

## The Diseasing of Defiance

As a busy parent with no training in the matter, you may have only a very vague understanding of how the mental disorder industry operates. You may not really understand how the label that industry would like to affix to your defiant child has come into existence for all sorts of shadowy reasons, naturally including the desire on the part of mental health professionals, pharmaceutical companies, researchers, and everyone else at the trough to make money. What you may understand least of all is the mental health industry's tradition of designating those who are defiant as deviant.

Bruce E. Levine explained in "How Teenage Rebellion Has Become a Mental Illness":

"Two ways of subduing defiance are to criminalize it and to pathologize it, and U.S. history is replete with examples of both. In the same era that John Adams' Sedition Act criminalized criticism of U.S. governmental policy, Dr. Benjamin Rush, the father of American psychiatry (his image adorns the APA seal), pathologized anti-authoritarianism. Rush diagnosed those rebelling against a centralized federal authority as having an 'excess of the passion for liberty' that 'constituted a form of insanity.' He labeled this illness 'anarchia.'

"Throughout American history, both direct and indirect resistance to authority has been diseased. In an 1851 article in the *New Orleans Medical and Surgical Journal*, Louisiana physician Samuel Cartwright reported his discovery of 'drapetomania,' the disease that caused slaves to flee captivity. Cartwright also reported his discovery of 'dysaesthesia aethiopsis,' the disease that caused slaves to pay insufficient attention to their master's needs. Early versions of ODD and ADHD? In Rush's lifetime, few Americans took anarchia seriously, nor were drapetomania or dysaesthesia aethiopsis taken seriously in Cartwright's lifetime. But these

were eras before the diseasing of defiance had a powerful financial ally in Big Pharma.”

Is every defiant child a freedom fighter? Of course not. How absurd! Disrupting your fourth grade class is not the same as embarking on the underground railway. Throwing a fit is not the same as standing up to King George. But is oppositional defiant disorder a label meant to subjugate and to serve the needs of the authorities? Yes, absolutely. It has an intention. Its intention is not therapeutic (there is zero medicine going on) and its intention is not benign. Its intention is to provide a rationale for subjugation and its goal is submission.

The proof of this is obvious. If I demand that you stop a behavior without inquiring into what is causing it, then all that is on my mind is that you stop the behavior. I want the behavior to stop. Period. The mental health industry’s lack of curiosity about what is causing childhood outbursts is proof positive that only peace and quiet are wanted. Here’s the Mayo Clinic on the matter of causation: “There's no known clear cause of oppositional defiant disorder.” Johns Hopkins: “The cause of ODD is not known.” WebMD: “The exact cause of ODD is not known.” Why all this not knowing? Because the goal is not trying to know what is going on, it is trying to stop what is going on.

As a parent, you may agree with this goal. You may well just want the behavior stopped. That’s completely understandable. But if you also have as your goal producing a liberty-loving, truth-telling, passionately free man or woman, you had better be careful about doing too good a job of wrestling your child into submission. You may win the battle and manage to crush certain unwanted, even intolerable behaviors out of existence. But you may lose the war.

Because ODD is not typically treated with chemicals, and because chemicals make money, the following frequently happens. Your defiant

child may also receive a second diagnosis, usually an ADHD or a depression diagnosis, where chemicals are prescribed routinely. Since, like defiance, squirming, boredom, restlessness and sadness have all been diseased, it's entirely possible that your defiant child will end up with two or three medical-sounding mental disease diagnoses and a multiple chemical fix. You may not understand exactly how this came to pass but there you are with a little patient on your hands. This came about because we have allowed putative experts to disease behaviors.

What are the recommended helping strategies to deal with ODD? The Mayo Clinic's recommendations are typical:

*The cornerstones of treatment for ODD usually include:*

**Parent training.** *A mental health provider with experience treating ODD may help you develop parenting skills that are more positive and less frustrating for you and your child. In some cases, your child may participate in this type of training with you, so that everyone in your family develops shared goals for how to handle problems.*

**Parent-child interaction therapy (PCIT).** *During PCIT, therapists coach parents while they interact with their children. In one approach, the therapist sits behind a one-way mirror and, using an "ear bug" audio device, guides parents through strategies that reinforce their children's positive behavior. As a result, parents learn more-effective parenting techniques, the quality of the parent-child relationship improves and problem behaviors decrease.*

**Individual and family therapy.** *Individual counseling for your child may help him or her learn to manage anger and express feelings in a healthier way. Family counseling may help improve your communication and relationships, and help members of your family learn how to work together.*

**Cognitive problem-solving training.** *This type of therapy is aimed at helping your child identify and change thought patterns that lead to behavior problems. Collaborative problem-solving — in which you and your child work together to come up with solutions that work for both of you — can help improve ODD-related problems.*

**Social skills training.** *Your child also might benefit from therapy that will help him or her learn how to interact more positively and effectively with peers.*

Does this make ODD sound more like a disease or more like a family problem? How can a supposed disease be ameliorated by, for example, parent training or problem-solving training? Isn't it patently clear that diseasing defiance must be a lucrative charade? There are many things that you can try with an oppositional, defiant child that will help improve the situation for everyone concerned—our resources section describes some of these helping strategies and we'll be providing more. It is a bad policy to disease behavior: that puts everyone, you and me included, at risk.

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Eric Maisel is the author of 50+ books. His latest is *Overcoming Your Difficult Family* (New World Library, 2016). His next is *Humane Helping* (Routledge, 2017). You can visit Dr. Maisel at <http://www.ericmaisel.com> and <http://www.ericmaiselsolutions.com>