of pathology.

### **5.3.3.2 Invoked evaluations**

Invoked or implicit evaluations are abundant and all of them constitute Judgements of Propriety. Hyperactivity-impulsivity is portrayed as a general inappropriateness of conduct that might be problematic for the individuals who present it and for others around them. Invoked evaluations are distinguished according to three levels of inference: (i) from the actions of individuals who present hyperactive-impulsive behaviour; (ii) from the outcomes of the symptom; and (iii) from reference to third parties' reactions to hyperactive-impulsive behaviour.

Inference	Attitudinal Evaluations
1.1 Process ^ [Goal] ^ [Circumstance]	<p><i>Often fidgets with or taps hands or feet or squirms in seat</i> <i>Often leaves seat in situations when remaining seated is expected</i> <i>Often runs about or climbs in situations where it is inappropriate</i> <i>blurts out an answer before a question has been completed</i> <i>Often interrupts or intrudes on others</i> <i>completes people’s sentences; cannot wait for turn in conversation</i></p>
2. Outcome	<p><i>excessive motor activity [...] when it is not appropriate</i> <i>excessive fidgeting, tapping, or talkativeness</i> <i>hyperactivity may manifest as extreme restlessness or wearing others out</i> <i>may reflect a desire for immediate rewards</i> <i>Impulsivity refers to hasty actions that occur in the moment without forethought</i> <i>making important decisions without consideration of long-term consequences</i></p>
3.2 Others - actions	<p><i>may be experienced by others as being restless or difficult to keep up with</i></p>

**Table 5.10 Invoked evaluations - Hyperactivity-Impulsivity (DSM)**

(i) *Evaluative inference from actions of individuals with hyperactivity-impulsivity*

Inferences of negative Judgements of Propriety from the actions of individuals with the symptom are common. Active clauses in which an individual with hyperactivity-impulsivity stands as elided subject trigger evaluations about the impropriety of their actions. The negative evaluations are triggered by the conduct itself when the processes are semantically evaluated as negative (“fidget”, “interrupt”, “blurt out”), or by the circumstances in which the conduct occurs, which is depicted as inappropriate in all cases (either by explicitly stating the inappropriateness, or by portraying situations in which the action would not be expected). The inadequacy is stressed through references to the recurrence of behaviour (“often”). Synonymic expressions in apposition (“completes people’s sentences; cannot wait for turn...”) and presenting related conducts in disjunctions (“fidgets... or squirms...”, “runs about... or climbs...”, “interrupts or intrudes...”) also intensify the negative evaluations.

(ii) *Evaluative inference from outcomes of the symptom*

Portrayals of hyperactivity-impulsivity that refer to outcomes are recurrent. In presenting outcomes as observable facts, they allow for objective depictions and enable the potential

negative results of the symptoms to be emphasized. Graduation is frequently employed in descriptions of outcomes (“excessive”). Negative evaluations from the outcomes of hyperactivity-impulsivity are triggered by grading adjectives or the negative semantics of the noun or nominalized process presented, and can be further intensified by the circumstance. Outcomes of hyperactive-impulsive behaviour occasionally allow social assumptions about moral standards to be inferred (e.g. the inability to postpone rewards or consider long-term implications of one’s actions are implicitly regarded as negative).

*(iii) Evaluative inference from actions of third parties*

Invoked evaluations triggered by third parties’ reported reactions are uncommon. As was observed in the case of inattention, only one case was identified in the data (see Table 5.9). For inattention, the negative judgement was triggered by the common misinterpretation of inattentive behaviour by the general community, and the negative evaluation was presented as erroneous. For hyperactivity-impulsivity, third parties are attributed a Behavioural process (“experienced”), and judgement is triggered by the phenomenon experienced. In contrast to “interpretations”, “experiences” cannot be more or less accurate, since they simply happen. The negative judgement inferred from the experience of third parties is not mitigated and, with the other evaluations, it portrays hyperactive-impulsive behaviour as lacking social appropriateness.

## **5.4 Salient features of the DSM genre**

This section examines how the linguistic features of the DSM genre partly condition the representation of ADHD and its symptoms. This section considers how the psychiatric discourse avoids identifying individuals with the diagnosis (Section 5.4.1); the importance of comparisons in representing clinically significant behaviour (Sections 5.4.1 and 5.4.3); and the importance of modality and graduation in descriptions of pathological behaviour (Sections 5.4.2 and 5.4.3).

## 5.4.1 Representation of the individual with the diagnosis

### (i) *Avoidance of identifying the psychological condition with individuals*

Explicit references to the individuals with ADHD are generally avoided in the DSM. This regular omission of the patient is evident in the examination of the lexicogrammar and evaluation. Evaluations of individuals are mainly implicit, inferred from outcomes of the condition or the individuals' actions. Symptomatic behaviour is described in present tense active clauses with the patient as elided grammatical subject in all cases (see Tables 5.6 and 5.10, e.g. "Often interrupts or intrudes on others"). Despite being grammatically elided, the individual is construed as the agent of the clinically significant behaviour, and ADHD is depicted in terms of agency. Presenting individuals as agents allows them to be evaluated by inference from their conduct, making it difficult to separate an evaluation of the behaviour from the actor. Eliding the grammatical subject avoids repetitions and makes the descriptions applicable to any potential actor. However, descriptions of the behavioural symptoms with processes in *active* form and with the patients as elided grammatical subjects are not common in the DSM. ADHD is the only "Neurodevelopmental" diagnosis whose symptoms are formulated as processes in *active* form<sup>18</sup>, and among all the other diagnoses included in the DSM-V, only the following present symptoms formulated as processes with the *patient* as elided grammatical subject: Oppositional Defiant Disorder (ODD) (APA, 2013:462), Conduct Disorder (CD) (2015:469-470), and Obsessive-Compulsive Personality Disorders (OCD) (2015:678-679). These observations stress the importance of behaviour in ADHD and the agency indirectly attributed to the patients.

All references to individuals employ the structure 'Noun + Qualifier': "individuals with ADHD", "children with ADHD", "drivers with ADHD". The representation of the diagnoses as a Qualifier is a convention of the DSM (see Sections 5.1.1 and 5.1.2). The wording avoids identifying the disorder with the patient and ultimately portrays the DSM as a classification of psychological diagnoses, not people. The representation of ADHD as Qualifier ('with ADHD') has been identified as an equivalent of the Possessive Attribute ('individuals who have ADHD') (Section 5.1.1). The diagnosis is portrayed as

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<sup>18</sup> Other conditions classified as Neurodevelopmental are Intellectual Disabilities, Social Pragmatic Communication Disorder and Autism.



a characteristic of the individual, but not as an identifying feature (e.g. ‘ADHD individual’).

(ii) *Pathology marked by comparison: definition of a standard*

The expression ‘[individual] with ADHD’ is frequently employed when comparing the diagnosed individuals with the average population. Comparisons can be explicit or implicit depending whether there is an overt reference to the compared groups (i.e. individuals with and without ADHD) or they are left implicit (e.g. “ADHD is associated with reduced school performance [...]”). Comparisons are about qualities (e.g. “individuals with ADHD [...] have poorer vocational achievement [...]”) or the probability that individuals with the diagnosis will present or suffer from a problem (e.g. “Children with ADHD are significantly more likely than their peers without ADHD to develop [...]”). Comparisons enable the definition of a group (ADHD-diagnosed individuals) by opposition to another one (the average population), in relation to which the first group varies in some characteristics. Comparisons of qualities implicitly portray clinical significance as a matter of degree, where the degree is understood in relative terms –that is, as “more” or “less” of something. Comparisons of probabilities base pathology on the higher frequency of an outcome (see Subsection 5.4.2.2 on modality). Comparisons also intensify the invoked negative evaluations about the capacity of individuals or the appropriateness of their actions and display a Judgement of Normality as the underlying base of the first evaluation. The statement “individuals with ADHD [...] have poorer vocational achievement [...]”, for example, presents a negative Judgement of Capacity regarding the skills of individuals with ADHD, and a negative Judgement of Normality that portrays the skills as being below average. The intensification of the negative evaluation of skills stresses the importance to diagnose ADHD. The Judgement of Normality marks the clinical significance of the traits and establishes ADHD as the ultimate cause of the difference. Individuals with the diagnosis are defined by their prototypical behaviour, mainly portrayed in terms of non-adequacy to the average population. Non-adequacy comprises regularities and intensity of conduct, and expected outcomes.

## **5.4.2 Modalization of conduct: recurrence and probability as marks of clinical significance**

### **5.4.2.1 Modality in the DSM and in medical general corpora**

Modality is recurrent in representations of ADHD-symptomatic behaviour. The presence of modality in the DSM is consistent with findings in the literature: modality is common in the medical and natural sciences genres (Salager-Meyer, 1992; Facchinetti, 2003). The importance of modality in ADHD representation in the DSM is demonstrated by comparing the proportions of recurrent modality expressions in four different corpora (see Table 5.11): the medical and natural science corpora of the British National Corpus (BNC) as allowed by the CQP-Edition of the BNCweb, the DSM-V, the ADHD chapter of the DSM-V, and the Oppositional Defiant Disorder (ODD) chapter of the DSM-V. ODD is frequently given in comorbidity with ADHD; until the DSM-IV both conditions were classified as ‘behavioural disorders’ and they are still frequently presented together in the diagnostic rating scales. The modality expressions considered were selected according to their presence in the DSM’s ADHD chapter. Two proportions were calculated for each expression in each corpus: (i) the proportion of the instances of each expression within the total words in the corpus, and (ii) the proportion of each modal expression within the total modal expressions considered. The first proportion illustrates the presence of modality within the corpus; the second one accounts for the distribution of different modality realizations in each corpus.

A comparison of the modality identified in the DSM with the proportions identified in the BNC for the medical and natural science genres shows that, while the modality distributions of the DSM follow the ones observed in the general (medical) science genre, the DSM presents higher proportions of modalization resources (see Table 5.11). The total modalization in the DSM-V totals more than double the average in the medical and natural sciences genre (2.65 times). While the inter-modalization proportions of “may”, “often”, “tend(s) to” and “(un)common(ly)” are similar among the DSM and the medical and natural sciences, the DSM presents a considerably higher rate of modality.

	Ratios of the modals in the DSM-V corpus (449,197 words)			BNC - filter for corpus of medicine and natural sciences (2,557,269 words)			Ratios of the modals within the ADHD chapter of the DSM- V (3,523 words)			Ratios of the modals within the ODD chapter of the DSM-V (2,021 words)		
	Instances (hits)	Proportion within the corpus (%)	Proportion within the modalized data (%)	Instances (hits)	Proportion within the corpus (%)	Proportion within the modalized data (%)	Instances (hits)	Proportion within the corpus (%)	Proportion within the modalized data (%)	Instances (hits)	Proportion within the corpus (%)	Proportion within the modalized data (%)
<b>Total of well-defined modality in the text</b>	<b>6161</b>	<b>1.372</b>	<b>100</b>	<b>13,216</b>	<b>0.52</b>	<b>100</b>	<b>91</b>	<b>2.58</b>	<b>100</b>	<b>39</b>	<b>1.93</b>	<b>100</b>
“may”	3432	0.764	55.71	7,094	0.28	53.68	43	1.221	47.25	9	0.45	23.08
“often”	685	0.152	11.12	1502	0.06	11.37	24	0.681	26.37	15	0.74	38.46
“must”	399	0.089	6.48	1239	0.05	9.38	5	0.142	5.49	4	0.2	10.26
“tend(s) to”	153	0.034	2.48	298	0.01	2.25	4	0.114	4.4	0	0	0
“(un)common(ly)”	698	0.155	11.33	1353	0.05	10.24	6	0.17	6.59	7	0.35	17.95
“more likely / unlikely / likelihood”	409	0.091	6.64	609	0.02	4.61	5	0.142	5.49	0	0	0
“probable / probability”	84	0.019	1.36	1015	0.04	7.68	1	0.028	1.1	0	0	0
“typically”	301	0.067	4.89	106	0.0041	0.8	3	0.085	3.3	4	0.2	10.26

**Table 5.11 Contrastive account of modality in the DSM, medical genre, ADHD and ODD**

A comparison of the modality percentages identified in the ADHD chapter with the total proportions within the DSM shows that, while modality is a general feature of the DSM genre, it is particularly important in the portrayal of ADHD. Comparing the modal proportions of the ADHD and ODD chapters accounts for the significance of modality in the description of ADHD in relation to related conditions. The total modalization in the ADHD chapter (2.58%) overtakes the modalization ratios of all the other corpora examined: it is 4.99 times greater than the BNC's 0.58 %; 1.88 times greater than the DSM's 1.37%; and 1.34 times greater than the ODD chapter's 1.93%.

Although inter-modalization proportions vary, “may” and “often” are the expressions most frequently employed in all the corpora, which suggests that the representation of ADHD adheres to the linguistic conventions of the medical genre. The modality distribution in the ADHD chapter varies slightly from that of the total DSM corpus; “often” and “tend(s) to” are the modal expressions with most disparity between the two corpora (their use is higher in the ADHD chapter). However, all DSM corpora share a considerably lower presence of explicit expressions of probability (“probable” and “probably”) compared to the medical and natural sciences corpora of the BNC. It can be hypothesized a preference in the psychiatric genre for more implicit or mitigated expressions of probability. Despite the lower presence of explicit probability, the DSM presents a considerably higher proportion of modality when compared with the medical and natural science BNC corpus, and the ADHD chapter presents a particularly higher use of the resource. From a quantitative perspective, modality constitutes a relevant feature of the representation of ADHD and its symptoms. The next section examines how the most recurrent modal expressions (i.e. “often”, “may”) function in ADHD representation.

#### **5.4.2.2 Modality in the representation of ADHD behavioural traits**

The main modality type identified in the ADHD chapter (see Table 5.11) is the usuality subtype of modalization. The majority of modalizers are objective-oriented and present a middle value or graduation (see Tables 5.12).

	Type	Subjective / Objective	Graduation (value)
“may”	Modalization	Subjective	Low
“often”	Modalization: Usuality	Objective	Middle
“must”	Modalization & Modulation	Subjective	High
“tend(s) to”	Modalization: Usuality	Objective	Middle
“(un)common(ly)”	Modalization: Usuality	Objective	Low / Middle
“more likely / unlikely / likelihood”	Modalization: Probability	Objective	Middle / Low
“probable / probability”	Modalization: Probability	Objective	Middle
“typically”	Modalization: Usuality	Objective	Middle

**Table 5.12 Modality types in ADHD representation**

The preponderance of usuality modalizations suggests that recurrence is an important factor for a behavioural trait to be clinically significant. The middle-value graduation of the usuality and probability modalizers allows descriptions to have increased applicability to different potential cases, and prevents under-diagnosis. Behavioural traits need not be *always* present to be considered clinically significant. The most relevant realizations of modality in the data (i.e. “may” and “often”) are examined in more detail below.

(i) *Often*

The frequency adverb “often” is a typical realization of modality in the DSM and the medical and natural science genres, with a high presence in the ADHD chapter (see Table 5.11). The adverb presents two main uses: (i) to formulate the 18 symptoms of ADHD core symptoms (APA, 2013:59-60); and (ii) to formulate common correlations with ADHD (see examples 5.7 and 5.8 below).

Sections 5.2.3.2 and 5.3.3.2, on the invoked evaluations associated with inattention and hyperactivity-impulsivity, included examples of descriptions of the symptomatic behaviour (see Tables 5.6 and 5.10). “Often” stresses the lack of capacity or propriety of the conduct (i.e. it is an evaluative intensifier). While negative evaluations are inferred from the behaviour or the circumstances in which that behaviour occurs, it is not the conduct on its own which signals clinical significance, but the modalization of usuality (“often”) that depicts the problematic behaviour as a recurrent state. Examples 5.7 and 5.8 below are cases in which “often” is employed to depict difficulties frequently correlated with ADHD.

5.7 Even in the absence of a specific learning disorder, academic or work performance is often impaired.

## 5.8 Peer relationships are often disrupted by peer rejection, neglect [...]

When “often” traces correlations between ADHD and particular outcomes or phenomena, the elevated frequency associated with “often” connotes probability. If academic performance is “often impaired” among the ADHD population, it is sensible to attribute a higher probability of developing academic difficulties to an individual with the diagnosis than to somebody who does not present the condition. While strictly following SFG “often” would constitute an expression of usuality, in examples 5.7 and 5.8 the adverb connotes probability. The SFL distinction between the probability and usuality subtypes of modalization does not appear to be clear-cut: “often” can function as a mark of both modalization types depending on the context and genre. In the DSM, the recurrence (usuality) of a trait with a condition is interpreted in probabilistic terms, and the recurrence and probability of a behaviour or outcome are interpreted as mark of pathology.

### (ii) *May*

‘May’ is the most recurrent modal expression (see Table 5.11). Previous research had identified ‘may’ as the modal with the highest frequency in scientific writings (Salanger-Meyer, 1992:105). ‘May’ indicates possibility, the lowest level of epistemic modality (Halliday & Matthiessen, 2004:148; Palmer, 2013:51; Facchinetti, 2003:301), thus allowing for a range of “hedging possibilities” to construct cautious statements (Salanger-Meyer, 1992:105; Facchinetti, 2003:316). However, the modal is also employed as a mark of “pretension of universality” in scientific productions (Salanger-Meyer, 1992:105). In those cases, ‘may’ does not undervalue the statement but presents the findings as non-conclusive. A third employment of ‘may’ in scientific writings has been referred to as the “existential” use (Facchinetti 2003:304-305): ‘may’ does not convey uncertainty but accounts for the factuality of a possibility. Following these observations, the functions of ‘may’ in the ADHD chapter can be distinguished as described in Table 5.13 below.

Type	Examples
<b>Epistemic-oriented (Modalization: Probability &amp; Usuality)</b>	
(1) Expression of a strong or "certain" possibility.	<i>Impulsive behaviors <b>may</b> manifest as social intrusiveness</i> <i>The increased motoric activity that <b>may</b> occur in ADHD</i>
(2) "Objective possibility". A fact X has been evidenced as occasionally being the case.	<i>(e.g., ...; <b>may</b> start using other people's things without asking or receiving permission ...)</i> <i>Individuals with ADHD <b>may</b> exhibit cognitive problems</i>
(3) Expression (mainly) of hypothesis. The fact is possible in logical terms but assumption of low probability.	<i>A minority of cases <b>may</b> be related to ... aspects of diet</i> <i>There <b>may</b> be a history of child abuse ...</i> <i>Family interaction patterns ... are unlikely to cause ADHD but <b>may</b> influence...</i>

**Table 5.13 Functions of "may" in DSM-V's ADHD description**

Table 5.13 shows the different uses of the epistemic-oriented meaning of 'may', which involve the expression of probability and usuality. Modalizations are distinguished depending on the degree of certainty attribution. 'May' can be employed to identify highly probable situations, as common behavioural manifestations of core symptoms (Level 1). In the examples in Table 5.13, "intrusiveness" is a consequence of impulsivity, and the definition of hyperactivity implies a great amount of movement. In Level 2, "may" connotes that the facts are occasionally the case, but their presentation varies depending on the individual, hence modalising in terms of usuality. In Level 3, "may" expresses hypotheses, situations that could influence the development or severity of ADHD but that lack full support in the psychiatric community. 'May' acknowledges the hypothesis by expressing little endorsement and avoiding overt disapproval.

Modality constitutes an important linguistic resource in the psychiatric representation of ADHD. The DSM describes ADHD as a cluster of behavioural traits and frames the latter in terms of recurrence and probability. The assessment of a particular behaviour as symptomatic is associated with high levels of recurrence (usuality) or probability, and with probabilities of presenting specific outcomes. The quantitative overview enables us to extrapolate from the observations of ADHD representation to the DSM genre, and to hypothesise that recurrence and probability of behaviour constitute crucial factors in determining the clinical significance of conduct.

### 5.4.3 Scalability of behaviour and distress

Graduation is a recurrent resource in representations of ADHD-related behaviour and portrays inattention and hyperactivity as scalable categories (see Sections 5.2.2.1 and 5.3.2). The graduation resources intensify the negative evaluations inferred from conduct and outcomes, and the importance of the diagnosis is pragmatically intensified (see Sections 5.2.3 and 5.3.3). Linguistically, graduation is mainly realized through modality (lower or higher degrees of probability and recurrence, see Section 5.4.2), comparisons (lower or higher presentation of qualities with respect to the average population, see Section 5.4.1), and adverbs and adjectives (degree of presentation of behavioural traits). The latter are further distinguished as quantitative and qualitative forms of graduation. ‘Quantitative graduations’ (“quantification” in Martin & White, 2005:148) portray the graded entity as potentially measurable and are recurrent in depictions of hyperactive-impulsive behaviour (see examples 5.2-5.6, e.g. “excessive motor activity”). Inattention is also depicted (sometimes) as a scalable entity, capable of being presented in a greater or lesser degree, for a more or less extended duration (see Section 5.2.2.1, e.g. “inattention becomes more prominent [...]”). Since quantitative graduations evoke a scale of intensity or amount, in portraying ADHD-related behaviour as abnormally high in degree or intensity, an implicit comparison is established with average behaviour. ‘Qualitative graduations’ were observed in depictions of the traits, distress, and impairment caused by the condition: “substantial clinical presentation”, “clinically significant distress or impairment in [...] important areas of functioning”, “symptoms result in marked impairment”. While these graduations also include adjectives that intensify the presentation of traits or distress (“substantial”), what portrays them as anomalously high are the qualifications of “clinical” or “clinically significant”. Quantitative graduations define a standard, and the anomalous presentation is portrayed as a difference of degree. Qualitative graduations (“clinical”) establish the domain of what is considered pathological, and the domain of the ordinary. The intensifications “substantial” and “significant” trace a scale of severity in the clinical level.

The employment of “clinically significant” as descriptor of symptomatic behaviour and distress has occasionally been criticised as redundant (Wakefield, 1997:641-2; Chapter 2, Section 2.1.1). From this perspective, the psychiatric depiction would be equivalent to stating that ‘something is blue because it has a significant blueness’ –that is, a logically redundant statement. The descriptor “clinically significant”



would be redundant if the behavioural traits were understood as exclusionary categories, defined by the presence or absence of certain characteristics. The qualification implies that there may be cases where the characteristics are present but are not to be taken into clinical account (i.e. the presence of the traits is not “clinically significant”) –for example, some levels of distress might be within the limits of the ordinary or expected in specific situations. Graduation enables differentiation between ordinary behaviour, distress or impairment, and those considered worth medical attention. The linguistic representation of symptomatic behaviour adheres to a conceptualization of behaviour in terms of spectrum, where psychopathology designates the extremes.

This last section has described how the main linguistic features characteristic of the DSM function in providing a representation of the ADHD diagnosis. Recurrence, probability and degree of intensity are identified as three markers of ADHD-associated behaviour and it is hypothesised that they can be extrapolated as general markers of psychopathology. The high presence of modality in the DSM, in comparison to medical and natural sciences genres, seems to support this hypothesis. Graduations are an important resource in tracing the difference between ordinary and clinically significant behaviour. Expressions of usuality and probability connote different degrees of presentation and severity, and comparative descriptions of the clinical and the average populations are, in their turn, based on the intensity or gradation of the behaviour observed. The formulation of the ADHD ‘diagnostic criteria’ also reveals that the diagnosis is closely related to behavioural manifestations and agency: only ODD, CD and OCD present similar formulations to ADHD, where the diagnosed individuals stand as (elided) grammatical subjects, stressing their agency role. This formulation of the symptoms makes it possible to attribute to the diagnosed individuals the evaluations associated with the behaviour; the explicit and implicit comparative descriptions also make it possible to infer a Judgement of Normality as the ultimate basis of the assessment of psychopathology. The evaluations inferred from the behavioural traits are negative in all cases, in their majority negative evaluations of appropriateness or academic-related skills. However, descriptions provided in the DSM are not stigmatising in the context of the DSM. In the DSM, a manual to be used in the clinical setting, the negative evaluations associated with ADHD prototypical symptomatic behaviour do not stand against the backdrop of social norm enforcement, characteristic of stigma. Instead, the negative value correlates with the severity of the dysfunction that the individuals may experience in their

ordinary life, hence connoting clinical significance. In providing general descriptions of behaviour and avoiding any explicit mention of the diagnosed individuals, the DSM makes the descriptions applicable to any potential client and avoids targeting any specific social group as ‘prototypical ADHD patients’, which would be stigmatising. Studying the representation of ADHD in the DSM and the main characteristics of the DSM as genre shows the need to differentiate between the invoked evaluations derived from a scalable representation of human behaviour, and the stigmatization attributed to the ‘medicalization of ordinary extreme behaviour’, the latter commonly regarded as the enforcement of social behavioural rules through psychiatry (see Chapter 2, Section 2.1). Linguistic representations of pathologic behaviour as ‘extreme’ cohere with a conceptualization of behaviour as scalable, which, in turn, allows, by definition, for evaluations regarding standard deviations. Psychiatry’s stigmatizing (and medicalizing) tendencies do not, therefore, appear to be associated with the presence of evaluation of behaviour in itself, but with the understanding of pathology: is pathology defined on the backdrop of social norms, on the line of a hygienist society, or is it defined on the basis of individuals’ suffering or inability to live their lives (which may or not correlate with extreme standard deviations)? The analysis presented in this chapter has shown that the current DSM aligns with the second stance.

# Chapter 6

## The forum threads

### 6.0 Introduction

This chapter shows how ADHD, the symptoms of ADHD, and children with ADHD are represented in the forum threads “You know your child is ADHD when...” and “Proud moments” on *addforums.com*. People with a daily experience of ADHD (e.g. the forum users) tend to perceive it as an identifying feature of diagnosed individuals (Sections 6.1.1 and 6.1.2). ADHD is inferred as the ultimate explanatory factor in the situations recounted and for the behavioural and cognitive difficulties of their children (Sections 6.1.2, 6.1.3, 6.2.3 and 6.3.3).

The forum threads show that the diagnosis may come with a different perception of the ordinary. Diagnoses of physical illnesses and psychological disorders, especially long-term or chronic conditions, often entail a reassessment of what is ‘normal’, both for diagnosed individuals and the close relatives that have a daily experience of the illness, disorder, or condition. The reassessment of normality is especially evident in analyses of invoked evaluations, particularly in inferences of positive evaluations about the behaviour of diagnosed children that come as expressions of counter-expectation. Evaluations are an important interpersonal and representational resource in the forum: they contribute to building the forum community, and portray ADHD-related behaviours as inappropriate or cognitively inadequate for ongoing situations.

Section 6.1 analyses the representation of ADHD; Section 6.2 examines the representation of inattention; Section 6.3 studies the representation of hyperactivity-impulsivity; and Section 6.4 examines linguistic features specific to the textual genre. The first three sections study the representation of ADHD and its symptoms as realized in the three linguistic strata (lexicogrammar, semantics and discourse semantics). The fourth section considers the pragmatic importance of humour in the forum community and its relevance for the representation of ADHD and children with ADHD (Section 6.4.1), as well as the importance of speech projection (or presentation) in this portrayal (Section 6.4.2). Hyperbole, irony and anecdotes are observed as the three main humour triggers in the forum posts; other linguistic resources such as speech projection and metaphors also

contribute to maintaining a playful stance. Humour also constitutes an essential coping mechanism for health-related difficulties, since it enables a re-evaluation (or “shift of valance”) of the situation.

## 6.1 ADHD

### 6.1.1 Transitivity analysis: ADHD as ‘entity’ and ‘property’

The nominal status of ‘ADHD’ experientially specifies a class of things or entities (Halliday & Matthiessen, 2004:312) –that is, a type of ‘mental disorder’ as defined in the DSM-V. In the forum threads, ‘ADHD’ designates both an ‘entity’ and a ‘property’ or feature which can be identified with the entity qualified. Table 6.1 shows the grammatical functions of ‘ADHD’ in the data. According to the lexicogrammatical relations, we can distinguish the following degrees of category membership attribution:

- (i) Possessive Attributive Relational process (i.e. *X has ADHD*)
- (ii) Qualifier as non-finite phrase (i.e. *X with ADHD*) with a Possessive Attributive process as finite agnate clause (i.e. *X has ADHD*)
- (iii) Intensive Attributive Relational process (i.e. *X is ADHD*)
- (iv) Classifier (i.e. ADHD ^ Noun)
- (v) Identification (transference of reference from disorder to person) (e.g. *ADHD'er*)

The construction of ‘ADHD’ as an identifying trait of diagnosed children escalates from (i) (‘possession attribution’) to (v) (complete identification).

<b>ADHD as "entity"</b>	<b>Actor</b>	<i>ADHD left the room to go to the bathroom Your 5-year-old ADHD proudly prances out of his room...</i>
	<b>Carrier</b>	<i>my ADHD'er is only 4 your ADHD [was] hyperfocused on fixing a pen my little AD/HD'er who is in 'trouble' at school more often than not</i>
	<b>Goal</b>	<i>she inherited the ADHD</i>
<b>ADHD as defining feature</b>	<b>Attribute</b>	<i>your child is ADHD he's just ADHD and prone to finding the highest thing to climb...</i>
<b>ADHD as Qualifier [Noun ^ "ADHD"]</b>	<b>Qualifier of people</b>	<i>my son who has ADHD * parents of kids with ADHD our 9 year old son with ADHD</i>
<b>ADHD as Classifier ["ADHD" ^ Noun]</b>	<b>Classifier of people</b>	<i>our ADHD kids a hallmark trait in ADD children your ADHD teenager your ADHD son your adhd child</i>
	<b>Classifier of "things"</b>	<i>we had an "ADHD adventure" ADHD friendly socks ADHD tendencies</i>

**Table 6.1 Grammatical functions of "ADHD" in the forum threads**

Table 6.1 shows how, as an entity, 'ADHD' can function as Actor, Carrier and Goal. Both the Actor and Carrier lexicogrammatical functions identify the person with the diagnosis (e.g. "my ADHD'er") (Section 6.1.2). The transitive function of Goal (Direct Object in traditional grammar) is not common in the forum threads and was only identified in the case presented in Table 6.1, where 'ADHD' is described as something that people can acquire or "inherit". As property, 'ADHD' functions as Qualifying Attribute (in Intensive Relational processes), Qualifier (of people) and Classifier (of people and 'things').

Intensive Relational processes turn 'ADHD' into a quality or attribute (e.g. "your child [Carrier] is [Process:Relational] ADHD [Attribute:Intensive]"). Intensive processes (i.e. *P is Q*) specify membership, either by referring to the class itself (i.e. *Q* is an entity, Noun class, in Intensive Identifying Relational processes) or by referring to a quality (i.e. *Q* is a quality, Adjective class, in Intensive Attributive Relational processes) (Halliday & Matthiessen, 2004:220). Unlike structures like 'your child is *an* ADHD', in which 'ADHD' would keep its 'entity status' and designate a class of individuals, the Qualitative Attribute turns 'ADHD' into a feature of the Carrier. Intensive attributes can represent temporal qualities (e.g. 'P is sad'), and inherent (perennial) qualities (e.g. 'P is big'). Since 'ADHD' is a psychological condition with a potentially life-long presentation, statements

as the example considered (“your child is ADHD”) represent ‘ADHD’ as an inherent quality of the individual. Colloquial expressions such as ‘X is ADHD’ echo the psychiatric understanding of the diagnosis as a perennial psychological condition and represent ADHD as a defining feature of diagnosed individuals.

Qualifiers and Classifiers establish a subcategory within the class defined by the Noun (e.g. ‘children with ADHD’ constructs a subcategory within the category of ‘children’). While Qualitative attributes construct category membership through the Intensive Relational process, making the process of attribution of the quality explicit, Qualifiers and Classifiers establish category membership within the nominal group, constituted by the entity (i.e. the Noun) and the feature that signals the category (the Qualifier or Classifier). In English, Qualifiers follow the entity (i.e. Noun ^ ‘ADHD’) and Classifiers precede it (i.e. ‘ADHD’ ^ Noun). While Classifiers are commonly linguistically realized as a single term of the Adjective class, Qualifiers constitute phrases or clauses (2004:323). Apart from their grammatical differences, Qualifiers and Classifiers also portray different degrees of class (or subclass) attribution.

Table 6.1 identifies two types of Qualifier, Possessive Attributes and the construction ‘X with ADHD’. The latter is the preferred form to designate people with an ADHD diagnosis in the psychiatric discourse (Chapter 5 Section 5.1.1). Chapter 5 has described two potential agnates for the construction in which the verb is present (i.e. ‘kids *who are* ADHD’ or ‘kids *who have* ADHD’). The example marked with an asterisk in Table 6.1 indicates the second option –in which “with ADHD” constitutes a simplified form of a Possessive Attributive process– is also the preferred finite agnate clause in the family discourse. Possessive Attributes and the qualifier phrase “with ADHD” represent ADHD as a separate entity, not as a perennial feature of the person.

Classifiers enable a more rigid class formation than Qualifiers, i.e. something is essentially different due to the presentation of a certain quality. Classifiers are distinguished from Epithets, which in English also frequently precede the Noun. While Epithets indicate the possession of a quality (e.g. a tall kid) and can be graded to present the quality in a greater or lesser degree (e.g. a very tall kid), Classifiers entail a different classification (e.g. a plastic bag) and do not accept graduation (e.g. \*a very plastic bag) (Halliday & Matthiessen, 2004:319-320). The impossibility of degree entails that Classifiers cannot be compared. Forum users frequently employ ‘ADHD’ as a Classifier to modify references to children or to ‘things’ perceived as related to children. ‘Things’ classified as ‘ADHD’ are commonly situations derived from ADHD-related behaviour.

When ‘ADHD’ is employed as a Classifier of children, ADHD is implicitly established as the differential characteristic of the children referred to.

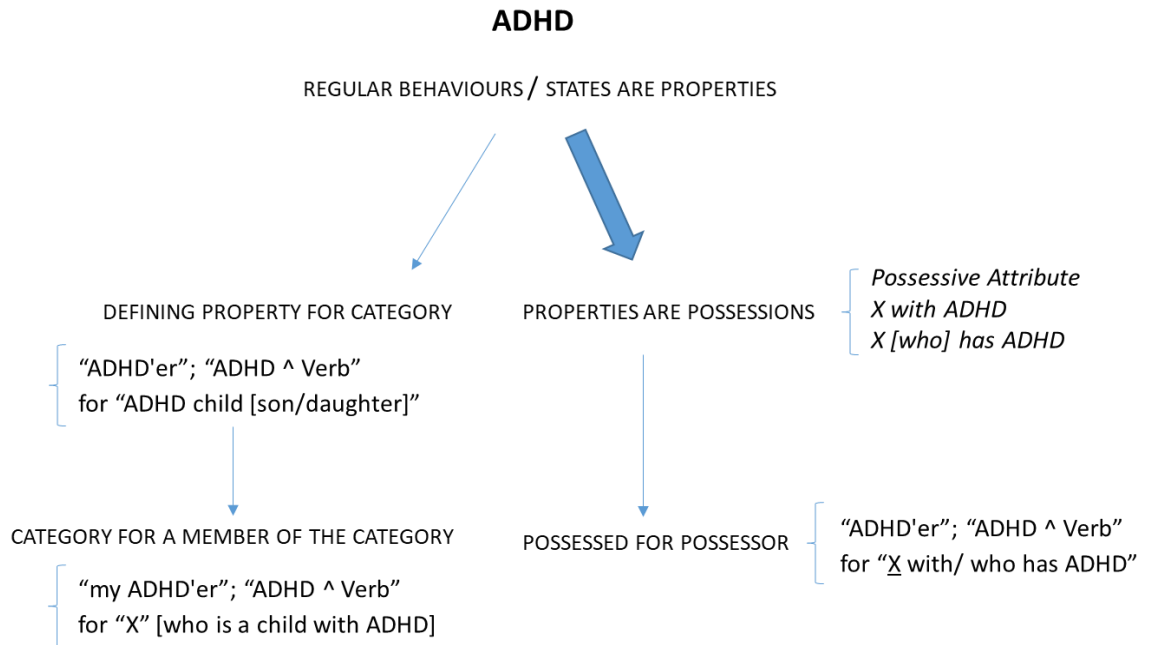
The subclass formation of the Classifiers comes together with plural nouns (“kids”, “children”) or inclusive possessive determiners (“our”, “your”). Possessive determiners are also common when ‘ADHD’ is identified with the child (see Table 6.1), and are frequently employed in references to the children (“my/your child”). Possessive adjectives connote parental affection and build affiliation among forum users by making their experiences shareable. The indefinite possessive determiner ‘your’ (“your ADHD child...”) does not refer to any specific child (neither the child of the writer or the others’) and generalizes the situation described, triggering the sympathy of the addressees by presenting the possibility that the situation recounted could be theirs. Classifiers, plural nouns and possessive determiners contribute to representing the children as alike by virtue of sharing the diagnosis.

### **6.1.2 Widening the experiential field. Representation by metonymic relations in the semantics analysis**

The two main lexicogrammatical representations of ‘ADHD’ (i.e. entity and property) entail that forum users expand the reference (or experiential field) of ‘ADHD’. From being circumscribed to the cluster of symptoms in the official psychiatric description, ‘ADHD’ stands as the defining feature of a group of people and ordinary situations related with them. ADHD is commonly perceived as a central characteristic of individuals’ identity and functions as an explanatory factor, making particular events meaningful for parents (“ADHD adventure”). This section examines the conceptual relations that make possible the ‘property’ and ‘entity’ representations of ‘ADHD’.

The co-existence of the two representations of ADHD, as defining feature and possession of an individual, are grounded on the conceptual metaphor REGULAR BEHAVIOURS ARE PROPERTIES (see Figure 6.1). ADHD, as a cluster of symptomatic behaviours, is understood as an attribute of diagnosed individuals, making it possible to metonymically represent them in terms of the diagnosis (i.e. “ADHD’er” and ‘ADHD [Actor] ^ Verb’). The metonymic representations of the child are explained by different metonymic relations (see Figure 6.1) and function as a form of perspectivization (i.e. ‘ADHD’ constitutes the reference point to access the individual). The perspectivization

of metonymic representations highlights the qualities of the child that are perceived as more salient or attributed more importance by the authors of the statements (Littlemore, 2015:73). Through perspectivization metonymy intensifies the feature that acts as reference point.



**Figure 6.1 Conceptual metaphors and metonymies in the representation of ADHD**

The metonymies identified in Figure 6.1 are based on Radden and Kövecses’ (1999:29-44) taxonomy of metonymic-producing relationships. Figure 6.1 represents metaphors with wide arrows and metonymic relations with thin ones.

*(a) Metaphorical basis of ‘ADHD’ as Possession (PROPERTIES ARE POSSESSIONS), and possibility of POSSESSED FOR POSSESSOR metonymy*

Representations of ‘ADHD’ as ‘Possession’ (‘X with ADHD’ or ‘X [who] has ADHD’) establish a relation of ‘ownership’ between ‘ADHD’ and the individual or group of individuals identified as Carriers. Thus, while ‘ADHD’ functions as part of a Qualifier (property) of the person, it is represented as an entity (relations of ownership are established between *entities*, not entities and properties). This relation of ownership is ultimately grounded on two conceptual metaphors: REGULAR BEHAVIOURS ARE PROPERTIES and PROPERTIES ARE POSSESSIONS, where the ‘property’ is ‘ADHD’ (insofar as ‘ADHD’ stands for behavioural symptoms). The analysis reads as follows:

- (i) Usual behavioural traits (e.g. talking a lot) are understood as properties or attributes of an individual (e.g. ‘Peter is talkative’): REGULAR BEHAVIOURS



ARE PROPERTIES (or inherent qualities of the individual). This tendency to conceptualize habitual behaviours and states (i.e. what we *actually* perceive) as defining properties of the individuals who show them is well-acknowledged in the literature on conceptual metaphor (Turner & Lakoff, 1989:66&202). Once regularity is conceptualised as a property of the person, it is possible to regard particular behaviours as an instantiation of the property and trace causal relations (e.g. ‘Peter is talking a lot [now] because he is a talkative person’).

- (ii) If an individual’s habitual behavioural traits are the manifestation of a psychological condition (ADHD), the individual is (or is likely to be) diagnosed with the condition (ADHD).
- (iii) ADHD, as a cluster of certain behavioural traits, can be regarded, by implicature, as a feature of the individual that presents the (pathologic) behaviour (i.e. ‘X is hyperactive and/or inattentive’, ‘X is ADHD’, where Carrier = individual and Intensive Attribute = ADHD).
- (iv) Properties are metaphorically conceptualised as possessed objects (PROPERTIES ARE POSSESSIONS), potentially triggered by the cognitive tendency to concretise. ADHD is represented as a ‘possession’ (i.e. ‘X has ADHD’, ‘X with ADHD’, where Carrier = individual and Possessive Attribute = ADHD).

The metaphor-based conceptualization of ADHD as ‘possession’ (PROPERTIES ARE POSSESSIONS) allows for metonymic representations of the person (i.e. Possessor) by referring to the diagnosis (POSSESSED FOR POSSESSOR). In expressions like “my ADHD’er” and “ADHD left the room” (see Table 8.4), ‘ADHD’ stands for ‘X with ADHD’ or ‘X, who has ADHD’, where ‘X’ denotes the child referred to.

*(b) DEFINING PROPERTY FOR CATEGORY and CATEGORY FOR A MEMBER OF THE CATEGORY metonymies: generation of a group on the basis of diagnosis, and construction of a discourse community*

The lexicogrammatical representations of ‘ADHD’ as Classifier (“our ADHD kids”) and ‘ADHD’ as Intensive Attribute (“your child is ADHD”) have been described as different degrees of adscription of ADHD to the diagnosed individuals. ADHD is understood as a property of the individual, either as a general quality (in Intensive Attributes), or as a defining property (in Classifiers). The representation of ADHD as property allowed by Intensive Attributes and Classifiers is also grounded on the conceptual metaphor

REGULAR BEHAVIOURS ARE PROPERTIES (see Figure 6.1). The conceptualisation of ADHD as property allows for expressions like “ADHD’er” and ‘ADHD [Actor] ^ Verb’ as grounded upon a double metonymic relationship:

- (1) DEFINING PROPERTY FOR CATEGORY: as defining propriety or central descriptor of diagnosed individuals, ‘ADHD’ stands, by metonymic relationship, for the category defined by the Classifier (e.g. ‘ADHD kids’).
- (2) CATEGORY FOR A MEMBER OF THE CATEGORY: the category ‘ADHD kids/children’, referred to by its defining propriety (‘ADHD’), is employed to refer to a particular member of the category: the child of the forum users (e.g. “my ADHD’er”, “ADHD left...”). The metonymic-based representations would be equivalent to ‘my son with ADHD’ or ‘*Peter* left’.

The *-er* nominal form of “ADHD’er”, derived from the Noun ‘ADHD’, has been described as based on metonymic mappings that adhere to the metonymic relations identified above (POSSESSED FOR POSSESSOR and CATEGORY FOR A MEMBER OF THE CATEGORY) –see Panther and Thornburg’s (2003a:287-288) for a study of the *-er* nominal derivation. Derivations from nonverbal bases evoke the individual as Agent from entities “crucially involved” in the activities of the individual (2003:288). In “ADHD’er”, the entity is the diagnosis. Following Panther and Thornburg, “ADHD’er” can be understood as constructing the individual as a ‘Human Possessor’ (which would adhere to the understanding of ADHD as ‘possession’), or as a ‘Human Experiencer’ (which would adhere to the representation of ADHD as a defining attribute of the individual’s behaviour).

Forum users occasionally employ ‘ADHD’ as a Classifier of ‘things’ perceived as related with the children (see Section 6.1.1), and ADHD is identified as the explanatory factor of undesirable everyday situations. The comprehension of the outcome by its cause can be understood as allowed by the conceptual metonymy DIAGNOSIS (ADHD) FOR BEHAVIOUR or OUTCOME OF BEHAVIOUR, in turn based on the metonymic relation CAUSE FOR OUTCOME, where the cause is ADHD and the outcome is either the behaviour understood as derived from ADHD or the result of the behaviour. Radden and Kövecses (1999:38-39) observe metonymic relations of causation are frequent and prolific in our understanding of events. In the examples of “ADHD” as Classifier noted in Table 6.1,

‘ADHD’ refers to behaviour traits associated with the disorder and the outcomes that may follow:

*we had an “ADHD adventure”*: the forum user refers to a situation perceived as resulting from ADHD. The referent of “ADHD adventure” are the actions of the child (sticking their tongue on a frozen pole) and the negative outcome (ending up in urgent care). Following the CAUSE FOR OUTCOME metonymy, the child’s behaviour stands as cause, where the behaviour is understood as an ADHD trait (i.e. a manifestation of impulsive behaviour).

