

Testing Your Child For a Mental Disorder?

Many people do not believe in the legitimacy of the labels currently provided by mental health professionals who claim that they are “diagnosing and treating mental disorders.” Much has been written about this subject and I tackle it in depth in my book *The Future of Mental Health: Deconstructing the Mental Disorder Paradigm*. Here I want to make just one point: that if you are the parent of a child or a teen who has been recommended for mental health “testing,” it is on your shoulders to discern whether or not you believe in the basic premises involved.

If it has been suggested (and virtually mandated) that your child be “tested,” what does that mean? What exactly is being “tested”? A test is worthless—and very likely dangerous—if the underlying construct is invalid. For your child to have an “attention deficit hyperactivity disorder,” for example, there must be such a thing as an “attention deficit hyperactivity disorder.” It wouldn’t matter if there were a hundred tests to support the notion that you had something if that something didn’t really exist. Creating a test to support a given construct is child’s play. That the test exists says nothing about the validity of the construct.

A test may indicate or “prove” that your child is sad. But that is not a test for the “mental disorder of depression” unless there is a “mental disorder of depression.” A test may indicate or “prove” that your child is anxious. But that is not a test for the “mental disorder of generalized anxiety” unless there is a “mental disorder of generalized anxiety.” A test may indicate or “prove” that your child is not interested in what he is not interested in and that he squirms when he is not interested. But that is not a test for the “mental disorder of attention deficit hyperactivity disorder” unless there is a “mental disorder of attention deficit hyperactivity disorder.”

In our current system, you are put in the position of trusting that the establishment is doing a honorable job of identifying conditions that exist

rather than pinning labels on sets of “symptoms” so as to create a cash flow. Is that honorable job being done? Many critics of the system do not believe that it is. It is a shame that you have the job of detective in addition to the hard-enough job of parent. But you do have that job of detective. One place that you might engage in that detective work is via the extensive reading list (of over one hundred books) that I’ve compiled and posted at <http://www.thefutureofmentalhealth.com>

As a mind experiment, I can easily make up a “mental disorder” and then create a test to test for it. Let’s say that it serves me to call “eating your ice cream before your peas” a mental disorder. Let’s call that a “sweet compulsion disorder.” Next I create a test to see if you prefer to eat your ice cream first or your peas first (and if you are a child, which are you likely to pick?). Creating that test would be a snap. I would simply ask you in fifteen or twenty different ways whether you prefer ice cream to peas, say by changing the flavor of the ice cream in each question: “Do you prefer eating chocolate ice cream to peas?”; “Do you prefer eating strawberry ice cream to peas?”; etc. That’s all there is to it!

Since, if I am a mental health professional with bills to pay and ties to big pharma, I may be out to cast a wide net and get as many children as possible labeled with this disorder, I’ll construct the test so that it is hard not to choose “ice cream first” (as if, if you’re a child, you’re likely to make some other choice!). At the end of this illegitimate process, I may brazenly say to you, the parent, “We have tested your child and he definitely has a sweet compulsion disorder.” Will you see through this ruse? Can you really be expected to see through it? And aren’t mental health professionals currently relying on you not questioning matters and not being able to see through this particular game?

A parent must remember two things when it comes to the testing of her child for a putative mental disorder. First, the pristine motivation of the mental health professional must not be taken for granted. Second, the validity of the thing for which your child is being tested must likewise not

be taken for granted. If you have your child tested to see if he has, say, “oppositional defiant disorder,” it is on your shoulders to make sure that “oppositional defiant disorder” is a valid construct and that the motivation for the whole enterprise isn’t suspect. Your child can’t do this for himself and the professional who is administering the test is self-interested. There is no one to cast a skeptical eye on this process but you.

Not so long ago I underwent surgery for an enlarged prostate. The enlarged prostate was real. That was no fiction. The tests run to determine the size of my enlarged prostate mattered, since one size allowed for a less invasive surgery and another size demanded a more invasive surgery. This is how real medicine works. We understand this, we respect this, and we admire this. The mental health profession uses our respect for the medical testing process to get away with creating and employing pseudo-medical tests for things that have not been proven to exist and likely exist by definition only.

As a parent, you have a simple question to ask. “You say that you are testing for X. Please show me to the medical evidence that X exists.” Imagine a medical doctor not being able to send you to medical evidence about the existence of heart disease, cancer, or diabetes! I believe that in response to your legitimate question your mental health professional will either have nowhere to send you or else he or she will send you to some resource where the fabricated mental disorder is described and defined in vague, empty, non-medical language (e.g., “the mental disorder in question is a biopsychosocial kind of thing and we see a lot of it”).

Without evidence that convinces you, stand skeptical. It doesn’t matter that a whole apparatus for testing exists. That a test exists does not mean that the thing being tested for exists. Before you accept that your child or teen has failed a certain test and now deserves a certain diagnostic label (with chemicals probably to follow), satisfy yourself that the diagnostic label represents something proven and real.

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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>