

Employing Healthy Skepticism

Parents are bombarded on all sides—from mainstream media, school teachers and administrators, mental health professionals, pharmaceutical companies, and their own peers—with the following message: something called “the mental disorders of childhood” exist and your child may well have one (or more) of them. Isn’t your child restless? Isn’t he squirming? Isn’t he sad? Doesn’t he say “no” a lot? All of these are symptoms of mental disorders! Watch out – your child probably has one!

Critics of the current paradigm have pointed out that the constructions of psychiatry are classic examples of pseudo-science employed to gain prestige, make money, and avoid the hard task of understanding what is actually going on in the mind, being, and environment of a given child. Sharna Olfman is a professor of clinical and developmental psychology at Point Park University, a psychologist in private practice, and the editor/author of the Childhood in America book series for Praeger Publishers. Sharna explained to me:

“Parents have been led to believe that popular childhood diagnoses such as ADHD and Bipolar Disorder are well understood illnesses that can be effectively treated with drugs that correct underlying chemical imbalances in the brain. In fact, even the former director of the National Institute of Mental Health, Dr. Thomas Insel, has stated publicly that DSM diagnoses [diagnoses based on the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders] are premised on questionable science. Furthermore, not a single DSM diagnosis has been credibly linked to a chemical imbalance. While these widely held and highly persuasive beliefs are mere pseudoscience, there is a rich body of genetic and brain research with far reaching implications for diagnosis and treatment that has gone under the radar.”

Dr. Brent Robbins is Chair of the Department of Humanities & Human Sciences at Point Park University and a Past President of the Society for Humanistic Psychology, Division 32 of the American Psychological

Association. Brent explained to me:

“The DSM-5 is the diagnostic manual that is produced by the American Psychiatric Association and is used by clinicians to diagnose people with various categories of mental illness. There is a growing concern that the diagnostic categories in the DSM-5 are not based on good science. The categories seem to lack reliability and validity. They lack reliability in that the same individual is likely to get diagnosed differently and inconsistently if he or she were to visit different clinicians. A good diagnostic instrument would, by contrast, lead to precision in diagnosis. The DSM-5 diagnostic categories, in most cases, are far below minimal expectations for reliability.

“The issue of validity is the concern that the DSM-5 diagnostic categories are often treated as if they point to underlying mental illnesses. But, in fact, we do not see evidence for this. Rather, DSM-5 diagnoses are descriptions of symptoms that often happen together, but they are not themselves an explanation for the symptoms that are being described. There are many reasons to be concerned about this beyond scientific concerns. The weakness of the DSM-5 has real implications for real lives. Because the instrument lacks scientific reliability and validity, many people get diagnoses and get put on medications when they don't merit a diagnosis and do not need the treatment. This puts the individual at risk of side effects from unnecessary treatment, and it takes resources away from individuals who really do need the treatment.”

Martin Whitely is a mental health advocate, researcher and former teacher and politician. Much of Martin's focus during his twelve years as a Member of the Western Australian Parliament went into tackling what he terms the ADHD Industry. When he was first elected in 2001, Western Australia was a world ADHD child prescribing hotspot. But after prescribing-accountability measures were tightened in 2002 there was a 50% fall in Western Australia ADHD per-capita prescribing rates by 2010. This coincided with a 51% fall in self-reported teenage

amphetamine abuse rates in Western Australia. Martin contends that this shows that if you stop giving children a free source of amphetamines they will stop abusing them. Martin explained to me:

“My good friend Adelaide psychiatrist Jon Jureidini calls labels like ADHD ‘unexplanations’ because they rob understanding of an individual’s personal circumstances. Jon’s right; causes matter. You can’t properly fix many problems without understanding what is causing them. Psychiatric diagnoses rarely involve identifying a cause and virtually never involve finding a cure.

“Too often ‘diagnosis’ means applying a dumbed down, one size fits all label to a very broad set of behaviors. In the long run, which biological psychiatry routinely ignores, treatments should match causes. The current emphasis on quick generic diagnosis matched to a drug de jour sometimes delivers limited short-term symptom relief but often at massive long-term cost.

“I accept that for individuals exhibiting extreme psychotic symptoms it is often necessary to intervene and sometimes sedate them without knowing the cause. However, I don’t know anybody who has benefitted from being labeled a schizophrenic. Most of the so-called schizophrenics I know are mentally healthy most of the time. Labels like schizophrenic, pre-psychotic and depressive rob human dignity and too often create a self-fulfilling prophecy of misery.

“What is even more worrying is when ordinary behaviors like losing things, fidgeting, or being forgetful, distracted or impulsive are turned into symptoms for concocted ‘disorders’ like ADHD. They are not symptoms, they are behaviors; perfectly normal behaviors, especially for children. In some cases they may require some attention, love and/or discipline, but they don’t require amphetamines.

“Nothing demonstrates what a nonsense diagnosis ADHD is better than the now well established late birthdate effects. Four, soon to be five,

large scale international studies have established that children who are born in the later months of their school year cohort are far more likely to be labeled ADHD and drugged than their older classmates. This late birthdate effect is just as strong in Taiwan and Western Australia where prescribing rates are relatively low as it is in North America, the home of ADHD child drugging. That says ADHD isn't over-diagnosed or overmedicated but that it is fiction.

“Imagine if the ADHD label hadn't been invented and I suggested to you that we give amphetamines to children who frequently lose things, fidget, play too loudly, are distracted and interrupt. You would dismiss me as either a fool or a charlatan and you would be right. The ADHD industry has been incredibly successful because they have reversed the burden of proof. Instead of them offering compelling scientific evidence that ADHD is a neurobiological disorder the onus has been put on poorly resourced ADHD skeptics to prove that it isn't. Drugging distracted kids with amphetamines and similarly dangerous drugs is disgraceful. Twenty years from now adults will look back and wonder what their parents' generation was thinking.”

Please be skeptical about whether the current system of “diagnosing and treating the mental disorders of childhood” is a scientifically sound, helpful, or legitimate approach to dealing with children's feelings and behaviors. I hope that you'll use our Resource section and the other resources available to you to educate yourself about the current state of affairs in the mental disorder industry. If you do, you'll be much better prepared to serve your child should he or she experience distress or difficulty.

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Eric Maisel is the author of more than fifty books, among them *Overcoming Your Difficult Family*, *The Future of Mental Health*, *Rethinking Depression*, *The Van Gogh Blues* and *Mastering Creative Anxiety*. He writes the “Rethinking Mental Health” blog for Psychology

Today and lectures nationally and internationally. To learn more about Eric Maisel and his books, services, keynotes, trainings and workshops please visit <http://www.ericmaisel.com>