*“ADHD tendencies”*: the forum user describes regular behaviours of a child, which the parents understand as being related to ADHD despite of not having a diagnosis yet (“We are convinced there are ADHD tendencies with her behaviour but doctors wont yet diagnose. [...]”). The referent of “ADHD tendencies” are the regular negative behaviours of the child. Following the CAUSE FOR OUTCOME metonymy, the behaviour stands as outcome, and is referred to by its (hypothesized) cause (ADHD).

*ADHD friendly socks*: the forum user explains that the child usually wears unmatched socks as a result of the disorganized behaviour, in its turn a trait of ADHD (inattention). In employing ‘ADHD’ as a property of the socks, the socks are portrayed as ‘unable to be in order’ (i.e. an unwanted outcome). The ultimate cause (ADHD) of the disorganization observed in the employment of an object (socks) is used to design the object as being in a disorganized state.

The metonymies observed in ‘ADHD’ as a Classifier of things entail that parents understand ADHD as the reason for children’s undesirable behaviours and the situations resulting from them; ADHD gives meaning to daily undesirable situations. The metonymies also operate at the interpersonal level as builders of the discourse community of forum users (also in Littlemore, 2015:85). The use of the DIAGNOSIS (ADHD) FOR BEHAVIOUR or OUTCOME OF BEHAVIOUR metonymy assumes that the addressees share some knowledge about ADHD-related behaviour and the difficulties that might arise from it. The metonymy DEFINING PROPERTY FOR CATEGORY, based on the understanding of ‘ADHD’ as a defining property of diagnosed children, constructs the group of ‘children with ADHD’, to which the children of all forum users are assumed to belong. The CATEGORY FOR A MEMBER OF THE CATEGORY metonymy represents the child referred to as a member of the category ‘children with ADHD’. Representations produced by this

metonymic relationship may trigger stigmatization if the category or features identified with the category are socially evaluated negatively. Although ‘ADHD’ as a disorder can trigger stigmatization (see Chapter 2 Section 2.2.2 for evidence of stigmatization in ADHD), the potential stigmatizing effect of the metonymy is overridden by the context of the forum. Representing the children in terms of the condition has two immediate effects: (i) acceptance of ADHD as part of the child’s identity, and (ii) constructing the community of forum users as ‘parents of children with ADHD’ –that is, the parents’ identity is constructed on the basis of their children’s diagnosis. The homogenization of the individual group members implied in the CATEGORY FOR A MEMBER OF THE CATEGORY metonymy also connotes the ‘shareability’ of the children’s attributes and parents’ experiences. The contextual community-building effects of CATEGORY FOR A MEMBER OF THE CATEGORY contrast with the stereotype-building effects of its reverse, MEMBER OF THE CATEGORY FOR CATEGORY (e.g. (prefabricated) ‘I don’t need more Peters in class’), which can turn the individual into an exemplar case.

### **6.1.3 Evaluation analysis: “ADHD” as trigger of inscribed and implied evaluations.**

‘ADHD’ triggers inscribed and invoked attitudinal evaluations of the Judgement type (Normality, Capacity, and Propriety Judgements). Tables 6.1 and 6.2 present examples of inscribed and invoked evaluations respectively. Evaluations are coded as produced by ‘ADHD’ when ‘ADHD’ is explicitly referred to in the text, and when the actions or situations described are considered (by the authors) to belong to the presence of the condition instead of the symptoms. The evaluation targets are mainly the children of the authors of the posts. However, evaluations are occasionally regarded as applicable to all children with the diagnosis. In the forum, the positive or negative evaluative valence echoes the adherence or non-adherence to social values.

#### **6.1.3.1 Inscribed evaluations**

The inscribed evaluations identified are grammatically prompted by Relational Processes, of Identifying and Attributive types of relation, and Possessive and Intensive modes of attribution. Relational processes allow for the inscription of evaluations regarding

children’s capacity or skills (Judgement of Capacity), the appropriateness of their actions or behaviour (Judgement of Propriety) and, occasionally, normality or variation from the average (Judgement of Normality) –see Table 6.2.

<b>Attitudinal Evaluations</b>	<b>Lexicogrammatical realizations</b>	
Jud:Norm	Rel:Att:Intensive	<i>my son will be 38 this year, i can still talk in the same way as always, your adhd child will always be <u>that</u>.</i>
	Rel:Att:Possessive	<i>My nine year old is showing signs of ADHD We have been wondering for a long time about my daughter having adhd.</i>
Jud:Cap	Rel:Att:Intensive	<i>The teacher said that he was fine [Att], no problems at all and was actually one of the best ones in the class. [Identifying]</i>
Jud:Prop	Rel:Identifying: Intensive	<i>my son changed overnight from [being] the most difficult kid in the classroom with the lowest marks</i>

**Table 6.2 ADHD inscribed evaluations (Forum)**

(i) *Judgements of normality*

As a Classifier or Qualifier, ‘ADHD’ defines a group of individuals, and the category can be metonymically extended to refer to people with the diagnosis (Sections 6.1.1-6.1.2). However, these expressions alone do not produce Judgements of Normality about the individuals. Evaluations have an inherent positive or negative value load. Expressions that employ ‘ADHD’ as an identificatory trait, or that identify the person with the diagnosis (e.g. “ADHD’er”) depict the individual as different from the average as a result of the diagnosis, but do not entail any value attribution to the difference *a priori*. The type of discourse (informal forum exchanges between parents of diagnosed children) and the context of use support the observation. The same expressions would be evaluative in contexts where ‘ADHD’ was employed as a stigmatizing label.

The negative Judgements of Normality identified in Table 6.2 are ascribed to the presence of ADHD, but evaluations are generated that evoke common associations with the diagnosis. In the examples of the Possessive Attributive processes, in which parents express their beliefs about the possibility of their children having ADHD (yet to be diagnosed), ADHD functions as a medical explanation for unruly behaviour or below-average cognitive skills. In the Intensive Attributive process (“your adhd child will always be that [ADHD]”), the negative evaluation associated with ADHD is generated by a metonymically-allowed pragmatic implicature. For people who know about the perennial nature of ADHD symptoms, the propositional content of the statement is

tautological ('somebody with ADHD will be somebody with ADHD'). In the context of the forum, the pronominal reference to 'ADHD child' metonymically associates the reference of the general category ('ADHD children') with the behaviours and experiences forum users attribute to members of the category (their diagnosed children). The statement echoes the situations reported by the previous users in the thread ("You know your child is ADHD when..."). The tautology allows users to infer that the child will never be like the others, standing as a warning for the other parents (see Gibbs, 1999:73 on metonymy understanding of tautological statements).

(ii) *Judgement of Capacity and Propriety*

Judgements about appropriateness and capacity are constructed through the semantics of the Attributes and Identifiers associated with the child. The Identifying processes intensify the negative and positive evaluations through the superlative construction (i.e. the unmanageable behaviour and low grades, Jud:Prop, and the exceptional skills, Jud:Cap –see Table 6.2). ADHD constitutes the backdrop of the conversations. Section 6.1.2 has shown that ADHD is regarded as an explanatory cause for undesirable situations. In Table 6.2, behavioural difficulties are regarded as caused by ADHD, and achievements as triumphs over the condition. Due to the register of the text, Propriety and Capacity Judgements do not aim at portraying the pathological character of the behaviour but at reporting quotidian situations.

### **6.1.3.2 Invoked evaluations**

Invoked evaluations also comprise Judgements of Capacity, Propriety and Normality regarding the diagnosed child. Invoked evaluations are classified by attitude types and inference realization. Table 6.3 below distinguishes three main types of evaluative inference: (1) from the actions of the child, (2) from the outcomes of actions associated with the presence of ADHD, and (3) from the actions of other people, provoked by the actions of the child.

As already stated, "ADHD" on its own is not value-laden in the texts examined, but mainly works in representational terms. Negative Judgements of Normality are evoked by comparisons with 'the standard', and the 'negative' value is grounded on the compared feature (i.e. the social appreciation of the trait or thing), not on the presence of ADHD. When ADHD is not explicitly stated, its presence is contextually inferred. In

those cases, the implicit evaluations of capacity or appropriateness reflect lay perceptions or presuppositions of the differences between the child and the general population. Implicit Judgements of Normality triggered by ‘ADHD’ are only identified when ADHD is mentioned as the assumed cause of the difference.

Inference	Attitudinal Evaluations
1.1 Process ^ [Goal] ^ [Circumstance]	Jud:Prop'l <i>At age 2 he ironed the carpet of our house [...] except the iron had left iron shaped burns all over the carpet. My 6 year old who is ADHD with ODD can say mean things at times but he told me the other day ...</i>
1.2 Process ^ Counter expectation	Jud:Cap'l <i>you tell her three times to go and put on her shoes and socks, and three times she comes back barefooted. she brings home her homework assignment but forgets the textbook.</i> Jud:Prop'l <i>[...] and BRINGS SNAKES FROGS AND SNAILS IN MY HOUSE under her bed in a box !!!!!!!!!!!!!!! He cusses so much it would make a sailor blush, and everyone except you is horrified, because it's our every day "normal".</i>
2. Outcome	Jud:Norm'l <i>A "quick phone call" to your adult child with ADHD usually takes no less than 90 minutes, only 4 of which you were talking.</i> Jud:Prop'l <i>... a 200 count package of paper disappears in less than 2 hours only to reappear as tinny little squares cut up everywhere!</i>
3.1 Others - words	Jud:Norm'l <i>You finally have the courage to see a doctor about the possibility of your child having ADD/ADHD and the doctor looks at you and states "Well, that's plainly evident, don't you think?"</i>
3.2 Others - actions	Jud:Prop'l <i>parents of kids with ADHD keep cleaning companies in business lol after the last serious boyfriend met your ADHD child, they never talked to you again. ... the teacher has you on speed dial on their private cell phone instead of having to look in his records.</i>

**Table 6.3 ADHD invoked evaluations (Forum)**

(i) *Evaluative inference from actions of the child*

Evaluative inferences from actions are identified in clauses of the structure ‘Actor ^ Process ^ [Goal] ^ [Circumstance]’. Processes without evaluative load can contextually trigger evaluations about actions when the Goal or Circumstance are commonly negatively evaluated. The Actors are children with ADHD, and the processes can be of any type but Relational (i.e. Material, Mental, Verbal or Behavioural, and either transitive

or intransitive). In the examples in Table 6.3, evaluative inferences are triggered by the Verbiage (“mean things”), or by combinations of Goal and Circumstance (“At age 2 he ironed the carpet of our house”). In the latter example, the Judgement of inappropriateness is derived from the fact that a two-year-old is ironing, and it is reinforced by the Goal (“carpet”) and the adversative clause expressing the problematic result (“except the iron...”).

The first type of evaluative inference also distinguishes cases in which evaluations come with expressions of counter-expectation towards the situation described. Counter-expectations depict the actions of the diagnosed individuals in conflict with the behaviour anticipated for the general population in similar situations, hence tracing an implicit comparison (e.g. failing to follow instructions after having been reminded three times). Expressions of (un)expectedness do not evaluate the behaviour according to moral standards (i.e. they do not constitute Judgements); Judgements of Capacity and Propriety are inferred from the actions of the child (e.g. swearing a lot, see Table 6.3). However, assessing behaviour as being against expectations may intensify the positive or negative Judgements associated with it. Counter-expectations may or may not be linguistically marked. In the examples in Table 6.3, linguistic marks of counter-expectation are the adversative conjunction “but” and the additive conjunction “and” –which, in the context of the example, generates counter-expectancy by presenting an action (telling somebody to do something) with an antagonistic result (the person does not follow the instructions, and there is no apparent intention of naughtiness). Other counter-expectations do not present linguistic triggers but are inferred from paralinguistic resources (e.g. capital letters and repeated exclamation marks). Despite the linguistic marks, counter-expectancy is mainly generated by social context. The readers know, for example, that schoolchildren commonly need their textbooks to complete homework assignments, or that children do not usually keep snakes, frogs and spiders under their beds (see Table 6.3). Failure to know these social practices would cancel the counter-expectancy, the “but” would appear ungrammatical and the capital letters and exclamation marks would lose part of their emphatic meaning.

(ii) *Evaluative inference from outcomes of actions associated with the presence of ADHD*

ADHD is implicitly portrayed as an explanatory factor for the children’s behaviour in cases where the consequences of some actions are depicted as ultimately caused by ADHD. The invoked Judgements emerge with the transfer of the evaluation of the result



or observable fact (e.g. a lot of “tiny little squares” of paper, a “quick phone call”) to the explicit or projected human agent (the child with ADHD that has carried out the action). In the examples noted in Table 6.3, evaluations are mainly triggered by hyperbole (see Section 6.4.1.1). The two examples of hyperbolic statements (“... no less than 90 minutes, only 4 of which you were talking”, “...a 200 count of paper disappears in less than 2 hours...”) generate upscaling exaggeration through numerical expressions of quantity. These hyperbolic quantifying expressions are distinguished from numerical expressions that intensify evaluations triggered by other linguistic or contextual devices. An example is the counter-expectation “... three times she comes back barefooted”, where the numbering is meant to be taken literally and it intensifies the child’s incapacity to follow instructions. The numerical expressions of hyperbole constitute the evaluative element of the state of affairs represented (i.e. a typical phone conversation and a recurrent mischief). The exaggeration contrasts with downgraded reality, allowing for humour. Humour enables a shift of the negative evaluative valence which, nonetheless, does not completely adopt the other pole. The two examples of hyperbole from Table 6.3 are not negative evaluations, but are not genuine compliments to the child either (i.e. positive Judgements of Propriety or Normality).

(iii) *Evaluative inference from actions of third parties triggered by the actions or behaviour of the child*

Evaluations inferred from the actions of third parties (doctors, parents, teachers, ex-partners) triggered by the behaviour of the diagnosed child, are the highest level of evaluative inference (i.e. where the evaluation is most separated from the target (child)). As an illustration, the implicit Judgement of Propriety in “after the last serious boyfriend met your ADHD child, they never talked to you again” follows the following inference procedure: (i) description of the action of the partner: ending the romantic relationship, (ii) projection of a causal relation (in the example, linguistically marked by the construction “after... , ...”): the decision to separate was triggered by the behaviour of the child; and (iii) evaluative inference of the (inferred) difficult behaviour of the child: negative Judgement of Propriety.

Third parties’ actions can be Material, Behavioural:Verbal or Verbal, and in the latter case can be represented in different forms of speech projection. Direct speech is the example noted in Table 6.3 (see Section 6.4.2). Although both indirect and direct speech allow for inferences of evaluation, pragmatic effects differ depending on the presence of

a verbatim or rephrased statement. The pretence of authenticity in direct reported speech intensifies the invoked evaluation (in the example of Table 6.3, “the doctor...states...”). The reference to the author of the comment also intensifies the evaluation when the speaker has some authority. In the example of Table 6.3, the doctor’s direct speech constitutes scientific validation of the mother’s impression regarding her child’s ADHD, assumed from a lack of adequacy to common expectations (invoked Judgement of Normality). All the examples of evaluations inferred from the actions of third parties annotated in Table 6.3 additionally generate humour from allegedly difficult or non-comical situations.

‘ADHD’ primarily generates evaluations regarding the capacity of diagnosed individuals, or the appropriateness of their behaviour (Judgements of Capacity and Propriety). The lack of capacity or the inappropriateness of the actions are grounded on the diagnosis (i.e. ADHD is portrayed as the cause of the lack of conformity with expectations). While Judgements of Normality were also observed, the evaluation of normality cannot be strictly identified with ‘ADHD’ as a psychological condition. ‘ADHD’’s invoked evaluations exploit contextual elements more than the inscribed type, the latter being more conditioned by lexicogrammar and semantics. The evaluative valence primarily depends on the evaluation trigger (e.g. the semantics of the Goal or process), but can be modified by pragmatic features such as humour (in the examples, generated by hyperbolic statements or the reporting of anecdotes focused on the actions of third parties).

## **6.2 Inattention**

### **6.2.1 Transitivity analysis: inattention as observed in behaviour**

The forum users frequently describe inattentive behaviour or situations provoked by attention deficit. However, none of the two forum threads mentions ‘inattention’, and “inattentive” is only employed twice, once to specify the subtype of ADHD diagnosed (“I recently found out F is ADHD inattentive”), and once as a Classifier (“You discover all of the missing assignments of your innattentive 5th grader in his desk which resides in the back of the room by the window”). The lexicogrammatical representation of ‘inattention’ is examined as manifested in the portrayals of individuals’ behaviour. Table

6.4 offers examples of actions regarded by the researcher as signs of inattention. The association of these descriptions to inattention was done considering the definitions provided at the DSM (see Chapter 5, Section 5.2). The table only includes behaviours represented as conjugated verbs, i.e. overt allusions to the actions of diagnosed individuals. As with ‘ADHD’, ‘inattention’ is indirectly depicted through portrayals of the actions of third parties or general descriptions of the situation resulted.

<b>Process Types</b>	
Mental: Cognition	<i>forgets the textbook</i> <i>walking out of school early because <u>thinks it's</u> <u>hometime</u> [...] so that he can focus on</i>
Mental: Affect	<i>[...] and BARELY makes it [<u>urinating</u>], because <u>he can't bother with it</u> until he simply can't hold it anymore.</i>
Mental: Perception	<i>[...] the ball is kicked directly to him, but <u>he doesn't even see it coming</u></i> <i>he's the only one on the team out in the outfield <u>chasing</u> a butterfly or <u>digging</u> for worms</i> <i>he <u>play</u> with the sands on the soccer field in the middle of the game.</i>
Material	<i>leaving <u>going</u> to the toilet until the last possible minute</i> <i><u>going</u> to get dressed, then <u>coming</u> downstairs in just underwear</i> <i><u>brushes</u> her teeth for at least 35 minutes...</i> <i><u>scored</u> excels standard in maths [...]</i>
Relational: Attributive: Possessive	<i>has loads of concentration</i>
Behavioural: Cognition	<i>[...] he figured that out on his own, and <u>he was paying attention</u></i> <i>[...] and she was able <u>to follow along</u>.</i> <i>He has such a hard time [...] <u>studying</u> [...] <u>concentrate</u> on guitar and piano</i>
Behavioural: Perception	<i>He has such a hard time <u>listening</u> in class [...]</i>
Behavioural: Verbal	<i>He <u>whined</u> and complained that he didn't want to do it [homework correction] [...]</i> <i>He whined and <u>complained that</u> he didn't want to do it [homework correction] [...]</i>
Verbal	<i>He <u>asks</u> me a direct question, and when I look at him and give him my answer, he <u>says</u> "What?" or "Huh?"</i> <i>in the middle of his math homework he looks up and <u>says</u>, "Did you know cows have four separate compartments in their stomachs?"</i>

**Table 6.4 Inattention representation in the lexicogrammar (Forum)**

Depictions of inattentive behaviour mainly employ Material, Mental and Behavioural processes, the latter mostly cognitive-related. Since attention is a cognitive faculty, the Mental processes would be expected as the paradigmatic portrayal of (in)attention related

behaviour. However, as evidenced in Table 6.4, forum users frequently portray inattention through Material processes –actions that fail to meet contextual requirements or common expectations (e.g. “chasing a butterfly or digging for worms” when the child should be playing a football match). Material processes largely depict inattention via portrayals of contextually undesirable or unsuitable actions. Mental processes represent cognitive faculties or activities of the mind identified with (in)attention (e.g., “forgets”, “can’t bother”). While Material processes provide tangible representations of the symptom (e.g. “leaving going to the toilet until...”), Mental counterparts present a causative character, pointing to the cognitive problem that leads to it (e.g. “can't bother with it [urinating] until...”). Behavioural process, especially of Perception and Cognition, are employed to represent activities that involve focusing; (in)attention is represented as an unfolding cognitive-related activity (e.g., “paying attention”, “follow along”) or as a perceptual or cognitive behaviour that the children do not succeed in achieving (e.g., “listening”, “studying”).

Representations of inattention through Verbal processes frequently employ direct speech (see Table 6.4) or free indirect speech to represent the child’s communication. The portrayal of inattention is inferred through the violation of the Gricean maxim of relation. The utterances are off-topic and do not follow from the situational context, evidencing that the child was not following the conversation or that s/he was not engaged in the ongoing activity (e.g. homework). The deficit of attention is emphasized by noting the child as the initiator of the conversational exchange (“he asks me a direct question”) or specifying that the off-topic turn took place “in the middle” (not in the beginning or end) of the activity in hand. In both cases, pragmatic assumptions are flouted: in a conversation, enquirers are assumed to be interested in receiving an answer (and expected to pay attention to the responder), and people are commonly expected to be more engrossed with the ongoing activity when they are “in the middle” of doing it. Presenting direct speech adds authenticity to the account, and the pretence of trustfulness emphasizes the attention deficit by presenting it as something real, evidenced in the child’s words.

Relational processes are a minority. The Relational Possessive type is infrequent, and the only example identified in the forum threads is employed to depict the presence of concentration, not inattention. While Intensive Relational processes are recurrent with ‘ADHD’ (see Section 6.1.1), equivalent expressions are absent for inattention (e.g. ‘X is inattentive’). “Inattentive” is employed as a Classifier in a single occasion (i.e. “your innattentive 5th grader”). While the acknowledgement of “ADHD” as a defining quality

of the child connotes the parental acceptance of their children's psychological condition, the absence of portrayals of inattention as a defining property (i.e. Intensive attribute, Classifier or Qualifier) connote reluctance to identify the child with inattention and the cognitive difficulties derived from it. The preference for Material, Verbal and Behavioural processes to Relational in representing inattentive behaviour also shows the avoidance of portraying inattention as a personality trait. In these process types, inattention stands as the ultimate cause of the actions or behaviours described (e.g., 'to whine', 'to complain', saying something off topic...), but not as an identifying trait of the individual.

## **6.2.2 Semantics analysis: inattention as a scalable or non-scalable entity and as a spatial relation**

This section examines the conceptualization of 'inattention' as a scalable category or as 'absence' of attention (Section 6.2.2.1), and considers the conceptualisation of (in)attention as a spatial relation (Section 6.2.2.2).

### **6.2.2.1 Inattention as 'non-sufficiency' or 'absence'**

Inattention can be understood as 'absence' or as 'non-sufficiency'. When conceptualized as 'absence', the presence or absence of attention is regarded as a qualitative difference: attention is either given or not. When understood as 'non-sufficiency', (in)attention is regarded as a gradable quality that can be given in a greater or lesser degree of intensity, or in a longer or shorter time span.

The double conceptualization of inattention can be observed in the different expressions employed to report (in)attention in the informal exchanges. Table 6.4 contains examples of both types. Phrases like "forgets...", to be "paying attention" (or not), or to "focus" (or not) conceive attention as something either given or not. Other expressions, such as "has loads of concentration" (in Table 6.4), understand attention as gradable, capable of being given in greater or lesser quantities. Verbs (e.g. to focus) should not be identified with the representation of attention in exclusive terms ('either-or') only. The following examples show that the same verb ("focus") is also employed to conceptualize (in)attention in terms of degree:

6.1 [...] he'd hyper-focus on that instead of on me.

6.2 [...] this is just a bit of the medication left in his system that helped him to  
focus just that tiny bit

Examples (6.1-6.2) portray above and below average degrees of attention respectively. Both examples represent the deficit as high, either portraying attention as insufficient (6.2), or directed at an improper target (6.1). Examples in Table 6.4 and (6.1-6.2) show that both inattention and attention can be conceived as gradable entities. The conceptualizations cannot be associated with a specific grammatical form, both verbs and nouns can be used to express either conceptualization.

The scalability of (in)attention can also be represented as the quantification of the duration of the attentive state. Examples (6.3-6.4) depict the faculty of attention as a temporal entity that can fade or expand in time:

6.3 [...] but he's able to sit down for hours and concentrate on guitar and piano

6.4 I actually was able to read an entire book [...] to my daughter, and she was able to follow along. [...] I was able to finish a book with her and she was there the entire time.

References to duration are explicit (underlined) and equate the temporal extension of the attentive state to overcoming inattention. Example (6.4) portrays the expansion of attention explicitly, specifying the duration of the attentive state (“the entire time”), and implicitly, through the depiction of the activity (“read an entire book”, “follow along”).

#### **6.2.2.2 (In)attention as a spatial relation**

The forum threads present some instances that show (in)attention is conceptualized as a spatial relation of the individual with their surroundings (i.e. the event taking place and the other subjects).

6.5 He was able to say "When I get interrupted, I can't continue where I left off. I have to look around and figure out where I was before I can move on."

6.6 [...] getting on the phone and talking to dad is the furthest thing from his mind

The linguistic representations of inattention in examples (6.4-6.6) rely on the metaphors ATTENTION IS BEING HERE and INATTENTION IS NOT BEING HERE (or simply INATTENTION IS BEING ELSEWHERE) (6.4-6.5), and ATTENTION IS BEING WITHIN THE SCOPE OF THE MIND

(6.6). The metaphors are ultimately based on our common understanding of ourselves in spatial terms (i.e. as having a specific location).

(a) ATTENTION IS BEING HERE, INATTENTION IS BEING ELSEWHERE

Examples (6.4-6.5) describe situations in which the person is paying attention or not. Example (6.4) constitutes a third-person account (i.e. how the state of (in)attention is perceived by an observer), and (6.5) is a first-person account in direct speech (i.e. how inattention is perceived by the experiencer). The attentive state is conceptualised as ‘being here’ or ‘being present’ in the ongoing situation (i.e. attention is understood as a state of being in relation to a location and the event going on). But, *what* or *who* exactly is *being where*? It would be inaccurate to understand that the girl of example (6.4), referred to by the personal pronoun “she”, was attentive because *she was with her mother* during all the reading. The girl would have equally *been* by the side of the mother if *she* had not been listening. Likewise, it seems improbable that the boy in example (6.5) needs to “look around” (e.g. his room, the desk, the computer screen) to remember *where he was* before being interrupted (e.g. sitting in a chair, in his room, in front of the computer). The spatial deictics of the examples (i.e. the adverbs of place “there”, “where”) do not refer to the physical space, and the personal pronouns (“she”, “I”) do not refer to the physical person of the individuals. The metaphor ATTENTION IS BEING HERE is ultimately grounded upon a split perception of ourselves and reality. We experience ourselves as whole human beings in the (physical) world, and as some inner ‘self’ or mental entity, from which follows the experience of an ‘inner life’.

The concept of ‘self’ is of pivotal importance in Western thought. Not surprisingly, it has also received special attention in CMT literature. Some authors have argued that the SUBJECT-SELF metaphor constitutes the most general and basic metaphor in our conceptualization of inner life, understanding ‘subject’ as the locus of reason, consciousness and judgement, and ‘self’ as the body, emotions, desires, plans, beliefs and everything else they consider to be ‘bodily’ (Lakoff, 1992; Lakoff & Johnson, 1999:267-282; Kövecses, 2005:54-58). While this analysis does not question the metaphorical basis of ‘self’, it does not adopt the SUBJECT-SELF metaphorical system developed in Lakoff’s (1992) seminal paper “Multiple selves”. ‘Self’ is employed to refer to the ordinary experience of a certain inner entity or ‘I’, without further considering its potential distinction from a ‘subject’. In example (6.4), “she” stands for the inner identity or ‘self’ of the child, perceived by the mother as being “there” (i.e. in attentive relation with the

situation). In example (6.5), the underlined “I” refers to the self-experienced ‘self’ as being ‘lost’ due to the inattentive state. We can distinguish the following cluster of metaphor and metonymic relations:

PERSON FOR INNER SELF: the person experiencing the state of (in)attention referred to by personal pronoun stands for the person’s inner self.

SELF IS A LOCATION: the person’s inner self or mental entity is understood in spatial terms (already in Lakoff, 1992:11). The self is perceived or experienced as *something* (entity-like) being in a place.

MENTAL (CONCEPTUAL) SPACE IS PHYSICAL SPACE: the inner self or mental entity of the person is understood in spatial terms as the whole human being; conceptual or mental activities are understood, by analogy to physical activities, as *taking place somewhere* (i.e. as having a location). The conceptualization of mental or conceptual space in terms of physical space is particularly explicit in example (6.5). The boy describes the difficulty of paying attention as an inability to continue what he was doing (in physical space), and relies on physical cues (“I have to look around”) to recover the previous state of attention toward the activity in hand (“...figure out where I was”) so he is able to proceed with the (physical) activity again.

The deictic centre of the metaphoric understanding of attention as *being here* varies across the examples. The deictic centre constitutes the point in relation to which the location designated by the adverb (“there”, “where”) is established (i.e. in relation to which the individual is perceived as being *there* or elsewhere). In example (6.4) the deictic centre is a third person observer, the mother. Third parties perceive inattentive individuals as *not being with* them, where this mental ‘not being with’ is interpreted as not sharing or not being engaged in the situation. Inattention is perceived as distance, as being far from the others, and attention is perceived as closeness. Unlike example (6.4), example (6.5) offers a first-person account of how the inattentive state is perceived by the experiencer (“...I have to look around and figure out where I was before I can move on.”); the deictic centre is the first-person experiencer back in an attentive state.

In the examples, the locations referred to by the spatial deixis (“there”, “where”) stand for the event or situation going on (e.g. a night storytelling in example (6.4), the process of doing homework in example (6.5)). Understanding (in)attention in spatial terms (ATTENTION IS BEING HERE) –that is, as a relation of the individual with the surroundings– is coherent with conceptualising the events or situations going on in terms



of location (EVENTS ARE LOCATIONS). The first-person account of example (6.5) portrays inattention as the experience of ‘being lost’ in the unfolding of an activity (“...I have to... figure out where I was...”); the activity is conceptualized in terms of space, and the different moments of the unfolding process are conceptualized as locations (“I can’t continue where I left off... before I can move on”). Understanding inattention as being ‘elsewhere’ (INATTENTION IS BEING ELSEWHERE) entails that the inattentive individual does not relate as expected with the ongoing situation, and the inappropriate relationship with the surroundings is experienced in terms of distance by observers and experiencers.

(b) ATTENTION IS BEING WITHIN THE SCOPE OF THE MIND

Example (6.6) illustrates the difficulty with social skills that may be observed in individuals with ADHD. The mother is describing how her child was able to maintain a short phone conversation with his father on his birthday. Like examples (6.4-6.5), example (6.6) conceptualises (in)attention in terms of distance. While in examples (6.4-6.6) the spatial relation is traced between the individual (or inner self) and the surroundings (the situation or activity taking place), in example (6.6) the spatial relation is traced between the ‘mind’ and the elements attention is directed to.

Following the metaphor ATTENTION IS BEING WITHIN THE SCOPE OF THE MIND, mind is established as a reference point in the cognitive space, a bounded entity or region from which the objects of attention can be more or less close. If the objects or ideas are close enough to the mind, they are within the mind’s scope and can be affected by its faculties (e.g. attention), if they are not within the scope of the mind, they are not the objects of attention. Ideas are understood as things (IDEAS ARE THINGS), with independent existence from the mind –in the example, the metaphorical portrayal is explicit “...is the furthest thing from his mind”. While the IDEAS ARE THINGS metaphor is frequently given together with the conceptualization of the mind as a container (MIND IS A CONTAINER), the CONTAINER schema is not lexicalized in example (6.6). The idea of calling the father is not *in* or *out* of the child’s mind but *very far away* “from” it. Thus, although conceptualising ideas as things is coherent with the CONTAINER schema, the latter cannot be extracted from the wording of the text. Instead, ‘mind’ is portrayed as the centre of the coordinate axis of cognitive space, and ‘attention’ refers to the area close to the axis. Portraying ordinary social activities as being “the furthest thing” from the mind of the child emphasizes their lack of social skills.

The analysis has evidenced that (in)attention can be understood in spatial terms following two conceptualizations: (a) the relation of the self with the surroundings, grounded on the conceptualization of the self as a location, and (b) the relation of the mind with the object of attention, grounded on the conceptualization of mind as a bounded entity that functions as a reference point. The latter stresses the cognitive dimension of (in)attention, while the former portrays (in)attention as a disposition toward ongoing affairs and other individuals. The conceptualization of inattention adheres to basic understandings of reality central in Western culture –the notions of ‘self’ and ‘mind’– and how we relate with others and the expectations we have in being with them. The findings adhere to the literature in cognitive linguistics that argue the importance of space in conceptualising other domains of experience. The conceptualization of (in)attention as a spatial relationship is based upon our folk certainty that *being here* is something more than occupying a point in Cartesian space; the lack of this particular *being here* is perceived as pathological behaviour.

### **6.2.3 Analysis of evaluation: Inattention evaluated as a (cognitive) difficulty.**

This section examines the evaluations triggered by ‘inattention’ and related behaviour. Both inscribed and invoked evaluations are of the Judgement type (Normality, Capacity, Propriety and Tenacity). Tables 6.5-6.10 summarise the inscribed and invoked evaluation types identified. Section 6.2.1 observed that explicit references to ‘inattention’ are scarce, and the symptom is largely portrayed in terms of its associated behaviour. The scarcity of explicit references to inattention and its consequent depiction through the actions of the diagnosed child entail a predominance of invoked evaluations. Both inscribed and invoked evaluations represent inattentive behaviour as a difficulty or failure to realise ordinary activities.

#### **6.2.3.1 Inscribed evaluations**

Inscribed or explicit evaluations are prompted by Relational processes with a value laden attribute and Classifiers with value laden adjectives. The inscribed evaluations are Judgements of Normality and Capacity, with a preponderance of the latter. Inscribed evaluations regarding the propriety of inattention-associated behaviour (Judgements of

Propriety) have not been identified. The absence of explicit Judgements of Propriety and the preponderance of Judgements of Capacity is consistent with the prevalent portrayal of inattention as a cognitive dysfunction.

<b>Attitudinal Evaluations</b>	<b>Lexicogrammatical realizations</b>	
Jud:Norm	Classifier	<i>You discover all of the missing assignments of your inattentive 5th grader in his desk [...] [Jud:Cap'I]</i>
	Rel:Att:Intensive	<i>... she was able to follow along [the reading of a whole book] ... but he's able to sit down for hours and concentrate on guitar and piano</i>
Jud:Cap	Rel:Att:Possessive	<i>My son always has trouble studying... he has loads of concentration and can sit still for hours He has such a hard time listening in class, studying and doing work</i>

**Table 6.5 Incribed evaluations - Inattention (Forum)**

*(i) Judgements of Normality*

Explicit Judgements of Normality are scarce, triggered by the employment of “inattentive” as a Classifier (only one occurrence in the threads analysed). The negative Judgement of Normality associated with inattention identified in Table 6.5 is triggered by the explicit characterization of the child as “inattentive”. The evaluation of the symptom contrasts with the inscribed Judgements of Normality associated with “ADHD”, triggered by implicit comparisons between diagnosed individuals and the average population (see Section 6.1.3.1).

The Judgement of Normality results from the inherent normativity of the concept of ‘inattention’, understood as either lack or insufficiency of attention (see Chapter 5, Section 5.2.2). The adjective “inattentive” is applied to individuals that present a strong deviation from the standard, and the negative valence follows from the importance of the cognitive faculty of attention for all individuals’ development and functioning. The negative Judgement of Normality comes together with a negative evaluation of the cognitive capacity, and both judgements are triggered by the semantics of “inattentive”. The avoidance of the term in the forum may be explained by parents’ reluctance to explicitly represent their children in a negative light with expressions like ‘X is inattentive’.

## *(ii) Judgements of Capacity*

Explicit Judgements of Capacity are triggered by Intensive and Possessive attributive Relational processes. Intensive and possessive relations are regarded as different degrees of attribution (see Section 6.1.1). A characteristic X is perceived as being more identified with (or inherent to) the individual if it is presented as an Intensive attribute (e.g. ‘P is very disorganized’) instead of an equivalent expression of ownership (e.g. ‘P has a lot of problems to keeping his things in order’). If the attributes are value-laden, the evaluations triggered by Intensive attributes may be perceived as stronger than those triggered by the equivalent ownership expressions. Although Table 6.5 presents Judgements of Capacity based on Intensive and Possessive relationships as equally explicit, the evaluations based on the latter are recognized as more downgraded than their potential intensive counterparts. Forum users explicitly evaluate children’s inability to do something (due to inattention) with possessive relationships (see Table 6.5). Evaluations triggered by Intensive attributes are all positive judgements that contrast with the assumed usual inability<sup>19</sup>.

Evaluations triggered by Possessive Attributive Relational processes are inserted by the possessive attribute (“trouble”, “a hard time”) that signals the presence of inattention in the circumstances defined by the processes in gerund form (“organizing”, “studying”, “listening”). While the lexicogrammatical representation of inattention is generated by the process type (i.e. the activity in which inattention is displayed, see Section 6.2.1), the evaluation or judgement is not inserted by the activity but by the expression of inability in terms of ownership. The evaluations are intensified (“always”, “such a”), emphasizing the regularity or degree of the problem. In the forum, intensifiers also stress the difficulties faced by the parents as a result of children’s inattentive behaviour.

### **6.2.3.2 Invoked evaluations**

Invoked evaluations associated with inattention comprise Judgements of Normality, Capacity, Propriety and Tenacity. As with the inscribed evaluations, Judgements of Capacity constitute the most recurrent implicit evaluation. Invoked evaluations are

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<sup>19</sup> The only case identified in the forum threads where the inability to pay attention is overtly expressed with an Intensive Attributive process is the self-account “*I was always ... not being able to hear what people were saying...*” (Table 6.8).

distinguished according to the inference that allows the judgement: (1) from the actions of the child, (2) from the outcomes of inattentive behaviours, or (3) from actions of third parties, triggered by the child’s inattentive behaviour.

(i) *Evaluative inference from actions of the diagnosed individual*

Evaluations of diagnosed children are often inferred from descriptions of inattention-related behaviour (see Table 6.6). The evaluative inference can be triggered by the process or activity taking place, the circumstances in which the activity happens (Group 1.1 ‘Process ^ Goal ^ [Circumstance]’ of Table 6.6), or by the expression of counter-expectancy in the description (Group 1.2 ‘Process ^ Counter-expectation’ of Table 6.6).

Inference	Attitudinal Evaluations
1.1 Process ^ [Goal] ^ [Circumstance]	Jud:Norm'l <i>she had pull ups until 6 and yes we still pee in, with almost 10! your six-year old still waits until the very last second to run to the toilet (every time), and BARELY makes it,</i>
	Jud:Cap'l <i>he's <u>the only one on</u> the trean out in the outfield chasing a butterfly or digging for worms [Jud:Norm'I] He asks me a direct question, and when I look at him and give him my answer, he says "What?" or "Huh?" in the middle of his math homework he looks up and says, "Did you know cows have four separate compartments in their</i>
	Jud:Prop'l <i>On Wednesday J. had a rough day [...] didn't pay attention, didn't do his work, drew pictures when he should have been doing a reading assignment my 11 yr old still does that now [...] walking out of school early because he thinks it's hometime</i>
1.2 Process ^ Counter- expectation	Jud:Cap'l <i>It may not be a huge deal to some, but my 8 year old daughter got out the door for school ON TIME this morning, even after doing her routine "search &amp; panic" for her agenda! Well he was right! I was so proud that he figured that out on his own, and he was paying attention.</i>

**Table 6.6 Invoked evaluations - Inattention (Forum) (i)**

Table 6.6 distinguishes Normality, Capacity and Propriety Judgements according to the processes attributed to the child. The textual context allows one to establish a general evaluation of capacity as the ultimate basis for Propriety Judgements (i.e. parents understand inappropriate actions to be a result of attention deficit). The causal character of inattention is occasionally explicitly mentioned (e.g. “[...] didn't pay attention”, “[...] because he thinks it's hometime”).

Judgements of Normality are distinguished from the evaluations of counter-expectation. Judgements of Normality evaluate behaviour; the two examples provided in Table 6.6 are negative evaluations of recurrent actions of the children (the inattention-related difficulty to control urinating in an uncommon age). Behavioural recurrence is marked with the present simple tense and explicit references to elevated frequency (e.g. “every time”). The authors acknowledge the situation is uncommon among the general population by pointing out the age of their children and emphasising the atypical persistence of the problem (“[...] and yes we still pee in, with almost 10 !”, “your six-year old still waits [...]). The Judgements of Normality are inferred from the presentation of the behaviour as opposed to general expectations (i.e. six-year-old children can control their bladders).

Counter-expectations are directed to the situation: the forum users are not evaluating the behaviour of the child but the fact that these actions took place against the usual state of affairs. The counter-expectations are linguistically marked with the adversative conjunction “but”, the additive conjunction “and”, exclamative structures and paralinguistic features (capitalisations). In the two examples offered in Table 6.6, counter-expectations are presented with a Judgement of Capacity, which evaluates the anecdotal behaviour of the child. The Judgements of Capacity presented with the counter-expectations are positive (i.e. the children are portrayed as paying attention), which implies the recurrence of inattention-related difficulties.

The emphasis on the recurrence of behavioural difficulties is also present in the Judgements of Capacity (the most abundant) and Propriety (e.g. “still”, present simple tense). Forum users frequently employ direct speech to support their accounts with lifelike details. Direct speech evokes the Judgement of Capacity through pragmatic inference. Other anecdotes do not exploit the resource of authenticity and are presented as illustrations of recurrent situations (e.g. “chasing a butterfly or digging for worms”). The failure to do as required in the activity is highlighted in all cases.

(ii) *Evaluative inference from outcomes of actions associated with inattention*

Inferences from outcomes of actions associated with inattentive behaviour are uncommon. Table 6.7 distinguishes between Judgements of Tenacity and Capacity, the latter being the most abundant; both types are triggered from desired outcomes that allow positive evaluative inferences. The evaluations are further emphasized with exclamation marks and quotes from the teacher, entailing that the child has achieved a favourable

academic result despite inattention. Referring to academic-related improvements or achievements emphasizes academic failures as the most common outcome associated with inattention.

Inference	Attitudinal Evaluations
2. Outcome	Jud:Ten'l <i>I've noticed a huge improvement in his work ethic lately ... [...] he managed to persevere and get all sixteen problems corrected and done correctly!</i>
	Jud:Cap'l <i>He went from getting mostly "requires attention" last year to "generally shows good effort" and even some "consistently". he scored excels standard in math and meets standard on everything else! I was so worried that his lack of focus was going to cause him problems [Affect:Insec]</i>

**Table 6.7 Invoked evaluations - Inattention (Forum) (ii)**

(iii) *Evaluative inference from third-party actions triggered by behaviour of the child*

Judgements of Capacity, Normality and Propriety of diagnosed children can be inferred from Material or Verbal third-party actions that were triggered by inattentive behaviour (i.e. not paying attention to class, ongoing discussions, or time, and presenting difficulties with urinating). Judgements of Capacity are predominant, and Judgements of Normality and Propriety are ultimately caused by a lack of attention-related skills. The third parties are mostly school-related staff (i.e. teachers, coach, school administrators), but can also be parents or other people who relate with the child.

Inference	Attitudinal Evaluations
3.1 Others - words	Jud:Cap'l <i>When his teachers say "he seemed to have difficulty paying attention today" you don't flinch</i>
	Jud:Cap'l <i>I was always saying "Huh?" and "What?" and not being able to hear what people were saying, and they said my hearing was fine and it was that I wasn't paying attention. I got an e-mail from his teacher saying he was having a really good day, that he'd buckled down and was getting a lot done.</i>
3.2 Others - actions	Jud:Norm'l <i>You're still buying pull ups and you daughter is about to turn 6!</i>
	Jud:Cap'l <i>The coach has to holler his name a couple of times to get his attention and get him out on the field</i>
	Jud:Prop'l <i>[...] school calls again because he wasn't paying attention when it was time to come in from recess</i>

**Table 6.8 Invoked evaluations - Inattention (Forum) (iii)**

The distinction in Table 6.8 between evaluative inferences from the words or actions of others does not correspond to the distinction between Verbal and Material processes, but to inference from the speech presentation or from the process (action) itself. The first group, ('Others-words') includes cases in which the evaluative inference is made from the speech projection. The second group ('Others-actions') includes Verbal ("holler"), Behavioural:Verbal ("call") and Material ("buying") processes. The evaluative inference is triggered by the action and the circumstance in which it is realized.

Direct and indirect forms of speech projection are common in the Verbal processes of third parties. Direct speech is not always meant to be read as the actual utterances (e.g. "when his teachers say "he seemed..." you don't flinch"). In these cases, forum users employ direct speech to emphasize recurrent situations –the example implicitly portrays the attention deficit as regular behaviour, also inferred from the parent's lack of surprise.

