

## THE PENALTY FOR SQUIRMING

The most common “mental disorder” to anoint a child with nowadays is “attention deficit hyperactivity disorder.” This is the “diagnosis” you get if you squirm. The diagnosis naturally comes in different flavors—you can be “predominantly impulsive,” “predominantly inattentive,” and so on—and these different flavors exist so as to make sure that every possible feature of childhood is captured by one label or another. The unstated goal is clear: to turn childhood into a mental disorder.

Of course this “diagnosing” and subsequent “treatment” of children with powerful, addictive chemicals that resemble our “war on crime” street drugs is at once bizarre and, if the powerful could be held to task, felonious. Yet parents seem hard-pressed to say no to the idea that common, understandable features of childhood should be called mental disorders for no medical or logical reasons.

Imagine a little Bobby who squirms at school, squirms at church, squirms at home, squirms in his good clothes, squirms when given chores, squirms when told to sit down and chat with his aunt Rose, squirms . . . a lot. What if you lived on a huge farm, it was always perpetual summer with no mandatory schooling requirements, and you didn’t need to see little Bobby from morning until night? What would little Bobby be then? Would he be “ADHD”? Or would he be happy?

Wouldn’t little Bobby zip in and out, make himself a sandwich, put a band-aide on his skinned knee, take a shower once a week or once a month, change his clothes after he fell in the pond, complain once a day about being bored, and be completely a boy? No one would be having any problems, neither you nor little Bobby. Where did the “ADHD” go? Where did the “mental disorder” go? Well, try to sit him down at the dinner table or in a pew at church and there it would appear. Imagine a disease only appearing at the dinner table, at school, or in church. What sort of disease is that?

The “problem” would, of course, return the second you tried to impose unnatural constraints on little Bobby’s energy. Try to have him sit still during a sermon in church—now you have a problem. Try to have him sit still at a rule-burdened dinner table—“eat your peas first, sit up straight, stop fidgeting”—and you have a problem. Try to have him not climb on something that looks promising to climb. Then you would have a problem. Have you ever seen a child NOT climb on things that were there to be climbed on? Asserting your stubborn desire to climb on everything you encounter may well get you into hot water but it should not get you a mental disorder label.

We shouldn’t label children with non-existent mental disorder labels. This is oppressive. Oppression of this sort goes on all the time. David Walker is a licensed psychologist in Seattle, Washington who’s consulted with the Fourteen Tribes & Bands of the Yakama Indian Nation since 2000. Prior to moving into private practice, he was a core faculty member of the Washington School of Professional Psychology and has served on faculties at Heritage University, Oakland University, and Wayne State University Medical School. David explained to me:

“Attention Deficit Hyperactivity Disorder (ADHD) is the new way to label American Indian children as ‘feble-minded.’ Tuning out and misbehaving in relation to the stultifying, manualized, test-anxiety ridden public education system is entirely understandable, and that’s where ADHD kids are often first ‘detected.’ If one looks at the social amnesia of today’s mental health system, you’ll soon discover that current ideas and concepts have many historical echoes. There’s little attention given to the fact that newer ideas in Western mental health are often merely updated language.

“For example, during the height of the American Indian boarding school era in the 1930s and 1940s, the term ‘feble-minded’ was used to describe children considered ‘morally defective’ as a result of being too active or impulsive, nonconformist, inattentive, or rebellious. In this way,

such children were maligned and segregated from whatever limited opportunities were available to others considered to be their superiors.

“When we look at today’s public education system in the U.S., which has continued to fail Native children, we find the current epidemic ADHD diagnosis began in Indian Country in the late 1990s. It is only in the last ten years that the high rate of U.S. ADHD diagnosis in other children has even begun to catch up.

“The fact that Native children remain more than twice as likely to end up in special education classrooms than children from other ethnic backgrounds speaks to the continuity of historical segregation and their stigmatizing as uneducable by the U.S. mental health system. ADHD, therefore, continues a process that ‘feble-mindedness’ began. This process was so effective by the late 1960s that surveys of emerging teachers revealed the vast majority were reluctant to teach American Indian kids. Even today, it remains difficult to recruit quality educators toward the beleaguered American Indian education system in the U.S.”

Marilyn Wedge is a family therapist with 27 years of experience. She is the author of three books, most recently *A Disease called Childhood: Why ADHD became an American Epidemic*. Dr. Wedge holds a doctorate from the University of Chicago and was a post-doctoral fellow at the Hastings Center for Bioethics. Marilyn explained to me:

“As a child therapist since 1987, I have seen an alarming increase in children being diagnosed with mental disorders and prescribed psychiatric drugs. For more than 25 years, I have helped children by using safe and effective family and school interventions. I have successfully treated all kinds of childhood problems--attention and focusing issues, school misbehavior, distractibility, anxiety, oppositional behavior and sadness--without ever referring them for psychiatric medication.

“In 1987, when I started my practice, less than 3 percent of American children were diagnosed with what was then called ADD. By 2016, the

number increased by 300 percent. Today, 12 percent of our children are diagnosed with what is now called ADHD. Alarmed by this explosion in diagnosis, I decided to write *A Disease called Childhood* with three purposes in mind: (1) to understand the causes of this exploding epidemic of ADHD diagnoses; (2) to discover the effects of culture and society on how children's problems are understood and treated; and (3) to offer parents practical strategies to help their children without psychiatric drugs.

"When I researched ADHD in other advanced countries, I found that the rates of diagnosis have remained relatively low. In France and Finland, for example, the number is 1 percent or less. Unlike the United States, the typical treatment for childhood troubles in these countries is not medication, but family therapy and interventions at the child's school. Diagnosing a child takes at least eight sessions of evaluating the child and his family, not going through a twenty-minute checklist of symptoms.

"If ADHD were a true biological disorder of the brain, why is the rate of diagnosis so much higher in America than it is abroad? Or is it a matter of perception—of how children and childhood are viewed in various cultures? In my research I found that differing approaches to psychiatry, parenting, child diet, electronic screen exposure and education accounted for the difference in rates of ADHD across the globe."

Behaviors are not symptoms of a medical disorder unless they *are* symptoms of a medical disorder. We must fairly and appropriately distinguish between a behavior like restlessness that in virtually all children is not a symptom of a medical disorder from signs and symptoms that are indeed indicators of a medical disorder. Should a child learn to be orderly in school? Yes, for the sake of civil society. But that is a very different question than whether a child should receive a mental disorder diagnosis for not being orderly in school. There the answer is no. The issue of "being orderly in school" is not a medical one. That little Bobby is squirming is not a reason to label him with a "mental disorder" label,

place him on the equivalent of street drugs, and set him up for a lifetime battle with addiction.

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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>