

## Parenting in a “Mental Disorder” World

This may be an especially hard time to be a parent. In addition to all of the other stresses put on parents, from paying bills to dealing with a child’s toothaches, earaches and teenage years, now a parent has to deal with—and maybe protect herself from—the epidemic of “mental disorder” diagnosing (some would say labeling) that currently threatens millions of children and their parents. Indeed, you may find yourself in exactly this predicament and under this precise stress. What exactly is going on?

We have certainly come a long way in our compassionate treatment of children. We no longer look at children as a workforce; we see them as having rights and deserving not be abused; we believe that they have a right to be educated. Now, suddenly, in the course of just a handful of years, it looks as if we have taken a huge step backward. We are now rushing down the road of turning every feature of childhood into a “symptom of a mental disorder” and turning every child into a “mental patient.”

Currently one in thirteen children are on so-called psychiatric medication. If you are a child and find yourself “in the system”—say in foster care—that number increases to one in four. And those numbers are increasing rapidly. What has happened? Primarily, certain ideas about “mental health” and “mental illness” have taken hold, promoted by special interest groups including psychiatrists and other mental health service providers and pharmaceutical companies, and that way of thinking became the dominant paradigm and continues as the dominant paradigm today.

Beginning in the 1950’s, mental health professionals announced that if you displayed certain behaviors or had certain thoughts or feelings called “symptoms” you had a “mental illness.” Despite the fact that they made this claim without any scientific justification whatsoever, this claim stuck. It continues to stick today—still without any scientific justification. The

“symptom picture” model took hold—and now it looks to have grabbed us by the throat. Although this model makes no scientific or logical sense, it is our current standard of care and an extraordinarily profitable cash cow for pharmaceutical companies, researchers, mental health professionals, and other vested interests.

Because this is the dominant paradigm and because it is touted everywhere, including in the media and by parents themselves, wherever parents turn they hear about this little Bobby on ADHD medication or this little Sally on a cocktail of meds for her childhood depression. Bombarded with news about this supposed mental disorder epidemic and about the rising rates of diagnosis and chemical use, if their own child shows certain behaviors, thoughts or feelings they are bound to suddenly fear that they have a “mental patient in the making.” What could feel more terrible? Naturally feelings of helplessness, hopelessness, and failure are going to well up as a parent’s very connection to her own child shifts from loving parent to frightened watchdog and prospective caretaker.

What might a parent who is worried about his or her child do instead of or in addition to adopting the language and methods of the current mental disorder paradigm? There are a great many things that he or she might try. The following is just one sort of alternative, presented to give you a sense of an approach different from affixing a label and proceeding with chemicals. Craig Wiener is a psychologist who wrote the book *Parenting Your Child with ADHD: A No-Nonsense Guide for Nurturing Self-Reliance and Cooperation*. Craig explained to me:

“I tell parents that a mental ‘illness’ diagnosis means that their child is ‘doing’ a set of atypical behaviors more often and with greater intensity than others do. Children do not ‘**have**’ the category name. The name is a description of behavior and not an explanation of behavior, and there might be a variety of ways to account for why a child might qualify for the criteria of a mental health disorder. Instead of understanding their child’s difficulties as a ‘chemical imbalance,’ which is what most traditional

interventions presume, the parent might understand their child's behavior as their child's way to cope.

“First, parents might observe and identify possible ways that day-to-day functioning reinforces the child's problematic behavior. Parents might then alter the sequence of events that are unwittingly perpetuating the unwanted patterns of behavior. Second, parents might use less coercion and less reliance on external cues or directives when helping the child meet socio-cultural expectations; this helps to develop autonomy and independence. Third, parents might incorporate the child's viewpoint as regularly as possible; this approach fosters amicable ways to resolve problems related to their child's integration with others. Fourth, parents can set firmer limits on the extent to which they will accommodate their child's behaviors during times of troublesome responding, and thus require the child to meet them halfway. Fifth, parents can role model the behaviors they want their child to imitate.”

We might call the changes that Wiener suggests “more effective parenting skills” or “upgrading family dynamics.” These changes might or might not prove sufficient. By what if they did? What if patiently working with your child, making changes in your family life, and searching out services and resources like mentoring programs or peer counseling services improved the situation and spared your child a lifelong label and powerful chemicals, chemicals whose negative long-term effects we are just beginning to understand? Wouldn't that prove a blessing?

Currently parents are bombarded by the mainstream view, fueled by pharmaceutical companies, academic researchers, mental health professionals, professional organizations, a naïve or indifferent media, and their own friends and family members, that “mental disorders” exist in the same way that “physical disorders” exist; and that if their child is afflicted with one of these “mental disorders,” the only real help available are chemicals and perhaps also so-called expert talk called psychotherapy. However these are not the only ways to look at the

matter. Advocates of a critical psychology and a critical psychiatry approach suggest that there are other ways to conceptualize what's going on and other helpful approaches to take.

Certainly chemicals may have their place—we are, after all, organisms that react to chemicals and sometimes a chemical fix may make sense. Practitioners in the critical psychiatry and critical psychology camps are divided on this issue: some see no place whatsoever for chemicals and others see a limited place for chemicals. What we all agree on, however, is that the current paradigm is pseudoscience and not science and that it is not the only approach to take when a child is experiencing difficulties or when a child's behaviors are causing him or her difficulties. There is much more to the picture than a label and a pill.

Each parent and each child who come into contact with the mental health system will have a different experience. Some parents may be happy that their “disruptive” child now has a diagnosis—that they now “know what's going on”—and may likewise be happy that “doctors are doing something for our child.” They may swear by the chemicals that their child is given, happy for the short-term ameliorating effects and not overly concerned about any lasting side effects or about opening any pathways to addiction.

Other parents may have serious doubts about the legitimacy of the diagnosis their child receives, battle it a little, but finally “fall into line” when everyone, from school principal to teacher to learning specialist to general practitioner to psychiatrist, pushes for it. Some will find a wonderful family therapist who really helps; others may find a child psychologist or child psychiatrist who is excellent at helping; other may travel from practitioner to practitioner and remain essentially unsatisfied. Some will experience disastrous results, either because their child isn't really helped or because their child is made worse by the chemicals he or she receives. No single outcome or single story captures this very wide range of experiences.

However, this is definitely a “buyer beware” situation. I hope that this resource section provides you with useful information different from (and often in opposition to) the picture painted by proponents of the current “mental disorder” paradigm. Proponents of the current paradigm believe that diagnosing via symptom pictures makes sense (as opposed to diagnosing via causes, as is done in medicine), that the book that describes these so-called mental disorders (the Diagnostic and Statistical Manual of Mental Disorders, published by the American Psychiatric Association) is a valid document, that defining a “mental disorder” is the same thing as proving that a “mental disorder” actually exists (of course the anxiety, despair and other thoughts, feelings, and behaviors indubitably exist), that the chemicals-with-powerful-effects prescribed as treatments for these so-called mental disorders are genuine medications (which of course they can't be if no medical illness is present) and other related, hotly disputed beliefs.

I would ask you to maintain a skeptical attitude, get informed, and see what you think. This resources section has a lot to offer you and so do the other resources provided by Mad in America. There is also an extensive reading list of more than one hundred books in the areas of critical psychology and critical psychiatry available at <http://www.thefutureofmentalhealth.com/reading-list/>. It's surely a shame that the already hard job of parenting is nowadays made more difficult by the fact that you must keep a watchful eye on those providing mental health services to your child. But unfortunately that's the case. That watchful eye must be yours.

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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

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