Inattention is primarily associated with Judgements of Capacity regarding the children displaying inattentive behaviour. Although Judgements of Normality, Propriety and Tenacity have also been identified, failure to meet certain standards is ultimately attributed to the symptom. Counter-expectations are common and are presented with positive judgements of the child in all cases. Expressions of unexpectedness present the positive judgements as a reversal of the habitual situation. Overt descriptions of the children as inattentive are avoided, and portrayals of inattention are commonly inferred from the child's actions or behaviours. The children are frequently presented as realizing actions that do not fit the situational context, or uttering off-topic comments in verbal interactions. These representations adhere to the conventional conceptualization of inattention as being 'somewhere else' (see Section 6.2.2.2) and might evoke evaluations regarding the propriety of the actions.



## 6.3. Hyperactivity-Impulsivity

### 6.3.1 Transitivity analysis: Hyperactivity-Impulsivity as observed in behaviour

Hyperactivity-Impulsivity constitute the other core symptoms of ADHD. In the forum threads, neither ‘hyperactivity’ nor ‘impulsivity’ are referred to as such and the derived adjectives ‘hyperactive’ and ‘impulsive’ are also avoided, both as modifiers of the child and as references to the behaviour. Table 6.9 shows the only cases in which forum users make explicit reference to the symptoms.

<b>Transitive functions</b>	
<b>Carrier</b>	<i>Being impulsive can sometimes be a good thing.</i>
<b>Relational: Attribute: Intensive</b>	<i>DS is so impulsive that rather than make it to the toilet, he will pee just about anywhere She doesnt sleep at night, when tired she just gets more and more hyperactive, she is destructive, aggressive [...]</i>
<b>Relational: Identifying: Intensive</b>	<i>He, being his usual impulsive self, decided to stick his tongue on a metal pole [...]</i>

**Table 6.9 Hyperactivity-Impulsivity representation in the lexicogrammar (Forum)**

Impulsivity is represented as a perennial and identifying trait of the person (see examples in Carrier, Identifying: Intensive and Attributive: Intensive roles). Some of the examples show that forum users perceive hyperactivity and impulsivity as gradable attributes (i.e. “DS is so impulsive...”; “she just gets more and more hyperactive”). As observed for “inattention”, the anecdotal references to “hyperactivity” and “impulsivity” suggest that the terms are ordinarily perceived as designations of a pathological condition. Table 6.10 presents behaviours or actions associated with hyperactivity and impulsivity.

Process Types	
Material	<i>your son <u>does a somersault</u> on the altar</i>
	<i>constantly find him <u>dancing</u> on tables and <u>teetering</u> on the top of ladders</i>
	<i>moves so much</i>
	<i>seeing what there is to see, <u>doing</u> what there is to do</i>
	<i>has <u>drawn</u> over his entire wall...</i>
	<i>when he was 4 yrs old...going to nursery, and <u>striping off</u> all his clothes</i>
Relational:	<i>being his usual impulsive self</i>
Attributive:	<i>He was a good boy today, then</i>
Intensive	<i>Couldn't be still</i>
Behavioural:	<i><u>seeing</u> what there is to see, doing what there is to do</i>
Cognitive	
	<i>he <u>speak</u> so fast</i>
Behavioural:	<i><u>talks</u> incessantly</i>
Verbal	<i><u>cusses</u> so much</i>
	<i>he has not stopped <u>talking</u></i>
Mental:	
Desideration	<i>your kid <u>decided to paint himself</u> [...]</i>
Mental:	
Cognition	<i>he <u>doesn't know</u> why he did it</i>

**Table 6.10 Hyperactivity-Impulsivity representation in the lexicogrammar (Forum)**

Forum users mainly portray hyperactivity and impulsivity through Material and Behavioural processes; Relational Attributive Intensive and Mental process types were also identified. All but the Mental and Behavioural Verbal processes portray or connote movement. Movement tends to be depicted as intense, either by the semantics of the verb or by modifiers, and as aimless. Mental processes represent children's lack of knowledge of why they acted the way they did. The context of use of the Behavioural Cognitive process ("seeing what there is to see") also connotes directionless action, representing the child as not perceiving or paying attention to anything but simply doing what s/he should not be doing. Although lacking apparent purpose or rationale is a characteristic of impulsive behaviour, the examples in Table 6.10 show how the excess of action defining hyperactivity also connotes absence of motivation. This is particularly noticeable in the Behavioural Verbal processes, where the excessive amount of talk is explicitly mentioned.

Material processes are the prototypical portrayal of hyperactivity-impulsivity – that is, elevated movement and activity, often perceived as unpredictable and purposeless. Intransitive Material processes commonly portray types of movement or action ("teetering", "dancing", "moving", "darting", "[doing a] somersault on the altar"). The transitive Material processes depict the individual as *doing something to something else*

(contain a Goal) (e.g. “going to nursery, and striping off all his clothes”). In Material processes, either the Goal, the Scope or the circumstances are unexpected or disapproved of. Material processes show that hyperactivity has to do with the presentation of movement, the type of motion, its purposelessness and the place or circumstances in which it occurs. Behavioural Verbal processes too depict a disproportionate amount of speech; the processes tend to be modified to connote incessant or protracted talk (e.g. “talks incessantly”, “so much”). In contrast to Verbal processes, the Behavioural type does not comprise conceptual content in the form of a projection or Verbiage, and focuses on the action taking place, as illustrated in the examples in Table 6.10, highlighting the aimlessness of the talk. The Relational processes too tend to portray, explicitly or implicitly, excessive motion, now as a state of being of the person.

Explicit references to hyperactivity and impulsivity are anecdotal and expressions portraying the symptoms as defining characteristics of the children (“X is hyperactive/impulsive”) are avoided. Examination of the lexicogrammatical representation demonstrates that hyperactivity and impulsivity may be perceived as identifying characteristics of the child (especially impulsivity, see Table 6.10). Hyperactivity and impulsivity are represented as a constant presentation of excessive and erratic motion. While inattention is identified with cognitive difficulties and contextually understood as the ultimate cause of diagnosed children’s behaviour (Section 6.2.1), impulsivity is *explicitly* stated as the initiator of their problematic behaviour (see Table 6.9).

### **6.3.2 Semantics analysis: hyperactivity and scalability of motion, machines and extreme weather**

The forum exchanges evidence that motion and talk are perceived as scalable categories. As with (in)attention, motion and speech are often portrayed as graded entities that vary according to the quantity or intensity of presentation, and the duration of the activity. Table 6.10 presents expressions that depict large amounts of movement and speech (e.g. “moves so much”, “talks incessantly”). Expressions of quantity can be accompanied by temporal expressions that stress the ‘amount’ of activity (6.7), or can be inferred from the extension of the activity over time (6.8-6.9):

- 6.7 He talks incessantly all day, and literally asks you roughly every minute all day what time it is (sometimes every 30 seconds... ugh)
- 6.8 They play football at 10.30am in the morning and are still playing football at 10.30pm at night without sitting down or having a rest.
- 6.9 you go on a 1.5 hour trip to your mom's house, and you are not sure if the child is breathing properly because he has not stopped talking

Unlike the DSM, forum users do not explicitly describe children's behaviour with quantifying adjectives as "extreme" or "excessive". Parents employ other linguistic resources that represent the behaviour as intense while enabling other interpersonal discourse functions such as triggering humour (see Section 6.4). Hyperactive behaviour is commonly represented with hyperbolic statements (examples 6.7-6.9), and with machines and weather related metaphors. Two main metaphors were distinguished in the forum posts: THE HYPERACTIVE CHILD IS EXTREME WEATHER, and THE HYPERACTIVE CHILD IS A MACHINE. Both metaphors function as representational devices, portraying the hyperactive-related behaviour as exceptionally intense, and permit evaluations of the child to be inferred.

(a) THE HYPERACTIVE CHILD IS EXTREME WEATHER

Weather and natural forces are accounted in the literature as frequent source domains in depictions of emotions and personalities (Deignan, 1995:144; Kövecses, 2004:37&71). Metaphors referring to extreme wind such as hurricanes or tornados (like the ones observed in the data) are identified with negative emotions and regarded as emphasizeers of their violent character or strong intensity (Deignan, 1995:153).

Examples (6.10-6.13) below show parents and family members occasionally employing words describing extreme wind (especially, "tornado") to refer to diagnosed children. Examples (6.10) and (6.12) explicitly mention that the child is frequently identified with extreme wind, and examples (6.11) and (6.13) constitute overt comparisons of the child with the weather.

- 6.10 most of the family refers him to some type of weather like a tornedo, a huricaine....<sup>20</sup>
- 6.11 [...] he moves so much you think that there has been an earthquake or a tornado, but only in his bed

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<sup>20</sup> Typos in the original have not been corrected in the transcriptions.

6.12 He is also known as "the human tornado".

6.13 I guess I'm proud that eventhough the last month was like a tornado and he had messed up some of his grades

The comparison or the identification of one “entity” (types of weather) with another (child) is explicit in all cases. The two entities are from different domains: extreme weather or natural forces constitute the source domain, and human beings (children) the target domain. The possibility of distinguishing different domains for the entities compared has been noted as a defining feature of similes, distinguishing them as comparisons with a metaphorical grounding (see Semino, 2008:16 for the distinction between simile-based and non-simile-based comparisons).

“Hurricane”, “tornado” and “earthquake” do not represent the emotions of the children, but the children themselves. The metaphor THE HYPERACTIVE CHILD IS EXTREME WEATHER can be illustrated as follows:

- (a) Individuals observe the children’s behaviour and usual outcomes and perceive it as extreme motion with unwanted effects.
- (b) The behaviour and outcomes are compared with the action and consequences of extreme weather conditions (e.g. “Peter moves a lot in bed and makes a big mess”, “There has been an earthquake/tornado in Peter’s bed”).
- (c) Children (the behavioural agents) are identified with extreme weather (the agent of devastation).

The parallel between the high intensity of the actions and the uncontrollability and violence of natural forces entails a hyperbolic depiction of the quantity of behaviour and its negative effects. Hyperboles can co-occur with metaphors or similes (Carston & Wearing, 2015:88). The metaphor THE HYPERACTIVE CHILD IS EXTREME WEATHER has both representational and interpersonal effects. In identifying the children with extreme weather, children are accessed through the intensity and the negative consequences of their behaviour, and their movement is assessed as extreme, uncontrollable and potentially dangerous. Thus, the metaphors connote the common negative evaluation of hyperactive behaviour.

- (b) THE HYPERACTIVE CHILD IS A MACHINE

Machine-related metaphors representing behaviour are frequently associated with control and being emotionless (Deignan, 1995:71). However, the forum users do not employ machine-related metaphors to portray behaviour as automatic, but to depict the presence

of intense action. Examples (6.14-6.16) depict the children as an endless supply of kinetic or verbal activity.

6.14 He flies out of bed at 6am in overdrive and flies at 100mph all day long until he finally drops from exhaustion at 11pm.

6.15 In an evaluation for neuro-psych. testing the teacher described my son as a "spinning top"

6.16 I don't need a radio in my car, I have J

Examples (6.14-6.16) describe the children with hyperactive behaviour via entities and features from the domain of machines. Example (6.14) ascribes characteristics of powerful engines to the child; the numerical expressions employed to indicate speed and duration hyperbolically emphasize the child's uncommon energetic character. Examples (6.15) and (6.16) equate children with machines (spinning top and radio); the comparison is made explicit in (6.15). The metaphors identify the extreme kinetic or verbal behaviour as the most salient characteristics of the children. While extreme weather metaphors highlight disproportionate motion and emphasise negative outcomes, machine metaphors stress the quantity of activity and the tireless character of the children.

Machines and extreme weather are common source domains for the portrayal of energetic behaviour. Some metaphoric expressions are especially conventionalized (i.e. the metaphoric meaning is noted in a dictionary entry), e.g. employing "fly" to describe somebody moving hastily, and "tornado" to refer to somebody characterized by "devastating action" (Oxford Dictionaries Online). Despite the lack of novelty, the machine and extreme weather metaphors contrast with the ones identified in Sections 6.1.2 (REGULAR BEHAVIOURS ARE PROPERTIES and PROPERTIES ARE POSSESSIONS) and 6.2.2 (ATTENTION IS BEING HERE and ATTENTION IS BEING WITHIN THE SCOPE OF THE MIND). The weather and machine metaphors are perceived as 'more metaphorical' than the others. While it is possible to find alternative wordings to express the same meaning connoted by the weather and machine metaphors, metaphors like REGULAR BEHAVIOURS ARE PROPERTIES or ATTENTION IS BEING HERE are perceived as 'the way of speaking' about a topic –that is, language that we cannot easily do without. Borrowing Steen's terminology, extreme weather and machine metaphors are 'deliberate', the speakers employ them *as* metaphors and direct attention to the source domain as something different from the target. Metaphors in Sections 6.1.2 and 6.2.2 can be accounted as 'non-

deliberate' (Steen, 2017:2&7, 2015:67, 2011:84), since they are not employed *as* metaphors but as the language available. Nevertheless, the fact that other linguistic choices are available to account for the lack of focus (e.g., 'being distracted' instead of 'not being here') makes the recurrence of a lack of co-presence salient. In the majority of examples of weather and machine metaphors, the comparison or identification between the two domains is explicit, hence overtly demonstrating the perceived similitude between the domains: forum users frequently note that the child is "referred as", "described as", "known as", or that he "was like".

The distinction between 'deliberate' and 'non-deliberate' metaphors accounts for the communicative differences between the metaphors in the forum exchanges. Section 6.1.2 showed that REGULAR BEHAVIOURS ARE PROPERTIES and PROPERTIES ARE POSSESSIONS metaphors enable metonymic identifications of the children with the diagnosis, and contribute to building the forum community. The (in)attention metaphors identified in Section 6.2.2 constitute different understandings of a mental phenomenon, ultimately based upon basic Western conceptualizations of experience. In contrast, the extreme weather and machine metaphors make explicit, by emphasis addition, what the writers regard as salient characteristics of their children: the hyperactive behaviour and its negative outcomes. Thus, all these metaphors function as strong evaluative triggers and intensifiers of the violence and damaging consequences of the children's behaviour and character.

### **6.3.3 Analysis of evaluation: Hyperactivity-Impulsivity as inappropriateness**

This section examines how hyperactivity-impulsivity triggers evaluations of the children who present it. All the evaluations identified are of the Judgement type. As observed for inattention, hyperactivity and impulsivity are mainly portrayed via descriptions of particular actions, avoiding explicit references to the symptoms. Thus, the invoked type of evaluation prevails. Tables 6.11-6.13 summarize the different evaluation types identified: Judgements of Normality, Capacity, and Propriety, the latter being most abundant.

### 6.3.3.1 Inscribed evaluations

Inscribed evaluations in depictions of hyperactivity-impulsivity are scarce. Table 6.11 presents the Judgements of Normality triggered by Relational Intensive processes that identify impulsivity as a defining feature of diagnosed children. Like “inattentive”, “impulsive” and “hyperactive” constitute value-laden attributes depicting pathological conditions (see Chapter 5, section 5.3.2).

<b>Attitudinal Evaluations</b>	<b>Lexicogrammatical realizations</b>
Jud:Norm	Relational:
	Identifying: <i>He, being his usual impulsive self, [...]</i>
	Intensive
	Relational: <i>DS is so impulsive that rather than make it to</i>
	Attributive: <i>the toilet, he will pee just about anywhere</i>
	Intensive <b>[Jud:Prop'I]</b>

**Table 6.11 Inscribed evaluations – Hyperactivity-Impulsivity (Forum)**

The Relational processes identify ‘impulsivity’ with the children’s character. Equivalent expressions for ‘hyperactivity’ have not been identified. In contrast to inattention (see Section 6.2.3.1), forum users do not describe hyperactivity-impulsivity as difficulty acting as required; instead, it is defined on the basis of what the children do.

### 6.3.3.2 Invoked evaluations

Invoked evaluations associated with hyperactivity-impulsivity are Judgements of Normality, Capacity and Propriety, and the latter are significantly the most recurrent. Invoked evaluations are distinguished according to the inference that allows the judgement: (1) from the actions of the child, (2) from the outcomes of hyperactive-impulsive associated behaviours, or (3) from actions of third parties, triggered by the hyperactive-impulsive behaviour of the child.

- (i) *Evaluative inference from the actions of the diagnosed individual and the outcomes of those actions*

Invoked evaluations inferred from the actions of the diagnosed individual, the product of those actions and the circumstances in which they take place (i.e. Group 1.1 Process ^ [Goal] ^ [Circumstance] in Table 6.12 below) are the most abundant. Table 6.12 also includes evaluations of the children that come with expressions of counter-expectation



regarding the children’s behaviour, and evaluations triggered from the depictions of outcomes of hyperactive-impulsive behaviour.

Inference	Attitudinal Evaluations
1.1 Process ^ [Goal] ^ [Circumstance]	Jud:Prop'l <i>[...] your kid decided to paint himself, and a bunch of stuff in his room with Desitin and baby powder your son does a somersault on the altar during the concecration of the Eucharist He cusses so much it would make a sailor blush</i>
	Jud:Norm'l <i>he speak so fast, no you don't get it, soooo fast that you feel a kind of buzz in your head and [...] They play football at 10.30am in the morning and are still playing football at 10.30pm at night without sitting down or having a rest.</i>
	Jud:Cap'l <i>he finally admitted that he doesn't know why he did it...he just did</i>
1.2 Process ^ Counter- expectation	Jud:Prop'l <i>[...] I was so proud of my son. He played quietly for atleast an hour with his cousin.</i>
2. Outcome	Jud:Prop'l <i>your living room constantly looks like it has ice flows made of couch cushions across the floor [Appreciation] all the contents of the fridge poured on the floor and "skated" in, EVERYTHING in our house "labelled" ("bukshelf", "t.v.", "frich"), and [...]</i>

**Table 6.12 Invoked evaluations – Hyperactivity-Impulsivity (Forum) (i)**

Hyperactive-impulsive behaviour is mostly associated with Judgements of Propriety. The actions are evaluated as inappropriate, either for the actions themselves (e.g. “cusses so much”), or for the places or situations in which they are realized (e.g. “during ... the Eucharist”). Evaluations of inappropriateness are frequently attenuated with humour. In the examples of Table 6.12, humour is triggered by irony (“your kid decided to [...]”) and idiomatic comparisons (“[...] it would make a sailor blush”) (see Section 6.4 for an examination of humour).

The Judgement of Capacity presented in Table 6.12 represents impulsive behaviour linked to cognitive difficulty: individuals cannot restrain themselves from doing an action but do not know why they behave as they do. The inference of the Judgement of Capacity is grounded upon the background assumption that people are guided by a teleologic rationale (i.e. we do something for some reason); failure to adhere to the general behavioural pattern is regarded as problematic.

The Judgements of Normality identified in Table 6.12 are triggered by intensifiers that implicitly contrast the child's levels of quantity of talk or energy with the general population. Thus, while standard talk may be qualified as 'fast', speaking "soooo fast that you feel a kind of buzz in your head" differentiates the child's talk from the average 'fast'. Hyperbolic intensifiers (e.g. playing football from "10.30am in the morning" to "10.30pm at night" without a rest) also trigger evaluations regarding the normality of the behaviour. Linguistic intensifiers modify the evaluation, but can also trigger evaluations on their own when the intensity or quantity expressed is contextually significant. These observations adhere to the psychiatric descriptions of hyperactivity, which establish the clinical significance of behaviour not in relation to *what* is realized but in relation to *how* it is done.

Expressions of counter-expectation regarding hyperactive-impulsive behaviour are uncommon; they evaluate the event as unexpected and entail a judgement of the child's behaviour. The example of counter-expectation noted in Table 6.12 intensifies the positive Judgements of Propriety while connoting regular behavioural inappropriateness during play activities.

Evaluative inferences from the outcomes of hyperactive-impulsive behaviour are also rare. The examples noted in Table 6.12 depict recurrent situations caused by the actions of the child (a living room and a house in general disarray). The evaluation of the child is derived from the following inferential procedure: (i) observation of the situation (general disorder), which is evaluated negatively; (ii) knowledge of the cause (the child's playful activities); and (iii) inference of a negative evaluation of the agentive cause (child's behaviour) from the outcome. Paralinguistic resources (capital letters in one of the examples) may be used as evaluative intensifiers.

(ii) *Evaluative inference from third-party's actions triggered by behaviour of the diagnosed child*

Evaluative inferences from the actions or words of third parties are common in representations of hyperactivity-impulsivity, especially when inferred from speech projection. Third parties are usually relatives of the forum user and school-related staff. The examples in Table 6.13 show that all the evaluations inferred from third parties are negative judgements that depict the child's behaviour as inappropriate and out of control.

Inference	Attitudinal Evaluations
3.1 Others - words	Jud:Prop'l <i>your brother in law asks you to get him to be quiet and you say "If you can think of a way then let me know" to which he responds "then can you get him to go somewhere I'm not"</i> <i>His teacher says he does just about everything possible with his chair except sit on it!</i> <i>people say "I don't know how you do it" more often than you care to hear</i>
3.2 Others - actions	Jud:Prop'l <i>the receptionist at the doctors office gets up to close her door</i> <i>Your own relatives ban him from family holidays [...]</i> <i>other parents cringe at the things he does</i>

**Table 6.13 Invoked evaluations – Hyperactivity-Impulsivity (Forum) (ii)**

Direct speech is common in presenting other people’s words. Its lifelike character emphasizes the negative evaluation inferred, and triggers humour by contrasting the reactions of others with these of the parents. Although all evaluations are negative and depict the behaviour as highly inappropriate, the humour weakens the negative judgements.

Hyperactive-impulsive behaviour is mainly associated with negative Judgements of Propriety; it is regarded as inappropriate for not adhering to the social requirements of the ongoing situation. Judgements of Capacity are rare and associated with impulsivity; Judgements of Normality are triggered by portrayals of hyperactive-impulsive behaviours as exceeding the average, in intensity or quantity. Overt descriptions of the children as hyperactive or impulsive are avoided; the symptom is mainly represented via descriptions of the child’s actions or the reactions triggered in other people.

## 6.4 Salient features of the Forum exchanges genre

The representation of ADHD and diagnosed individuals in the forum is conditioned by linguistic features characteristic of the textual genre of online forum exchanges. Forum users’ evaluations and portrayals of their children frequently employ humour and speech projection (or presentation). This last section examines the different functions of humour and speech projection and how they contribute to portraying ADHD (Sections 6.4.1 and 6.4.2 respectively). Other linguistic resources observed in the data and characteristic of online written communication include paralanguage and idiomatic expressions. Both

paralanguage and idioms mainly function as evaluative intensifiers and humour triggers. Emoticons, capital letters, onomatopoeias (e.g. “ugh”) and abbreviations (e.g. “lol”) constitute the most habitual resources. Idioms and paralinguistic resources are not addressed in the following sections.

The different resources enable different pragmatic effects, especially: (i) construction of the community of forum users, providing group identity, emphasizing the common character of the experiences recounted, and tracing opposition between in-group members and the parents of non-diagnosed children; (ii) triggering sympathy toward the children by shifting the valence of otherwise negative evaluations through humour or by presenting verbatim quotes; and (iii) promoting the acceptance of ADHD as a trait of the children.

#### **6.4.1 Humour: coping mechanism and community builder**

Humour is a central resource in the forum exchanges, especially in the thread “You know your child is ADHD when...”. Humour performs two main functions in the textual context studied: (i) it constitutes a central community builder, providing group cohesion and identity; and (ii) it acts as an escape valve, enabling parents to vent about daily experiences while adopting a detached, light stance. Threads allowing parental venting through humour are not rare in forum communities for parents of children with developmental conditions. Similar threads were found in autism forums with similar purposes (e.g. “You know there is Autism in the family when...” in the ASD Friendly forum, <http://board.asdfriendly.org/>). Humour as a coping mechanism for stressful experiences is acknowledged in psychology literature (Martin, 2006:282-3). Threads that encourage venting through humour are a valuable resource for emotional support in the forum communities.

Humour is not limited to verbal language, but is broadly characterized as the construction of a “context of play” –that is, the adoption of a non-serious attitude toward things manifested in playful interactions, no matter how this interaction is realised (Martin, 2006:5-6). Although there is no all-encompassing definition of how a stimulus should be to be perceived as humorous, humour-triggering stimuli are commonly perceived as “incongruous, odd, unusual, unexpected, surprising, or out of the ordinary”, and are accompanied by some indication that they should be understood in a non-serious manner (Martin, 2006:6). Humour incongruity is identified as what allows individuals to

shift perspectives or establish distance from their present situation, enabling a re-evaluation of stressful experiences (2006:282). The examination of invoked evaluations has indicated the importance of humour for a reappraisal of the situations recounted.

In linguistics, one of the best-known theories of humour is Attardo's General Theory of Verbal Humour (GTVH). Developed from Raskin's Semantic Script Theory of Verbal Humour (SSTVH), GTVH aims to be applicable to non-humorous genres (Attardo, 2017 and 2002). Like SSTVH, GTVH understands that humour is grounded on the opposition of scripts (i.e. incongruity); however, it expands SSTVH by signalling that humour is conditioned by five other parameters or "knowledge resources": a logical mechanism (that might be activated for the resolution of incongruity); the situation (the background of the events recounted, textual material surrounding the joke); the target of the joke; narrative strategy (distribution of humour in the text); and language (linguistic resources employed) (2017:128-133; 2002:233). This section does not adopt Attardo's framework to examine the main realizations and functions of humour in the data, but indirectly addresses some of the parameters –mainly, the linguistic resources employed and, occasionally, the distribution of humour in text. The GTVH parameters of humour are particularly appropriate for jokes and humorous genres but do not apply to the data studied. The humorous statements in the forum do not have an actual target (they are not directed to or against anybody), and do not present any resolution (they do not contain a pun to be "resolved"). In the posts, humour involves detachment from –or adoption of a light stance towards– undesirable daily situations. However, this section supports one of the central points of GTVH: humour cannot be reduced to contrast or incongruity alone (Attardo, 2017:52).

In the forum exchanges, (linguistic) triggers of humour are restricted to written language, with occasional paralinguistic support (e.g. emoticons, punctuation marks and other stylistic resources such as alternation of capitals and small caps). The linguistic resources identified with the generation of humour are multiple: hyperbole, irony, anecdotes, reported speech and the employment of particular references to the children. Although the linguistic resources function as triggers, it is the context of the thread that enables the shift towards a non-serious stance. The anecdotes and hyperbolic or ironic comments are read as expressing a positive attitude towards the children (and not as genuine complaints) only insofar as the context of the thread has been explicitly set up for humorous venting. The opening post invites humour in explaining the reason of the thread ("You know your child is ADHD when..."): "OK, so here's the place for all those

funny stories about our kids. Funny now that we can laugh about it instead of wanting to scream, or cry, or do murder most foul.” Taking a humorous stance toward everyday difficult situations is openly encouraged, while usual frustrations are recognised. “Wanting to scream, or cry” are genuine reactions to the situations described; parental exasperation is magnified by the phrase “do murder most foul”. The expression, popularized with the film and theatre play “Murder most foul”, based on Agatha Christie’s novel *Mrs McGinty’s Death*, echoes one of the most popular scenes of Shakespeare’s *Hamlet*, when the ghost of the king appears to Hamlet and describes his death as the “most horrible” murder, triggering Hamlet’s decision to take revenge (Act I, scene V). Adding “do murder most foul” to the list of parental genuine reactions (“scream”, “cry”) pre-emptively adopts a non-serious stance by exaggerating the typical strong negative attitudes toward ADHD-related behaviour (“do murder most foul” for “exasperating and punishment”). The opening post explicitly shows how forum users’ contributions are to be read and responded.

The following subsections examine the main linguistic resources that trigger the adoption of a humorous stance: hyperbole (6.4.1.1), irony (6.4.1.2), and anecdotes (6.4.1.3). Speech projection or reporting is examined separately in Section (6.4.2). Although speech projection can provoke humour, it also realises other discourse functions that may or may not be accompanied by a playful stance.

#### **6.4.1.1 Hyperbole**

Hyperboles are intentioned “blatant exaggerations” of some characteristic, wherein speakers do not mean to be taken literally and hearers recognize the figurativeness of the exaggeration (Carston & Wearing, 2015:80; McCarthy & Carter, 2004:150-1). Hyperbolic intensifications are distinguished from those achieved with graduation resources (e.g. adverbs of degree and frequency). The graduations identified in psychiatric descriptions of the symptoms intensify the features by adding propositional content (i.e. they define what is medically significant) (see Chapter 5 Section 5.3.2). Hyperboles aim at interpersonal effects exclusively (e.g. expression of surprise, evaluation, humour, empathy) (McCarthy & Carter, 2004:176), and do not add propositional content (i.e. participants identify the scaled-down description as what is being communicated) (Carston & Wearing, 2015:81; 2004:150).

Hyperboles were identified in depictions of hyperactive behaviour only. Section 6.3.2 (examples 6.7-6.9) and 6.3.3.2 (Table 6.12) have shown that forum users employ hyperboles to indicate that the behaviour is more intense or extended than expected, and to emphasize their evaluations. Examples (6.17-6.19) show more hyperbolic statements, all of them from the thread “You know your kid is ADHD when”:

6.17 A "quick phone call" to your adult child with ADHD usually takes no less than 90 minutes, only 4 of which you were talking.

6.18 ... a 200 count package of paper disappears in less than 2 hours only to reappear as tinny little squares cut up everywhere!

6.19 You must have told him 2,000 times in one day not to climb on the counter. Not only does he climb on the counter, but you find him on top of the fridge - twice.

Hyperboles are frequently constructed through numerical expressions that quantify time to express the duration (6.17) or frequency of an activity (6.19, also 6.7 “literally asks you roughly every minute all day what time it is”), or through numerical expressions that express the quantity of something (6.18). Numbers, quantity and time are common formulations of hyperbole (McCarthy & Carter, 2004:162). The hyperbolic emphasis can be supported by other linguistic resources. In example (6.7), the hyperbolic statement (“asks you roughly every minute all day”) is supported with the adverb “literally”, and the comment in brackets (“sometimes every 30 seconds”), which develops the original hyperbole with the construction of a fictional extreme case.

Hyperbolic exaggeration portrays a discrepancy between what has happened and what was expected, and the failed expectation is commonly attributed to the speaker (Colston & Keller, 1998:500). In the examples from the forum, the opposition is not between the situation described (the actions of the children) and the expectations of the writer: the examples describe recurrent daily situations. The recurrence is either explicitly stated (6.17, “usually”), or inferred from the present simple tense that connotes regularity. Hyperbolic statements portray a discrepancy not between the expectations and reality of the writers, but between the reality of the writers and the expectations of the general social community, where the discrepancy is expected to be shared by the rest of the forum users.

In the context of the forum thread “You know your child is ADHD when...”, the hyperboles also function as triggers of humour. The ability of hyperbolic statements to

trigger humour is supported by existent research (McCarthy & Carter, 2004:150; Colston & O'Brien, 2000:192). The activation of humour is attributed to the contrastive nature of the hyperbole. Contrast or incongruity theories understand humour as generated by the mismatch of reference frames or the clashing of sets of expectations; incongruity can be resolved (as in some jokes) but the resolution is not always necessary to provoke humour (Martin, 2006:72; Norrick, 2003:1334). The examples show that the hyperbolic contrast is double: (i) textual, where the magnified reality portrayed contrasts with the real world, and (ii) social or pragmatic, where the expectations of the writer (as a member of the social community) contrast with what happens<sup>21</sup>. The hyperbolic statements evoke the expected standard behaviours to which the children fail to adhere through the formulation of contrast.

Despite being a defining characteristic of humour, contrast alone does not explain why hyperboles are read as humorous by forum users. Hyperboles constitute strong attitude magnifiers, where the (dis)satisfaction is proportional to the exaggeration (Colston & O'Brien, 2000:185-6). Outside of the context of the thread, examples (6.17-6.19) could be attributed a recriminatory attitude against the children. Hyperbolic statements describe behaviours socially evaluated negatively: disruptive behaviour (6.18, 6.19) or verbally intrusive behaviour (6.17). As observed for humour, sharing complaints would also help in building the forum community; what would differ would be the attitudinal stance adopted towards the diagnosis. Humour entails a non-serious attitude toward the situation described, showing acceptance and adopting an affectionate perspective. A recriminatory reading would exploit the hyperbolic exaggeration to infer an inflated negative attitude, positioning the forum users in an overt strong oppositional stance towards ADHD and diagnosed children.

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<sup>21</sup> McCarthy and Carter have also distinguished two contrasts in hyperbole: the internal contrast (the "upscaled reality contrasted with actual or expected reality"), and the external contrast (which intensifies external differences, for example, in contrasting two different people) (McCarthy & Carter 204:177). Since the hyperboles identified in the data do not contrast two factual objects or situations but the factual situation with the one socially expected, it is preferred the distinction between textual and social contrasts is preferred to the one proposed by McCarthy and Carter.



### 6.4.1.2 Irony

Irony has traditionally been understood as meaning the opposite of what is said. Two main coexisting perspectives on irony are the echoic accounts (based on Sperber and Wilson's Relevance Theory), and the pretence accounts (developed from Clark and Gerrig, 1984). The echoic theory understands irony as the retrieval of a previous comment or thought (either from the same or another speaker); in the retrieval, the speaker dissociates themselves from the echoed thoughts/comments and the attitude associated with them. Pretence accounts regard irony as pretending that what is communicated is the case while assuming that the audience will understand that it is not. Some scholars have argued for more simplified accounts (i.e. without distinguishing between pretended and real meanings or echoes) and understand irony as an evaluative contrast between propositional and intended meaning (Burgers & Steen, 2017). This section does not consider the appropriateness of the different accounts; instead, it examines the ironic statements as realised in the forum and the pragmatic effects that result with reference to the representation of ADHD.

As for hyperbole, irony has only been identified in depictions of hyperactive-impulsive behaviour. Examples (6.20-6.22) below show there are two main linguistic triggers of verbal irony in the thread: (i) references to a non-enjoyable situation as 'fun', and (ii) the structure "[the child] decided to".

6.20 it's loads of fun when your kid decided to paint himself, and a bunch of stuff in his room with Desitin and baby powder.

6.21 ... all the contents of the fridge poured on the floor and "skated" in, EVERYTHING in our house "labelled" ("bukshelf", "t.v.", "frich"), and all my old books kidnapped and carefully arranged in towers on his bedroom floor. so much fun, so little time!!!

6.22 He, being his usual impulsive self 🤪, decided to stick his tongue on a metal pole while waiting at the bus stop.

Referring to the situations described in examples (6.20) and (6.21) as "loads of fun" or "so much fun" entails an ironic interpretation of the outcomes of the children's behaviour. Both writers and addressees share the background knowledge that having to clean up a child, a room or a house are not enjoyable activities. Example (6.21) reinforces the ironic evaluation by reformulating the idiomatic expression "so much to do, so little time".

Usually employed to emphasize a lack of time to do all the speaker wants to do, the forum user adapts the idiom to apply it to the child ('so many fun things to do, so little time'). Ironic interpretations of the annoying situations as "fun" also echo the opening post of the thread (i.e. "[...] here's the place for all those funny stories about our kids. Funny now that we can laugh about it instead of wanting to scream [...]"). The forum user initiator of the thread already employs 'funny' as an ironic interpretation of the 'stories' (first instantiation), but proceeds to clarify that she is calling for a reinterpretation of exasperating events. Thus, while echoic mentions usually involve distancing oneself from the attitude or thoughts expressed in the original comment, in these examples it entails the acceptance of a humorous stance towards the annoying situations, thanks to ironic reinterpretation.

The construction "[the child] decided to" is very common and it always presents impulsive behaviours with negative outcomes. The expression is only identified in descriptions of hyperactive behaviour (i.e. excessive movement or talk). 'To decide' usually entails previous deliberation, including the consideration of options and their potential outcomes. The description "decided to" triggers irony by attributing deliberation to actions that lack any reflection (e.g. sticking the tongue on a frozen pole). In portrayals of impulsivity, the expression reinforces the lack of forethought characteristic of the symptom. Example (6.22) explicitly refers to the child as impulsive; the playful context and the addition of the emoticon with the ironic smile cancel the negative evaluation that employing "impulsive" as classifier could trigger.

Examples (6.20-6.22) show irony in contrasting the explicit description of the situation with the inferred interpretation. Contrast has been referred to as a central characteristic of irony (Colston, 2017:35). However, contrast alone is not sufficient for the presentation of irony: hyperboles too entail contrast. While hyperbolic contrast is between the state of affairs described and the magnified description, ironic contrast constitutes a "shift in evaluative valence" between the propositional content and the interpreted meaning (Burgers & Steen, 2017:94-95). The shift does not entail a complete adoption of the opposite value, but a fluctuation towards the antithetical pole without totally embracing it. Thus, while examples (6.20-6.22) describe the situations as 'positive' ("it's so fun", "decided to"), the readers understand the descriptions are not meant to be read literally.

Following Burgers and Steen, the irony employed in the thread can be understood as a double evaluative shift: (1) the inherent ironic evaluative shift, in the examples from

positive to negative (a negative situation is depicted as positive); and (2) the shift from negative to (somewhat) positive through a humorous stance (explicitly set at the opening of the thread). In the absence of humour, hyperbolic and ironic statements would constitute recriminatory remarks (overt in the hyperboles, inferred in irony), and hyperboles would have a stronger (negative) evaluative effect due to their explicit magnification. Humour cancels and ‘shifts the evaluative valence’ of previously set evaluations. While the ironic and hyperbolic statements are not genuine negative evaluations of the children, they do not constitute genuine positive evaluations either. The comprehension of evaluations triggered by irony or humour follows from an inference process deriving from the contrastive scenarios evoked and the evaluative shift(s) entailed. In irony, the reality of the state of affairs described (negative in the examples considered) is contrasted with the one evoked by the (positive) ironic statement. Irony is inferred from the positive evaluation (e.g. “it’s loads of fun”) of an adverse state of affairs. The playful employment of irony in the posts allows for a further inference: the first inference of the negative evaluation (inferred from the positive interpretation of the adversity) is mitigated by a second inference of the humorous purpose that led to employing irony. Comprehension of humorous uses of irony can be understood as generating a third scenario with an ambivalent evaluation of the state of affairs described –in the case of the forum posts, the acceptance of the situations depicted.

#### **6.4.1.3 Anecdotes**

Anecdotes or personal short stories are recounted as a form of conversational humour (Norrick, 2003:1339). Anecdotes are spontaneous accounts of situations experienced by the teller; they are perceived as trustworthy and lack any planning. Anecdotes may contain humorous comments or offer an account of event from a humorous perspective, but that is not always the case. The thread “Proud moments” contains numerous anecdotes, and none of them aim at prompting humour; the anecdotes portray incidents in which the children behaved in a particularly positive manner and the parents felt proud of them. The main discursive function of these anecdotes is sharing personal experiences with the forum users, contributing to building the community by encouraging others to express their approval of the behaviour described and share similar experiences. However, the anecdotes examined in this section correspond to the thread “You know your child is ADHD when...”; all of them depict problematic behaviour or undesirable

situations derived from hyperactive-impulsive behaviour and share the general humorous stance of the thread.

6.23 [...] At age 2 he ironed the carpet of our house that we were 2 weeks from closing on in Philadelphia [...], except the iron had left iron shaped burns all over the carpet. I came home from work to find him with the iron. My face and my wife's face must have said it all, he said "Don't worry daddy we can get a towel, put some glue on it and then stand on it". [...]

6.24 My son is 8 (almost 9) and we had an "ADHD adventure" just this morning. He, being his usual impulsive self 🤪, decided to stick his tongue on a metal pole while waiting at the bus stop. We live in MI, so needless to say, his tongue froze to the pole...and we ended up in the urgent care.

6.25 your three-year-old is expelled from preschool art class because, while the other children are quietly painting away in their spots, your child is wandering hither & yon [...], seeing what there is to see, doing what there is to do, with little regard for the teachers' task instructions

6.26 your son does a somersault on the altar during the concecration of the Eucharist. (now I know it was the strawberry milk he drank before we left)

Sharing the personal stories from examples (6.22-6.26) in the thread entails that the writers consider the anecdotes illustrative of what is like to have a child with ADHD. Only example (6.25) is a complete post; the stories in (6.23) and (6.24) are further developed with accounts of the writers' feelings and the consequences of the event, and in (6.26) the forum user includes other portrayals of problematic behaviours of the child. The narration of the anecdotes influences how the humour is generated in each of them (linguistic expressions that trigger humour are underlined).

Examples (6.23) and (6.24) present the anecdote with the characteristic structure of short stories: the accounts unfold in three parts: an introduction that establishes the general context, an explanation of what happened (the action of the child), and a conclusion with the (negative) outcome of the action. The humorous tone is set in the opening and is recovered with a punch line at the end. Example (6.23) employs counter-expectation as an initial trigger of humour ("except the iron...") to show how a well-intended action ended up with disastrous consequences, and closes with the direct reported speech of the child. The naivety of the child (inferred from the reported speech)

contrasts with the chaos generated and the feelings of the parents; the overall situation is portrayed as an absurdity, and the reader is invited to share the humorous stance toward the incident. In example (6.24), the humorous tone is established at the start with the phrase “we had an “ADHD adventure””, which also indicates that the writer is about to explain an incident. The humorous tone is maintained in the introduction with the ironic remark (underlined in 6.24, previously examined in detail in example 6.22), and it is recovered describing the consequence. The suspension points generate suspense for the disclosure of the culmination of the ‘adventure’ (ending up in urgent care). The ridiculous outcome reinforces the irony of the remark (“decided to”), highlighting the absence of any rationale behind the child’s action. Examples (6.23) and (6.24) portray impulsive behaviour as absurd, in contrast to the teleologically-oriented actions assumed in the average population, and lack of forethought is established as the cause of negative results.

Examples (6.25-6.26) differ from the others in two main ways: the situation is described so as to make it applicable to any member of the forum (i.e. “your three-year-old”, “your son”), and the incidents are recounted in present simple tense instead of the default past simple tense for past events. Since the English present simple tense connotes habitualness or recurrence, in the examples it can trigger two interpretations. One interpretation is that the events have occurred in other situations –either the same incident (e.g. the child has been expelled several times) or a similar one. In this case, the anecdote would illustrate recurrent situations. The other interpretation is that the stories constitute real anecdotic incidents, but the writers have made their stories applicable to the other forum users. In this case, the present simple would enable the anecdotes to be extrapolated as ‘generic daily experiences of parents of children with ADHD’, contributing to generate a general portrayal of the ‘ADHD child’. Both (6.25) and (6.26) emphasize the inadequacy of the behaviour and construct a humorous stance against the backdrop of the context of the thread: “seeing what there is to see, doing what there is to do” (6.25, employed to stress that the child was disturbing the others); and “does a somersault” (6.26, potentially employed to portray a jump).

Humour has been evidenced as an essential interpersonal resource for generating group cohesion and identity. In support groups like the forum studied, it functions as a coping mechanism, allowing users a temporary abandonment of their dissatisfaction toward the situations described. Hyperbole, irony and anecdotes were identified as the main linguistic resources for eliciting humour. Hyperbole and irony have been observed

in portrayals of hyperactive-impulsive behaviour and trigger humour through the generation of contrast. The anecdotes too tend to account for hyperactivity-impulsivity, and the behaviour is generally portrayed as leading to absurd situations with negative consequences for the child. The humorous anecdotes (all of them of negative incidents) show that writers expect their individual experiences to be shared among the forum community, linguistically marked with personal determiners and the present simple tense. Presenting individual experiences as generalizable contributes to constructing a generic portrayal of the ‘ADHD child’.

### **6.4.2 Speech projection in informal online exchanges**

Projection, or the presentation of speech of third persons, is frequently employed in the informal forum exchanges. This section examines how the different modes of speech projection allow a portrayal of the children with ADHD to be inferred through the inclusion of their voices in the posts. Although projection of thought was also identified, it is considerably less common and it is not addressed.

SFG distinguishes projections according to the level of projection (verbal or mental), speech function, and mode of projection –that is, whether the projected clauses are embedded, or in hypotactic relation or subordination (reported speech), or in paratactic relation or coordination (direct speech or “quotation”) (Halliday & Matthiessen, 2004:441-443). While SFG only distinguishes between “quoting”, “reporting” and the in-between “Free Indirect Speech” (2004:462&465), other scholars have identified two more possibilities of speech presentation: “Free Direct Speech” (more direct than Direct Speech), and “Narrative Report of Speech Acts” (more indirect than Indirect Speech) (Leech & Short, 2007:258-260). Direct Speech (DS) and Free Direct Speech (FDS) are the two most common modes of speech projection in the forum threads, especially employed for reporting children’s voices. Indirect Speech (IS) was also identified, mostly used for reporting the voices of teachers or other people. FDS and DS attribute more truthfulness to reported speech than IS. The (assumed) verbatim transcription is regarded as more ‘lifelike’, read as if the writers had stepped behind and did not obscure the report with their own interpretations (Halliday & Matthiessen, 2004:462; Leech & Short, 2007:268). Presenting the child’s speech in DS and FDS attributes more credibility to the behaviours portrayed (positive actions or good intentions).

Forum users employ speech projection to represent (by inference) (i) impulsive behaviour, (ii) inattentive behaviour, (iii) the child as well-meaning, and (iv) disruptive behaviour. Apart from enabling readers to infer representations of the symptomatic behaviour and the character of the child, speech presentation also realises other pragmatic functions (i.e. triggering humour, authenticity or authority attribution, and evaluative emphasis).

*(i) Impulsivity: naivety and absence of malevolence*

The projected speech of the child, connoting impulsivity, depicts the child as naïve and the actions as lacking forethought (see examples 6.27-6.28, and 6.23).

6.27 [...] catching them with tape and scissors because he was going, "to tape the cat's mouth shut to keep him quiet."

6.28 After telling a big whopper of a story [...] he finally admitted that he doesn't know why he did it...he just did.

Humour is recurrent in depictions of impulsive behaviour. The employment of DS to generate humour has already been signalled in (6.23), where the projected clause constitutes the punch line of the anecdote. Example (6.27) employs FDS with similar purposes. FDS is considered “freer” than DS since it removes the quotations marks, the introductory reporting clause (as in 6.27), or both (Leech & Short, 2007:258). Compared to (6.23), (6.27) can be regarded as more humorous since it inserts the verbatim voice of the child within the mother’s account. Explaining the motivation of the action via the words of the child, without the preface of the reporting clause, accentuates the contrast between the mischief (and the assumed reaction of the mother) and the ingenuity of the child. In example (6.28), the absence of motivation for the behaviour is also inferred from the speech projection, here presented in IS and absent of humour. In comparison to (6.28), DS and FDS increase the authenticity of the anecdote, even in those cases where the incident happened years ago and the actual faithfulness of the words quoted is dubious (as in 6.23). In the forum, together with the generation of humour, the authenticity of DS and FDS promotes the sympathy of the other forum users towards the children. DS and FDS are hypothesised to be strong triggers of emotive reactions in the audience when employed to report incidents; in different contexts the same devices could evoke the opposite attitudes of aversion or contempt.

*(ii) The inattentive child*

Inattention is also frequently portrayed, by pragmatic inference, via the diagnosed child's conversation. As in representations of impulsivity, the reporting usually aims to elicit humour or adopts a light stance. The inattentive behaviour is inferred from the speech presentation, usually in DS (see examples in Sections 6.2.1 and 6.2.3.2, e.g. "...when I look at him and give him my answer, he says "What?" or "Huh?"") or FDS (6.29 below).

(6.29) this happens multiple times a day.

"Mom!"

"Yes son"

"Mom!"

"What?"

"MOM!"

"Come in here, I can't hear you in there"

\*\*he walks in the room\*\*

"What did you want son?"

"Ummm, nevermind"

Although DS and FDS act to emphasize the actuality of the situation reported, the dialogue in FDS (6.29) is meant to be read as a general case, applicable to similar circumstances. The report of the full dialogue strengthens the impression of attention deficit: the child is the initiator of a question-answer exchange, but on being asked to repeat the question, he fails to repair the exchange because he has forgotten what he was about to ask. All the representations of inattention through speech projection are in accordance to the conceptualization of inattention as 'being elsewhere' (Section 6.2.2.2): in flouting the Gricean maxim of relation, the child is portrayed as not being engaged in the ongoing situation. As with impulsive behaviour, the humorous portrayals of inattention through direct speech presentation promote the sympathy of the other users.

*(iii) The good child*

Speech projection is employed to present diagnosed children as well-meaning in both threads analysed. In such cases, the speaker is the child and humour is not elicited.

6.30 When he sees the tears [...] he hugs me and says "Don't worry, mommy.

Today is one of my 'be good' days. I can feel it."



6.31 [...] she defended him saying... and I quote "you guys don't have the right to pick on him just because he's different. [...]"

The DS of (6.30-6.31) aims at providing (verbal) evidence of the good character of the children and enabling the readers to empathise with them. In (6.31), the authenticity of the projection is reinforced by adding “and I quote” to support the introductory reporting clause. Still, the faithfulness of the quote is dubious: the incident took place in the school, hence the mother did not have a direct experience of what the child actually said or did.

*(iv) Disruptive behaviour*

Speech projection also represents (by inference) the disruptive or difficult behaviour of the diagnosed children. In employing the speech presentation to depict behavioural difficulties, the speakers are always third parties. Descriptions of unruly behaviour are given in the thread “You know your child is ADHD when...” and mainly take a humorous stance.

6.32 His teacher says he does just about everything possible with his chair except sit on it!

6.33 your brother in law asks you to get him to be quiet and you say "If you can think of a way then let me know" to which he responds "then can you get him to go somewhere I'm not"

6.34 people say "I don't know how you do it" more often than you care to hear.

The presentation of third parties’ speech combines DS and IS (6.32-6.34). DS is employed in reports of specific incidents (6.33) and recurrent situations (6.34), and it functions as an evaluative intensifier and trigger of humour. Marks of emphasis are common in portrayals of problematic behaviour and are not limited to DS. In (6.32), for example, the underlined expression stresses the unsuitable behaviour of the child in the classroom. When IS and DS are combined (6.33), the lifelike character of the latter stresses people’s disapproval of the behaviour. The same is observed in (6.34): the quote presents a general comment, and what is stressed is not the authenticity of the words (which may or may not be the actual utterance), but the fact that people commonly evaluate children’s behaviour as difficult to cope with. In the posts, the negative third-party evaluations are mitigated by the humorous stance of the forum users.

Speech projection indirectly portrays ADHD-related behaviour as a general lack of adequacy to the situation or failure to adhere to basic social expectations. Speech

projection also triggers humour and intensifies invoked attitudes; both functions are associated with the lifelike character of DS and FDS. Humour is elicited in representations of symptoms and general difficult behaviour; when generated by the DS or FDS of the children, it can promote sympathy towards the children in other forum users. Positive portrayals of the children do not elicit humour and employ DS and FDS as verbal evidence of their good intentions, even in cases where the actual trustfulness of the quote is doubtful, or the quote is employed to illustrate a typical case.

This last section has evidenced the importance of humour in online support forums for parents whose children present a diagnosis like ADHD. The analysis has shown how humour is lexicalised through hyperboles, irony and anecdotes, and it functions both as a scape valve and a community builder, enforcing the group identity of the forum members on the basis of the diagnosis of the child. The humour-based group cohesion and identity through the diagnosis complements the findings of the analysis on the use of “ADHD” in the forum threads. While family members (parents in their majority) employ “ADHD” as an identificatory trait of their children, this identification does not involve an evaluation of the diagnosed individuals. Judgements of Normality associated with ADHD are not evoked by referring to the diagnosis but by comparisons to the standard population, and their negative valence is not grounded on the diagnosis but on the compared feature. Just one example was observed in which “ADHD” *could appear* to trigger a judgment on its own: “... your adhd child will always be that”, which was identified as tautological (i.e., equivalent to ‘somebody with ADHD will always be somebody with ADHD’). However, the tautology becomes meaningful (and evaluative) precisely because the “that” (i.e., the second reference to “ADHD”) metonymically stands for the problematic behaviour and difficult situations that may derive from the diagnosis. Examining the conceptual metaphors and metonymies, and analysing the invoked evaluations associated with “ADHD” allowed us to see that “ADHD” functions as an explanatory factor of the actions of the children. ADHD may metonymically stand for the outcomes or situations caused by the diagnosis (e.g., “ADHD adventure”), and it is inferred as the ultimate cause of the evaluations of the children’s difficulties or inappropriate behaviour, hence providing an explanation for everyday struggles.

Throughout the chapter it has been observed how the explicit identification of the children with the diagnosis contrasts with the avoidance of overt references to the ADHD symptoms (inattention and hyperactivity-impulsivity), despite the numerous descriptions

of children's behaviour. Depictions of the symptomatic behaviour can also be indirect, as when inferred from speech projection, behavioural outcomes or the impact of the behaviour on third parties. While "ADHD" is not directly associated with negative evaluations of the children, descriptions of ADHD-related behaviour trigger explicit and implicit evaluations, negative in their majority. The negative evaluations associated with the manifestations of ADHD symptomatic behaviour, occasionally mitigated through humour, make it possible to hypothesise behaviour as the main trigger of stigmatising attitudes among the general population: recurrent negative evaluations of the children's actions make people project negative expectations and associate the diagnosis with stereotyped negative behaviours.

Evaluations and lexicalizations of stigma have been evidenced to be highly dependent on the context of situation, being particularly notorious in the study of humour: forum users' humorous references to the children, frequently exploiting the diagnosis, would be highly stigmatising in other contexts. The chapter has also shown the importance of dissociating "ADHD", as psychiatric label, from any inherent negative-value, and it has pointed to behaviour as the trigger of stigma. These observations are regarded as potentially applicable to other psychologic diagnoses.

# Chapter 7

## ADHD in the educational discourse

### 7.0 Introduction

Chapter 7 analyses the representation of ADHD, its core symptoms, and diagnosed students in educational guidelines (see Chapter 4, Section 4.1.3 for an overview of the data). The guidelines from ADD Attitude are referred to as Guideline (1), the guidelines from ADHD Foundation as Guideline (2), and the guidelines from Living with ADHD as Guideline (3). The guideline numbers are references for the examples quoted.

The analysis evidences that guidelines present a strong directive character, especially in Guidelines (1) and (2). Guideline (3) provides directions for teachers and general information about ADHD and the symptoms, i.e. the diagnosis process and common treatments. Descriptions of ADHD are rare in Guidelines (1) and (2), and the representation of the diagnosis and students is mainly inferred from directives. Explicit references to ADHD-related behaviour are also avoided. All three guidelines present explicit and implicit directives on how to lessen learning and behavioural difficulties derived from ADHD. ADHD is portrayed as a clinical condition and established as the explanatory factor for the complications the students present. Thus, the teachers' responsibility to address the students' difficulties is implicitly based on the clinical character of ADHD rather than on a pedagogical consideration of students' learning and behavioural differences.

The chapter is divided in four sections. The first three sections examine the representation of ADHD (Section 7.1), inattention (Section 7.2) and hyperactivity-impulsivity (Section 7.3). Each section covers the levels of lexicogrammar, semantics and evaluation. Section 7.4 examines the formulation of directives, the main characteristic of the guidelines as textual genre.

## 7.1 ADHD

### 7.1.1 Transitivity analysis

At the lexicogrammatical level, educational guidelines represent ADHD as an entity and as a feature of people or aspects related to the diagnosis (see Tables 7.1 and 7.2 respectively). Table 7.1 summarizes the lexicogrammatical functions that ‘ADHD’ adopts as entity (Actor, Goal, Carrier, Token, Value and Phenomenon), and presents the process types associated with each function (Material, Relational, Mental). Table 7.2 shows that ‘ADHD’ as quality allows for different relations of attribution, which ultimately leads to different degrees of category membership (see Chapter 6, Section 6.1.1).

ADHD as "entity"	<b>Actor</b>	<b>Material:Action</b> – ADHD compromises the area of the brain responsible for “self-regulation.” (1); ADHD also impacts the parts of the brain that control sustained focus (1); ADHD affects 5% of school-age children (3) <b>Material:Event</b> – ADHD tends to run in families (3); ADHD seldom occurs without other problems (3)
	<b>Goal</b>	there is concern ... that <u>ADHD is over-diagnosed</u> and <u>over-treated</u> (3); recent training around ... managing ADHD (2); ADHD is diagnosed by specialists. (3)
	<b>Carrier</b>	<b>Rel:Att:Int</b> – ADHD is common. (3); ADHD is not an excuse for bad behavior (1); ADHD is a valid clinical condition (3); ADHD is a clearly defined clinical condition (3); Attention Deficit Hyperactivity Disorder (ADHD) is a clearly defined clinical condition and not just a label (3)
	<b>Token</b>	ADHD is <b>[Rel:Identifying:Circumstance - Reason]</b> <u>the reason</u> for unacceptable behaviour, but not an excuse for it (3); It [ADHD] leads to <b>[Rel:Identifying:Circumstance - Cause]</b> underachievement at school (3); ADHD causes <b>[Rel:Identifying:Circumstance - Cause]</b> significant disruption (3); It [ADHD] ... can result <b>[Rel:Identifying:Circumstance - Cause]</b> in anti-social behaviour (3)
	<b>Value</b>	ADHD isn't caused <b>[Rel:Identifying:Circumstance - Effect]</b> by bad parents or bad teachers (3); foods or additives don't cause <b>[Rel:Identifying:Circumstance - Effect]</b> ADHD in most cases (3)
	<b>Phenomenon</b>	Teachers may be the first to spot <b>[Mental:Perception]</b> ADHD (3)

**Table 7.1 ADHD as entity (educational guidelines)**

‘ADHD’ as entity can function as the Actor or Goal of Material processes, as the Carrier of Relational Attributive processes and as both Token and Value of Relational Identifying processes. As Actor of the Action subtype of Material processes, ADHD is portrayed as

an entity with the potential to perform some type of change in the individuals who experience it (i.e., ADHD as a disruptive agent, “affects”), or in specific body parts of the diagnosed individuals (i.e., the brain). ADHD is explicitly represented as an entity that affects the individuals’ general development and brain and is, therefore, both behavioural and biological. As Actor of the Event subtype of Material processes, ADHD is portrayed with a self-causative force, something that tends to occur on its own in certain forms. In Material processes, ADHD also functions as Goal, the entity that specialists direct their actions to (Material:Action). An equivalent function to the Goal is the Phenomenon in Mental processes. In the first case, ADHD constitutes an entity human agents can interact with; as Phenomenon, ADHD is represented as something given in the world, independent of human actions, and which can be perceived or not. The guidelines establish teachers as important agents in the process of ADHD identification.

When ADHD functions as ‘entity’ in Relational processes, it can be attributed a feature (Attributive Intensive type) or identified with another entity or a circumstance (Identifying Intensive and Circumstance types respectively). Relational Attributive processes are employed to make strong asseverations about ADHD: its prevalence and medical status, and the widespread tendency to equate ADHD with a “label” or to excuse inappropriate behaviour on the grounds of the diagnosis. The rejection of this common misconception contrasts with the explicit identification of ADHD as the reason for the difficult behaviour: “ADHD is [Rel:Identifying:Circumstance - Reason] the reason for unacceptable behaviour”, where the circumstance is realised as participant (Value = “the reason”).

All the Relational Identifying processes included in Table 7.1 are of the Circumstantial type, and the circumstances are realised as process in their majority. The Relational Identifying processes encode the circumstance of cause (“lead to”, “cause”) and depict ADHD as the cause of difficult behaviour or low academic performance. For example, “It [ADHD] [Token] leads to [Identifying:Circumstantial] underachievement at school [Value]”, where the process “leads to” identifies ADHD as the cause of academic underachievement. In those cases where ADHD is represented as the effect of the causal relation, the causal relation reflects common beliefs of the social community and is denied in both cases (i.e., bad parenting or teaching and diet do not cause ADHD). Thus, human actors are exonerated from any responsibility with respect to the children’s ADHD. The importance of Identifying Circumstantial processes in scientific texts is acknowledged in

the literature (Halliday & Matthiessen, 2004:247). In the guidelines, the causative relations complement the Material processes portrayal of ADHD as harmful.

‘ADHD’ is also a feature of the diagnosed individuals and of entities related to the diagnosis, mainly from the psychologic domain. Table 7.2 distinguishes three functions: ADHD as ‘defining feature’, those cases in which ‘ADHD’ is the Attribute of a Relational process; ADHD as a Qualifier of people or things [Noun ^ ‘ADHD’]; and ADHD as a Classifier [‘ADHD’ ^ Noun] (also of people or things). The different types of relations between the Noun and ‘ADHD’ can be regarded as different degrees of attribution, being the Classifier the one that allows the highest degree in the guidelines (see Chapter 6, Section 6.1.1).

<b>ADHD as defining feature</b>	<b>Attribute (possessive)</b>	<i>if that child has ADHD or a learning disability (1), People with these genes don't all have ADHD (3), factors in the child's development may increase the chances of having ADHD (3), having ADHD increases the risk of substance abuse (3)</i>
<b>ADHD as Qualifier [Noun ^ "ADHD"]</b>	<b>Qualifier of people</b>	<i>Students with [inattentive] ADHD (1), Children with [hyperactive-type] ADHD (1, 3), a kid with ADHD (1), students – with or without ADHD (1), kids with ADHD or LD (1), the student with ADHD (1), the child and others with ADHD (2), a child with ADHD (2), a child with Attention Deficit Hyperactivity Disorder (ADHD) (3), children with the most severe ADHD (3), those with ADHD (3), young people with ADHD (3), school-age children and young people with severe ADHD (3)</i>
	<b>Qualifier of things</b>	<i>symptom of ADHD (1, 3), Specialists investigating possible cases of ADHD (3), information about ADHD (3), The exact causative mechanisms of ADHD are not known (3), the diagnosis of ADHD (3), training about ADHD (3)</i>
<b>ADHD as Classifier ["ADHD" ^ Noun]</b>	<b>Classifier of people</b>	<i>ADHD children (1), ADHD patients (3)</i>
	<b>Classifier of "things"</b>	<i>ADHD treatment (3), ADHD-related symptoms (3)</i>

**Table 7.2 ADHD as feature (educational guidelines)**

All cases in which ‘ADHD’ functions as Attribute constitute Relational Attributive processes of the Possessive subtype. Attributive Intensive processes (e.g. ‘X is ADHD’) have not been identified. The Carriers of ‘ADHD’ as Possessive Attribute tend to be children, attributable to the textual genre. Some examples noted in Table 7.2 constitute nominalizations of the Relational Possessive process (e.g. “having ADHD increases...”). The nominalization presents ‘ADHD’ as the possessed attribute and does not refer

explicitly to the Carrier, extending the possessive relation to any diagnosed individual. The relationship of ownership is occasionally established within the nominal group, without the relational process, e.g. “symptoms of the child’s ADHD” (3). In those cases, the emphasis is not on the diagnosis (the Relational Attributive process that establishes the possessive relation is omitted), but on ‘ADHD’ itself as entity, which is understood as something associated with children. The shift of emphasis is better appreciated in the equivalent extended form ‘symptoms of the ADHD of the child’, where the possessor is presented as the object of the preposition *of* and functions as a Qualifier of ‘ADHD’, not vice versa.

As a Qualifier, ‘ADHD’ describes either psychology-related entities (symptoms, causes), or diagnosed individuals. The Qualifier function is the most common portrayal of ADHD in relation to people. The individuals are young people (“child/children”, “kids”, “students”, “young people”). ‘ADHD’ is further modified according to its presentation (inattentive or hyperactive) and severity, thus portraying it as a heterogeneous and spectrum category with varying degrees of severity. ‘ADHD’ as a Qualifier of individuals is occasionally elided, retrievable from the context of the guidelines. For example, in statements like “Have the student run errands” (guideline 1) or “the child cannot help her/himself” (guideline 2), the reader can infer that the students being referred to are the ones with an ADHD diagnosis, hence equivalent to wordings like ‘the student/the child with ADHD’.

The use of ‘ADHD’ as Classifier is rare, the examples noted in Table 7.2 being the only cases identified. The examples of ‘ADHD’ as Classifier of people are nonetheless significant (especially “ADHD children”), for ‘ADHD’ is employed as a differentiating mark, allowing for group membership attribution (i.e. ‘children with an ADHD diagnosis’).

### **7.1.2 Semantics analysis: the medicalization of discourse**

The educational guidelines portray ADHD in medical terms. The adoption of the medical perspective is especially evident in guideline (3), the one that offers general information of ADHD along with practical advice for teachers. The lexicogrammatical examination of the representation of ADHD as entity shows ADHD is often identified with a “valid” and “clearly defined” “medical condition” (see Table 7.1, the



Relational:Identifying:Intensive processes), explicitly portraying it as a legitimate medical entity. The representation of ADHD as an object of the medical domain is also observed in lexical choices employed to name ADHD, in descriptions of how to manage it, and references to its behavioural traits. The medicalization is observed in the employment of the expressions “the condition”, “problems”, “treatment”, “medication / medicine”, “patient” and “to cure”. Wordings such as “problem”, “the condition” or “risk” describe what ADHD is and place it in the medical domain. Expressions such as “patient” and “cure” assume ADHD’s medical status and that it is or causes clinical problems that need addressing. Not all terms identified belong exclusively to the medical semantic field. However, the medical connotation contextually prevails (“condition”) or is acquired from the general medical framing (“problem”).

*(i) ADHD as “The condition”*

ADHD is frequently referred to as “the condition”:

7.1 The condition affects an estimated 5% of children 1,4 (3)

7.2 ... help teachers to contribute towards improved management of this common, damaging and often misunderstood condition (3)

While “condition” defines a general state or mode of being, it also describes a poor state of health or illness (OED, entry II, e). ADHD, as a condition defined by the presentation of a cluster of behavioural traits, fits the non-medicalized neurodiversity perspective. However, the wording of the guidelines prioritises the medical connotation. In (7.1), the process “to affect”, by opposition to alternative wordings such as ‘ADHD is present in an estimated...’, connotes a negative impact upon the individuals who present it and portrays ADHD as an agentive entity. In (7.2), qualifying the “condition” as “damaging” reinforces the medical value. “To damage” implies causing some injury to a person (see OED). Hence, while the qualifier “damaging” does not primarily belong to the medical domain, qualifying a “condition” as “damaging” for those who present it entails that it is of medical interest.

*(ii) ADHD and ADHD-related behaviour as “Problems”*

ADHD, its behavioural traits and comorbidities are referred to as “problems”. “Problem” is not a medical term in itself, but a generic designation of an unwelcome or harmful situation that requires overcoming (OED, entry III, a). The identification of ADHD and ADHD-related behaviour as “problems” (examples 7.3-7.5) portrays ADHD as

something that needs to be fixed. Thus, while not explicitly framing ADHD in medical terms, it entails the need of medical intervention.

7.3 To qualify as true ADHD, these problems: [...] (3)

7.4 children with ADHD often have other problems too. These might include:

Conduct disorder [...] anxiety and depression [...] (3)

7.5 Some factors [...] may increase the chances of having ADHD, but are not the whole cause of the problem. (3)

In example (7.3), “these problems” refers to the core symptoms, followed by an explanation of the circumstances that make the traits clinically significant. Alternative wordings such as “behavioural traits” or “ADHD-associated behaviour” would have avoided portraying the behaviour as something requiring resolving. Alternatively, naming the traits ‘symptoms’ would have supported the psychiatric discourse without explicitly presenting the behaviour in need of remedy. In example (7.4), “problems” refers to comorbid diagnoses (frequently given together with ADHD). Avoiding the term ‘comorbidities’ accommodates the text to a general audience, not expected to be familiar with psychological terminology. Alternative wordings such as ‘other diagnoses’ would have avoided equating ADHD to “a problem” (i.e. if ADHD is presented with “other problems”, ADHD is a problem on its own). In other occasions, the identification of ADHD with a problem is more explicit. In example (7.5), “the problem” anaphorically refers to ‘ADHD’, thus identifying the two referents.

The urge for a solution or remedy implied in portraying ADHD and ADHD-related behaviour as “problems” is stressed with descriptions of the diagnosis as a “risk”:

7.6 [...] the risk of having ADHD (3)

Presenting ADHD (Possessive Attribute) is equated to “risk”, thus portraying ADHD as a dangerous, unpleasant, and potentially threatening situation for the individuals (see OED and Oxford Dictionaries Online).

### *(iii) Stimulants as “Medicine” and “Treatment”*

Children and young people with ADHD, especially those individuals with severe presentations, are often prescribed stimulants (i.e. methylphenidate, dexamfetamine and atomoxetine). In providing a general overview of ADHD, guideline (3) addresses stimulants’ prescription. Although the guideline occasionally employs the terms “stimulant” (e.g. “stimulants do more good than harm in this aspect [substance abuse]”)

and the more general term “drugs” (e.g. “methylphenidate and dexamfetamine are controlled drugs”), the most usual references are “medicines” or “medication” (example 7.7), and (medical) treatment (examples (7.8-7.9)).

7.7 The medicines licensed in the UK for ADHD are: [...]

7.8 [...] severe ADHD, drug treatment should be offered as the first line treatment

7.9 The main medical treatments for ADHD boost the function of dopamine

In example (7.9), “medical [treatment]” signals that the treatment referred to consists of stimulants prescription, rather than behavioural treatment. The identification of ‘medical treatment’ with “drug treatment” is unambiguous, for only stimulants can boost dopamine. When the authors refer to the specific stimulants or the intake, the drugs are occasionally designated as “medicines” or “medication”. The emphasis on “treatment” is coherent with the portrayal of ADHD as a “problem” or “condition”. “Treatment” entails medical care (see OED and Oxford Dictionaries Online), tacitly enforcing ADHD medical status and the need for medical intervention, already framed in depicting ADHD and its symptoms as a “problem” or “risk”.

(iv) *Individual with ADHD as “patient” in need of “cure”*

The explicit reference to individuals as “patients”, and to ADHD as *something* to be “cured” only happens in one instance in the guidelines:

7.10 ADHD patients have [...] (3)

7.11 Treatment can greatly improve the symptoms of the child’s ADHD, but cannot cure it completely. (3)

ADHD is reinforced as a medical entity. The term “patients” identifies the individuals with ADHD by their role in the clinical setting, hence assuming the medical context and individuals’ liability for treatment. The employment of “cure” defines a total (and unattainable) improvement of ADHD and assumes the need of cure. Alternative wordings such as ‘[...] cannot suppress ADHD-related behaviour completely’ avoid portraying ADHD as an illness and the diagnosed individuals requiring cure. Despite implying that individuals with ADHD need treatment, the guideline avoids overt depictions of the children as needing improvement. Medical treatments are associated with ADHD, not with the people receiving them (see 7.9). Similarly, amelioration is attributed to the symptoms, not the individuals (see 7.11). Representing ADHD symptoms as the ones subject to improvement adheres to the representation of ADHD as agentive entity (see

Section 7.1.1, Table 7.1): ADHD is portrayed as the primary cause of conduct and as what needs addressing. Example (7.11) makes an important distinction between ADHD and its symptoms: while symptoms can improve (i.e. reduction in severity), ADHD has a perennial nature.

The educational guidelines frame ADHD in medical terms, explicitly (i.e. ADHD as a “valid” “medical condition”), and more implicitly (through the lexical choices discussed above). Children are portrayed as ‘suffering from ADHD’, and ADHD as a “condition” that needs “medical treatment”. The medical frame exonerates teachers (and parents) from blame and places the teachers in the position to offer support to the students with the diagnosis (see examples in Tables 7.12 and 7.18, in Sections 7.2.3 and 7.3.3 respectively). However, the medical status of ADHD also limits teachers’ involvement with the child, and ultimately the student should be referred to a specialist. The medical frame contrasts with the neurodiversity approach, which understands ADHD as an individual difference. From this perspective, ‘ADHD as difference’ should not be eliminated or reduced to clinical dysfunction, but taken into consideration as difference, advocating for inclusionary practices. At the educational institutional level, adopting the medical perspective guarantees providing the resources for the students in need, otherwise more likely to be disregarded.

### **7.1.3 Evaluation analysis: “ADHD” as trigger of inscribed and implied evaluations.**

#### **7.1.3.1 Inscribed evaluations**

The educational guidelines present two types of inscribed evaluations according to the evaluative target: the children with ADHD (see Table 7.3), and ADHD (see Table 7.4). Inscribed evaluations are grammatically prompted mainly by Relational Attributive and Identifying processes (Possessive and Intensive); some exceptions are identified in the tables. Inscribed evaluations may trigger invoked evaluations, noted in the tables in square brackets. The target of the invoked evaluations has been noted in square brackets when it differs from the target of the inscribed type.

### *Attitudes toward the children with ADHD*

Inscribed attitudes associated with the children are Judgements of Normality, Capacity and Propriety, and projected Affect of Insecurity and Unhappiness subtypes. Where the inscribed evaluation of the children triggers a further level of invoked evaluation, the latter tends to maintain the children as evaluative target.

<b>Attitudinal Evaluations</b>	<b>Lexicogrammatical realizations</b>	
Jud:Norm	Relational: Attributive: Intensive	<i>ADHD is diagnosed when a child exhibits abnormally high levels of [...] (3)</i>
	Relational: Attributive: Possessive	<i>Children with ADHD have a lower level of brain arousal (1)</i>
Jud:Cap	Phase	<i><u>the child cannot help her/himself</u> : her/his behaviour is not prompted by naughtiness (2)</i>
	Relational: Attributive: Possessive	<i>If the child or young person with ADHD has moderate levels of impairment (3) [- Jud:Normality 'I] Children with ADHD need practice in planning [...] (3) [- Jud:Normality 'I] How long will the child need medication for ADHD? (3)</i>
Jud:Prop	Relational: Attributive: Possessive	<i>children with ADHD have behaviour problems that [...] affect both the home and the school (3)</i>
	Adj. ^ Noun [+]	<i>(ADHD) is [...] not just a label for <u>naughty or badly brought-up children</u> (3) [+Jud:Prop 'I –parents]</i>
Affect: Unhappiness	Relational: Attributive: Possessive	<i>Children with ADHD often have low self-esteem [...] because of failures at school or in making friends (3) [-Jud:Cap 'I]</i>
	Relational: Attributive: Intensive	<i>If one or more children are prone to meltdowns after abrupt transitions [...] (1)</i>
Affect: Insecurity	Rel:Att:Intensive	<i>Children with ADHD often [...] feel insecure because of failures at school or in making friends (3) [-Jud:Cap 'I]</i>
	Mental: Perceptive	<i>[medication] best way to manage the full range of problems experienced by those with ADHD (3)</i>

**Table 7.3 Inscribed evaluations – Children (educational guidelines)**

#### *(i) Judgements of Normality*

Inscribed Judgements of Normality are triggered by Relational Attributive processes (Intensive and Possessive) and were identified when children with the diagnosis are compared (explicitly or indirectly) with the general population. Comparisons involve

adjectives in the comparative form (“lower”), and the average group is inferred from context when it is not specified. Alternatively, comparisons are implicitly established with adverbs and adjectives that assume the existence of a standard (“abnormally high”).

(ii) *Judgements of Capacity*

Judgements of Capacity tend to be triggered by Relational Attributive Possessive processes, which portray the children as presenting some impairment or lacking some skill. Explicit mentions of “lack” were not identified in relation to ADHD. Instead, the children are portrayed *in need of* medication or tailored actions from teachers. Invoked Judgements of Normality were identified where the deficiency is associated with ADHD (i.e. “children with ADHD” ^ process), or where the presence of “impairment” is explicitly stated. Since “impairment” entails the existence of some deficiency or disability with respect to ‘normal’ functioning, observations of impairment assume a comparison with the general population.

The expression “cannot help her/himself” is the only case in which an inscribed Judgement of Capacity is triggered by the modal verb “can”. The negative evaluation of the actions inferred from the statement following it (Judgement of Propriety) is overridden by the explicit reference to the lack of capacity to control the behaviour. Since the expression appears at the beginning of guidelines (2), the inscribed negative Judgement of Capacity stands as the underlying cause of all the subsequent negative evaluations of behaviour in terms of propriety (i.e. negative Judgement of Capacity as a ‘downgrader’ of the negative Judgements of Propriety). The expression “cannot help her/himself” contrasts with alternative expressions of inability such as ‘X cannot do...’ or ‘X cannot understand...’. While the alternative wordings would have been identified as Material or Mental process respectively, with “can” as expression of modality (ability modulation type), “cannot help oneself” was annotated as phase because it refers to the processes mentioned throughout the guideline but no process in particular (i.e., “cannot help her/himself” acting in the way described). In denoting the state of *not being able to avoid* a behaviour, the expression of inability is intensified: not only are the individuals unable to behave as expected, they are also unable to improve on their own without third parties’ intervention (teachers) because they cannot cease their behaviours regardless of their will. The intensification of the negative Judgement of Capacity accentuates the attenuation of the negative Judgements of Propriety.

(iii) *Judgements of Propriety*

Explicit negative Judgements of Propriety of the children are rare. While in the example of Table 7.3 the “behavioural problems” are explicitly mentioned, the negative evaluation of the disruptive behaviour is mitigated by the difficulty entailed in presenting a problem. Explicit mentions to the settings affected by inappropriate behaviour (i.e. “home” and “school”) pragmatically intensify the negative Judgement of Propriety and portray the severity ascribed to ADHD.

Another grammatical trigger of inscribed evaluations is the “Adjective ^ Noun” structure. In the example identified in Table 7.3, “not just” can provoke two different interpretations. Following a first interpretation, the expression would signal the effective correspondence between the children and the adjectives ascribed to them (“naughty” and “badly brought-up”), specifying that “ADHD” is not circumscribed to them. A second interpretation would identify “not just” as a pragmatic intensification of the inadequacy to equate ADHD to naughtiness or bad parenting. Following the later interpretation, “...not just a label for...” would echo the common misconception that regards ADHD as a label for naughty children. Since naughtiness is explicitly negated as causing ADHD-related behaviour (see Table 7.3), and ADHD is explicitly portrayed as a “valid clinical condition” (see Table 7.1), the second meaning is considered the one intended in the text (i.e. ‘ADHD is not just a label for..., as it is commonly misunderstood, but a valid clinical condition’). While the first interpretation would inscribe a negative evaluation of the children (Judgement Propriety) and trigger a negative invoked evaluation of the parents (Judgement Propriety), the emphatic negation of ADHD as “a label...” has the opposite effect. The wording was identified as an inscribed positive evaluation of the children, and an invoked positive evaluation of the parents (both Judgements of Propriety).

(iv) *Projected Affect: Unhappiness and Insecurity*

Inscribed Unhappiness and Insecurity subtypes of Affect were also identified. Affect is *projected* in all cases to the children (appraised) by the authors of the guidelines (appraisers) (Martin & White, 2005:72). Occasionally, the negative inscribed Affect comes with an invoked negative Judgement of the academic or social skills of the children (Judgement Capacity), the ultimate cause of the negative feelings. In accordance with the usual function of Relational Attributive processes (i.e. ascription of states of being), projections of Affect are mainly grammatically realized by processes of the Relational

type. The only exception is the Mental:Perceptive process “[to] experience” identified in Table 7.3, which semantically entails a direct ascription of feeling.

### *Attitudes toward ADHD*

Inscribed evaluations of ADHD are attitudes of the Appreciation Reaction (Quality and Impact), and Valuation subtypes (see Table 7.4). As noted in Table 7.4, invoked evaluations triggered by inscribed evaluations of ADHD tend to change the evaluation target, from ADHD to the individuals (children) with the diagnosis.

<b>Attitudinal Evaluations</b>	<b>Lexicogrammatical realizations</b>	
Appreciation: Reaction: Quality	Relational: Attributive: Intensive	<i>these challenges can make classroom management a perilous juggling act (1)</i> <i>it [ADHD] often represents a barrier to school success (3) [-Jud:Cap 'I –children]</i>
Appreciation: Reaction: Impact	Relational: Identifying: Circumstantial	<i>ADHD causes <u>significant disruption</u> to children’s lives [...] both at home and at school (3)</i> <b>[- Jud:Norm 'I –children]</b>
	Adj. ^ Noun	<i>this common, <u>damaging</u> [...] condition (3)</i> <b>[- Jud:Norm 'I –children]</b>
Appreciation: Valuation	Relational: Attributive: Intensive	<i>ADHD is a <u>valid</u> clinical condition, with <u>clear diagnostic criteria</u>, an <u>increasingly well-understood biological basis</u> [...] (3) [+ Jud 'I –medical community]</i>
	Adj. ^ Noun	<i>To qualify as true ADHD [...] (3)</i>

**Table 7.4 Inscribed evaluations – ADHD (educational guidelines)**

#### (i) *Appreciation Reaction*

Appreciations of the Reaction type are evaluations of what ADHD (or its symptoms) is (Reaction:Quality), or about how ADHD is in terms of severity (Reaction:Impact). All instances of Appreciation Reaction share a negative polarity. The evaluations of the Appreciation Reaction Quality subtype are triggered by Relational processes. ADHD is identified as the cause of disruption (Identifying:Circumstantial), or depicted as what makes the class difficult to manage for the teacher (Attributive:Intensive, where “these challenges”, or the ADHD symptoms, function as Attributor). In these examples, ADHD or its symptoms are evaluated in terms of what is identified with the disorder, i.e. danger of class disruption for the teachers, and danger of academic failure for the children. Appreciation Reaction Impact evaluations portray ADHD as particularly severe (see underlined parts), and are triggered by Material processes and the semantics of the



adjectives. The negative evaluations are intensified by signalling the different social settings disrupted by ADHD and the commonness of the diagnosis. Appreciation Reaction allows for invoked negative evaluations about the children with ADHD (Judgements of Capacity and Normality). The children are either specifically referred to or are retrieved from context as those to whom the description of ADHD (“barriers to school success”) applies.

(ii) *Appreciation Valuation*

Appreciations of the Valuation type express positive evaluations regarding the validity of ADHD as medical condition. The evaluation is occasionally intensified by expanding what clinical validity entails (see underlined parts). The participle “well-understood” allows for the inference of a positive Judgement of the medical community. Appreciation Valuation evaluations are not abundant in the data, the legitimacy of ADHD is presupposed in guidelines that aim at assisting teachers in taking care of children with the diagnosis. ADHD medical legitimacy is implicitly reaffirmed along the guidelines through negations of common misconceptions of the diagnosis –see, for example, the preceding discussion on the expression “(ADHD) is [...] not just a label [...]”, which counters the association of ADHD with mere naughtiness and bad parenting. The occasional explicit attribution of medical value downgrades the negative polarity of the Judgements of the children’s problematic behaviour.

### **7.1.3.2 Invoked evaluations**

Invoked evaluations of students with ADHD are Judgement and Affect attitude types. The invoked evaluations are distinguished according to the triggers of the attitudinal meanings. Four levels of evaluative inference have been identified: (i) from actions of the students, also triggered by expressions of counter-expectation (Table 7.5); (ii) from outcomes of ADHD or the prescribed stimulants (Table 7.6); (iii) from the actions of the teachers (Table 7.7); and (iv) from descriptions of general school situations that might arise because of ADHD (Table 7.7). In accordance with the textual genre, the first and third types of inference are the most common, i.e. portrayals of how students with ADHD might behave, and descriptions of how teachers should palliate the potential classroom complications.

(i) *Evaluations inferred from behaviours of the students*

Evaluations inferred from actions or behaviours of the students can be supported or emphasized by the Goals of the processes (actions) or the circumstances in which the actions occur. Evaluative inferences are also triggered by expressions of counter-expectation towards the actions of the students, although counter-expectations are rare in the guidelines. Table 7.5 distinguishes between Judgement (Capacity and Propriety) and Affect (Unhappiness and Insecurity) attitude types. Evaluations regarding difficulties the students might present (Judgements of Capacity) are the most frequent.

<b>Inference</b>	<b>Attitudinal Evaluations</b>
	<p><i>Students with ADHD <u>don't mean to</u> blurt out answers, pester their neighbors, or play too rough. (1)</i></p> <p>Jud:Prop'l <b>[Jud:Cap'I]</b></p> <p><i>always getting in trouble certainly doesn't help [to have self-esteem] (1)</i></p>
1.1 Process ^ [Goal] ^ [Circumstance]	<p><i>Students with ADHD <u>struggle to modify</u> their behavior with future consequences in mind (1) They <u>need</u> predictability, structure, short work periods, more individual instruction [...] (2) this [action teacher] <u>will help</u> a child with ADHD <u>to learn</u> to slow down before talking (2) <u>With your help</u>, children with ADHD <u>can learn</u> to control their behaviour better (3) Children with ADHD <u>have difficulty with planning</u> activities [...] (3)</i></p> <p>Jud:Cap'l</p> <hr/> <p>Jud:Norm 'l [...] <u>kids who learn differently</u> (1) [- Jud:Cap 'I]</p> <p>Affect: Insecurity'l <i>Students with ADHD need <u>extra encouragement</u> [...] (1)</i></p> <p><b>[- Jud:Norm 'I]</b> <i>Children with ADHD may find these [changes] <u>particularly unsettling</u>. (3)</i></p> <hr/> <p>Affect: Unhappiness'l <i>Children with ADHD often struggle <u>with self-esteem</u> (1)</i></p>
1.2 Process ^ Counter - expectation	<p>Jud:Cap'l <i><u>When you see</u> a student with ADHD doing something correctly, let him know [...] (1)</i></p>

**Table 7.5 Invoked evaluations of the child (educational guidelines) (i)**

Negative Judgements of Capacity are the most recurrent evaluation inferred from the students' behaviour. The inference is triggered by the semantics of the processes, which explicitly portray the students as presenting particular requirements ("predictability", "structure") or difficulties ("struggle"). Alternatively, the Judgement of Capacity is inferred from the overt portrayal of the students in need of help to learn socially expected

behaviour<sup>22</sup>. Since the students are regularly referred to by alluding to ADHD (“children with ADHD”), the negative Judgements of Capacity are linked to the diagnosis. In presenting the lack of capacity as characteristic of a particular group of people, the ‘ADHD group’ is evaluated as not adhering to the standards (Judgement of Normality). The only Judgement of Capacity with positive valence identified in Table 7.5 is mitigated by an expression of counter-expectation (underlined), framing the portrayal of students with ADHD working accurately as unusual.

Judgements of Normality are the primary invoked evaluation when the difference from the average is explicitly mentioned. In the example offered in Table 7.5, the comparison to the average is assumed to be ultimately caused by the cognitive difficulties of the child, thus allowing to infer an underlying negative Judgement of Capacity. Negative evaluations of habitual ADHD-related behaviours (Judgements of Propriety) are inferred from the semantics of the processes (“blurt out”, “pester”) and emphasised by adverbial depictions of their regularity (“always”). As with the Judgements of Normality, the negative Judgements of Propriety are occasionally grounded upon evaluations of the children’s lack of capacity to perform better (“don’t mean to”).

Invoked projected Affect (Unhappiness and Insecurity) associated with ADHD is less frequent than Judgements but was also identified. Inferences of Affect are semantically triggered (see the attributes and circumstances underlined in Table 7.5). Affect attitude types implicitly portray ADHD as the cause of students’ uneasiness.

(ii) *Evaluations inferred from outcomes of ADHD and ADHD drug treatment*

Invoked evaluations of the children are also inferred from the effects that ADHD and the stimulants have in their everyday life. The outcomes of stimulants trigger projected Affect attitude types of both positive and negative valences (Affect:Happiness and Affect:Insecurity respectively).

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<sup>22</sup> Although “need” functions as a Relational Attributive Possessive process, the evaluations triggered by “need” (Judgement and Affect types) have been identified as inferred instead of inscribed, as commonly done with the Relational processes. While expressions such as ‘X doesn’t have P’ or ‘X lacks P’ explicitly negate the possession of the attribute, “need” does not offer an overt negation (or an explicit portrayal of the absence). Instead, the (negative) evaluation is obtained through an inferential process –if ‘X needs P’, then X is deprived of P and does not have the skills or positive feelings entailed in P.

Inference	Attitudinal Evaluations
2.1 Outcome - ADHD	Jud:Cap'l <i>ADHD compromises the area of the brain responsible for “self-regulation.” (1) ADHD also impacts the parts of the brain that control sustained focus (1) It leads to underachievement at school [...] (3) [-Jud:Norm 'I] There is also a link between ADHD in children and [...] academic underachievement [...] (3) [-Jud:Norm 'I]</i>
	Jud:Prop'l <i>[ADHD] can result in anti-social behaviour, delinquency and drug abuse in later life. (3) There is also a link between ADHD in children and delinquency [...] (3) ADHD is the reason for unacceptable behaviour [...] (3) having ADHD increases the risk of substance abuse [...] (3) [-Jud:Norm 'I]</i>
2.2 Outcome - drugs	Affect: Happiness'l <i>For the child, long-acting medications may avoid embarrassment [...] (3)</i>
	Affect: <i>Side effects that may occur with medication for ADHD</i>
	Insecurity'l <i>include disturbed sleep, less appetite [...] (3)</i>

**Table 7.6 Invoked evaluations of the child (educational guidelines) (ii)**

While negative Judgements of Capacity are the most preponderant attitude inferred from children’s behaviours, ADHD-related outcomes trigger evaluations of the children’s lack of capacity (Judgements:Capacity) and behaviour inappropriateness (Judgements:Propriety) in more balanced numbers. Invoked Judgements of the children are inferred from the Goal of actions associated with ADHD (“the area of the brain...”), the entities identified with ADHD (“delinquency”), and the semantics of the processes attributed to ADHD (“impacts”). A further inference of negative Judgements of Normality has been identified where the description of the outcome involves a comparison to the general population. The semantics of “underachievement” entails a failure to meet the standard expectations, and the expression of a higher probability of presenting specific behaviours (“increases the risk...”) involves a tacit comparison with the general population. The invoked Judgements of Capacity and Propriety are intensified throughout the guidelines (especially in guideline 3) through repetition –see Table 7.6 for examples that reiterate the low academic performance and delinquency as potential outcomes. Depicting the outcomes in list format also intensifies the inferred negative evaluation.

(iii) *Evaluations from actions of the teachers and portrayals of general situations*

Evaluative inferences from the actions of the teachers are abundant in guidelines (1) and (2), which are more advice-oriented. Descriptions of recommended actions trigger negative Judgements of Capacity, Propriety and Normality of the children, the latter a minority. Projected Affect of the Unhappiness subtype was also identified.

Inference	Attitudinal Evaluations	
3. Teacher - actions	Jud:Norm'I	<i>A teacher may be the first person to express concern about a child's behaviour [...] (3) [-Jud:Cap/Prop'I] Surround them with well-behaved classmates (1) discipline a child immediately after a rule is broken (1) [...] will help children improve their behaviour (3) [-Jud:Cap 'I] Training in social skills to help children [...] avoid aggressive behaviour . (3)</i>
	Jud:Prop'I	<i>Define each rule as clearly as possible (1) Setting up a general daily pattern [...] will help all students stay on task (1) [...] make sure they understand homework assignment [...] (1) Help these students by pairing them with more mature classmates who can remind them [...] (1) [- Jud:Norm 'I] Help create a structured environment so that these children have less problems [...] (2) Teachers [...] should provide behavioural interventions in the classroom to help children and young people with ADHD. (3)</i>
	Jud:Cap'I	<i>Counselling to improve self-esteem . (3)</i>
	Affect: Unhappiness'I	<i>Counselling to improve self-esteem . (3)</i>
4. Descriptions of situations	Jud:Cap'I	<i>Discipline, when it's necessary, should be immediate, short, and swift. (1) Teasing and bullying by other pupils may be a problem, inside and outside the classroom. (3)</i>

**Table 7.7 Invoked evaluations of the child (educational guidelines) (iii)**

The examples offered in Table 7.7 present the following linguistic triggers of the evaluative inference: (i) the semantics of the process (“Help these students by [...]”, “discipline a child [...]”); (ii) the product of the teachers’ actions (Goal) (“[...] provide behavioural interventions”, “[...] improve self-esteem”); (iii) modifiers (“Surround them with well-behaved classmates”). The students with ADHD are inferred as the ultimate cause for the teachers’ action in all cases (e.g. if a teacher needs to “help” the students, it is because the latter present some difficulty). Alternatively, the children are inferred as lacking the competence or quality specified in the description (e.g. if the teacher is advised to seat the students with ADHD with well-behaved classmates, the inference is

that students with ADHD are prone to misbehaving). A second level of evaluative inference has been distinguished when necessary in the square brackets. Different linguistic triggers may combine, leading to multiple levels of evaluative inference. Consider, the following example: “Help [action teacher, triggers Judgement of Capacity] these students by pairing them with more mature [(positive) modifier in comparative form, triggers invoked Judgement of Normality] classmates who can remind them [supports Judgement of Capacity, students with ADHD do not remember on their own] [...]”.

The last type of evaluative inference is triggered by depictions of situations or actions that may happen due to ADHD. The students with ADHD are not mentioned, but they are retrieved as the actors that have triggered the situations described. Thus, in “Discipline, when it’s necessary [...]”, the teacher is portrayed as the one “disciplining”, and children with ADHD are recovered as the disciplined subjects, the ones that triggered the teacher’s actions.

The analysis of the inscribed and invoked evaluations shows that the guidelines mainly portray ADHD as an impairing condition. The Judgements of Capacity are the most prevalent ones, especially triggered via depictions of the actions of the children, and stand as the underlying cause of inappropriate behaviours. In portraying ADHD as a medical condition, the negative evaluative valence not only reflects a lack of adherence to social expectations, but it also connotes the pathologic character.

## **7.2 Inattention**

### **7.2.1 Transitivity analysis**

The educational guidelines do not include many references to the symptoms on their own, or descriptions of ‘inattention’, ‘hyperactivity’ and ‘impulsivity’. The symptoms are portrayed through depictions of behaviours usually presented at school, without specifying which symptom the traits are related to. The only definition of inattention appears in guideline (3):

7.12 Inattention ([has] [Rel:Attributive:Possessive] short attention span, [is] easily distracted [Mental:Affective], doesn’t finish things, [is] [Rel:Attributive: Intensive] disorganised, [is] [Rel:Attributive:Intensive] forgetful etc) (3)

The description contrasts with the overall style of the guideline in that behavioural traits are listed eliding both the grammatical subject and verbs, mirroring the medical genre. The elided processes and the corresponding annotation have been added in square brackets. Example (7.12) portrays inattention as a cluster of states of being and mental states resulting from the impact of external or internal phenomena. The description is supported by the process types presented in Table 7.8; all the processes types identified represent inattention as pertaining to the cognitive level.

### Process

#### Types

	<i>students with ADHD [...] <u>daydream</u>, <u>stare out the window</u> [...] (1)</i>
Behavioural:	<i>Children with ADHD have difficulty <u>sustaining</u> attention and <u>ordering</u> tasks</i>
Cognition	<i>in their brain [...] (1); Students with inattentive ADHD may <u>get lost</u> in their fast-moving thoughts [...] (1)</i>
Mental:	<i>students with ADHD [...] <u>lose focus</u> when stimuli compete for attention. (1)</i>
Cognition	<i>[...] ensure they don't drift too far from the lesson. (1)</i>
Mental:	<i>They tune into hallway noise, birds outside, or their own inner thoughts. (1)</i>
Perception	<i>[...] they miss lessons, instructions, and directions. (1) Often they'll hear the first step but miss the rest, or complete directions out of order. (1)</i>
Mental:	<i>Students with inattentive ADHD may [...] <u>get lead mentally astray</u> by a passing bird [...] (1); Children with ADHD [...] are therefore easily distracted whenever an activity is not sufficiently stimulating. (1)</i>
Affective	
Relational:	<i>They need predictability, structure [...] (2) these children need reminders [...]</i>
Attributive:	<i>(2) Some children only have problems with inattention [...] (3)</i>
Possessive	
Relational:	<i>Children with ADHD may be distracted without the teacher ever realizing it</i>
Attributive:	<i>(1); If you notice that a student with ADHD becomes unfocused [...] (1)</i>
Intensive	

**Table 7.8 Inattention representation in the lexicogrammar (educational guidelines)**

All Behavioural Cognitive processes connote lack of self-control, portraying different mental activities as resulting from the inability to control the focus of attention. Thus, inattention is depicted as a prolonged mental activity inadequate for the activity at hand (daydreaming), or as a failure to carry out an extended mental activity (difficulty sustaining focus). Mental processes are of the Cognitive, Perception and Affective subtypes, the latter representing situations in which the children (Sensor) are affected by the Phenomenon, either external or internal, and inattention is portrayed as the inability to disregard irrelevant stimuli. Mental Perception processes depict inattention either as “sensing overload”, i.e. the inability to disregard the surroundings (“tuning into” [irrelevant stimuli]), or as failing to notice the ongoing activity (“miss”).

The Relational Attributive processes are of the Intensive and Possessive subtypes. The Possessive subtype mainly expresses the absence of some cognitive faculty or ability (lack of memory, hence the ‘need of reminders’, lack of planning ability, hence the ‘need of predictability’). The Intensive subtype portrays inattention as a state of being, i.e. being absent (referred to as being “distracted”) or “unfocused”. The example “children with ADHD are ... easily distracted...” was annotated as a Mental:Affective, for it was read as a quasi-passive, with the adverb “easily” stressing that ‘being distracted’ is the result of the effect of some phenomenon. By contrast, the example “may be distracted without the teacher ever realising it” was annotated as a Relational:Attributive:Intensive process because it is understood as depicting a state of being opposite to ‘being attentive’. While Mental processes would have depicted the cognitive skills as actions that may or not occur (‘to remember’), Relational processes present the actions as perennial states (mainly the Attributive Possessive type), e.g. ‘to be deprived of predictive capacity’, or as transitory states (mainly Attributive Intensive type), e.g. ‘becoming unfocused’.

### **7.2.2 Semantics analysis: (in)attention as a spatial relation**

Inattention is understood both as stative and as unfolding through contextually inappropriate mental activity. Stative representations portray inattention as a perennial difficulty (e.g. “[...] have difficulty sustaining attention [...]” (1), “Some children only have problems with inattention [...]” (3)). The non-finite (imperfective) Relational Possessive process ‘have’ marks the continuity of the state. As an activity, inattention is associated with the dissociation of the individual from the ongoing events (e.g. “daydreaming”).

This section shows that (in)attention is conceptualized in spatial terms, and that vision is understood as the means to achieve the attentive state. The spatial conceptualization of inattention was identified in the psychiatric and lay discourses (see Chapter 5, Section 5.2.2, and Chapter 6, Section 6.2.2). The educational guidelines demonstrate that there is a correspondence between the conceptualization of the trait and the actions advised to the teachers to deal with inattentive behaviour. In other words, while we conceptualise phenomena according to our everyday experience, our interaction with phenomena is conditioned by how we understand them.

The depictions of inattentive behaviour and the actions suggested to the teachers evidence that attention is conceptualised as a spatial relation of the individual to their



surroundings (the different phenomena and event taking place). Attention and the mental processes associated with it are conceptualized in terms of disposition and movement in the physical space, i.e. the cognitive faculty is conceptualized according to the spatial domain.

Examples (7.13-7.15) provide directions to deal with inattentive behaviour:

7.13 Students with focus problems should sit near the source of instruction

7.14 Seat children with ADHD away from distractions [...] (1)

7.15 sit near you; near the blackboard; at the front of the room; away from windows; away from bright, colourful displays (2)

The directions are based upon the assumption that paying attention is *being close* to the object of attention. ATTENTION IS PROXIMITY: the closer an individual is to the object considered, the more attention s/he pays to it. Understanding attentiveness in terms of spatial distance (closeness) is coherent with the instructions of examples (7.13-7.15): the teacher should place students close to the object of attention, and as far as possible from any potential distractor. While the distractors alluded or referred to in the examples are tangible objects (e.g. displays, whatever the student can see through the window), the *intended* objects of attention are not. Although the teachers are invited to place the student near them (7.13, 7.15) or near the blackboard (7.15), the purpose of the location is not to make the student pay attention to the teachers' persona (e.g. what the teacher is wearing) or the blackboard as such. The closeness of the student to the agent or source of activity (teacher), or to the main object involved in the activity (blackboard), is understood as the student being more engaged in the ongoing activity. The main agent (source) of the activity and the equipment involved stand for the activity itself. The underlying conceptual metaphors ATTENTION IS PROXIMITY and INATTENTION IS DISTANCE are coherent with the metaphor ATTENTION IS BEING HERE identified in Chapters 5 and 6 regarding the disposition of the individual. Attention, as cognitive state involving concentration and involvement with the surroundings, is understood and treated as a physical spatial relation with those surroundings.

Following the spatial conceptualization of (in)attention, the change of cognitive state (from attentive to inattentive) is represented as movement. The ongoing activity (lesson), with the teacher as main agent, is placed as the deictic centre in all cases. Consider the examples (7.16-7.19):

7.16 Once their focus is lost, you'll spend energy reeling them back in, (1)

7.17 Students with inattentive ADHD may get lost in their fast-moving thoughts or get lead mentally astray by [...]

7.18 make sure they don't drift too far from the lesson.

7.19 gently redirect the attention of students who begin to drift away.

Inattention is portrayed with processes that connote aimless movement, out of the students' control ("drift", "get lost"), and the movement is in the opposite direction from the deictic centre ("far from", "away from"). Students are represented as involuntarily *moving apart* from the ongoing activity, and inattention is understood as a state of disorientation or *being away* (INATTENTION IS NOT BEING HERE). Conversely, recovering attention is portrayed as an induced movement toward the deictic centre ("reeling them back in", "redirect"), and the teacher stands as the agent or inducer of the movement.

The instructions in the guidelines show that visual contact is commonly understood as the means to achieve attention arousal:

7.20 When giving specific directions to a student with ADHD, always establish eye contact. (1)

7.21 use deliberate eye contact when speaking to her/him (almost 'staring') (2)

7.22 Use a laser pointer every once in a while to direct his gaze

There is no linguistic evidence of a conceptualization of the state of attention in terms of vision. However, directing the sight to the source of information (the teacher, examples 7.20-7.21), or to the blackboard (example 7.22), is assumed as the vehicle to get the attentive state, and the vehicle or means is employed to refer to the end. Examples (7.20-7.22) echo inattention as the causal circumstance (e.g. "... establish eye contact [so the student pays / for the student to pay attention to the directions]").

Conceptualising (in)attentive cognitive states as spatial locations, and the change of cognitive state in terms of physical movement coheres with the 'Event Structure Metaphor' accounted in the CMT literature –i.e. events and changes of states of being are commonly conceptualized in terms of movement and space (Kövecses, 2004:52). Conceptualising the acquisition of attention as *induced* movement coheres with the portrayal of children with ADHD as unable to improve or change their behaviour without external agency.

## 7.2.3 Analysis of evaluation: Inattention as being in the need of help

### 7.2.3.1 Inscribed evaluations

Inscribed evaluations of children with inattention are uncommon, owing to the few explicit references to the symptom in the guidelines. All the inscribed evaluations are negative Judgements of Capacity attitude type, thus portraying inattention as a regular difficulty or impediment for academic activities. Table 7.9 summarizes the lexicogrammatical realizations identified.

<b>Attitudinal Evaluations</b>	<b>Lexicogrammatical realizations</b>	
	Rel:Att:Intensive	<i>Children with ADHD may be distracted without the teacher ever realizing it. (1)</i>
	Mental:Affective	<i>Children with ADHD [...] are therefore easily distracted [...] (1)</i>
Jud:Cap	Hypotactic expansion: enhancing	<i>Children with ADHD require [Rel:Att:Poss; Jud:Cap'I] extra supervision <u>because of their delayed maturity, forgetfulness, distractibility, and disorganization</u> (1) [-Jud:Norm'I]</i>
	Noun ^ Qualifier	<i>Students with focus problems should [...] (1)</i>

**Table 7.9 Inscribed evaluations – inattention (educational guidelines)**

Relational processes are typical triggers of inscribed attitudes and constitute common depictions of inattention in terms of ‘lack’ or as a cognitive state of the individual (see Section 7.2.1, Table 7.8). However, explicit portrayals of inattention through Relational processes (i.e. structures such as ‘P is Q’ or ‘P has Q’) are scarce. Expressions such as “They *need* predictability, structure [...]” or “Children with ADHD *require* extra supervision [...]” have been identified as triggers of invoked evaluations. In these cases, the Judgement of Capacity does not follow from the process of possessive attribution but from the inference that the students do not perform as expected unless specified measures are considered. The explicit Judgements of Capacity triggered by Relational processes (Attributive Intensive type) refer to the trait of distractibility. As observed in Table 7.8 (Section 7.2.1) (also in 7.9), explicit depictions of being distracted are also construed as affective mental processes in quasi-passive constructions. The cognitive difficulty is portrayed as propensity to abstraction and as temporary (e.g. “are...easily distracted”), and the evaluation of inability is emphasized or mitigated with adverbs (“easily”) and modals (“may”).

Attitudinal inscriptions may be conveyed by other resources distinct from Relational processes (see Table 7.9). Inscribed Judgements have been identified within the nominal group, generated through Qualifiers (i.e. “[...] with focus problems”), and within hypotactic enhancing expansions, generated through possessive relations (see the subordinate clause that functions as a causal circumstance underlined in Table 7.9). In the subordinate clause, the relation between the children and the traits is portrayed as a relation of ownership through the possessive determiner “their”; in the Qualifier, it constitutes the ascription of a feature. In both cases, inattentive traits are depicted as perennial and the evaluation is inscribed through the semantics of the qualities associated with the children. Judgements of Normality have been identified as inferred evaluations in those cases where children with ADHD are compared with the general population and are ascribed some difference on the basis of the diagnosis –e.g. “Children with ADHD require extra supervision [...]”; the hypotactic expansion identifies inattention as the reason for the difference and emphasizes the evaluation by listing the different possible manifestations of the symptom (see Table 7.9).

### 7.2.3.2 Invoked evaluations

Evaluations associated with inattention are commonly invoked by negative attitudes of the Judgement Capacity type; some Judgements of Normality and Affect attitude types were also observed. The attitudinal inferences are distinguished according to three levels: (i) actions or inattentive behaviour attributed to the children, (ii) depictions of the symptom or outcomes associated with it, and (iii) actions recommended to the teachers to tackle inattention-related academic problems; the third inference is the most recurrent one.

#### (i) *Evaluations inferred from students' behaviour*

Inattentive behaviour is mainly evaluated in terms of lack of skills (negative Judgements of Capacity); see Table 7.10.

Inference	Attitudinal Evaluations
1 Process ^ [Goal] ^ [Circumstance]	<i>students with ADHD [...] who daydream, stare out the window [...] (1) they miss lessons, instructions [...] (1) Students with inattentive ADHD may get lost in their fast-moving thoughts [...] (1) Children with ADHD have difficulty sustaining attention [...] (1) these children need reminders they can access themselves (2)</i>  <i>[...] to ensure they [students with ADHD] don't drift too far from the lesson (1)* Help create a structured environment so that these children have less problems with [...] and maintaining attention (2)*</i>  <hr style="width: 20%; margin-left: auto; margin-right: 0;"/> Jud:Norm 'l [...] to help kids who learn differently [...] (1)

**Table 7.10 Invoked evaluations – inattention (educational guidelines) (i)**

The evaluations can be inferred from the semantics of the students' actions ("daydream"), inappropriate for the ongoing activity in all cases; from the Goal or Phenomenon ("lessons, instructions"), regarded as something students should understand or pay attention to; or from the circumstances in which the actions are given ("differently"). Occasionally, the negative valence is not derived from the semantics, but it is totally inferred from the context. The Judgement of Normality identified in Table 7.10 is triggered by the manner adverb "differently". However, the negative valence is not derived from the "different learning" on its own, applicable to students with academic skills above or below average, but from the contextual identification of the children with a "different learning" with those with ADHD (due to the ultimate purpose of the guidelines), and ADHD would stand for the cognitive difficulties that the affected children may derive from it.

Portrayals of the students' behaviour are frequently provided to support actions suggested to the teachers to manage the difficulties they may encounter in the classroom, e.g. "ensure they don't drift too far from the lesson" (see Table 7.10, examples marked with an asterisk). The negative Judgements of Capacity are inferred from the depictions of the children in subordinate clauses, and the evaluations are further intensified by the advice. Placing the advice and students' descriptions together reinforces the inference that academic difficulties are out of the students' control by stressing the teachers' role. Cases including descriptions of the children's behaviour were distinguished from the evaluations inferred from the exclusive portrayal of the teachers' actions (see Table 7.12).

(ii) *Evaluation inference from outcomes of the symptom*

Since the guidelines do not include explicit descriptions of inattention, evaluations of the students inferred from the symptom or descriptions of its potential outcomes are scarce. The invoked Judgement of Normality and Affect identified in Table 7.11 portray the characteristics that make behaviour pathological; the depictions also apply to hyperactivity-impulsivity.

<b>Inference</b>	<b>Attitudinal Evaluations</b>
	Jud:Norm'I <i>Must be abnormal [inattention] for the age and stage of development of the child [...] (3)</i>
	Jud:Cap'I <i>Once their focus is lost [...] (1)</i>
2 Outcome - Symp	Affect: <i>Must be <u>genuinely</u> disruptive to the child's everyday performance and wellbeing – mere naughtiness at home or not doing well at school is <u>not enough</u> [-Jud:Norm 'I] (3)</i> Insecurity'I <i>the symptoms of inattention [...] are <u>seriously</u> disrupting the lives of children at home, at school and in the community. [-Jud:Norm 'I] (3)</i>

**Table 7.11 Invoked evaluations – inattention (educational guidelines) (ii)**

Portrayals of outcomes of inattention trigger inferences of negative Judgements of Capacity of those who show the symptom. In the example “Once their focus is lost...” behaviour is referred to instead of the students, in that it the children are omitted as actors (to be compared with the alternative formulation ‘once the students [with ADHD] have lost their focus...’). Omitting the children as actors has evaluative and representational effects. From an evaluative perspective, it allows for a deeper level of evaluative inference than the alternative wording with the students in grammatical subject position. Referring to the students in grammatical subject position would trigger a first level evaluative inference (from the actions to the actor). Instead, deleting the actor evaluates individuals through the traits associated with them. From a representational perspective, removing the students as actors presents the “loss of focus” as out of the students’ control (i.e. focus as something that is lost or preserved on its own), which indirectly removes blame from the students for the lack of focus. However, the negative evaluation of the students’ skills (Judgement of Capacity) is intensified by the representational implicatures concerning lack of agency.

The general evaluation of the symptoms (Table 7.11) is conveyed through negative Judgements of Normality and projected Affect of the Insecurity subtype. Inferred Judgements of Normality were identified where there is an implicit comparison with the general population. The qualifier “abnormal” assumes there might be some standard levels of inattention (or hyperactivity-impulsivity), which vary along the children’s development. Affect Insecurity evaluations trace a distinction between the effects of the pathologic behaviours, described in the guideline, and the non-pathologic counterparts, identifiable in the general population. Linguistic triggers of the contrast are the specifications of “genuine” or “serious” “disruption”, where “genuine” and “serious” function as evaluative intensifiers, and the expression “not enough”, which contrasts the outcomes of the pathologic behaviour with regular outcomes of misconduct or academic difficulties. The explicit reference to the “everyday” presentation of the disruption also intensifies the evaluation (projected Affect:Insecurity) in terms of regularity. Overall, the evaluations presented in Table 7.11 portray ADHD symptoms as differentiation markers (Judgements of Normality), and as highly damaging for the individual (projected Affect Insecurity).

(iii) *Evaluation inference from actions recommended to the teachers*

Evaluations of the students with inattention inferred from recommendations are common, particularly in guidelines (1) and (2), the ones more advice-oriented. All the evaluative inferences are negative Judgements of Capacity of the students and mainly address the trait of distractibility or short attention span (vis-à-vis disorganization or general disorientation).

<b>Inference</b>	<b>Attitudinal Evaluations</b>
3 Teacher - actions	Jud:Cap'l [...] allow brief periods of movement to <u>help</u> kids stay focused [...] (1) Always seat this student in a low-distraction work area [...] (1) repeat directions: write them, say them out loud more than once. (2) <u>help</u> kids stay focused and interested. (2) prepare visual reminders (1) consider sensory/distractibility overload (2) Check out sensory stimuli – too much or too little? (2) Develop techniques for getting a child to listen [...] (3) Ideally put them [...] away from doors, windows and other potential distractions (3)

**Table 7.12 Invoked evaluations – inattention (educational guidelines) (iii)**

Although inattention is not explicitly mentioned, the symptom is inferred from the actions advised, mainly pursuing mental actions (“stay focused”, “listen”, “stay interested”), or addressing attention-related phenomena (“sensory/distractibility overload”, “distractions”). The negative Judgements of Capacity are intensified by explicitly exhorting the teachers to “help” the students and presenting the redressing activities as a lasting necessity (either implicitly or by explicitly mentioning “always”).

Evaluations identified within this level of inference do not make explicit mention of the behaviour of the children (Table 7.12). Instead, children’s behaviour is inferred as the trigger of the recommendations, from which the evaluative inference of the child follows. For example, recommendations to “seat [the] student in a low-distraction work-area”, or to “prepare visual reminders” evoke the scenario of students with high-distractibility or with short-term memory difficulties. The actual state of affairs (inferred) usually implies the negation of the process or qualities described in the recommendation (to “stay focused”, or to present “low-distractibility”). Alternatively, the inference is contextually based and relies on some background knowledge about ADHD-related difficulties. For example, the recommendation to “[c]heck out sensory stimuli [...]” assumes that teachers know that inattention commonly involves the inability to disregard external stimuli, which leads to ‘stimuli overload’, hence the need to keep sensory stimuli to the minimum required to maintain students’ interest.

## **7.3 Hyperactivity-Impulsivity**

### **7.3.1 Transitivity analysis**

References to hyperactivity-impulsivity are scarce in the guidelines. Portrayals of the symptom through depictions of related behavioural traits are also rare (see Table 7.13). As for inattention, the only definition of hyperactivity-impulsivity was also identified in guideline (3) as part of the contextual information of the diagnosis:

7.23 Hyperactivity and impulsiveness (fidgets [Material], can’t sit still [Behavioural], [is] [Rel:Att:Int] always on the go, talks [Behavioural:Verbal] too much,



interrupts [Behavioural:Verbal], can't wait their turn [Behavioural:Verbal /Material <sup>23</sup>] etc) (3)

The process types and the elided Relational process are indicated in square brackets. Example (7.23) coheres with the processes types identified with the hyperactive-impulsive behaviour (see Table 7.13). The elision of Relational processes and the grammatical subject are linguistic features characteristic of the psychiatric genre, and the description of hyperactivity-impulsivity as “[being] always on the go” is consistent with the psychiatric description of the symptom (see Chapter 5, Section 5.3.3). Hyperactivity-Impulsivity is depicted as uncontrolled verbal and kinetic behaviour; the lack of control is portrayed through modality of the modulation ability subtype (“can’t”), and it can be semantically inferred from the actions (“fidgets”). The processes in Table 7.13 exemplify the description of the symptom.

Process Types	
<b>Behavioural: Body posture</b>	[...] <i>making it difficult for them to <u>sit still</u> for long periods of time [...]</i> (1)
<b>Behavioural: Verbal</b>	[...] <i>can (s)he wait her/his turn etc</i> (3)
<b>Relational: Possessive</b>	<i>Children with hyperactive-type ADHD usually <u>have</u> energy to spare</i> (1)
<b>Relational: Attributive: Intensive</b>	<i>it [impulsive behaviour] can be frustrating to manage (1); Hyperactive behavior isn't a choice, but it can be a big distraction for other students — and a nuisance to a teacher [...]</i> (1)
<b>Relational: Identifying: Intensive</b>	<i>This [impulsivity] is perhaps the hardest symptom of ADHD to modify [...]</i> (1)
<b>Material</b>	<i>does (s)he fidget a lot [...]</i> (3) <i>They might fidget or squirm [...]</i> <i>kick the chair in front of them, or get up in the middle of your lesson. (1); they're unable to <u>self-regulate</u> and <u>modify</u> their behaviors with future consequences in mind. (1)</i>

**Table 7.13 Hyperactivity-Impulsivity representation in the lexicogrammar (educational guidelines) (i)**

Hyperactivity-impulsivity is most commonly represented as Material and Behavioural processes, which connote excessive uncontrolled or abrupt motor and verbal activity.

<sup>23</sup> “[C]an’t wait their turn” has been categorized as Behavioural:Verbal and Material for both process types can be possible depending on the context (not specified).

The Relational processes identify hyperactivity-impulsivity with excessive energy (as a possessive attribute of the children), and establish the symptom as a source of frustration and annoyance for the teachers (Relational:Attributive:Intensive). The symptom is also identified as a “big distraction” for the classmates (Relational:Attributive:Intensive). The associations of the symptom with its negative consequences are mitigated in all cases by modalizations of probability (“can be”). Hyperactivity-impulsivity is explicitly attributed absence of will (“... isn’t a choice...”), hence absolving the children of blame. Placing the negation of premeditation as the first clause in the juxtaposition emphasises the denial. The (modalized) identification of impulsivity with “the hardest symptom to modify” stresses its perennial character and the common association of ADHD with impulsive behaviour.

While inattention is only represented through the behaviours of the children, hyperactivity-impulsivity is occasionally represented as a feature of the individuals –see Table 7.14. Hyperactivity-impulsivity is occasionally employed as a Classifier of behaviour (“hyperactive behaviour”, see Table 7.13), the equivalent for inattention was not identified.

<b>Hyperactivity- Impulsivity as defining feature</b>	<b>Attribute</b>	<i>Not all children with ADHD are hyperactive . (3) some (actually very few) only have problems with hyperactivity and impulsiveness (3)</i>
<b>Hyperactivity- Impulsivity as Qualifier [Noun ^ “ADHD”]</b>	<b>Qualifier (things)</b>	<i>ADHD’s inherent impulsivity means these kids get labeled as unruly or aggressive (1)</i>

**Table 7.14 Hyperactivity-Impulsivity representation in the lexicogrammar (educational guidelines) (ii)**

Relational processes portray hyperactivity as a quality of being (Attributive:Intensive, “... are hyperactive”), and as a problem that diagnosed individuals have (Attributive:Possessive, where “hyperactivity” and “impulsivity” function as qualifiers of “problems”). As a qualifier of ADHD, impulsivity is presented as an intrinsic trait of the diagnosis. The association of impulsivity with disruptive behaviour (see Table 7.13) is accompanied by references to the general population’s common identification of the children with the symptom as unruly and aggressive (i.e., “get labelled”, annotated as an agentive Attributive:Intensive Relational process with the general population inferred as attributor). Presenting the labelling as a consequence of impulsivity (i.e., “means”,

annotated as a Verbal process) suggests that the label is motivated by the observable behaviour.

### **7.3.2 Semantics analysis: hyperactivity-impulsivity as excess of energy and lack of control**

The guidelines present two main understandings of hyperactivity-impulsivity, ultimately related with one another: (i) hyperactivity-impulsivity as ‘excess of energy’, and (ii) hyperactivity-impulsivity as ‘lack of control’ (triggered by the ‘excess’, i.e. inability to deal with the ‘excess of energy’). The representations of hyperactivity-impulsivity are grounded upon what behavioural control is understood to be: having complete agency of one’s actions (control as choice), and having the capacity to foresee the future (control as predictability). As observed for inattention (see Section 7.2.2), so for hyperactivity-impulsivity, the recommendations for the teachers adhere to the conceptualization of the symptom.

#### *(i) Hyperactivity-impulsivity as ‘excess of energy’*

Hyperactivity-impulsivity is understood as an ‘excess of energy’, which ultimately relies upon a gradable understanding of kinetic and verbal behaviour, i.e. characterising a feature as “excessive” entails it may be present at a lower intensity or amount.

7.24 Some children with ADHD may talk excessively (1)

7.25 ... fidget toys can help students burn excess energy (1)

7.26 Children with hyperactive-type ADHD usually have energy to spare –making it difficult for them to sit still for long periods of time (1)

Example (7.24) portrays verbal behaviour as “excessive”, hence assuming some tacit standards of verbosity which are (or can be) exceeded by those individuals with ADHD. Examples (7.25-7.26) portray the excessive motor activity characteristic of hyperactivity-impulsivity as ‘excess of energy’, i.e. by referring to the cause of the behaviour. The causal character of the ‘excess of energy’ is explicit in example (7.26), where “hav[ing] energy to spare” stands as the Attributor of ‘difficulty’ to the action of ‘sitting still’ (i.e. “... have energy to spare [Attributor] –making [Relational:Att:Intensive] it difficult [Attribute] for them to sit still [Carrier]). The association of elevated motor activity with

‘excess of energy’ is inferred from “fidget toys” (7.25) and the process “sit still” (7.26). Explicit or inferred references to verbal behaviour as being ultimately caused by the ‘excess of energy’ were not identified. Referring to the product (behaviour) by its cause (excess energy) avoids explicit portrayals of the hyperactive-impulsive behaviour as not adhering to tacit social rules or behavioural standards, and avoids explicit portrayals of children as actors of disruptive behaviour (compare example 7.24 to 7.25). The readers’ attention is shifted from the doers and the outcome (the observable behaviour) to the cause.

The understanding of hyperactivity-impulsivity as ‘excess of energy’ is also inferred from the recommendations to the teachers:

7.27 allow ‘time out’ if required to move/de-stress [...] (2)

7.28 Provide legitimate opportunities to be physically active. (3)

Many of the suggestions to deal with hyperactive-impulsive behaviour in the classroom present ways in which the students can ‘release’ the energy. The imperative mood of examples (7.27-7.28) stresses the necessity of the ‘energy release’. The motor activity is portrayed as something out of the students’ control (especially evident in 7.26), and teachers are advised to consider students’ need for physical activity in their lesson planning.

Example (7.26) further evokes the excessive energy as being enclosed in a space from which it needs to be released, i.e. “energy to spare”. “To spare” can be understood as freeing or allowing something (the excess of energy) to escape (OED, entry 1a), hence entailing (i) the state of enclosure and (ii) the existence of an entity that functions as a receptacle or container. Hyperactive-impulsive behaviour is portrayed as an energy venting mechanism. The adoption of the CONTAINER image-schema is evidenced in example (7.29):

7.29 Teachers should provide physical outlets to help these kids release their pent-up energy

The ‘excessive energy’ is explicitly represented as something that *needs* to be released, hence implicitly portrayed in a state of confinement. The portrayal of the ‘energy’ as being forcefully enclosed is inferred from the semantics of the adjective “pent-up”, a conventionalised figurative expression to represent something as being held under pressure or unable to be released from its confinement (OED, entry 2). The energy is

represented as being in a pressurised container (i.e. *in* the kids' body), and the 'pressurised' state is implicitly understood as being caused by the excessive amount of energy. The students' need to vent the excess of energy is inferred from the prescriptive character of the statement ("...should provide...", modulation:obligation type of modality). Example (7.29) further represents the students as unable to release the energy on their own and in need of external help ("...*help* these kids release..."). The need of external help complies with the portrayal of the 'excessive energy' as controlling the students' behaviour observed in example (7.26) (i.e. students cannot sit still because of the "energy to spare"). In this scenario, teachers are depicted as the agents who have to monitor the energy release to avoid hyperactive-impulsive behaviour as uncontrolled venting mechanism.

The conceptualization of hyperactive-impulsive behaviour as excess of energy enclosed in a container (the students' body) echoes Kövecses' study on the conceptualization of emotions (Kövecses, 2004). The CONTAINER image-schema (i.e. the establishment of an "inside-outside" from the human body) is one of the most common source domains for emotion conceptualization (2004:37). Kövecses further identified 'passivity' and 'control' among the most characteristic aspects of emotion. 'Passivity' entails understanding emotion as something happening to us (i.e. the subject is not the actor or producer of the emotion but is passivized) (2004:42), and 'control' can involve 'attempt at control', and 'lack' and 'loss of control' (2004:43). It is possible to trace a parallelism between the conceptualizations of emotion and hyperactive-impulsive behaviour. The conceptualization of hyperactive-impulsive behaviour employs the CONTAINER image-schema to represent the students' body as a container of energy, and the presence of 'excess of energy' turns the body into a pressurised container. Just as emotion (desire) is conceptualized as an external force that can take control over action (CAUSES ARE FORCES) (2004:57), and the loss of emotional control is conceptualized as the loss of control over a strong force (2004:43), hyperactive-impulsive behaviour is conceptualized as an 'excess of energy' that deprives students of all agency over their actions. Thus, the energy is conceptualized as an independent entity contained within the student's body that the student may or not be able to control. The 'excess of energy' stands as the ultimate cause of the uncontrolled behaviour characteristic of hyperactivity-impulsivity, and the teacher's intervention is understood as the provision of external control over the 'excess of energy'.

The parallelism between some of the conceptualizing structures identified for emotion and the ones identified for hyperactive-impulsive behaviour supports Kövecses' observation that the majority of source domains of emotion metaphors are not circumscribed to the domain of emotion (2004:49). The CONTAINER schema and emotion-related concepts such as 'passivity' and 'control' extend to the domain of behaviour, in particular, to hyperactive-impulsive behaviour. The analysis evidences the presence of conceptual metaphors identified in CMT in non-specialised health discourses written for non-health professionals (teachers).

*(ii) Hyperactivity-impulsivity as 'lack of control'*

Hyperactive-impulsive behaviour is characterised by the individuals' lack of control over their actions. Students' lack of control has been inferred from example (7.26), where 'excessive energy' is depicted as agent, and (7.29), where agency is attributed to the teachers. The guidelines repeatedly portray students as agentless subjects, either explicitly (examples 7.30-7.31) or implicitly. Implicit representations include portrayals of hyperactive-impulsive behaviour as agent (example 7.26) or as something that happens on its own (example 7.32), and the adoption of the DIVIDED SELF metaphor (examples 7.33-7.34). Representations of lack of control as a 'divided self' (LACK OF CONTROL IS A DIVIDED SELF) have been well-reported in the literature (Kövecses, 2004:43). The examples from the guidelines suggest that the 'divided self' or 'divided person' can either be understood as the distinction 'body-self' or the distinction 'true self-social self'.

7.30 appreciate and accept that the child cannot help her/himself (2)

7.31 Hyperactive behavior isn't a choice (1)

7.32 ideas for anticipating impulsive interruptions before they occur (1)

Examples (7.30-7.31) are based upon a conceptualization of (behavioural) 'control' as 'choice', which characterise the hyperactive-impulsive behaviour as being outside the individual's will and power of action. In example (7.30), the negation of ability ("cannot help" modulation:ability type of modality) explicitly represents the students without any possibility of behaving differently. The incapacity to avoid hyperactive behaviour is emphasized in example (7.31) with the implicit denial of the students' capacity of decision, thus portraying hyperactive-impulsive behaviour as an autonomous agent. In example (7.32), the removal of students' agency is absolute.

7.33 their bodies just act before they have a chance to stop and think (1)

Example (7.33) explicitly mentions children's bodies as the ones that realise the hyperactive-impulsive behaviour, distinguishing the "bodies" from the children ("they"). The example echoes the traditional Cartesian distinction of 'body' and 'self' as two different entities, where 'body' is the physical entity that realises the perceptible actions, and the 'self' is a disembodied thinking entity in control of the 'body', i.e. "their bodies...act", "before they...stop and think". Dissociating 'body' and 'self' entails that the body can act irrespective of the desires of the 'self'. The association of the 'body' with the hyperactive-impulsive behaviour portrays hyperactivity-impulsivity as a state in which the body is out of the self's control –the underlying metaphorical conceptualization would read as HYPERACTIVITY-IMPULSIVITY IS THE BODY OUT OF (THE SELF'S) CONTROL.

The representation of hyperactive-impulsive behaviour as product of a 'divided self' is further evidenced in example (7.34):

7.34 these kids get labeled as unruly or aggressive, even though many are caring, sensitive, and truly trying. (1)

Example (7.34) contrasts what people see, i.e. children being "unruly or aggressive", with what the children are ("caring, sensitive..."). The example echoes the Western metaphor that understands a 'person' as being constituted by a TRUE/INNER SELF that stands in opposition to a SOCIAL SELF. Hyperactivity-impulsivity is represented as an 'outward appearance', not as the 'true character/nature' of the children. Associating hyperactivity-impulsivity with the 'body' and the 'social self', and distinguishing 'body' and 'social self' from the child (or the child's 'true self') enables to separate the hyperactive-impulsive behaviour (and its disruptive results) from the children, hence attenuating if not exonerating the children from the blame the behaviour would engender.

In the examples examined above, 'behaviour control' is understood as the self being the (conscious) agent of the actions, and 'lacking control' over one's actions is understood as being governed by the body. Examples (7.35-7.36) implicitly portray 'behaviour control' as the ability to foresee the future.

7.35 Knowing what lesson or activity is coming next [...] provides students with a sense of control that can improve behavior

7.36 they need predictability, structure (2)

The association of behavioural control with predictability is clear in example (7.35); knowing what "is coming next" is identified with "sense of control". Example (7.36)

constitutes a recurrent recommendation, ultimately based on the assumption that structured environments generate predictability, making it easier for students to control their behaviour. Examples (7.35-7.36) implicitly portray behavioural control as something independent from students, to be guaranteed by teachers (also in 7.27-7.29), thus establishing teachers as the ones who can provide a controlled release of the ‘excessive energy’.

### 7.3.3 Analysis of evaluation: Hyperactivity-Impulsivity

#### 7.3.3.1 Inscribed evaluations

Inscribed evaluations of the children with hyperactivity-impulsivity are not abundant but are more numerous than those associated with inattention (see Table 7.9). Inscribed evaluations are Judgements of Propriety, Capacity and Normality. Evaluations of the symptom (Appreciation type) were also identified.

<b>Attitudinal Evaluations</b>	<b>Lexicogrammatical realizations</b>	
Jud:Prop	Relational: Attributive: Intensive	<i>these kids get labeled as unruly or aggressive (1); Children with ADHD are often labeled as “troublemakers” [...] (1)</i>
	Classifier ^ Noun	<i>permit particularly fidgety students to [...] (1)</i> <i>[...] these children aren’t deliberately being bad [+Jud:Prop]</i> <i>[...] they’re unable to self-regulate and modify their behaviors (1)</i>
Jud:Cap	Intensive	<i>some [children with ADHD] (actually very few) only have problems with hyperactivity and impulsiveness (3)</i>
	Modal verb: Ability	<i>can’t sit still [-Jud:Prop’I] (3)</i> <i>can’t wait their turn [-Jud:Prop’I] (3)</i>
	Noun ^ Qualifier	<i>those with difficulty anticipating future outcomes (1)</i>
Jud:Norm	Relational: Attributive: Intensive	<i>Not all children with ADHD are hyperactive (3)</i>
Appreciation: Reaction: Impact	Relational: Attributive: Intensive	<i>it [hyperactivity-impulsivity behaviour] can be frustrating to manage (1)</i>

**Table 7.15 Hyperactivity- Impulsivity - Inscribed evaluations (educational guidelines)**

Judgements of Capacity are the most recurrent inscribed evaluations. The lack of capacity is marked with modal verbs (“can’t”), with Relational Attributive processes (“are unable



to”, “have problems with”), or with Qualifiers that describe the children (i.e. “with difficulty”). The Judgements of Capacity can be accompanied by invoked (negative) Judgements of Propriety, attenuated by the explicit expressions of inability to behave differently (e.g., “can’t sit still”). The negative Judgements of Capacity attenuate and account for the inappropriateness of behaviour –for example, the inability “to self-regulate and modify” the behaviour elaborates the explicit negation of the children being “deliberately bad”.

Explicit negative Judgements of Propriety express the common view of hyperactivity-impulsivity among the general population. The authors’ non-adherence to the common beliefs is inferred from the Relational process “label”, which implicitly evaluates the categorization as inaccurate (OED, entry 4), and from the scare quotes in “troublemakers”. The Classifier “particularly fidgety” has also been identified as token of inscribed evaluation; the Judgement of inappropriateness implicit in the semantics of “fidgety” is intensified by the manner adverb. The association of Judgements of Normality to hyperactivity-impulsivity was only identified in the case included in Table 7.15, where “hyperactive” is indicated as an attribute of the children.

The Appreciation attitude type was only identified in the example provided in Table 7.15. In qualifying hyperactive-impulsive behaviour as “frustrating”, the evaluation recognises the difficulties the teachers may face in the class, showing support or empathy.

### **7.3.3.2 Invoked evaluations**

The majority of the evaluations of hyperactivity-impulsivity identified in the guidelines are invoked, and were distinguished according to the level of inference: (i) students’ actions associated with hyperactivity-impulsivity, the circumstances in which the actions happen or their Goal; (ii) descriptions of outcomes of hyperactive-impulsive behaviour or descriptions the symptom; (iii) actions recommended to the teachers to tackle classroom management difficulties derived from hyperactive-impulsive behaviour; and (iv) descriptions of general situations related to hyperactive-impulsive behaviour. The attitude types identified are mainly negative Judgements of Propriety; negative Judgements of Capacity and negative Affect (projected) were also observed (see Tables 7.16-7.18). A second level of invoked evaluations has been indicated in square brackets when necessary.

(i) *Evaluative inferences from the actions of the students*

The first level of evaluative inference, from actions expressed with process in the active form, the Goal or the circumstances, are a minority. Table 7.16 offers examples in which the attitude is triggered by the semantics of the processes (“fidget”, “squirm”), and circumstances of manner and time.

Inference	Attitudinal Evaluations
1 Process ^ [Goal] ^ [Circumstance]	Jud:Prop'l  <i>They might fidget or squirm in their seats, kick [...] (1) fidgets, [...] <u>always</u> on the go, talks <u>too much</u> [-Jud:Norm'I], interrupts [...] (3) does (s)he fidget <u>a lot</u> [-Jud:Norm'I] (3) Some children with ADHD may talk excessively or [...] [-Jud:Norm'I] (1) sometimes their bodies just act before they have a chance to stop and think (1)</i>

**Table 7.16 Hyperactivity- Impulsivity - Invoked evaluations (educational guidelines) (i)**

Qualifying the talk as “excessive” or “too much” triggers an inference of inadequacy; the evaluation is derived from the description of the action (“talk excessively”) and falls back onto the actor (“children with ADHD”). Manner adverbs trigger an evaluation of inappropriateness (negative Judgement of Propriety) and a further evaluation of non-adherence to social expectations (negative Judgement of Normality). Judgements of Normality are based upon the assumption of a social standard, which ultimately relies on the understanding of hyperactivity-impulsivity as gradable (see Section 7.3.2).

The evaluation inferred from the temporal circumstance (“before they...”) is ultimately based on a metonymic relation, from the students’ bodies (what is explicitly identified as behaving inappropriately) to the students’ persona. The metonymy makes it possible to remove the negative evaluation of inappropriateness from the actual actor (the students). Evaluative metonymic relations allow to displace agency (and the attitudes associated to the behaviours) from the agentive subject.

(ii) *Evaluative inferences from the outcomes of the symptom*

References to hyperactivity-impulsivity by its recurrent outcomes or as symptoms are scarce. Evaluations of the behaviour as inappropriate (invoked negative Judgements of Propriety) are triggered by the negative semantics of the outcomes (“[impulsive] interruptions”) or of their characteristics (“disruptive [behaviour]”).

Inference	Attitudinal Evaluations	
2.1 Outcome	Jud:Prop'l	<i>we offer ideas for anticipating impulsive interruptions before they occur (1) address disruptive or distracted behavior (1)</i>
2.2 Symptoms	Jud:Prop'l	<i>Hyperactive behavior [...] can be a big distraction for other students —and a nuisance [App:Reaction:Impact] to a teacher [...] (1)</i>

**Table 7.17 Hyperactivity- Impulsivity - Invoked evaluations (educational guidelines) (ii)**

Behavioural outcomes also portray the symptom and inscribe evaluations –evaluations of the Appreciation type have been indicated in square brackets, e.g. “[h]yperactivity-impulsivity [...] can be [...] a nuisance”, identified in Table 7.16. The negative Judgement of Propriety is derived from the inscribed Appreciation, i.e. inferred from the actions that are ordinarily associated with behaviours defined as “big distraction” or “nuisance” (e.g. talking incessantly).

*(iii) Evaluative inferences from actions recommended to the teachers and descriptions of general situations*

The evaluations of children derived from the recommendations for teachers are the majority. Evaluations inferred from general descriptions were also identified.

Inference	Attitudinal Evaluations
3 Teacher - Actions	Jud:Prop'l <i>Teachers should provide physical outlets to <u>help</u> these kids release their pent-up energy in a non-intrusive way [Jud:Cap'l] (1) allow to doodle/make notes/mind maps when listening [Jud:Cap'l] (2) Ideally put them between two calm and well-behaved pupils (3) Provide legitimate opportunities to be physically active [Jud:Cap'l] (3) allow 'time out' if required to move [...] [Jud:Cap'l] (2)</i>
	Jud:Cap'l <i>consider access arrangements for tests/assessments/exams ([...] allow rest breaks and a need to move if necessary) [Jud:Prop'l] (2)</i>
	Affect: Dissatisfaction'l projected <i>allow them to fidget, <u>without driving you and everyone else crazy</u>. Squeeze balls are <u>at least</u> quiet. [Jud:Prop'l] (3)</i>
4. Description of situation	Jud:Prop'l <i>fidget toys can help students burn excess energy and improve focus, without distracting other students. (1) Knowing what lesson or activity is coming next [...] provides students with a sense of control that can improve behaviour (1)</i>

**Table 7.18 Hyperactivity- Impulsivity - Invoked evaluations (educational guidelines) (iii)**

Hyperactive-impulsive behaviour is manifested through actions commonly regarded as socially undesirable (being intrusive, doodling while somebody else is talking, moving in situations when people are expected to be still), and it is primarily associated with negative Judgements of Propriety. However, the guidelines frequently present the inappropriateness as ultimately based on the inability to act differently. The underlying (negative) Judgement of Capacity is inferred from the recurrent employment of the verbs “to help” and “to allow” in making the suggestions.

Presenting the recommendations as ‘helping’ the students entails that the behaviour addressed is ultimately caused by some difficulty out of the students’ control. For example, by encouraging the teachers to help the students release “their pent-up energy in a non-intrusive way”, the authors imply that should the teachers not offer enough opportunities to release energy, the students will manifest intrusive behaviour (inference by conversational implicature). Framing the suggestion as “help” grounds the inappropriateness upon an evaluation of the students’ incapacity to act non-intrusively.

‘To allow’ does not portray the presence of a difficulty as explicitly as ‘to help’, but it also connotes a lack of capacity to behave differently. ‘To allow’ is letting somebody do something or to give permission, entailing that whatever is being allowed

would normally be expected not to occur. Recommendations that employ ‘to allow’ (“allow to doodle...”, “allow ‘time out’...”) imply that (i) the behaviour to be allowed is usually regarded as inappropriate in a classroom setting, and (ii) there is a reason for the behaviour to happen (there is no alternative), and hence teachers should permit it.

Negative Judgements of Propriety and Capacity are frequently inferred together in indirect representations of hyperactivity-impulsivity: Judgements of Propriety are inferred from the recommendation (i.e. the inappropriate behaviour is retrieved as the trigger of the recommendation), and the negative Judgements of Capacity stand as the cause of behavioural inappropriateness and as the reason for individual arrangements to be made. Table 7.18 only includes one example where the negative Judgement of Capacity was identified as the first invoked evaluation. The recommendation to allow movement is explicitly referred to as an example of “access arrangements” for exams, portraying ‘excess of movement’ as a difficulty that needs external help.

Table 7.18 also includes an example of Affect (Dissatisfaction type) projected on the teacher and the other students; a negative Judgement of Propriety of the fidgety behaviour was identified as a second level of inferred attitude. The circumstance of manner regarding how the ‘fidgeting’ should ideally occur (i.e. “without driving you and everyone else crazy”), and the implicit recommendation to use squeeze balls because they are “*at least* quiet”, trigger the inference of a high frequency of disturbing behaviour and the inevitability of the fidgety behaviour. The informal style of the expression (“drive crazy”) and the clarification “at least” function as attitude intensifiers.

General descriptions about how to reduce hyperactivity-impulsivity were identified as triggers of the most invoked type of evaluation. In those general descriptions, the inference is double: (i) the teacher is implicitly encouraged to read the statement as something s/he should consider (i.e. descriptions function as indirect directives, see Section 7.4); and (ii) the descriptions (indirect directives) are provided only insofar as a particular situation is assumed to be the case (i.e. inference of the distractive and disruptive behaviour).

## **7.4 Salient features of the educational guidelines genre**

The representation of ADHD and its symptoms is conditioned by the functions of the textual genre: the representations are mainly indirect, inferred from the recommendations

to the teachers (see Sections 7.1.3.2, 7.2.3.2 and 7.3.3.2 on invoked evaluations). The recommendations rarely mention the symptoms explicitly and ‘ADHD’ is frequently mentioned without referring to the behavioural trait addressed. Consider the following examples from Guideline (1): “Children with ADHD require extra supervision because of their [...] forgetfulness, distractibility, and disorganization”, and “students with ADHD [...] daydream, stare out the window”. ‘ADHD’ stands for the symptom of ‘inattention’ in both cases, and the symptom is inferred from the behaviours mentioned. Since not all individuals with ADHD present inattentive or hyperactive behaviour, the descriptions can promote misleading portrayals. Referring to ADHD instead of the specific symptoms fulfills the purposes of the genre. The guidelines address a non-expert audience and aim to present ADHD as legitimate, and provide support in classroom management, hence omitting information not strictly necessary for teachers. Only Guideline (3) provides background information about ADHD and the diagnostic process, the other two focus on providing recommendations.

Teachers are established as help providers: teachers are the ones who have to keep the children focused (Section 7.2.2) and provide opportunities for the children to release their excess of energy (Section 7.3.2), omitting the actual ability of the children to improve on their own. This section considers how the guidelines present the recommendations and its implications for the definition of the teachers’ role. The section examines the different strategies employed for recommendation giving, and it argues that they indirectly influence on the representation of ADHD and the students.

Recommendations, advice or directives constitute speech functions characterized by normativity and (epistemic) asymmetry between advisers and receivers (Heritage & Safi, 1992:365 & 368). Directives are not ‘normative’ because they ask for something to be done, but because they present the course of action as *the right* thing to do. The knowledge of what *ought to* be done generates the epistemic asymmetry between the providers of the directive (the authors of the guidelines) and the receivers (the teachers). In SFL, ‘directives’ are defined as a ‘demand’ of ‘goods-and-services’ (Halliday & Matthiessen, 2004:107-108), classroom management activities in the guidelines. In face-to-face interaction, directives normally consist on two turns, not necessarily verbal (i.e. the adviser’s demand, and the receiver’s giving of the answer/action). In the guidelines, the directives are restricted to one-turn only, which may condition the format in which they are delivered (Locher, 2010:54-55). The following analysis is based on Shaw, Potter and Hepburn’s account on ‘advice’ (Shaw et al, 2015). Directives are primarily

distinguished between explicit and implicit. Explicit directives involve an explicit mention of ‘advice’, or explicitly tell the receivers what they ought to do; implicit directives avoid it. Imperatives, employment of verbs of obligation (‘you ought to ...’) and downgraded obligations (‘think about...’) constitute forms of explicit directives. Implicit directives are realised through advice-implicative actions: interrogatives, unmarked assessments (‘P is good’), descriptions (‘I do P’), information sequences or generation of hypothesis (‘if... then you should ...’), or through offers (Shaw et al, 2015:336).

The guidelines present explicit and implicit directives. Explicit directives are mainly realised via imperative clauses; verbs of obligation are also used. Implicit directives are realised via directive-implicative questions, directives-as-information, assessments and descriptions. Explicit and implicit directives are also given in combination. A summary of the different types is provided below.

*(i) Explicit forms of directives: imperatives, verbs of obligation and downgraded obligations*

Imperative clauses are the most common realization of explicit directives, they have been identified in all three guidelines and are especially common in Guideline 1. Imperatives constitute strong expressions of normativity and involve a direct reference to the receivers (teachers). Directives through imperatives mostly represent actions to be done to the students (example 7.37), or actions related to classroom management (7.38-7.39).

7.37 Allow students to walk around [...] (1)

7.38 Be specific; be brief. Make your instructions as simple and clear as you can.  
(1)

7.39 Develop techniques for getting a child to listen (3)

Occasionally, directives are given in ‘chains’ of imperatives that ask for synonymic or closely related actions (example 7.38). The chain intensifies the necessity to perform as advised, and it reaffirms the representation of the children implied in the directive (in the example, the difficulty to pay attention for an extended time).

Explicit imperative-based directives are also presented together with descriptions of the situation alluded to within the imperative clause (examples 7.40-7.42). In these cases, the descriptions support the imperative by providing an explanation that shows the importance of acting as stated, functioning as directive intensifiers.

7.40 Help create a structured environment [directive:imperative] [...]. They need predictability, structure [...] [description] (2)

7.41 Prepare visual reminders [directive:imperative]. Students with ADHD respond well to visual cues and examples [...]. [description] (1)

7.42 Beware of changes to routine and changes of activity [directive:imperative]. Children with ADHD may find these particularly unsettling [description]. Explain in advance [...] [directive:imperative] (3)

The structure of example (7.42) is common: a first imperative directive is followed by a description to support the requested action, which in its turn is followed by another directive that specifies how the first one should be accomplished.

Explicit directives are also realized through verbs of obligation that connote strong normativity (example 7.43):

7.43 Teachers should provide physical outlets [...] (1)

When the directive is made with verbs of obligation (“should” in 7.43), the receivers are never addressed with the second person pronoun ‘you’ (as it occasionally happens in more implicit directives, see (7.45) or in the imperative clauses, see (7.38)). Instead, they are referred to by stating their professional role (“teachers”). Since the guidelines are especially made for teachers, the specification that teachers are the ones who have to perform the actions does not add representational content but carries interpersonal value. While the modals of obligation make the directive explicit, avoiding a direct reference to the reader as the receiver functions as attenuator.

Explicit directives also take downgraded forms of obligation:

7.44 To help children with ADHD learn impulse control, teachers can: Provide discreet reminders of expected behavior. [...] Make each day’s schedule clear. [...] (1)

In (7.44), the actions teachers are required to do are presented as a possibility (“can”), hence entailing that other actions may also be suitable to achieve the same objectives. However, the modal verb “can” is followed by a six-member list of actions, each one fully developed in a short paragraph. This structure, which places long ‘textual distance’ between the modal “can” and the different processes in Theme position (“provide” and “make” in the example), reinforces the intensity of obligation expressed in each short



sentence, i.e. whilst ‘can’ attenuates the normativity of the directive in the main clause, the processes in Theme position textually function as quasi imperatives with strong marks of obligation.

*(ii) Implicit forms of directives: directive-implicative actions*

Implicit directives are realised by directive-implicative actions, i.e. directives delivered as information (7.45), questions (7.46), assessments (7.47), and descriptions of the situation (7.48-7.49). The examples evidence that, while these forms are identified as indirect in the literature, different levels of implicitness may apply. Implicitness varies according to the presence of a reference to the receiver, and the type of referencing employed (i.e. the professional role, “teacher”, or a personal pronoun “you”). Different implicit directives share the lack of instructional asymmetry between receivers and directive-producers observed in the explicit ones. Diminishing the explicit instructional asymmetry adheres to the “ideal of non-directiveness”, i.e. directive-receivers decide the course of action considering the information provided (see Locher, 2010:48). The epistemic asymmetry is nonetheless maintained.

Directives-as-information (7.45) make the directive appear as general information on how to act in a particular hypothetical situation:

7.45 If you notice that a student with ADHD becomes unfocused every afternoon at 2 pm, for instance, let the parents know. (1)

Constructing the hypothetical scenario makes the directive appear as information instead of an actual obligation, i.e. people with role P behave like this in situation Q. In (7.45), presenting the hypothetical scenario as an example (“for instance”) accentuates the information-giving character.

Directive-implicative questions were identified in Guideline (2) only. The questions appear as a list of five bullet points addressing teaching strategies and students’ support.

7.46 Questions to consider:

- What support mechanisms are in place to assist the child in achieving their set targets? [...] (2)

The questions implicitly present the element being asked about (in 7.46, “support mechanisms”) as a requirement that teachers should provide in their lessons. In (7.46),

asking “what support mechanisms” places the delivery of “support” out of question. None of the questions directly refers to the teachers as the providers of what is requested, nor explicitly mentions the necessity to provide what is being asked about, projecting a low level of normativity.

Assessments constitute evaluations of activities that the teachers should do:

7.47 Anticipating situations that may spark meltdowns and acting proactively is key. (1)

The assessments evaluate the actions depicted as what is best to do, connoting a strong requirement to act accordingly. References to the recipient of the directive are omitted, as well as explicit mentions of obligation, thus relying on a high level of implicitness. In the example, the overt positive evaluation of anticipation as “key” for good classroom management implicitly represents it as a feature the teachers should possess.

Directive-implicative descriptions are recurrent. As the assessments, descriptions omit references to the teachers as directive-recipients, but they do not evaluate the object described as good or bad. Instead, descriptions explain how the required activities need to be done (7.48), or provide some information about the students (7.49).

7.48 Discipline, when it’s necessary, should be immediate, short, and swift. (1)

7.49 Students with focus problems should sit near the source of instruction. (1)

Both examples implicitly tell the teachers how they should punish students with ADHD (7.48) or treat students with inattention (7.49). Descriptions can function as directive-implicative actions when they stand alone, or as directive intensifiers when they follow explicit directives (examples 7.40-7.42).

The guidelines are a highly instructional genre, presenting both explicit and implicit forms of directive. Weak forms of obligation are occasionally employed, e.g. with verbs like ‘can’ or ‘try’, which frame the directives as options. However, even in these cases the teachers’ decision range is limited, for the directives that follow are likely to be read as strong directions. Employing the second personal pronoun ‘you’ and directive-implicative questions creates a casual style that generates closeness with the directive-receivers, attenuating the instructional character of the guideline by adopting a more conversational-like tone. Closeness is also achieved expressing sympathy towards the teachers, especially in relation to hyperactive-impulsive behaviour –see Table 7.15

(Section 7.3.3.1), “it can be frustrating to manage”, and Tables 7.17 and 7.18 (Section 7.3.3.2), “Hyperactive behavior [...] can be [...] a nuisance to a teacher”, “[...] allow them to fidget, without driving you and everyone else crazy”.

The emphasis on representing ADHD as a valid clinical condition (see Section 7.1.2) reinforces the necessity for teachers to follow the directives and strengthens the asymmetry between the teachers and the authors of the guidelines, those who know how to deal with ADHD-behaviour. While the management difficulties associated with ADHD-behaviour are occasionally acknowledged, teachers are attributed the responsibility to help students overcome ADHD-related difficulties. In the classroom setting, inattention is associated with the provision of help, which follows from understanding inattention as a cognitive difficulty. Hyperactivity-impulsivity are associated with regulated behavioural allowance, which follows from identifying the symptoms with incapacity to avoid inappropriate behaviour.

The analysis of the educational guidelines presented in this chapter has shown that they constitute a middle ground between the medical and the lay discourses. Some of the wordings employed to describe ADHD-related behaviour are similar to the DSM ones. This applies particularly to Guideline (3), which provides more details about the diagnosis. All the guidelines analysed stress the clinical validity of ADHD, but generally avoid explicit references to the symptoms and descriptions of what these symptoms may entail. Therefore, although some overt descriptions are provided, children with the ADHD diagnosis are mainly represented indirectly, through the directives and recommendations offered to the teachers so that they can better address potential academic difficulties and manage difficult behaviour. Although this lack of elaboration of the symptoms can be attributed to the need for clarity and simplicity in the guidelines, failing to differentiate between hyperactive-impulsive and inattention-related behaviours may give rise to misleading portrayals of the diagnosis and the students' needs. Focusing exclusively on behaviour management and teaching strategies to keep students' attention allows the guidelines to be concise while providing teachers the essential information that they need to manage their class successfully. However, it may also lead to a reinforcement of the negative stereotypes associated with the diagnosis, exacerbated by the lack of any positive portrayal of the children with the diagnosis. Overlooking the potential academic strengths commonly found in children with ADHD, like a creativity and curiosity above average,

implicitly infuses the guidelines with a negative tone. As an example of the prosody of the implicit negative portrayal derived from representing the students with ADHD exclusively through behavioural and learning difficulties, consider the wording "... to help kids who learn differently" (Table 7.10). As commented in Section 7.2.3.2, a statement like this should not necessarily trigger a negative evaluation of the children, since "differently" may connote academic advantages and difficulties alike. However, in reading it against the backdrop of the guidelines, the negative valence stands as the salient one.

With reference to different learning styles, it is worth noticing that many of the recommendations provided in the guidelines can also be adopted for students without an ADHD diagnosis, helping teachers achieve a better class management and offer general support to all the students. Problems in paying attention to explanations and challenging behaviours are not exclusive of ADHD. However, explicit references to the benefits that following the recommendations could have for the whole class are uncommon. Taking difference as the point of departure instead of an 'incident' that may take place and will need to be addressed, appears as an important factor for inclusivity.

In emphasising ADHD medical status and reiterating that the difficult behaviour is not volitional, the guidelines prevent teachers from falling prey to the misconception of ADHD as synonym for 'naughty kids' and help tackling negative stereotypes associated with the condition. However, in stressing the lack of self-control, both in hyperactivity associated behaviours (implicitly portrayed as incapacity of kinetic control) and in inattention (incapacity to control the direction of thoughts), the guidelines establish the teachers as the ultimate source of children's control during school hours, and children are implicitly depicted as unable to improve on their own. Thus, it appears that negative social misconceptions associated with ADHD are dismantled at the cost of turning the diagnosed children into 'agentless' subjects, who rely on others (i.e., teachers) to adjust to the school requirements. These considerations lead to the more general question of whether the schooling system really takes (or can take) children's differences into account, or whether it aims at moulding all students to fit the average way of learning. The latter resonates with Hawthorne's (2014) observation of 'accidental intolerance': having a diagnosis seems to be the only way for differences to be considered by institutions, but considering differences only in the light of a diagnosis emphasises the institutions' lack of flexibility

and their tendency to take action only insofar as to ensure that the diagnosed individuals can fit the current way of functioning.

## **Chapter 8**

# **Representation of ADHD and the diagnosed individuals in the medical, family and educational institutions.**

### **8.0 Introduction**

This thesis has examined the representation of ADHD in the psychiatric, educational and family contexts in order to better understand how the condition is conceived of in the different social spheres and consider the presence of stigma. In addressing the field of mental health/illness by studying the representation of ADHD in different social contexts, this thesis differs from a main part of the literature on discourse studies on mental illness. The review of the literature (Chapter 2, Section 2.1.3) showed that discourse studies tend to consider mental illness as a whole, without focusing on particular conditions nor on the formation of stereotyped images of the individuals with a psychological diagnosis. The literature review also identified a preference for examining portrayals of mental illness in the media, repeatedly reported to provide negative representations, thus fostering negative attitudes in the audience. The discourse studies on ADHD reviewed in Chapter 2, Section 2.2.3 (including studies of everyday talk, interviews with diagnosed individuals, newspapers, pedagogical practices, guidebooks, etc.) revealed a strong critical stance towards the medical understanding of the condition in their majority. Discourse studies research on mental illness and ADHD has offered insightful portrayals of the social representation of psychological conditions and helped raise awareness about the negative attitudes and social discrimination toward the diagnosed individuals. However, these traditional studies face the danger of incurring selection and cognitive bias. The selection bias is caused by the tendency to examine predominantly media productions (mainly newspapers and, occasionally, prime time television programmes and series) to infer general social portrayals and perceptions of mental illness. Media productions may prioritise specific portrayals of mental illness (and ADHD) for purposes of newsworthiness as reflected in the coverage and reporting style (see studies of Nairn et al., 2001 and Nairn, 1999). Thus, while mass media is a strong generator and promoter

of representations of a phenomenon, media portrayals should not be identified with, or be considered to be representative of the general social representation of the same phenomenon. The cognitive bias may result from the traditional inclination in discourse studies to adopt a critical position toward the psychiatric institution. Rejecting or adopting a strong critical stance toward psychiatry can be traced back to the first discourse studies of mental illness by Foucault and Goffman, and their association with the antipsychiatry movement (Szasz and Laing) (see Chapter 2, introduction to Section 2.1 and Section 2.1.3). The psychiatric institution was mainly regarded as a modern mechanism of social control, criticised for the increase in diagnoses and drug administration, and the positivist stance toward knowledge. The traditional concern in CDA for power legitimation and social control (see Chapter 3 Section 3.1) has commonly embraced the criticism of psychiatry and rejected the biomedical discourse of mental illness.

This thesis has prioritised a linguistic approach over sociologic criticism and has examined the linguistic representation of ADHD in three textual genres not commonly studied from a critical discourse perspective, i.e. psychiatric nosology (Chapter 5), informal recount of stories and anecdotes in online forums (Chapter 6), and educational guidelines (Chapter 7). This chapter brings together the findings from the three preceding analyses to show the differences and commonalities in the social understanding of ADHD and the individuals with the diagnosis. Section 8.1 examines how ADHD is represented in the different genres (8.1.1); how it is socially conceptualised as a defining characteristic of the individuals with the diagnosis (8.1.2); and how it is inaccurate to understand ADHD as inherently value-laden psychiatric category, as the Modified Labelling Theory on stigma would suggest (8.1.3). Section 8.2 examines how ADHD-associated behaviour is socially understood. The first subsection 8.2.1 focuses on the linguistic representation of inattention and hyperactivity-impulsivity. Subsection 8.2.2 shows how ADHD is based upon a scalar conceptualisation of behaviour, applicable to both inattentive and hyperactive-impulsive traits. Subsection 8.2.3 shows how, while ADHD is a non-value laden category, ADHD-related behaviour is conceived as being inherently negatively valued. Subsection 8.2.4 examines further conceptual commonalities observed across the textual genres in the understanding of ADHD-related behaviour. Section 8.3 further challenges the view that the ADHD category is inherently negative and shows how the diagnosis is informally employed by the family members of diagnosed individuals to generate affiliation in ADHD online communities. Section 8.4 closes the chapter examining the importance of evaluation in our understanding of behaviour, and it offers

a preliminary proposal on the generation of invoked evaluations of behaviour based upon metonymic reasoning.

## **8.1 Understanding ADHD**

The review of literature on ADHD (Chapter 2, Section 2.2) has evidenced that the status of ADHD is still contentious. ADHD is sometimes regarded as a cluster of behavioural traits, which are understood as pathological due to the impairment they may entail. The other standpoint maintains that, while ADHD is diagnosed via the observation of behaviour, the behaviour manifests underlying biologic differences in brain functioning. Both positions entail a comparison with a standard (of behaviour or brain functioning). The underlying definition of a behavioural standard has led to the claim that ADHD is ultimately conceptualised on the basis of social values and beliefs that are taken for granted (see for example, Erlandsson et al., 2016 and Hawthorne, 2014; Comstock, 2011). By revealing how ADHD is linguistically represented in the genres studied, this thesis helps shed some light on the social understanding of ADHD.

### **8.1.1 ADHD: an entity and a defining feature of the individuals with the diagnosis**

ADHD is understood as an entity (a diagnosis or condition), and as a defining feature of the diagnosed individuals and the associated behaviour in the three textual genres studied.

Linguistic representations of ‘ADHD’ as an entity are particularly frequent in the psychiatric and educational texts, which are specifically concerned with ADHD as a diagnosis. The entity status is evident when ‘ADHD’ performs the Actor, Carrier, and Identified transitive roles in Material and Relational (Attributive and Identifying) processes. The lexicalised representations of ADHD reveal that experts’ and non-experts’ communities concretise a psychological condition into an entity, i.e. ADHD IS AN ENTITY conceptual metaphor. While the source domain of the metaphor is clear (i.e. entity, object), the target domain can either be the behavioural traits and outcomes (ADHD understood as a cluster of clinically significant behaviour), or a chemical imbalance as manifested in behaviour (ADHD as brain dysfunction). The metaphorical



conceptualisation fills in the empiric gaps and turns ADHD into something we can study and deal with.

None of the texts studied put into doubt ADHD as clinical condition, but the medical character is addressed differently in the genres considered. The DSM presents ‘ADHD’ as a neurodevelopmental disorder, and the inclusion of ADHD in the manual assumes its clinical validity. The forum threads present few references to ADHD as a diagnosis (see Table 6.1 in Section 6.1.1). The threads comprise contributions of parents whose children have the ADHD diagnosis, hence its clinical character is taken for granted. The educational guidelines are the genre which makes the most explicit references to the clinical validity of ADHD, and the one that openly represents ADHD and the related behaviour as ‘problems’ in the need of treatment (see Table 7.1, Section 7.1.1, Relational:Identifying processes, and Section 7.1.2). The overt representation of ADHD as a psychiatric condition is understood as a response to the primary audience of the guidelines –i.e. a non-expert community without expected knowledge of ADHD and who may be influenced by common misconceptions.

As entity, ADHD is represented as self-causative and as the primary cause or explanatory factor of certain behaviours and their consequences. ADHD as a causative agent was identified in the DSM and the educational guidelines (see Section 5.1.1, Material intransitive processes, and Section 6.1.1). In the guidelines, ADHD is depicted as a disruptive agent, an entity with the capacity to perform behavioural and biological changes (i.e. Actor in Material:Action processes), and it is identified as the cause of negative outcomes (Relational:Identifying:Circumstantial processes). ADHD as an explanatory factor of behaviour and behavioural outcomes was observed in the forum threads, as manifested in the semantics and evaluative strata only.

Representations of ADHD as a defining feature of people and behaviour were observed in the three genres. Table 8.1 below summarises the lexicogrammatical realisations of ‘ADHD as feature’ identified. The different lexicogrammatical realisations allow for different degrees of category membership attribution.

Lexicogrammatical realisation	Textual genres	Examples
Possessive Attributive process ("X has ADHD")	DSM	<i>individuals [...] who do not have ADHD</i>
	Forum	<i>my son who has ADHD</i>
	Educational guidelines	<i>if that child has ADHD</i>
Qualifier (Noun ^ "ADHD") ("things")  Qualifier as non- finite phrase ("X with ADHD") (people)	DSM	<i>Symptoms of ADHD are...</i>
	Forum Educational guidelines	<i>individuals with ADHD</i>
		<i>parents of kids with ADHD</i>
		<i>child with ADHD</i>
<i>diagnosis of ADHD</i>		
Intensive Attributive process ("X is ADHD")	Forum	<i>he's just ADHD</i>
Classifier ("ADHD" ^ Noun)	DSM (of "things")	<i>the full ADHD symptom cluster</i>
	Forum (of people and "things")	<i>our ADHD kids</i>
		<i>ADHD adventure</i>
	Educational guidelines (of people and "things")	ADHD children
Identification	Forum	<i>my ADHD'er is only 4</i>

**Table 8.1 Category membership attribution according to lexicogrammatical realisation**

The forum threads present the widest range of attribution types. The threads are the only genre that employs 'ADHD' as Intensive attribute and that identifies 'ADHD' with the diagnosed individuals. As Intensive attribute, ADHD is portrayed as a perennial quality, echoing the psychiatric understanding of ADHD as a life-long condition. These linguistic representations support Frigerio and Montali's (2016) observation that parents tend to conceive ADHD more as a 'way of being' than as a psychological condition. The identification of the individuals with the diagnosis is strengthened when 'ADHD' is employed as Classifier of people ("individuals", "children", "students"), and it is total when the children are referred to by the name of the diagnosis ("ADHD" or "ADHD'er" for "child" or "son"). In the total identification of the children with the diagnosis (e.g. "ADHD'er"), "ADHD" functions grammatically as Carrier or Actor, which are transitive

roles realised by ‘entities’. As a Classifier, “ADHD” is established as the differential characteristic of the individuals, thereby defining a rigid category (the group of individuals with the diagnosis), i.e. ‘ADHD children’ vis-à-vis ‘the child is ADHD’. As a Classifier, ‘ADHD’ also precedes references to symptoms and behavioural traits (in the DSM), and things or events related with the children (in the forum threads). The Classifier portrays the modified nouns as entities only given with ADHD.

‘ADHD’ as Qualifier is the preferred structure in the DSM and the educational guidelines. Possessive Attributes and Qualifiers avoid identifying the individuals with the diagnosis. Both Relational Attributive Possessive processes and qualifying phrases preceded by the preposition “with” establish possessive relations (OED, entries 28 and 31; Oxford Dictionaries Online, entry 2). Relational Attributive Possessive processes conceptualise the Possessor and Possessed as ‘entities’. The Qualifier can either be understood as being possessed by the noun, or as an “attribute, quality or condition of the person or thing” (OED, entry 31). Thus, both the Possessive Attribute and the Qualifier construct possession (ADHD) as a distinctive quality of the Carrier or noun modified (the individuals).

All textual genres represent ADHD as the ultimate causative agent of undesirable effects. ADHD is understood as a central and perennial characteristic, and it is commonly represented in a possessive relation, especially in official texts.

### **8.1.2 ADHD as defining feature at the conceptual level**

The representation of ADHD as a defining quality of the diagnosed individuals can also be observed in other psychological conditions –e.g. ‘X is autistic’, ‘X is obsessive compulsive’. The psychological diagnosis is understood as a condition of being, constitutive of the individual’s character. The analysis of the linguistic representation of ADHD raised a further question about the ‘entity-property’ duality of the diagnosis: *how is it possible that we can understand ADHD as defining quality of a person?* The conceptual ‘entity-property’ duality was addressed by examining the underlying metaphoric and metonymic conceptual relations that enable the different representations.

As observed in Section 8.1.1, four main types of representation of ADHD as quality were identified: (1) ADHD as a quality ascribed to the Carrier or the noun being qualified (Relational Attributive Possessive processes and qualifying phrases); (2) ADHD

as a defining characteristic (Relational Attributive Intensive processes and Classifiers); (3) Identifications of ADHD with the diagnosed individuals; and (4) depictions of behavioural outcomes by referring to ADHD. The last two representations, exclusively observed in the forum threads, are the representations with the highest reliance on metaphoric and metonymic conceptualisations.

References to ADHD via the outcomes of ADHD-associated behaviours (e.g. “ADHD adventure”) combine ‘entity’ and ‘quality’ conceptualisations. ‘ADHD’ functions as ‘quality’ (‘ADHD’ as Classifier) ascribed to ‘things’ or events by the perceived consecutive relation between the ADHD-related behaviours and the outcomes or situations engendered. These representations are based upon the metonymic relation of causation CAUSE (ADHD) FOR OUTCOME. ‘ADHD’ constitutes a defining characteristic of outcomes and situations (and hence argumentatively functions as an explanatory factor) only insofar as ADHD is conceived as a causative agent.

The conceptualisation of ADHD as a quality of being is ultimately grounded upon the observable behaviour of the individual: REGULAR BEHAVIOURS (OR STATES OF BEING) ARE PROPERTIES. The recurrent perception of a particular behaviour (a regular high intensity of kinetic or verbal activity, daydreaming or lacking attention) leads one to conceptualising the behaviour as a quality of being of the ‘behavior’ or actor. In this way, we describe somebody as a ‘talkative’ (‘highly energetic’, ‘absent-minded’) person. In the expression ‘X is ADHD’, ‘ADHD’ encapsulates the cluster of behaviours which the abbreviation stands for and their symptomatic character. Thus, in writing “the child is ADHD” or “ADHD children”, the parents refer to the recurrent behaviour and the diagnosis as quality of being. In representing ‘ADHD’ as a quality, the parents pragmatically recognise the perennial character of ADHD (ADHD as non-acquired trait) and connote an acceptance of the condition as part of who the child is.

The recognition of the perennial character and acceptance of the diagnosis enabled by the conceptualisation REGULAR BEHAVIOURS (OR STATES OF BEING) ARE PROPERTIES is also observed in the identification of the children with the diagnosis (e.g. “ADHD’er”). The identifying representations are based upon conceptual metonymies. Two metonymic relations are possible, which establish ADHD as the most salient characteristic of the individuals (‘ADHD’ as the reference point for the children):

- (i) DEFINING PROPERTY FOR CATEGORY: “ADHD” as quality of the diagnosed individuals is employed to refer to the group of diagnosed individuals,

leading to the metonymic employment of the category (“ADHD”) to designate one of the members of the group (i.e. the particular child with ADHD), CATEGORY FOR MEMBER OF THE CATEGORY.

- (ii) POSSESSED FOR POSSESSOR: ‘ADHD’ stands as possessed entity, and the diagnosed individuals are the possessors.

The metonymic relationship POSSESSED FOR POSSESSOR derives from the conceptual metaphor PROPERTIES ARE POSSESSIONS, in its turn derived from the conceptualisation of regular behaviours as properties of the individuals who presents them (i.e. REGULAR BEHAVIOURS (OR STATES OF BEING) ARE PROPERTIES). Conceptualisations of behaviours as possessions are grammatically realised by Relational Attributive Possessive processes and the qualifying phrases preceded by “with”. The PROPERTIES ARE POSSESSIONS conceptual metaphor mitigates the identification of ADHD with the individuals and it is predominant in the DSM and the educational guidelines. In the fourth edition of the DSM, the APA explicitly rejected the linguistic representation of psychological conditions as attributes of people entailed in REGULAR BEHAVIOURS ARE PROPERTIES (APA, 1994: XXII, see Section 5.4.1). The decision supports the hypothetical conceptual primacy of REGULAR BEHAVIOURS ARE PROPERTIES (attributed to the previous editions) and it evidences the social impact that linguistic choices may have.

The ‘possession’ conceptualisation is common in the representation of illnesses and ailments. Expressions such as ‘I have a cold / headache / insomnia’ constitute the usual way of speaking. In those cases, the possessive attribute is an acquired and temporal state. The acquisition and the temporal dimension contrast with the innateness and perennial character of ADHD and many psychological conditions. Linguistic representations that follow the REGULAR BEHAVIOURS ARE PROPERTIES conceptualization may produce two opposing effects depending on the author and context of production. Representing ADHD as ‘quality’ can be empowering, by promoting a recognition of the condition as a way of being that should be socially recognised as such. However, in psychiatric and other institutional texts (e.g. educational guidelines) it may be perceived as constrictive, presenting the diagnosis as a rigid and enduring classification of people according to their psychological characteristics and constructing ‘disabled identities’.

### 8.1.3 ADHD as a non-value-laden category

The study of evaluations associated with ADHD shows that ‘ADHD’ *cannot* be considered a negative value-laden category. ‘ADHD’ constitutes a differential mark, but value attributions are highly dependent on the context; expressions such as ‘ADHD children’, ‘ADHD’er’, ‘students with ADHD’ or ‘individuals with ADHD’ are not evaluative on their own. Employing ‘ADHD’ as Qualifier or Classifier of people is common in the Forum and the educational guidelines through references to individuals on the basis of the diagnosis. These references tend to be used to explain what presenting ADHD entails, describing how to address students with ADHD, or sharing parenting experiences.

Considering ADHD as a non-value-laden category challenges an underlying assumption of the Modified Labelling Theory of Stigma (MLT) (see Chapter 2, Section 2.1.2). MLT takes distance from the traditional Labelling Theory in that it does not regard the ‘labelling’ (diagnosis) as causative of deviant behaviour, and it recognises the positive institutional effects that the ‘labelling’ may have (e.g. facilitating access to treatment). However, in associating the ‘label’ with promotions of negative social attitudes and expectations towards the diagnosed individuals, MLT assumes that the ‘label’ is inherently negative. In the three genres studied, attitudes associated with ADHD are triggered by the situations, actions or states of being attributed to the individual with the diagnosis. ADHD stands as the ultimate cause of the behaviours or states, but it does not ascribe a negative valence to the description on its own.

The formulation of the Judgements of Normality, evaluations regarding the lack of adherence of the ADHD community to the average population, evidence the absence of a negative inherent value in the ‘label’. Explicit mentions of the diagnosis (e.g. “individuals with ADHD”) do not inscribe or invoke Judgements of Normality in any genre, instead, Judgements of Normality are triggered by comparisons with the average population. The comparisons are based on the presentation of particular behaviours and traits of being or difficulties, and on the degree of probability that particular conditions or undesired outcomes may materialize: higher in individuals with ADHD. Comparisons were distinguished according to explicitness: (i) comparisons with the full comparative structure (adjective in the comparative form + ‘than’), common in the DSM (see Section 5.1.3); (ii) employment of comparative adjectives without determining the group of the general population which the individuals with ADHD are being compared to, also

identified in the DSM (see Section 5.1.3); (iii) semantically evoked comparisons, without mentioning the general population (e.g. “abnormally”, “differently”, “underachievement”), identified in the educational guidelines (see Section 7.1.3); (iv) context-based comparisons, identified in the forum threads (see Section 6.1.3).

The forum threads are the only genre where ‘ADHD’ is metonymically employed to refer to ADHD-related behaviours or experiences, known and shared by all the forum users –e.g. “your adhd child will always be that [ADHD child/person]” (see discussion in Section 6.1.3.1). The metonymic inference grounds the ADHD-related negative Judgements of Normality upon the observable behaviour or behavioural outcomes inferred. The linguistic analysis of the expression of evaluation in the different texts types support studies of social psychology that link stigma to the behavioural traits associated with the diagnosis (and the social attitudes commonly associated with them) instead of the ‘label’ of the psychiatric diagnosis (Canu et al 2008:704; Hinshaw, 2005:720; Singh et al., 2010:191; Walker et al., 2008:918).

Linguistic evidence of stigmatisation was not identified in the texts considered. However, the study of evaluation confirms that ADHD-related behaviour is commonly perceived negatively via references to the diagnosed individuals’ inappropriate behaviour and below-average academic capabilities (i.e. negative Judgements of Capacity and Propriety). Table 8.2 below summarises the different evaluation types associated with ADHD, distinguished by level of inscription and textual genre. Evaluations were identified as linked to ADHD when ‘ADHD’ is explicitly referred to, or when the actions or situations described are understood as caused by the diagnosis (not related to any symptom in particular). Invoked evaluations are more predominant than the inscribed type in all genres, with evaluation overall more frequent in the forum threads and the educational guidelines than the DSM.

Inscribed Evaluation types	Textual genre	Invoked Evaluation types	Textual genre
Judgement Normality	DSM Forum Educational guidelines	Judgement Normality	DSM Forum Educational guidelines
Judgment Capacity	DSM Forum Educational guidelines	Judgment Capacity	DSM Forum Educational guidelines
Judgement Propriety	DSM Forum Educational guidelines	Judgement Propriety	DSM Forum Educational guidelines
Affect unhappiness (projected)	Educational guidelines	Affect unhappiness (projected)	Educational guidelines
Appreciation Reaction Quality	Educational guidelines	Affect Insecurity (projected)	Educational guidelines
Appreciation Reaction Impact	Educational guidelines		
Appreciation Valuation	Educational guidelines		

**Table 8.2 Evaluation types associated with ADHD**

Inscribed and invoked evaluations present a negative valence in their majority across the three genres. Some explicit positive evaluations were identified in the forum threads regarding children’s academic skills and appropriateness of behaviour (see Table 6.2 Section 6.1.3.1); invoked positive evaluations by counter-expectation were also distinguished in the educational guidelines (see Table 7.5, Section 7.1.3.2). Inscribed and invoked Judgements of Normality, Capacity and Propriety were identified in all texts. Inscribed and invoked projections of Affect towards the individuals with the diagnosis (Unhappiness and Insecurity types) and Appreciation types with ADHD as evaluative target were only observed in the educational guidelines. Appreciations evaluate ADHD in terms of its severity (Reaction:Impact), its implications (Reaction:Quality), and its clinical validity (Valuation) (see Section 7.1.3.1). The recurrent positive evaluations of clinical validity present ADHD as a condition that should be acknowledged and addressed in the different spheres of the social community. The lack of capacity and behavioural inappropriateness is attributable to the medical condition, attenuating the negative Judgements of the children. The association of the negative valence with clinical significance is apparent in the DSM, where deviation from the average population, lack



of capacity and behavioural inappropriateness are not understood as failures to meet social expectations but as symptomatic traits. This contrasts with the forum threads, where the semantic load of the evaluative valence does not connote pathology but adherence or non-adherence to social values or expectations.

Inscribed Judgements are explicit descriptions of behavioural or psychological characteristics of the diagnosed individuals and are most commonly realised by Relational Attributive processes (Intensive and Possessive). Relational Identifying Intensive processes were also observed in the forum threads, and Behavioural processes in the educational guidelines, used for explicit depictions of inability or affliction (see Table 7.3, Section 7.1.3.1). Invoked evaluations comprise a wider range of linguistic realisations and different levels of implicitness. Invoked evaluations were distinguished according to the expression that triggers the inference. Table 8.3 below summarises the evaluative inferences identified for each textual genre and the attitude types invoked.

	DSM		Forum threads		Educational guidelines	
1	Actions attributed to the individual	Jud:Cap'I Jud:Prop'I	Actions of the child (with or without expression of counter-expectation)	Jud:Cap'I Jud:Prop'I	Actions of the student (with or without expression of counter-expectation)	Jud:Norm'I Jud:Cap'I Jud:Prop'I Affect: Insecurity'I Affect: Unhappiness'I
2	Description of potential outcomes of the diagnosis	Jud:Norm'I Jud:Cap'I Jud:Prop'I	Description of outcomes of actions associated with ADHD	Jud:Norm'I Jud:Prop'I	Description of potential outcomes of ADHD or the stimulants	Jud:Cap'I Jud:Prop'I Affect: Happiness'I Affect: Insecurity'I
3			Description of outcomes of other people's actions (verbal or non-verbal), in their turn triggered by the actions of the children	Jud:Norm'I Jud:Prop'I	Actions advised to teachers to manage ADHD-related behaviour	Jud:Norm'I Jud:Cap'I Jud:Prop'I Affect: Unhappiness'I
4					Description of situations arisen due to ADHD	Jud:Cap'I

**Table 8.3 Evaluative inferences and invoked attitude types for ADHD**

The evaluative inferences are ordered by level of implicitness, from less to more reliance on inferential processes. The first two levels were identified across all three genres. The first type comprises evaluations transferred from the action to the agentive subject, where

‘action’ comprises the grammatical category of ‘process’ (verb in ‘conjugated’ form), the circumstances and goal (direct object). Occasionally, the evaluation is not inferred from the process itself, but from the manner, place or time circumstances in which the behaviour takes place, or what is being realised (the direct object). Circumstances are especially important in portrayals of the symptoms (see Sections 8.2.3 and 8.3.3). In the forum threads and the educational guidelines, the first type of inference also includes evaluations triggered by expressions of counter-expectation. Counter-expectations portray the actions of children with ADHD in opposition to the average population, or in opposition to the children’s habitual behaviour. Counter-expectations intensify evaluations, but also trigger evaluations on their own by suggesting contrast with the habitual situation. The most common attitude types inferred from ADHD-related behaviour are negative judgements about inappropriateness or lack of capacity of the individual.

The second type of inference transfers the evaluation of an observable fact (e.g. traffic accidents) to a human agent with ADHD. The action that caused the outcome is not mentioned and the agentive subject is often implicit. Thus, two inferences are involved: of the causal action, and of the agentive subject, the attitude target. Attitude types associated with outcomes of the diagnosis include negative Judgements of Propriety (identified in all the textual genres), Normality and Capacity, and projected Affect (Insecurity), the latter only identified in the educational guidelines.

The third type of evaluative inference is triggered by descriptions of actions or outcomes of actions of third parties that occur in response to the children’s behaviour, and it was only identified in the forum threads and the educational guidelines. The actions of third parties may have taken place, as in the descriptions of the forum threads, or not, as in the directives of the guidelines. Differences in the actuality of the evaluative triggers do not appear to correlate with differences in evaluative intensity, i.e. the reality or hypothetical state of the attitude target does not seem to make the expression of evaluation more or less evaluative. Negative Judgements of Normality and Propriety were identified in the forums and educational guidelines; the guidelines also include inferences of the students’ lack of capacity and associate the diagnosis with unhappiness.

The fourth type of evaluative inference was only identified in the educational guidelines. Descriptions of situations or actions that happen due to the behaviour of the student with ADHD (e.g. how discipline should be like) invoke evaluations about the

students' behaviour by implying that students with the diagnosis are the cause of the situation described (see Section 7.1.3.2).

ADHD is linked to negative evaluations across the three textual genres. However, the evaluations are not inherent to the category but are triggered by the contingencies associated with the condition. This contrasts with those evaluations associated with ADHD behavioural traits, inherently negative by virtue of the scalability of behaviour (see Section 8.2.2 below).

## **8.2 Understanding ADHD-associated behaviour**

ADHD behavioural manifestations are grouped under three main traits: inattention, hyperactivity and impulsivity, which may appear as unequivocal concepts. Inattention is not to pay attention or taking notice of the surroundings, and hyperactivity-impulsivity involves elevated kinetic activity. The visibility and disruption associated with hyperactivity-impulsivity has fostered the traditional link between ADHD and hyperactive-impulsive behaviour, promoting stereotyped images of ADHD students as badly-behaved children and disregarding inattentive behaviour manifestations.

Initially included in the DSM-II (1968) as “hyperkinetic syndrome”, ADHD is still referred to as “hyperkinetic disorder” in the ICD-10 (see Chapter 2, section 2.2.1 for a historical overview). References to hyperactivity and impulsivity have varied over time, making it possible to hypothesize an evolution in the understanding of the symptoms. The DSM-III and DSM-IV referred to hyperactivity and impulsivity as two distinct symptoms with differentiated behavioural manifestations (1980:44; 1994:84). The DSM-V groups the symptoms together as ‘hyperactivity-impulsivity’, suggesting some interrelation between the two. Since this thesis considers the fifth edition, the symptoms were considered together in the analysis.

The trait of inattention is not clear-cut either. Some ADHD-specialists maintain that there are two different manifestations of inattention: an inability to *sustain* attention over a time span, or an inability to focus, take notice or respond to stimuli (see Chapter 2, Section 2.2.1; Barkley, 1997:67 and 2006:317; Naglieri & Goldstein, 2006:5). The analysis suggests that the distinction adheres to two different conceptualisations of inattention, i.e. as a yes-no category, or as a scalable category (see Sections 5.2.2 and 6.2.2, and 8.2.2.1 below).

## 8.2.1 ADHD behavioural traits as represented in language

### 8.2.1.1 Inattention

The three genres analysed avoid explicit portrayals of inattention as a defining characteristic of those individuals who present it (i.e. ‘inattentive’ as Qualifier, Classifier or Intensive Attribute of people in Relational processes) and do not tend to provide explicit definitions of ‘inattention’ (i.e. ‘inattention’ represented as ‘entity’ through the grammatical roles of Actor or Carrier in Material or Relational process).

The DSM identifies ‘inattention’ as one of the core symptoms of ADHD and defines it via a list of behavioural manifestations, all of them linguistically represented with Finite processes with the grammatical subject elided (i.e. individual who manifests the behaviour). The educational guidelines only define ‘inattention’ once, and adopt the writing style of the DSM (see Section 7.2.1, discussion of example 7.12). The forum threads analysed do not include any mention of the symptom. Inattention as a ‘property’ (i.e. the adjective “inattentive”) was mainly observed in the DSM, as a Classifier of “behaviour” or related clinical entities (“features”, “symptoms”, “presentation”); uses to indicate a subtype of ADHD are rare in the guidelines and forum threads. Explicit portrayals of inattention as a quality of the diagnosed individuals were only identified twice in the corpus studied, i.e. “Individuals with ADHD are inattentive because [...]”, in the DSM, and “your inattentive 5<sup>th</sup> grader”, in the forum threads. Being inattentive is portrayed as a perennial characteristic of the individual, in the first case as a quality of the individual’s character, in the second case as the child’s most distinctive property.

The representation of inattention was studied analysing the depictions of its behavioural manifestations. Table 8.4 summarises the process types identified for each genre.

DSM	Forum	Educational guidelines
Mental Cognition	Mental Cognition	Mental Cognition
Mental Perception	Mental Perception	Mental Perception
Mental Affective	Mental Affective	Mental Affective
Mental Desideration		
Material	Material	
Behavioural Cognition	Behavioural Cognition	Behavioural Cognition
	Behavioural Perception	
	Behavioural Verbal	
	Verbal	
Relational Attributive Intensive		Relational Attributive Intensive
Relational Attributive Possessive	Relational Attributive Possessive	Relational Attributive Possessive
Relational Identifying Intensive		

**Table 8.4 Process types associated with the linguistic representation of inattentive behaviour**

Mental and Behavioural processes are the paradigmatic representation of inattention. Behavioural Cognitive processes (e.g., “daydream”, “stare”, “[to be] paying attention”, “studying”...), and Mental processes of Cognition (e.g. “to give close attention”, “thinks it’s hometime”, “lose focus”), Perception (e.g. “... they’ll hear...”, “they miss lessons”, “see”) and Affective (e.g., “...is distracted...”, “... get led mentally astray by...”) were identified across the three textual genres. Overall, inattention is represented as the inability to control one’s thoughts, which can either involve a difficulty to direct them to the contextually relevant stimuli (attention as “context-dependent-responding”), or a failure in keeping them focused on a specific stimulus (attention as “self-sustained attention”) (cf. Barkley, 2006:317, Section 2.2.1). Difficulties in “context-dependent-responding” attention are particularly represented through Mental processes of Perception and Affective. Mental processes of Perception portray inattention as perceiving irrelevant stimuli or not being able to perceive what ‘should’ be noticed in the ongoing situation. The lack of control over the perceptual stimuli is complemented by Mental Affective processes: the Senser, an individual with the diagnosis, is affected by some Phenomena, irrelevant stimuli, either internal or external. Mental Cognitive processes are associated with losing focus or thinking something unrelated to the situation, partly echoing the difficulties in “self-sustained attention”. Behavioural processes tend to depict mental activities out of the control of the diagnosed individuals (e.g., “daydream”, “get lost in their ... thoughts”), or mental activities that the individuals struggle to realise (e.g., “listening in class”, “sustaining attention”, “ordering tasks”). Occasionally, Behavioural processes also represent the action of sustaining attention (e.g., [to be] “paying attention”), depicting attentiveness as an activity instead of a mental state.

The active character of the Behavioural processes contrasts with the Relational, which depict inattention as a characteristic or quality of being of the individuals, stressing its perennial character. The Possessive Attributive subtype portrays inattention in terms of ownership (“has/have”, “present”) or lack (“need”), the latter only identified in the educational guidelines. The Intensive Attributive subtype represents inattention as trait of the individuals’ character (e.g., “are inattentive”, “is [...] forgetful”) or a state of mind that individuals may fall into (e.g., “becomes unfocused”). Although Relational processes were identified in all textual genres (see Table 8.4), a different use was observed in the forum threads: the Intensive Attributive type was not identified, and the Possessive type was only observed in a single instance, portraying occasional presentation of attention (i.e. “has loads of concentration”). Forum users avoid overt portrayals of inattention and the cognitive difficulties as part of the children’s personality. The parental reluctance to identify the children with the symptom contrasts with the explicit representations of ADHD as a perennial identifying mark.

Although not identified in the educational guidelines, Material processes are recurrent in the DSM and the forum threads (“make... mistakes”, “[fail to] organize tasks”, “play”), and portray the perceptible results or kinetic manifestations of inattention-related cognitive difficulties. Inattention is represented as challenging a wide range of mundane activities not primarily identified as mental or intellectual. Material processes portray inattention as failing to behave as expected (e.g. making careless mistakes, not following instructions), or as acting inappropriately for the ongoing activity due to disconnection with the surroundings (e.g. “he play[s] with the sands on the soccer field in the middle of the game”). Verbal processes are a minority, only identified in the forum threads. Verbal processes provide a ‘voice’ to the children, but mainly depict the diagnosed children as performing off-topic utterances. Inattention is understood as the ultimate cause of the communicative failure, inferred from the non-adherence to the Gricean maxim of relation (see Section 6.2.1).

Inattention is lexicogrammatically represented as a cognitive difficulty manifested in a wide range of daily activities, not restricted to the academic sphere. The psychiatric and education institutions explicitly depict inattention as a perennial characteristic of the individuals. The forum users avoid representations of inattention as a trait of the children’s character and depict it as a trait of their behaviour. The reluctance to identify the children with inattention contrasts with the acceptance of ADHD as identifying

attribute in the family context, and it suggests that “[being] inattentive” is commonly perceived as a clinical condition.

### 8.2.1.2 Hyperactivity-Impulsivity

References to hyperactivity-impulsivity as symptoms of ADHD were observed in the DSM and, occasionally, in the educational guidelines. No explicit references were identified in the forum threads. As observed for inattention, the three textual genres avoid explicit portrayals of hyperactivity-impulsivity as defining characteristics of the individuals with the symptom. The DSM only employs “impulsive” as a Classifier of behaviour. In the forum threads and the educational guidelines, “impulsive” and “hyperactive” only function as Intensive Attributes of the children or students in few cases (see Table 6.9, Section 6.3.1 and Table 7.14, Section 7.3.1 respectively).

The representation of hyperactivity-impulsivity was studied analysing the portrayals of hyperactive-impulsive behaviour. Table 8.5 summarises the process types identified for each genre.

DSM	Forum	Educational guidelines
Material	Material	Material
Verbal		
Behavioural Verbal	Behavioural Verbal Behavioural Cognition	Behavioural Verbal Behavioural Body posture
	Mental Cognition Mental Desideration	
Relational Attributive Intensive	Relational Attributive Intensive	Relational Attributive Intensive Relational Attributive Possessive Relational Identifying Intensive

**Table 8.5 Process types associated with the linguistic representation of hyperactive-impulsive behaviour**

Material and Behavioural processes of the Verbal subtype were identified across the three textual genres and constitute the typical representation of hyperactivity-impulsivity: an excess of uncontrolled kinetic and verbal action. Material processes are the most frequent in all texts, portraying hyperactive-impulsive behaviour as erratic and rampant movement via the semantics of the processes and the adverbs or circumstances that accompany them (“fidgets ... taps ... squirms...”, “moves so much”, “find him dancing ... and teetering ...”). Behavioural Verbal processes depict excessive and rambling talk (“talks

excessively / incessantly”, “cusses so much”, “speaks so fast”). Although not frequent, Verbal processes also represent abrupt talk, connoting lack of self-control (e.g., “Blurts out an answer before...”, “completes people’s sentences”).

Relational Attributive Intensive processes were identified across the three text types and represent hyperactivity-impulsivity as a perennial characteristic of the individuals (e.g. “being restless...”). In the educational guidelines, Attributive Intensive processes do not describe the students but their symptomatic behaviour (i.e., symptoms as Carrier, see Table 7.13, Section 7.3.1), and the Attributive Possessive type portrays the symptom as part of the students’ character (i.e., hyperactivity as possession of excessive energy, see Table 7.13, Section 7.3.1). Both the guidelines and the forum users portray hyperactive-impulsive behaviour as automatic or unintentional. The guidelines explicitly state the unintentionality of the students via Relational Identifying Intensive processes (“Hyperactive behavior isn’t a choice...”). The forum users mainly depict it through the actions attributed to the children. Besides representations via Material processes, forum users also represent the absence of forethought and general uncontrollability via Behavioural and Mental processes (e.g., “he doesn't know why he did it”, “...decided to...”, both Mental, the latter employed ironically to connote absence of deliberation). The lack of anticipation and self-control are identified as the main explanatory factors of ADHD in the literature (see Chapter 2, Section 2.2.1, Barkley 2006:297). Both the DSM and the educational guidelines portray impulsivity as the causative factor of ADHD unruly behaviour. The DSM explicitly acknowledges impulsivity as the cause of misbehaviour (see Table 5.7, Section 5.3.1), and the educational guidelines identify the symptom with the problematic behaviour through Relational Attributive processes (“... impulsivity means these kids get labeled as unruly or aggressive”). Also the forum users understand impulsivity as the ultimate reason for the problematic behaviour (e.g. “He, being his usual impulsive self [...]”, Table 6.9, Section 6.3.1), but do not explicitly portray the symptoms as causative agent.

Hyperactivity-impulsivity is lexicogramatically represented as excessive, uncontrolled and erratic movement, and excessive and uncontrolled verbal behaviour. Explicit references to the symptom as a quality of individuals are generally avoided across the genres. The general avoidance of “impulsive” and “hyperactive” as Qualifiers, Classifiers or Attributes of the individuals may be explained by the desire to avoid the pathologic connotation of the terms. However, forum users make more references to hyperactivity and impulsivity than to inattention. Hyperactivity is occasionally portrayed



as a feature of individuals' character (psychological agitation) and impulsivity as the causative factor. As for inattention, DSM lexical choices permeate the educational guidelines' descriptions of the symptoms (see Section 7.2.1).

## **8.2.2 ADHD behavioural traits and the scalability of behaviour**

The understanding of ADHD-related behaviour within the texts analysed is based upon a conceptualisation of human behaviour as gradable. Focus, kinetic and verbal activity are scalable according to the intensity, time span and regularity of the activity. Lexicalisations of the gradability of behaviour have been identified across all three textual genres, particularly in the DSM. Since scalability entails a standard, 'inattention' and 'hyperactivity' constitute normative categories, inherently negatively value-laden. The negative value is not derived from the behavioural deviation from the average population, but from the unfavourable results that tend to follow the behaviour. Given the inherent negative value of the behavioural traits, explicit identifications of the individuals with the symptoms (e.g. 'X is hyperactive') are generally avoided.

### **8.2.2.1 Inattention: absence or scalability of focus**

Medical and lay communities share two different conceptualisations of inattention (see Sections 5.2.2 and 6.2.2): (i) as absence of attention, i.e. (in)attention as a yes-no category, and (ii) as non-sufficiency or deficit of attention, i.e. (in)attention as a scalar category. The texts present linguistic evidence that supports both conceptualisations, with a predominance of the latter.

The dimension of attention that involves the perception of stimuli would adhere to a conceptualisation of inattention as 'absence', something that is either given or not (either we respond to external stimuli or we do not notice them). Explicit references to children as not paying attention ('does not pay attention / focus') or related expressions ('forgets') were annotated as linguistic realisations of inattention as failing to take notice.

The conceptualisation of (in)attention as gradable according to intensity of focus or degrees of deficit accounts for the two dimensions of attention (i.e. perception and sustained focus). Both the DSM and forum threads often refer to focus employing grading resources that portray attention as scalable according to time span ("he's able to sit down

for hours and concentrate”, forum threads), and intensity (“he'd hyper-focus on...”, “inattention becomes more prominent and impairing”, forum threads and DSM-V respectively). Scalability of severity is also represented in terms of quantity (“helped him to focus just that tiny bit”, “[...] requires that inattention [...] be excessive [...]”, forum threads and DSM-V respectively).

The scalable conceptualisation of (in)attention seems to be grounded in a metonymic relation, which presents two possible interpretations depending on whether we base the grading scale upon attention, given in higher or lower degree, or the attention deficit, more or less severe. The first interpretation is based upon the conceptual metonymy *LOWEST END OF SCALE FOR WHOLE SCALE*, where ‘inattention’ is understood as the lowest end of the scale or ‘zero attention’. ‘Inattention’ designates all those cases where the attention presented is not enough for the ongoing activity, leading to dysfunction. The second interpretation is based upon the conceptual metonymy *UPPER END OF SCALE FOR WHOLE SCALE*, and ‘inattention’ is understood as the maximum degree of attention deficit. Following Radden and Kövecses, the second interpretation of the scale constitutes the usual presentation of the metonymy, and the *LOWEST END OF SCALE FOR WHOLE SCALE* metonymy is the ‘marked’ case, not usual and attributed pragmatic purposes (Radden & Kövecses, 1999:32). In medical contexts such as the DSM, or texts that support ADHD’s clinical status, such as the forum threads, the marked character of the *LOWEST END OF SCALE FOR WHOLE SCALE* metonymy pragmatically intensifies the clinical connotation and normativity of ‘inattention’. The link between ‘inattention’ and pathological deviation may explain the avoidance of the term and derived adjectives (‘inattentive’) observed in the corpus.

### **8.2.2.2 Hyperactivity-Impulsivity: scalability of movement and talk**

Hyperactive-impulsive behaviour is conceptualised as gradable across the three textual genres. Kinetic and verbal behaviour scalability is linguistically represented via graduation resources: adjectives and manner and frequency adverbs were identified in the three genres, hyperbolic statements are employed as intensification devices in the forum threads only. Scalability is represented as intensity or quantity of motion and speech (“excessive fidgeting, tapping, or talkativeness”, in the DSM; “Some children ... may talk excessively”, in the educational guidelines). References to the recurrence and duration of the activities intensify the behavioural traits (“Often fidgets with or taps...”,

in the DSM; “He talks [present tense as mark of recurrence] incessantly [quantity] all day [duration], and literally asks you roughly every minute all day [recurrence] ...”, in the forum threads). Duration-based intensifications of hyperactive-impulsive behaviour are particularly common in hyperbolic statements in the Forum; recurrence-based intensifications prevail in the DSM.

Unlike inattention, the graded conceptualisation of hyperactivity-impulsivity is not based upon the UPPER END OF SCALE FOR WHOLE SCALE metonymy. While defining the lowest end of the scale of attention is conceptually possible (i.e. zero degree), the upper end of the scale of hyperactivity cannot be defined, for “hyper” only connotes the presence of more activity than the maximum standard level (see Chapter 5, Section 5.3.2). The indefinite upper level of the scale of activity is lexicalised through everyday informal language in the forum threads (“DS is so impulsive that ... she just gets more and more hyperactive...”).

Establishing a behaviour standard entails some normativity in applying the categories, but graduation linguistic resources do not offer clear-cut delimitations of what constitutes hyperactive-impulsive behaviour. Graduation resources are particularly abundant in DSM descriptions of hyperactive-impulsive behaviour and are also employed in descriptions of inattentive traits, evidencing a conceptualisation of behaviour as scalable. High degrees of intensity, quantity, recurrence and time expansion stand as marks of ADHD-behaviour clinical significance. Graduation as mark of clinical significance is complemented defining the symptomatic behaviours by probabilities of presentation. A particular behaviour is problematic if it is given together with other traits, which increases the probability to present certain outcomes. These observations show that behavioural categories follow a prototype conceptualisation model, and make it possible to hypothesise graduation as a mark of clinical significance for psychological conditions based on behavioural deviance.

### **8.2.3 The inherent negative value associated with ADHD-related behaviour**

Inattention and hyperactivity-impulsivity are normative categories, based on the definition of a standard of attention and kinetic and verbal activity. The deviation from the average is regarded as negative due to the cognitive and functional problems and

harmful outcomes that may derive from them. Since explicit references to the symptoms are scarce in the corpus studied, the value attributed to the symptoms was studied by analysing the evaluations associated with their behavioural manifestations. Negative attitudes toward the symptoms were identified across all three textual genres.

### 8.2.3.1 Inattention as a negatively valued category. Representation through the expression of evaluation

Inattention is mainly associated with negative judgements of cognitive skills, and it is portrayed as a difficulty or impediment in all the corpus. While the educational guidelines define the difficulty as academic-related, the DSM and forum threads expand it to non-academic activities. Table 8.6 summarises the different attitude types per genre and level of inscription.

Inscribed Evaluation types	Textual genre	Invoked Evaluation types	Textual genre
Judgement Normality	DSM Forum	Judgement Normality	Forum Educational guidelines
Judgment Capacity	DSM Forum Educational guidelines	Judgment Capacity	DSM Forum Educational guidelines
		Judgement Propriety	DSM Forum Educational guidelines
		Judgement Tenacity	DSM Forum
		Affect Insecurity	Educational guidelines

**Table 8.6 Evaluation types associated with inattention**

Explicit evaluations are infrequent, especially in the educational guidelines, and comprise Judgements of Capacity (the majority) and Judgements of Normality, the latter only identified in the DSM and forum threads.

Explicit negative Judgements of Normality follow from descriptions of the individuals as “inattentive”, with the adjective employed as Intensive Attribute (“individuals ... are inattentive”, in the DSM), or as Classifier (“inattentive 5th grader”,

in the forum). The inherent normativity observed in “inattention” allows for the negative Judgement inscription.

Explicit negative Judgements of Capacity were identified in portrayals of inattention as inability (‘is not able to...’) or as quality of the individual’s character (to be “distracted”, “forgetful”), with Relational Attributive Intensive processes as inscribers of evaluation. The Judgements were also identified in portrayals of inattention as a cognitive difficulty (having “hard time” or “trouble”, in the forum, or having “difficulty” doing something, in the DSM), with Relational Attributive Possessive processes as inscribers of the evaluation. Attributive Intensive processes were identified as inscribers of stronger evaluations than their Attributive Possessive counterparts. While Possessive Attributes (and Qualifiers) describe a characteristic of the Carrier, Intensive Attributes depict a central quality of being of the Carrier. The difference in evaluative strength is supported by the use of Intensive Attributes in the forum threads. While in the DSM and educational guidelines Intensive Attributes inscribe negative Judgements of Capacity, forum users only employ them for positive descriptions of the children’s ability to do something, in contrast with the general failure.

Invoked evaluations prevail in all texts and qualify the impact of inattentive behaviour in wider than just cognitive terms. Table 8.7 below shows the different levels of evaluative inference identified and the corresponding attitude types.

DSM		Forum threads		Educational guidelines	
1	<p>Actions attributed to the individual</p> <p>Jud:Cap'l Jud:Prop'l Jud:Ten'l</p>	<p>Actions of the child (with or without expression of counter-expectation)</p> <p>Jud:Norm'l Jud:Cap'l Jud:Prop'l</p>	<p>Actions of the student</p> <p>Jud:Norm'l Jud:Cap'l</p>		
2	<p>Description of potential outcomes of the symptom</p> <p>Jud:Cap'l</p>	<p>Description of outcomes of actions associated with inattention</p> <p>Jud:Ten'l Jud:Cap'l</p>	<p>Description of potential outcomes of the symptom of inattention</p> <p>Jud:Norm'l Jud:Cap'l Affect: Insecurity'l</p>		
3	<p>Actions of third parties</p> <p>Jud:Prop'l Jud:Ten'l</p>	<p>Description of outcomes of other people's actions (verbal or non-verbal), in their turn triggered by the actions of the children</p> <p>Jud:Norm'l Jud:Cap'l Jud:Prop'l</p>	<p>Actions advised to teachers to manage inattentive behaviour</p> <p>Jud:Cap'l</p>		

**Table 8.7 Evaluative inferences and invoked attitude types for inattention**

Different evaluative inferences dominate in each textual genre: evaluative inferences from the actions of the individuals are recurrent in all texts, especially in the forum threads. Inferences from the actions of third parties are especially abundant in the educational guidelines. Inferences from the outcomes of inattention-related behaviour do not prevail in any of the genres, but are especially scarce in the guidelines and forum threads. The different distribution of evaluative inferences is attributed to the communicative activity and goal of each textual genre: describing the inattention-related behaviours and outcomes in the DSM, advice-giving in the educational guidelines, facilitating a space for sharing experiences in the forum.

Contrarily to what has been observed for ADHD (Table 8.3), evaluations inferred from descriptions of classroom situations provoked by inattentive behaviour were not identified in the guidelines. Evaluations inferred from common misinterpretations of inattentive behaviour (actions of third parties) were identified in the DSM. The psychiatric community explicitly assesses the common negative judgements regarding the inattentive individual's lack of perseverance and behaviour inappropriateness as

mistaken. Outcomes of inattention are exclusively associated with negative Judgements of Capacity, reinforcing that the apparent idleness or inaccuracy observed in inattentive individuals (i.e. negative Judgements of Tenacity and Propriety) derives from a lack of cognitive skills and not from a lack of will.

The forum threads and the educational guidelines emphasise inattention as a general cognitive difficulty. In the guidelines, negative Judgements of Capacity are the main evaluation inferred from the actions of inattentive students, and the only attitude evoked through the advice to the teachers. The evaluations reinforce a picture of students with ADHD as needing help, and implicitly identify the teachers as those with the ability and responsibility to palliate the difficulties. In the forum threads, positive Judgements of Capacity of the children are inferred from unexpected improvements or academic achievements, thus emphasising the cognitive difficulties as the habitual state.

Recurrence is an important characteristic of inattentive-behaviour. In the forum threads, it is inferred from the depiction of positive outcomes through expressions of counter-expectation, implicitly portraying them in opposition with the usual situation. In the educational guidelines the regularity of inattentive behaviour is connoted employing the present simple tense to describe the students' behaviour ("they miss lessons, instructions"), and emphasizing the directives with frequency adverbs ("Always seat this student in a low-distraction work area"). In the DSM, frequency adverbs are consistently employed to describe inattentive behaviour ("Often fails to give close attention to details"). Explicit depictions of inattention as a sustained difficulty intensify the evaluations associated with the symptom and stress the portrayal of the individuals as needing help.

### **8.2.3.2 Hyperactivity-Impulsivity as represented through the expression of evaluation**

Hyperactivity-impulsivity is most commonly evaluated as lack of behavioural appropriateness across all genres, both explicitly and implicitly. Behavioural inappropriateness is portrayed as affecting all social spheres and it is ultimately based upon a lack of capacity of the individuals to behave differently. Table 8.8 shows the attitude types identified per textual genre and level of inscription.

Inscribed Evaluation types	Textual genre	Invoked Evaluation types	Textual genre
Judgement Property	DSM Education guidelines	Judgement Propriety	DSM Forum Education guidelines
Judgment Capacity	DSM Education guidelines	Judgment Capacity	Forum Education guidelines
Judgement Normality	Forum Education guidelines	Judgement Normality	Forum
Appreciation Reaction Impact	Education guidelines	Affect Dissatisfaction (projected)	Education guidelines

**Table 8.8 Evaluation types associated with hyperactivity-impulsivity**

Explicit evaluations are scarce in all texts and are inscribed through Relational Attributive processes (Intensive and Possessive). In the educational guidelines, Classifiers, Qualifiers and modal verbs of ability (“can’t”) were also identified as linguistic resources that allow attitude inscriptions. In the DSM, explicit Judgements of Capacity mitigate the negative valence of the Propriety Judgements, portraying the inappropriateness as ultimately based upon the individuals’ inability to behave as expected. In the Forum, inscribed evaluations were only identified when “impulsive” defines the children with the symptom (i.e. Relational Attributive Intensive process or Classifier), evoking a negative judgement about the lack of adherence to the average behaviour. Equivalent expressions were not identified for the representation of hyperactivity (see Section 6.3.3.2).

The educational guidelines present ambiguous evaluations of hyperactivity-impulsivity. Hyperactive-impulsive students are commonly perceived as “unruly”, “aggressive” or “troublemakers”, but the explicit negative judgements of the general population are mitigated with the semantics of the verb reporting the evaluation (“label”). The misidentification of the students as “troublemakers” is revoked explicitly portraying them as unable to control their behaviours (negative Judgements of Capacity). However, the guidelines include explicit assessments of hyperactive-impulsive behaviour as “difficult to manage” (Appreciation attitude type), acknowledging the difficulties teachers may face and supporting the evaluations of behavioural inappropriateness.

Hyperactivity-impulsivity is particularly linked to behavioural inappropriateness via implicit evaluations. Table 8.9 below shows the invoked attitude types identified in



each textual genre distinguished according to evaluative inference. Invoked evaluations are abundant, and negative Judgements of Propriety predominate in all genres and inferential levels.

DSM		Forum threads		Educational guidelines	
1	Actions attributed to the individual Jud:Prop'l	Actions of the child (with or without expression of counter-expectation) Jud:Prop'l Jud:Norm'l Jud:Cap'l		Actions of the student Jud:Prop'l	
2	Description of potential outcomes of the symptom Jud:Prop'l	Description of outcomes of actions associated with hyperactivity-impulsivity Jud:Prop'l		Description of potential outcomes of the symptom of hyperactivity-impulsivity Jud:Prop'l	
3	Actions of third parties Jud:Prop'l	Description of outcomes of other people's actions (verbal or non-verbal), in their turn triggered by the actions of the children Jud:Prop'l		Actions advised to teachers to manage hyperactive-impulsive behaviour Jud:Prop'l Jud:Cap'l Affect Dissatisfaction'l (projected)	
4				Description of general situations arisen due to hyperactivity-impulsivity Jud:Prop'l	

**Table 8.9 Evaluative inferences and invoked attitude types for hyperactivity-impulsivity**

In the DSM, invoked evaluations are exclusively negative Judgements of Propriety, most commonly inferred from actions and (especially) behavioural outcomes. Evaluative inferences from behavioural outcomes are uncommon in the forum threads and the guidelines, where evaluations are mainly inferred from depictions of behaviours or the actions of third parties. In the guidelines specifically, the evaluations inferred from third parties (i.e. the recommendations to teachers) constitute the main type of invoked

evaluations. The abundance of evaluations inferred from the actions of third parties emphasises the impact ADHD-behaviour may have for the individual and others.

The forum threads and the educational guidelines attenuate the negative valence of Judgements of Propriety. The explicit depiction of students as lacking behavioural control capacity (see above) bases the inferences of inappropriate behaviour upon an underlying Judgement of Capacity. The forum users do not appeal to children's incapacity but frequently employ humour as a mitigating device.

As observed for inattention, the DSM also employs abundant graduation resources in depicting hyperactivity-impulsivity, suggesting that medical accountability of behaviour is based upon a scalable conceptualisation of the traits according to frequency and intensity of presentation ("often", "excessive"; see Section 5.3.3.2). Medical significance is also modulated by the circumstances in which the behaviour occurs, i.e. any time in any social setting (e.g. "... where it is not appropriate", "... when ... is expected").

#### **8.2.4 Common conceptual ground in the understanding of inattentive and hyperactive-impulsive behaviour**

Linguistic evidence of the scalable conceptualisation of behaviour was observed across all textual genres, particularly in the DSM. ADHD-behaviour is represented as extreme, in terms of intensity and recurrence of presentation. Attitude types toward inattention and hyperactivity-impulsivity are also similar across the texts to a great extent. This section further develops the common conceptual bases of ADHD-behaviour as observed in the analysis of conceptual metaphors.

The mental faculty of (in)attention is commonly conceptualised in terms of space, and hyperactive-impulsive behaviour is understood on the basis of 'extreme activity' and 'lack of control' (see Sections 8.2.4.1 and 8.2.4.2 respectively). Lexicalisations of the conceptual metaphors were especially observed in the forum threads and educational guidelines. The DSM only presents one lexicalisation of the metaphors per behaviour type and employs them for illustrative purposes in describing the diagnosis: an example (elaboration) of the information provided for inattention, and an explanatory simile for hyperactivity-impulsivity ("Is often 'on the go', acting as if 'driven by a motor'"). The

reliance on lay conceptualisations for providing complete clinical depictions of the symptoms makes the DSM use of the conceptual metaphors particularly significant.

#### **8.2.4.1 (In)attention as spatial relation**

(In)attention is conceptualised as a spatial relationship of the individual with the surroundings, or of the mind with the perceptual objects. (In)attention as ‘individual-surroundings’ relationship includes the conceptual metaphors ATTENTION IS BEING HERE and INATTENTION IS NOT BEING HERE (or INATTENTION IS BEING ELSEWHERE), and ATTENTION IS PROXIMITY and INATTENTION IS DISTANCE (of the subject to the source of information or perceptual object). (In)attention as ‘mind-object’ relationship includes the conceptual metaphor ATTENTION IS BEING WITHIN THE SCOPE OF THE MIND. None of these spatial metaphors is novel, nor are they deliberately used as figurative language. All of them are conventionalised ways of speaking about the phenomenon and evidence our basic understanding of the cognitive faculty.

The conceptual metaphor ATTENTION IS BEING WITHIN THE SCOPE OF THE MIND was only identified in the forum threads. Attention is represented as the relationship between the ‘mind’, established as the reference point, and the cognitive phenomena (objects perceived or ideas considered). We are attentive to those thoughts that are close to our minds and disregard the distant ones. By referring to the mind, the metaphor emphasises the cognitive aspect of paying attention instead of the inattentive subject.

Conceptualisations of (in)attention as a spatial relation of the inattentive individual with the surroundings or ongoing situation were identified across the three genres. The metaphors ATTENTION IS BEING HERE and INATTENTION IS NOT BEING HERE were observed in the forum threads and the DSM. ATTENTION IS BEING HERE relies on the more basic conceptual metonymy PERSON FOR INNER SELF, and SELF AS LOCATION and MENTAL (CONCEPTUAL) SPACE IS PHYSICAL LOCATION conceptual metaphors (Section 6.2.2.2). In the DSM, ‘mind’ is used as metonymic referent to the person (Section 5.2.2.2). In all the examples, the deictic centre (i.e. the reference point from which the spatial relationship is established) is the third person observer, or the individual with the symptom of inattention once s/he is back in attentive state.

The metaphors ATTENTION IS PROXIMITY and INATTENTION IS DISTANCE were identified in the educational guidelines (see Section 7.2.2). The object of attention or

source of information (e.g. the teacher or the blackboard) constitutes the reference point from which the ‘proximity’ or ‘distance’ of the (in)attentive subject are defined. Attention is conceptualised as a physical disposition, and the changing cognitive state (from attentive to inattentive state or vice versa) is represented as movement in the physical space. In dynamic representations (i.e. representations of change of cognitive state), the ongoing activity (e.g. lesson) constitutes the deictic centre (coherent with the basic metaphor *EVENTS ARE LOCATIONS*). Acquisition of the inattentive state is conceptualised as aimless movement (“drift”) in the opposite direction from the deictic centre, and being inattentive is portrayed as disorientation or ‘being away’. Conceptualisations of inattention as disorientation in a situation or activity have also been identified in the forum threads (see Section 6.2.2.2, “...I have to... figure out where I was...”). In the educational guidelines, acquiring the attentive state is portrayed as induced or forced movement, with the teacher as inducer.

The guidelines demonstrate that our conceptualisations of phenomena condition how we relate or deal with them (see Section 7.2.2 for a parallelism between the conceptualisation of inattention and the advice provided to the teachers). (In)attention-related metaphors, especially *ATTENTION IS BEING HERE/ INATTENTION IS NOT BEING HERE*, evidence that the psychological domain is understood in terms of physical space, suggesting that the latter is central for our understanding of mental activities, relations with others and the activities we engage in. This observation coheres with cognitive linguistics literature, which has traditionally emphasised the importance of space in our understanding of phenomena. The conceptualisation of the inattentive state as not being in relation with the surroundings (people and ongoing situation, i.e. *INATTENTION IS BEING ELSEWHERE*) may explain part of the negative attitudes associated with inattention. Failure to adhere to the average conduct is reflected both in cognitive-related activities and in the management of social activities (e.g. off-topic turns in conversations, which may make the other participants feel they are being disregarded).

#### **8.2.4.2 Hyperactivity-impulsivity: conceptualisations of extreme behaviour and lack of control**

Hyperactive-impulsive behaviour is depicted as extreme activity and it usually connotes the individual’s lack of control. The lack of self-direction in kinetic and verbal behaviour, identified in ADHD studies as the main characteristic of hyperactivity-impulsivity

(Barkley 2006:297, 1997:66), is conceptualised as an ‘excess of energy’, i.e. HYPERACTIVE-IMPULSIVE BEHAVIOUR IS EXCESS OF ENERGY, identified in the educational guidelines. The conceptual metaphor HYPERACTIVE-IMPULSIVE BEHAVIOUR IS EXCESS OF ENERGY allows us to trace a parallelism between the conceptualisation of (extreme) behaviour and Kövecses’ CMT-based account of the conceptualisation of emotions (Kövecses, 2004; see Figure 8.1 below). The metaphorical representations THE HYPERACTIVE CHILD IS EXTREME WEATHER and THE HYPERACTIVE CHILD IS A MACHINE, identified in the forum threads, are also based upon the ‘excess of energy’ conceptualisation of hyperactive-impulsive behaviour.

Within the ‘excess of energy’ conceptualisation, the lack of control is triggered by the ‘excess’. The ‘excess of energy’ turns the individual’s body into a pressurised container, hence the need for an energy-venting mechanism, which can either be the (uncontrolled) hyperactive-impulsive behaviour or a controlled strategy facilitated by a third party (e.g. teacher). The HYPERACTIVE-IMPULSIVE BEHAVIOUR IS EXCESS OF ENERGY metaphor and the (pressurised) CONTAINER image-schema allow a folk understanding of ‘hyperactivity’ (excessive activity) and ‘impulsivity’ (absence of deliberation or self-directed action) as related phenomena. However, the DSM-V acknowledges that the two symptoms might not be given together (impulsivity tends to remain a difficulty in adulthood despite the attenuation of hyperactivity) (APA, 2013:62).

Lexicalisations of the metaphor and the container image-schema were identified in the educational guidelines (“Children with hyperactive-type ADHD usually have energy to spare [...]”; “Teachers should provide physical outlets to help these kids release their pent-up energy”). Teachers are the enablers of the energy release in all cases (Actor transitive role), and students with hyperactivity-impulsivity are implicitly deprived of any control over the ‘energy release’. The inability of the students to behave differently stands as the explanatory factor of the inappropriate behaviour. In their turn, the teachers are implicitly attributed the responsibility to adopt behaviour management strategies to help the students.

Figure 8.1 illustrates the parallelism between the conceptualisation of hyperactive-impulsive behaviour as ‘excess of energy’ and Kövecses’ CMT-based account of the conceptualisation of emotions (Kövecses, 2004).

### Conceptualisation of emotions based on Kövecses (2004)

Independence of emotion from subject (emoter)

Body → Container

Emotions → Fluid in a container

Passive subject

Emotional experience → Action (effect) of physical forces upon subject

Control

Loss of emotional control → Loss of control over a strong force

### Conceptualisation of hyperactivity-impulsivity (hyp. – impl.)

Independence of hyp.– impl. from subject (behavior)

Body → Container

(Activity → Energy in a container)

Hyp-impl. → Excess of energy in a container (pressurised container)

Passive subject

Controlled physical activity (by teacher) → Controlled energy release

Control

Loss of behavioural control → Loss of control over a physical force (force = excessive energy upon container)

**Figure 8.1 Parallelism between the conceptualisation of emotions (Kövecses, 2004) and hyperactivity-impulsivity**

‘Energy’ and ‘fluids’, two physics-related concepts, help us understand the human behaviour and experience of emotions respectively. Figure 8.1 highlights three common characteristics in the conceptualisations: the independence of the emotion or hyperactivity-impulsivity from the subject, the portrayal of the ‘emoter’ (or behavior) subject as passive, and the experience of a loss of control over emotion or behaviour. The uncontrollable character perceived in strong emotions or in the hyperactive-impulsive behaviour is identified as the central element in the conceptual correspondence. It is suggested that the feeling of lack of control over behaviour or emotion makes us experience them as if they were alien to us, as independent agents or forces. Referring to the ‘excess of energy’ (the ultimate cause of disruptive behaviour) instead of its behavioural manifestations avoids explicit portrayals of the students as agents of disruption (see Chapter 7, Section 7.3.2). Occasionally, the lack of control is represented as a division between the body (the behavioural agent) and the self (“their bodies just act before they have a chance to stop and think”). Folk representations of hyperactive-impulsive behaviour as a failure of the self to govern the body echo the Western Cartesian body-self division of the human being.

THE HYPERACTIVE CHILD IS EXTREME WEATHER and THE HYPERACTIVE CHILD IS A MACHINE were identified in the forum threads as common folk representations of hyperactivity-impulsivity. Extreme weather references to the children (“tornado”, “hurricane”) connote the excess of energy and lack of behavioural control of the children by projecting the intense force and wildness of the natural forces. MACHINE metaphors (“He flies out of bed at 6am in overdrive and flies at 100mph ...”) depict the intensity of activity by tracing a parallelism between the children and a machine or powerful engine (however, absence of self-direction is not entailed).

THE HYPERACTIVE CHILD IS EXTREME WEATHER and THE HYPERACTIVE CHILD IS A MACHINE contrast in deliberateness with HYPERACTIVE-IMPULSIVE BEHAVIOUR IS EXCESS OF ENERGY: while the EXCESS OF ENERGY conceptual metaphor is non-deliberate, the other ones are deliberate (employed by the forum users as figurative language). Deliberate metaphors were only identified in depictions of hyperactive-impulsive behaviour, not in inattention or general ADHD descriptions. It is suggested that the exclusive employment of deliberate metaphors for extreme behaviour representations may be due to their pragmatic effects: a hyperbolic reinforcement of the extreme character of the kinetic and verbal activity, which evokes a humorous stance (Section 8.3) but also reaffirms the prototype image of the ‘ADHD child’ as restless and difficult to manage.

### **8.3 ADHD and the generation of affiliation**

The forum threads are the genre in which the lack of an inherent negative value in ‘ADHD’ is particularly evident. Parents understand ADHD as a distinctive quality of the children and tacitly employ it as a community builder. Metonymic identifications of the children with the diagnosis (DEFINING PROPERTY FOR CATEGORY or POSSESSED FOR POSSESSOR metonymies) and designations of the outcomes of children’s actions by referring to ADHD (CAUSE FOR OUTCOME metonymy) evidence the construction of the forum community through the diagnosis. The metonymies identify ADHD as the most salient aspect of the children and assume a common ground among the writer and the other forum users, i.e. knowledge about ADHD and attitudes towards it. In evoking the shared beliefs associated with ADHD as salient attribute of the children, the metonymy promotes affiliation but also reaffirms the stereotype of the ‘ADHD child’. The metonymic designations homogenise the individual traits of the children, equated on the

basis of ADHD. In the forum threads, metonymic identifications of the children with the diagnosis pragmatically function as a humoristic resource (humour as pragmatic function of metonymy has also been noted in Radden & Kövecses, 1999:52). Humour was mainly observed in descriptions of hyperactive-impulsive behaviour, occasionally also identified in depictions of ADHD, inattentive behaviour, and the situations the symptoms may lead to.

Humour has received little attention in SFL studies. The work of Naomi Knight on convivial conversational humour in informal exchanges between friends stands as one of the first attempts to integrate SFL and Appraisal Theory with the study of humour (Knight, 2013, 2010). Like this thesis, Knight also takes distance from Attardo and Raskin's Semantic Script Theory, more suitable for the study of jokes, and stresses the importance of humour as evaluative and affiliative resource (Knight, 2013:555, 2010:23). Convivial conversational humour is highly context-specific and appears unfunny to outsiders; on the surface it appears to be only informing (i.e. experiential meaning), which makes it difficult to interpret (Knight, 2013:560, 2010:23). The shared background of the speakers (forum users) allows them to couple experiential meaning with evaluation; the closer the relationship between the speakers, the more implicit the attitudinal meaning tends to be (Knight, 2010:164). Knight adopts laughter as the mark of humour, i.e. an utterance is humorous if it makes the other speakers laugh (also in Partington, 2006). Due to the written style of the forum exchanges, laughter could not be defined as mark of humour. Linguistic triggers of humour are very varied, occasionally supported with emoticons. Hyperbole, irony, reported speech, metonymic identifications of the children with ADHD and adjective choices are linguistic resources aimed at expressing humour. The deliberate metaphors portraying hyperactive-impulsive behaviour (THE HYPERACTIVE CHILD IS EXTREME WEATHER and THE HYPERACTIVE CHILD IS A MACHINE) also contribute to the playful stance. The following are examples of humorous expressions identified in the analysis:

- 8.1 Your 5-year-old ADHD proudly prances out of his room after receiving his Christmas craft stamp pens with stamps all over his ENTIRE body.
- 8.2 your kid decided to paint himself [...]
- 8.3 You discover all of the missing assignments of your innattentive 5th grader in his desk [...]

The linguistic triggers of humour have been underlined in the examples, but they do not make the instances humorous on their own. As in Knight's convivial conversational



humour, also in the informal forum exchanges humour is highly dependent on the conversational background, i.e. the participants involved, their shared knowledge and values, and what is being evaluated (Knight, 2013:560-561). The forum users' children are the ultimate target of humour in all cases, and humour is about the ADHD-related behaviour, hyperactive-impulsive behaviour in examples (8.1) and (8.2), and inattention in (8.3).

The thesis has analysed humour as part of the study of evaluation, describing it as a shift of valence (Chapter 6, Section 6.4). The shift of valence is distinguished from a "reversal of evaluation" (the expression of the opposite value), considered by Partington as a "logical mechanism" of humour (2006:46&226). The humorous instances identified in the forum do not present linguistic support for an account of humour as a reversal of values. Examples (8.1-8.3) show that the expression of humour mitigates the negative evaluation of the children (negative Judgements of Propriety inferred from children's actions (8.1-8.2) or from the result of the actions (8.3)). However, in mitigating the negative evaluation, writers do not evaluate the children positively either. In Appraisal terms, we can regard humour as a graduation resource that softens the focus of evaluation (Focus:Soften type of Graduation): humour mitigates the negative judgements commonly associated with the referential meaning but does not override them.

Accounting for humour only in evaluative terms does not explain all the pragmatic functions it allows for in the exchanges. Shifting the negative valence of the evaluations and establishing a playful stance promotes a more positive stance toward the behaviour evaluated and fosters the sympathy of the readers toward the children. Humour also contributes to generating affiliation among the forum members. The recurrent use of the possessive determiner "your [kid/child]" to refer to the writer's own child fosters affiliation by encouraging the readers to identify themselves with the described situations. Knight identified the speakers' affiliation and negotiation of values as the two main functions of humour in conversations between friends (Knight, 2013:553). Part of the negotiation of values involved in humour is to distinguish oneself (or the group) from those people whose values we do not share (Knight, 2013:565). The humorous posts identify the forum users as the social actors entitled to make such humorous statements on the basis of their parental affiliation with the children and, often, their own ADHD diagnosis. Lastly, in the forum humour also functions as a coping mechanism for the parents, allowing them to take distance from adverse everyday situations.

From an ideational perspective, the analysis of humour suggests that inattention and hyperactivity-impulsivity are not perceived equally. Although humour was also identified in descriptions of inattentive behaviour, the humorous portrayals of hyperactive-impulsive behaviour and its outcomes prevail. The lexicogrammatical analysis had also noted a different use of the adjectives “impulsive” and “hyperactive”, and “inattentive” as modifiers of children, the latter being anecdotal (example (8.3) only). While both inattention and hyperactivity-impulsivity are negatively evaluated, parents seem to hold different attitudes toward them, potentially due to the usual correlation between inattention and lack of the necessary cognitive skills to achieve academic success.

#### **8.4 Importance of evaluation in understanding. Evaluative inference as a form of metonymic reasoning: a preliminary proposal.**

Studies of social psychology understand stigma as a multi-layered phenomenon and distinguish the levels of stereotyping, prejudice and discrimination (Rüsch et al., 2005:530; Hinshaw, 2005:715). Stereotyping is considered a cognitive process, i.e. the ascription of salient attributes of a category to a particular individual. Negative evaluations of a group can lead to prejudice, i.e. the ascription of negative prejudgements to the members of a group. Discrimination involves the different treatment of a group, limiting the power of its members, on the basis of negative preconceptions (see Chapter 2, Section 2.1.2). Although the three elements are effectively related, they may not be given together.

The discrimination of individuals with ADHD is recognised in the DSM-V, in reports of common misconceptions of the ADHD-related behaviour. The inclusionary strategies of classroom management advised in the educational guidelines also aim to tackle the potential peer discrimination of children with ADHD. Teachers are advised to take the ADHD-related difficulties into account when addressing the children with the diagnosis (e.g. allocating them at particular locations of the classroom and dealing with their potentially disruptive behaviour); however, the strategies adopted should be

applicable to all the children to avoid differential treatment. Explicit evidence of discrimination was not identified in the forum threads.

The stereotyping of individuals with ADHD is evidenced across the texts. Descriptions of inattention and hyperactivity-impulsivity in the guidelines are rare but present strong similarities to the DSM ones. The recommendations given to the teachers and the descriptions in the forums also reflect the psychiatric descriptions of the behavioural traits (process types and adjectives). Forum users evoke the stereotype of the 'ADHD child' via metonymies, and the stereotypical hyperactive-impulsive behaviour via deliberate metaphors that stress the salient attributes associated with the trait. A stereotyped portrayal of the individuals seems inevitable in the DSM, since the manual provides a general description of the condition to give account of the major number of cases. Similarly, the educational guidelines need to emphasise those traits that have a direct repercussion in the classroom setting (i.e. short attention span and disruptive behaviour). However, the guidelines fail to acknowledge or give equal importance to other traits specified in the DSM that can equally affect classroom interaction (e.g. difficulty of students with ADHD to establish and maintain social relationships, or danger to hurt themselves due to impulsive behaviour). Likewise, the guidelines fail to acknowledge any positive characteristic students with ADHD may have (e.g. they are occasionally attributed a creativity above average and high levels of general, albeit volatile, curiosity that teachers should attempt to sustain). These textual choices contribute to sustaining the stereotypical portrayal of the 'ADHD student' and strengthen the teachers' responsibility towards students' academic success.

ADHD is not free from stereotypical attitude ascriptions either. Behaviours associated with ADHD are frequently assigned negative judgements regarding the inappropriateness of the actions or the lack of capacity (cognitive or social) displayed. Negative attitudes prevail in all the corpus. Only the forum threads include some positive evaluations of individual children, usually presented as counter-expectations to the usual conduct (hence reaffirming the typical negative perception of ADHD-behaviour). The recurrent negative evaluations and similar attitude types across the three textual genres (i.e. negative Judgements of Propriety and Capacity in their majority) suggests that prejudice is an actual peril.

The study of invoked evaluations has presented the indirect ascription of attitude as an inferential process requiring more or less 'inferential work'. Evaluations of the individuals were mainly inferred from the description of their behaviours or actions, from

behavioural outcomes, or from the actions that third parties have taken or are advised to take in response to the ADHD-related behaviour. This chapter proposes that indirect evaluations of people and their behaviour like the ones identified in this thesis can be understood as being metonymically motivated. The proposal is presented as an extension of Panther and Thornburg's studies on the presence of metonymic principles beyond the propositional level, at the level of illocution, i.e. illocutionary or speech act metonymies (Panther & Thornburg, 1998:757; Panther & Thornburg, 2017) (summarised in Section 8.4.1). The thesis hypothesises that metonymic principles also apply at the level of evaluation, hence explaining the conceptual basis of certain evaluation inferences (developed in Section 8.4.2). The cognitive approach explains the apparent automatic character of evaluation in our interaction with phenomena (i.e. our interaction with the world is not free from evaluation), while accounting for the lack of necessity of such evaluations (i.e. we can evaluate differently).

#### **8.4.1 Metonymy as inferential tool that goes beyond the proposition**

The approach to metonymy adopted in the thesis draws on Dirven's understanding of metonymy as *conceptual contiguity* (Dirven, 2003) (see Chapter 4, Section 4.4). Understanding metonymy as a *conceptual* relation entails that metonymic relations extend beyond referential metonymies (e.g. 'Croatia didn't win the World Cup'). The conceptual primacy of metonymy is accepted across Cognitive Linguistics research (Feyaerts 1999:329; Gibbs, 1994:321-358; Gibbs, 1999:62; Panther & Radden, 1999:2; Radden & Kövecses, 1999:21; Warren, 1999:122). Bringing Dirven's approach together with the two-domain theory, (conceptual) *contiguity* is understood to be given within the same idealised cognitive model (ICM), domain matrix, frame or scenario, i.e. the conceptual entity accessed (target or implied referent) and the conceptual entity that functions as trigger, or mentioned referent, belong to the same cognitive network (Radden & Kövecses, 1999:30)<sup>24</sup>. The 'conceptual contiguity' between trigger and target is supposed to be well-understood by the participants in the context of interaction (Feyaerts

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<sup>24</sup> In Cognitive Linguistics, meaning is context-dependent, conditioned by the extra-linguistic reality we interact with. Thus, meaning is understood as a cognitive structure, i.e. the patterns of knowledge and beliefs we have of the world (Taylor, 1995:83; Croft, 2003:163). These complex cognitive structures are 'idealised', i.e. they are not constituted by the empirical manifestations of a particular phenomenon, but by a prototype notion of it. Authors in Cognitive Linguistics have distinguished different types of cognitive structures, stressing different aspects of them (frames, scripts, schemata, scenarios, ICMs) (Lakoff, 1987:68; Taylor, 1995:87; Croft, 2003:166; Musolff, 2016:30).

1999:317; Radden & Kövecses, 1999:19; Warren, 1999:122). In understanding metonymy as conceptual contiguity, metonymy is regarded as an essential cognitive tool for inferential processes. Metonymic inference takes place when one part of an ICM is employed to evoke the whole ICM or another part of it (Gibbs, 1994:320-321&328; Gibbs, 1999:67). Examples of metonymic inferences studied in the literature are colloquial tautologies and indirect speech acts of request (Gibbs, 1994:345&351; Gibbs, 1999:67; Panther & Thornburg, 1998; Panther & Thornburg, 2017:281-282).

A common example of colloquial tautology is ‘boys will be boys’, usually employed to evoke the stereotypic unruly behaviour associated with boys (Gibbs, 1999:73). In the forum threads, the instance “your adhd child will always be that [ADHD child/person]” was identified as a colloquial tautology. The tautology acquires meaning by metonymically referring to the most salient (stereotypic) attributes associated with ADHD, i.e. the general category ‘ADHD child’ evokes the unruly behaviour and cognitive difficulties commonly perceived in children with the diagnosis. The metonymic reference evokes the shared knowledge about ADHD-related difficulties and the evaluations commonly ascribed to them, reaffirming the stereotypical image of ADHD.

The metonymic inferencing of colloquial tautologies, which retrieves the most prototypic attributes associated with a category by referring to the category itself, contrasts with the metonymic inferencing of whole ICMs by referring to one of its parts, or the inference of a part of the ICM by referring to another part. An example of metonymic inference of whole event ICMs is the inference of the travel scenario in the following everyday exchange: A: ‘How did you go to the airport?’ B: ‘I waved down a taxi.’ (Gibbs, 1994:328; 1999:67). The subpart of the whole event (e.g. how we got access to the vehicle) stands for the whole event (e.g. the travel scenario) (1994:331). Panther and Thornburg’s (1998, 2017) illocutionary metonymies also involve the inference of a whole ICM (the speech act) by reference to one of its parts. More specifically, illocutionary metonymies operate in scenario structures (Panther & Thornburg, 1998:758)<sup>25</sup>. The action (speech act) scenario is defined as constituted by a BEFORE component (conditions that need to be fulfilled for the action to occur), a CORE component (the action itself), a RESULT (of the action), and an AFTER (the consequences of the action)

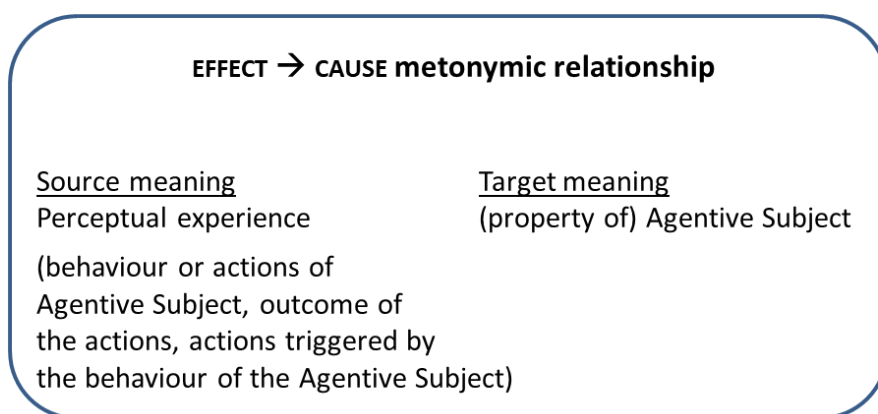
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<sup>25</sup> Scenarios are a subtype of ICMs which involve a temporal sequence, i.e. the scenario structure involves a “SOURCE–PATH–GOAL schema” (an “initial state” is followed by an event or a “sequence of events”, which lead to a “final state”) (Lakoff, 1987:285). However, see Musolff (2006:27-28; 2016:30) for a development of the concept; scenarios do not only include the prototypical elements associated to a concept (participants, SOURCE–PATH–GOAL schema), but also the evaluations of the elements, ultimately grounded in the social community.

(Panther & Thornburg, 1998:758-759). In ‘Will you close the door?’, a part of the speech act scenario (the inquiry about the future action of the addressee) stands for the whole request scenario (1998:759). Panther and Thornburg’s illocutionary metonymies provide the theoretical ground for the metonymic evaluative inferences proposed in this thesis. In particular, the proposal is indebted to the notion of ‘scenario’ as the enabling cognitive structure of the inference, and the expansion of metonymy at the pragmatic level.

### 8.4.2 Metonymy-based evaluative inferences

This thesis proposes that evaluative inferences of human behaviour as the ones studied (i.e. evaluations of individuals triggered by their behaviours, by the behavioural outcomes, and by the behavioural reaction that these actions may trigger in third parties) are metonymically motivated. The evaluative inferences occur within an action scenario, and the different parts are metonymically inferred through an EFFECT→CAUSE relationship, where “effect” stands for what we see, and “cause” for what we infer (see Panther & Thornburg, 2017:289 for a development of EFFECT→CAUSE as a high level metonymy, and Figure 8.2 for a graphic representation).



**Figure 8.2 Elements of the action scenario in evaluative inferences of behaviour through the EFFECT → CAUSE metonymy**

The action scenario of behavioural action-reaction is described as composed of the following elements: an Actor (agentive subject), an Action (produced by the Actor), an Outcome (of the Action), an Other (a third person that perceives the Action), a Reaction (of the Other toward the Action –which can either be another action or some psychological state). In normal circumstances, at perceiving the performances of an individual (Actor), we tend to assume that the individual is in full capacity of their actions

and that they behave according to some personal purposes (the BEFORE component). The action or behaviour that the individual realises constitutes the CORE component. The RESULT is the outcome of the behaviour or action, and the AFTER component is the consequences that the behaviour or the outcomes may entail for the other social actors. The sequence involved in the action scenario is summarised in Figure 8.3.

<b>Action scenario</b>	
(i) BEFORE	P is in full capacity of their actions and will act according to their purposes
(ii) CORE	P does an Action
(iii) RESULT	Action has an Outcome
(iv) AFTER	Q is affected by the Action / Outcome Q generates a Reaction to P's Action

**Figure 8.3 Stages of the action scenario**

We do not need to perceive all the sequence of the action scenario to understand the full event. The observation (or recount) of any of its parts triggers the inference of the preceding ones. Whenever we observe a behaviour, action or performance, we infer an agentive subject; whenever we perceive some (human) outcome, we infer the action that may have generated it, which ultimately points back to some known or unknown actor; and whenever we see somebody's reaction to somebody else's behaviours or actions, we make some inference about those actions and whoever did them. The inference draws a causal chain between the different parts of the scenario. In recounting the event, the decision to focus on one part instead of another will vary according to communicative purposes. Accordingly, the educational guidelines focus on the actions that the teachers have to take to address ADHD-behaviour; the DSM prioritises descriptions of the behaviours and their potential outcomes; and the forum users mostly describe the actions of the children, and refer to the actions of third parties, mainly for rhetorical purposes (to support their descriptions or elicit humour).

The metonymic basis of the evaluative inferencing accounts for the different levels of invoked evaluation identified in the analysis. In studying the illocutionary metonymies, Panther and Thornburg observed that metonymic links may vary in strength depending on the conceptual distance between source and target (Panther & Thornburg, 2003b:6 and 1998:761). This observation resonates with the understanding of metonymy

in terms of conceptual contiguity adopted in the thesis. The more removed from the agentive subject the evaluation trigger is, the more invoked is the evaluation inferred and the more complex is the inferencing process involved. Evaluations of individuals derived from the actions they realise are conceptually stronger (less invoked) than those derived from the reactions of third parties, whose inference needs a further elaboration of the causation chain.

Consider the following example from the guidelines: “Provide legitimate opportunities to be physically active”. The guidelines describe the actions that a third party (the teacher) should take when working with children with ADHD. The reference to the teacher’s action, i.e. the provision of legitimate opportunities to move (what we observe), allows us to infer the behaviour that it is aiming to address (i.e. uncontrolled movement and consequent class disruption) and the actor responsible for the action (i.e. students with ADHD). The particular piece of advice allowed us to infer the whole event that would trigger it, from which follows the inferred negative evaluation of the students (judgement of inappropriateness). Following the preceding cognitive-based proposal, the invoked evaluation of students’ behaviour is metonymically motivated, grounded upon an effect-cause relation (the ‘effect’ observed stands for its ‘cause’). In action or behavioural scenarios as the one described, the ultimate cause is an agentive subject in all cases.

Drawing on Panther and Thornburg’s studies on illocutionary metonymies, this thesis hypothesises that the EFFECT→CAUSE metonymic relation within the action scenario described above constitutes a ‘natural inference schemata’ for evaluation inferring (Panther & Thornburg, 1998:768)<sup>26</sup>. The verification of the hypothesis would provide further evidence of the cognitive importance of metonymy and its ubiquity in everyday reasoning. The automatic tendency to establish effect-cause relations in our perception of behaviour and behavioural outcomes provides an explanation for the “Russian Dolls’ syndrome” identified, during the Pilot analyses, in the application of the Appraisal Theory framework of Attitude to the data studied (see Chapter 4, Section 4.3.2). Chapter 4 mentioned the following cases (both of them from the DSM) as examples of the phenomenon: “Often ... makes careless mistakes” [-Appreciation ^ -Jud:Cap’I ^ -Jud:Norm’I], and “Hyperactivity refers to excessive motor activity [...] when it is not

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26 Describing metonymic principles as ‘natural inference schemata’ entails that metonymy allows for “easily activable associations among concepts that can be used for inferential purposes” (Panther & Thornburg, 2003b:8).



appropriate, or excessive fidgeting, tapping, or talkativeness.” [-Appreciation ^ -Jud:Prop’I ^ -Jud:Norm’I]. We observe a primary evaluation of the result of the performance or of the performance on its own (i.e. Appreciation, “careless mistakes”, “excessive motor activity”), from which we infer a negative Judgement (of Capacity or Propriety) of the agentic individual. The hypothesis that behaviour-related evaluations of individuals are metonymically inferred through an EFFECT→CAUSE relation entails that the ‘Russian Dolls’ are inevitable due to our tendency to conceive reality in causative terms.

In Attitude analysis, Appreciation attitude types (i.e. evaluation of things and performances) are commonly identified as tokens of invoked Judgements (i.e. evaluation of the individuals), but not vice versa (i.e. inference of Appreciation from Judgement). If we consider the prefabricated example ‘The last Iggy Pop’s concert was terrible’, we observe an inscribed negative Appreciation of the concert and an inference of a negative Judgement of the musician. However, if we consider a (decontextualized) description of the singer (e.g. ‘Iggy Pop doesn’t sing as he used to do’), the reverse evaluative inference (Appreciation from Judgement) does not occur. The inference of the Appreciation from the Judgement would only arise from a conversational implicature (in the traditional Gricean sense) as in the following exchange:

A: How was Iggy Pop’s concert last Saturday?

B: Iggy Pop doesn’t sing as he used to do.

Except in those cases where the ‘effect’ (the concert in the example) is contextually implicitly referred to by the ‘cause’ (current inability of the singer), the EFFECT→CAUSE metonymy stands as the default inference schemata, i.e. the cause (agentic subject) is inferred from the perceived phenomena (the behaviour, behavioural outcome, or action triggered in third parties).

Accounting for the evaluation of human behaviour as based upon metonymy-based inferences means that it is not possible to provide negative or positive descriptions of behavioural manifestations and their outcomes without, at the same time, transferring the evaluation to the individual that displays them; any behavioural stereotype comes with an evaluation (judgement) of the individuals that manifest the behaviour considered.

In relation to the generation of stigma, it is important to point out that, while we cannot escape from evaluation (if we accept the EFFECT→CAUSE as a ‘natural inference schema’), metonymic inferences are conceptually non-necessary (Panther & Thornburg,

2003b:7 and 2017:280). Understanding how the attitudes we hold towards individuals are generated does not prevent us from having the attitudes in the first place if evaluation is entrenched in our reasoning. However, understanding the evaluative process should allow us to challenge (negative) preconceptions and avoid the discrimination practices that may follow the latter. This observation supports stigma campaigns that aim at tackling stigma by exposing the social community to the stigmatised groups, based on the assumption that recurrent interactions with members of a stigmatised group can disprove the negative preconceptions.

# Chapter 9

## Conclusions

This thesis has examined the representation of ADHD in three textual genres: the DSM-V, the gold standard textual production of the psychiatric institution (Chapter 5); online forum threads, which provide an insight into the laypeople's understanding of ADHD (Chapter 6); and educational guidelines, to study how the educational community addresses the diagnosis (Chapter 7). The psychiatric and educational institutions, and parents and close relatives of diagnosed individuals, were considered to be the social communities that have the most contact with individuals with ADHD and the most capacity to influence them. The thesis has considered how ADHD is represented in three linguistic strata: lexicogrammar, semantics, and evaluation. The analysis has also considered how the linguistic characteristics of each textual genre influence representation. The investigation makes several contributions to the discipline, and it has also opened potential areas for further research. Section 9.1 examines how the thesis contributes to discourse studies of health and illness whilst advancing understanding of SFL, evaluation, metonymy and humour. Section 9.2 considers future directions in the study of evaluation and health discourse studies.

### 9.1 Contributions

#### 9.1.1 Contribution to discourse studies of health and illness

The study of the linguistic representation of ADHD in the three textual genres examined has made it possible to compare the understanding of pathologic behaviour across different social communities, exploring different types of knowledge and associations with the diagnosis. There were three findings: (i) human behaviour is conceptualised as scalar, especially in the DSM, (ii) as a psychiatric category, ADHD does not receive an inherent negative evaluation, but deviant behaviour does and (iii) there is a parallelism between folk conceptualisations of extreme behaviour and metaphorical conceptualisation of emotions as studied in Cognitive Linguistics (see Kövecses, 2004). The general absence of negative evaluation of 'ADHD' as a psychiatric category allows

us to contrast the findings of the thesis with those of previous discourse studies on mental illness stigmatisation. Previous studies are particularly concerned with media productions. Negative portrayals of mental illness and of individuals with a psychological diagnosis have been repeatedly reported as the general trend in mass media productions, from newspapers to TV series and films, children's cartoons included (Chapter 2, Section 2.1.2). The analyses presented in the thesis take a different angle on stigma so far under-researched.

Psychiatric and lay representations of ADHD share a scalar conceptualisation of human behaviour. On these views, extreme and anomalous behaviours are identified as clinically significant when correlated with some dysfunction. Scalability is marked in terms of the intensity and recurrence of the problematic behavioural traits (i.e. usuality modality type). Other marks of clinical significance identified in the DSM include the probability that different behaviours co-occur or are accompanied by other difficulties (i.e. probability modality type). These observations are consonant with the DSM-V understanding of most psychological conditions as a spectrum (APA, 2013:6) and support a prototype conceptualisation of ADHD. Prototypes are defined in terms of typical, rather than necessary features, such that liminal cases are possible and that no one feature is necessarily common to all members (Chapter 5, Section 5.0). The forum threads and educational guidelines represent ADHD-behavioural traits (inattention and hyperactivity-impulsivity) in terms of their most common manifestations (excessive movement, lack of forethought and academic difficulties), overlooking other potential complications of ADHD (noted in the DSM), and contributing to a stereotypical image of individuals with the diagnosis. It is hypothesised that the scalar conceptualisation of behaviour is not limited to the ADHD-behavioural traits, but it is applicable to our general understanding of human behaviour.

The conceptualisation of pathology as a dysfunctional extreme behaviour, evidenced in the DSM-V, entails that it is the ADHD-related *behaviour* that is inherently negatively valued. Negative judgements regarding the appropriateness of kinetic and verbal behaviour and a lack of cognitive (and occasionally social) capacity were identified in all the texts studied, i.e. DSM-V, the educational guidelines and the forum threads. In the DSM-V, the recurrent comparison with the average population in characterising clinically significant behaviour establishes a (negative) judgement of normality as the underlying evaluation of pathology. This inherent evaluation associated with the deviant behaviour contrasts with the absence of any intrinsic evaluation of ADHD as a psychiatric

*category*. The depiction of ADHD as a non-intrinsically negative category is linguistically represented differently in the texts analysed. In the DSM, ADHD is represented either as an entity on its own, or as a Qualifier of the individuals, thus explicitly avoiding identifying the individuals with the diagnosis and turning it into an identity trait. The educational guidelines follow, in general, the same wording as the DSM. The forum threads are the genre that provides most evidence of the lack of a negative value ascription to the diagnosis on its own. While acknowledging the negative impact that ADHD may have in people's lives, lay people understand ADHD as a condition of being, without negatively evaluating diagnosed individuals. In the context of the forum threads, ADHD acts as an affiliative resource: the users identify themselves with each other's experiences on the basis of their relatives' shared diagnosis. The diagnosis also functions as an explanation of everyday difficulties for individuals with ADHD and their close relatives. In the forum, the lack of inherent evaluation is manifested at the pragmatic level: potentially stigmatising linguistic resources here serve to empower the diagnosed individuals and their close relatives. In the threads, when 'ADHD' functions as a trigger of negative evaluations it normally does so by metonymically: 'ADHD' stands for conducts and attributes commonly associated with the diagnosis (e.g. 'an ADHD individual will always be ADHD').

The absence of an intrinsic negative evaluation for ADHD entails that stigmatisation should be understood as independent from diagnosis. While stigma may be triggered or enforced in making the diagnosis public, as suggested by the Modified Labelling Theory, stigmatisation can also occur without a public diagnosis, due to the negative evaluations placed on the conduct or attributes that the individuals manifest. The findings of this thesis are more in line with psychological accounts of stigmatisation. On these views, stigma is a multi-layered phenomenon, compounded of stereotyping, prejudice and discrimination (see Hinshaw, 2005; Rüsch et al., 2005). The identification of EFFECT → CAUSE metonymy relations as 'natural inference schemata' of evaluation (see Section 9.1.3 below) helps shed light on how negative evaluations which constitute stigma are generated. Our explicit attitudes toward performances or products of human behaviour (i.e. inscribed Appreciations) trigger an implicit evaluation (i.e. invoked Judgement) of the actors due to the conceptual contiguity between the actor and the act. A better understanding of how negative evaluations are generated can help us explain how stigma preconceptions and prejudices develop.

The analyses of the different texts have also revealed parallelisms between expert and lay conceptualisations of ADHD. The analyses reveal a generalised spatial conceptualisation of the mental faculty of (in)attention, and the employment of MACHINE and EXTREME WEATHER source domains in the metaphorical representation of extreme behaviour. The examination of the underlying conceptual metaphors has also made it possible to identify a parallelism between folk conceptualisations of extreme behaviour (hyperactivity-impulsivity), and folk conceptualisations of emotions, as identified by Kövecses (e.g. Kövecses, 2004). Both emotions and extreme behaviour are characterised by the lack of control of the agentive subject. The lack of control is conceptualised as a separate entity from the individual (either as a ‘fluid’ or as ‘energy’), which is enclosed in the individual’s body and needs to be released. A study of the folk conceptualisation of the lack of self-control helps us to understand the underlying stereotyping assumptions of psychological diagnoses. The review of the literature on stigma revealed that lack of self-control is central to stereotypes of mental illness, which are associated with hostility and incompetence (Chapter 2, Section 2.1.2, Sadler et al., 2012:920). The findings of this thesis are similar: references to non-human agency were identified in all texts studied (both ‘machine’ and ‘extreme weather’ metaphors, as well as the ‘pressurised container’ metaphor). These findings are consistent with previous studies on ADHD representation in other genres, which also identified a lack of self-regulation as the most recurrent representation of diagnosed children (e.g. Rafalovich’s (2001) study of ADHD parental guidebooks).

The conceptualisation of the lack of self-control (ultimately caused by emotions or the urge to extreme behaviour) as an entity external to the agent resonates with the Cartesian tradition of thought. In this tradition, the self (‘soul’) was historically identified with reason (i.e. *res cogitans* or the ‘thinking self’), *essentially* distinct from the body (*res extensa*) in which it is enclosed. Emotions were understood as ‘passions’, produced by an external cause (body) and suffered by the self (‘soul’). While ‘passions’ were acknowledged as part of the human condition, it was paramount for the ‘self’ to control them (see Descartes, 2005/1649). These considerations suggest current folk conceptualisations of psychiatric phenomena follow a mainstream Western tradition of thought, and that our conceptualisation of psychopathology is ultimately based upon our conception of the self.

### 9.1.2 Humour in the study of evaluation

Humour is an under-researched topic in SFL studies. In studying how humour contributes to the representation of ADHD in the forum threads, I did not find many preceding SFL-based studies on humour apart from Naomi Knight's research on convivial conversational humour (Knight, 2013, 2010). Attardo's General Theory of Verbal Humour (GTVH) (Attardo, 2017) is widely recognised as the most comprehensive linguistic account of humour to date. As Knight already observed in her study of informal conversations, GTVH explains the generation of humour in canned jokes but it does not account for conversationally occurring humour, which is the type of humour that we encounter in the forum threads (Knight, 2013:555, 2010:23). GTVH is based upon the opposition of scripts (i.e. the generation of contrast), essential in canned jokes, and also central to other linguistic devices commonly employed as humour triggers (e.g. hyperbole, irony). Unlike canned jokes, conversationally occurring humour is highly context-dependent, hence difficult to identify with any linguistic resource. Pragmatic strategies, such as hyperbole, metonymy, irony, anecdote and reported speech are the main linguistic realisations of humour in the forum but do not constitute humour triggers on their own. Humour has been mainly encountered in a forum thread that allows parents to take a light stance toward ADHD; it is the explicit setting of the thread as a space for humour that has made it possible to identify the linguistic resources mentioned as facilitators of humour in the posts.

In her studies, Knight accounts for humour as a coupling of experiential and evaluative meaning that primarily functions as an affiliative device by allowing for the negotiation of values among friends or close acquaintances (Knight, 2010:164). In my study of the forum threads, I distinguished three main communicative functions of humour: (i) as an evaluative device, (ii) as an affiliative device, and (iii) as a venting mechanism.

To my knowledge, Partington (2006) is the first researcher to account for the importance of humour in the generation of evaluation. However, this thesis maintains that humour cannot be understood as a 'reversal of evaluation' (Partington, 2006:46&226). The analysis has revealed no lexical evidence for a reversal of values. Instead, the thesis proposes that humour can be understood as a 'shift of evaluative valance'. The 'default' (common) evaluation associated with the representational meaning (negative in the forums) is attenuated and shifted towards a more positive stance without overriding the

original negative judgement. This 'shift' was observed for all cases of humour in the forum. In Appraisal Theory terms, the thesis has accounted for humour as a Graduation resource that changes the Focus of evaluation. The shift of valence enables a more positive portrayal of the children with the diagnosis, thus fostering sympathy toward the children, while still acknowledging the inappropriateness of their behaviour. Hence, in certain contexts, including the informal support groups of the forum threads, humour about commonly stigmatised attributes may function as a counter-stigmatising device due to the promotion of affiliation or in-group generation.

As in Knight's study, humour also promotes affiliation among the forum participants. Humour is generated when forum users recount situations that are assumed to be familiar to other users, allowing the formation of an in-group. In promoting a light stance toward potentially uncomfortable everyday situations, humour functions as a coping mechanism for the parents and carers of the children by allowing venting. It is hypothesised that spaces for venting through humour are a common resource in online support communities for individuals with similar conditions and their carers. *ASD Friendly* (asdfriendly.org), an online community for parents and relatives of individuals diagnosed with Autism, includes a similar forum thread ("You know there is Autism in the family when..."). This allows parents to describe daily experiences related with Autism from a light stance (e.g. "a policeman puts his hand in an sympathetic way on your asd child's shoulder and everyones jumps back in absolute horror"; ""Hi I am Rich" and your asd son turns around and says: Oh my mom loves rich men."). As in ADD Forums, many users of ASD Friendly have a diagnosis themselves. These observations reaffirm humour as a valuable coping mechanism and affiliative resource, especially helpful for groups that are more prone to suffer social exclusion.

### **9.1.3 Methodological contributions and challenges: systematisation of evaluation and integration of a cognitive account in SFL-based research.**

This thesis aimed to be a systematic and comprehensive study of the representation of ADHD in the different textual genres considered. The analysis has focused on representation as realised in the linguistic strata of lexicogrammar, semantics and discourse semantics (evaluation). Where possible, it has identified influences across the



strata. It has also argued for the analytical and theoretical suitability of distinguishing semantics and discourse semantics strata in the SFL model (i.e. the Martinian discourse semantics stratum does *not* exhaust the Hallidayan semantics; see discussion on Chapter 3, Section 3.3.2). In addition, it has argued that it is appropriate to integrate SFL with a Cognitive Linguistics approach to the study of semantics. While semantics has traditionally remained under-studied in SFL-based research, it has been a cornerstone in Cognitive Linguistics (Chapter 3, Section 3.3.4). The thesis supports the SFL literature that maintains the possibility of a dialogue and some complementarity between the two linguistic perspectives, and it provides an application of the SFL-Cognitive collaboration in the field of discourse analysis. The integration of a Cognitive Linguistics account has made it possible to study the realisation of metaphor and metonymy in the texts, and it has provided a more fine-grained explanation of how the evaluation of behaviour is generated.

Analysing conceptual metaphors and metonymies has enabled us to identify a common conceptual ground in the representation of ADHD and ADHD-behavioural traits across the different social communities (i.e. a scalable conceptualisation of behaviour; a spatial conceptualisation of the mental faculty of (in)attention; machines and extreme weather as commonly exploited source domains for the representation of extreme kinetic behaviour; and a parallelism between the folk conceptualisations of extreme behaviour and emotions). Metaphor and metonymy representations have proven to be important for the expression of evaluation and the enactment of stereotypes.

The thesis has presented a proposal to systematise the study of evaluation (see Chapter 4, Section 4.3.4). Inscribed evaluations were distinguished according to grammar-based linguistic triggers. Grammar-based annotations enable a higher analytical reliability and higher replicability than notional or semantic-based ones, due to a lower reliance on the analyst's own values and knowledge background. In the light of the findings of the analysis, it is proposed that the different lexicogrammatical realisations of the inscribed evaluations allow us to distinguish different levels of evaluative inscription (see Chapter 4, Section 4.3.4, and discussion in Chapter 6, Section 6.1.1). Invoked evaluations were distinguished according to the type of evaluative inference: evaluations are inferred from (i) the individuals' actions, (ii) the outcomes of the actions, (iii) the actions that other people perform in response to the actions or behaviours of the individual, or (iv) from descriptions of a general situation ultimately provoked by the behaviour evaluated. The levels of evaluative inference are particularly useful for

examining evaluations of human behaviour; all indirect evaluations of behaviour are predicted to fall into one of these inference types.

The cognitive perspective makes it possible to offer a preliminary explanation of how evaluations of human behaviour are generated. This thesis proposes that such evaluations are derived from an EFFECT → CAUSE metonymy relation between the different parts of a behavioural action-reaction scenario. Value is transferred from some particular sub-event (the performance of the action, the action's outcome, or the reaction of a third party) and onto the agentic subject, who is taken to be the ultimate cause of the events observed. Events therefore function as evaluative triggers. This thesis proposes that conceptual contiguity enables the inference not only of propositional and illocutionary meanings, but also of evaluative meanings. Understanding the EFFECT → CAUSE metonymy as a 'natural inference schemata' also provides an explanation for the usual presentation of the "Russian Dolls' syndrome" observed in the analysis of Attitudes associated with human behaviour and performances (i.e. Appreciations that function as triggers of invoked Judgements). The integration of the cognitive account proposed in the thesis does not refine the framework defined in Martin and White's Appraisal Theory, but it adds another layer to the study of evaluation, making it possible to account for the generation of (some) indirect evaluations.

## **9.2 Directions for future research**

The contributions to discourse studies and linguistics discussed in Section 9.1 should be regarded as springboards for further research rather than finished products. In particular, the thesis has opened three new avenues of study: (i) is it possible to develop a coherent theory of stigma in communication?, (ii) how does humour work in medical-related informal exchanges, and in social excluded communities more generally?, and (iii) how does metonymy, as a cognitive process, contribute to the generation of evaluation and, more generally, how does it work in inferential processing? The following sections 9.2.1-9.2.3 examine each direction in more detail.

### **9.2.1 Stigma in communication revisited: some preliminary considerations.**

As noted in Section 9.1.1, this thesis contributes to discourse studies literature on mental illness and stigma by providing linguistic evidence that not all texts perpetuate negative stereotypes to the extent observed in media productions. In the light of previous studies, these results motivate the hypothesis that media productions may constitute one of the genres that contribute most to the perpetuation of negative mental illness stereotypes. This may be partly attributable to the purposes and constraints of the genre –for example, the commitment to newsworthiness, word limits, and an anonymous audience.

These observations suggest that a reconceptualisation of communicative stigmatisation is necessary to relate the different studies to date on mental illness stigmatisation. The findings of the analysis show that it is inadequate to describe certain linguistic expressions as ‘stigmatising language’. Instead, we should say: ‘expression P, within social-communicative activity Q, including social actors Z, functions as a stigmatising or as an affiliative expression’. The Context of Situation or the variables of Register (especially Tenor) seem to be of paramount importance to study the generation of stigma. *Pace* criticism of Goffman for pursuing a general social theory of stigma (Hinshaw, 2005:727), it is worth considering whether it is possible to develop a general account of stigma in communication. It is reasonable to hypothesise that we should be able to draw some general conclusions on how non-stigmatising uses of language function in contrast to stigmatising ones (especially in cases where the same linguistic expressions can be employed for both). SFL seems particularly appropriate to conduct such studies. The SFL approach to language as social semiotics explicitly considers the interaction of language with context. Likewise, the consideration of the interpersonal dimension of meaning is essential for a study of stigma. However, as the analyses of this thesis have revealed, it is important to distinguish the different dimensions of stigma (i.e. stereotyping, prejudice, and discrimination). These analyses, especially the analysis of the forum threads, showed how stereotyping –the attribution of positive or negative value to prototypical cases and the definition of individual group members through these idealised portrayals– also takes place in non-stigmatising uses of language. A study of the enactment of stigma in communication should explain how prototypical cases are linguistically constructed for stigmatised groups.

## **9.2.2 Linguistic generation of humour and its communicative functions**

The thesis has demonstrated the positive impact that humour can have in medical contexts: it promotes the well-being of the affected communities, close relatives and diagnosed individuals. The use of humour as a coping mechanism has been associated with its communicative functions (i.e. as an enabler of evaluative shifts, as a trigger of affiliation, and as an enabler of venting). A study of humour in medical contexts would benefit from further research on the conditions under which conversational humour is generated and its limits (i.e. what cannot be laughed about, and how ‘the laughable’ is negotiated within the communities). Such a study would shed light on the potentialities of humour as coping mechanism and how to best exploit it as a resource for psychological support.

The analysis of the forum threads has shown how potentially stigmatising language can be employed to generate humour and affiliation among the members of a community at risk of stigmatisation. These observations confirm Knight’s suggestion that humour functions as a resource to negotiate values within a particular social group (Knight, 2013:553). They make it possible to hypothesise that humour can contribute to tackling stigmatisation by challenging the negative values commonly associated with certain expressions and fostering affiliation within stigmatised groups. The affiliative and attitude-challenging functions of humour suggest there may be similarities in the linguistic generation of humour and its pragmatic effects across different groups at risk of stigmatisation.

From a more theoretical perspective, it would be valuable to study how the interpersonal and cognitive dimensions of humour hang together in conversational humour. We have seen that, while cognitive accounts of humour have traditionally focused on the generation of contrast, Appraisal theory-based accounts describe humour as a coupling of experiential and interpersonal meanings with negotiatory and affiliative functions (see Knight, 2010 and 2013). In this thesis, we have also seen that humour can function as an ‘evaluative shift’ or Graduation Focus softening device. While the analysis has stressed the importance of context in conversational humour, the role of contrast in the generation of evaluation and the negotiation of values remains unexplored.

### 9.2.3 Metonymic inference of evaluation

The thesis has proposed that understanding metonymy in terms of conceptual contiguity makes it possible to extend metonymic principles to evaluation, at the level of discourse semantics within the SFL model of language. The proposal is consonant with studies in Cognitive Linguistics that understand metonymy as a conceptual phenomenon that cuts across semantics and pragmatics, and as an important cognitive tool for inferencing (Panther & Thornburg, 2003:7). Research on metonymic inferencing of propositional and illocutionary meanings is abundant in Cognitive Linguistics literature (see for example, Gibbs, 1999; Panther & Thornburg, 2017, 2003b). However, the function of metonymy in the transfer of attitude is an under-researched topic in the field. On the other hand, while SFL is one of the linguistic theories which has focused most on the linguistic expression of evaluation, it has not attempted to provide a cognitive-based explanation of how invoked evaluations are generated. This thesis suggests that a collaboration between the two linguistic approaches may shed light on the formation of attitudes. In the thesis, invoked evaluations of human behaviour have been interpreted as metonymic inferences in cases where the agent was evaluated through either: (i) their actions, understood as performances; (ii) the behavioural outcomes; or (iii) the reactions of third parties to their actions. Further research is required to understand how metonymy contributes to the generation of evaluation, how the inferential process works, and how metonymy-based evaluative inferences may be cancelled.

The cognitive importance and ubiquity of metonymy has been repeatedly reported in the literature. Already Jakobson hypothesised that the study of metonymy could potentially help us to understand language impairments, psychoanalysis, and language acquisition (Jakobson, 2003/1956:43). More recent studies have stressed the value that research on metonymy may have for psychotherapy (see Littlemore, 2015:157-160 for a review). Rhodes and Jakes' (2004), for example, present a preliminary study of the influence of metonymy and metaphor in the generation of delusions, observed in eleven out of the twenty-five cases studied. Metaphor and metonymy were identified in the pre-delusional period and in the delusional episode, and may play a role in maintaining delusions (2004:9-12). This thesis has suggested that research on how evaluations are metonymically generated and sustained can help us to understand stigma. This could potentially inform anti-stigmatisation campaigns, allowing us to better tackle negative attitudes and avoid their perpetuation. Further research on the generation of negative

attitudes through metonymic inference could potentially also have value for psychotherapy.

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# Appendix (I)



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Sara Vilar Lluch  
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UEA

Thursday 24 November 2016

Dear Sara,

Our reference: GREC 16-545

I am writing to you on behalf of the University of East Anglia's General Research Ethics Committee, in response to your request for ethical approval for your project 'ADHD representation in institutional discourse and the social construction of sufferers' identity'.

Having considered the information that you have provided in your correspondence I am pleased to confirm that your project has been approved on behalf of the Committee.

You should let us know if there are any significant changes to the proposal which raise any further ethical issues.

Please let us have a brief final report to confirm the research has been completed.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Polly Harrison', is written over a light blue horizontal line.

**pp. Polly Harrison, Secretary  
General Research Ethics Committee**