

ADHD – A ‘hard’ look at the facts

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WHAT ADHD IS, AND WHAT IT ISN'T

As many readers would be aware, ADHD (Attention Deficit Hyperactivity Disorder) is a hot topic – and a controversial one. Whilst there has been a great deal written and said about this ‘disorder’ in the popular press, there has been a regrettable lack of unbiased scientifically sound information made available to the wider population regarding how it is ‘diagnosed’ and how it is being ‘treated.’ Without this information, the general public have little real opportunity to evaluate for themselves the conflicting statements made by participants in the debate. It has long been known that when opinions are expressed on a subject by people who may have a personal or vested interest in the outcome of the debate – either as a client needing a ‘diagnosis’ and ‘cure’ or as a practitioner with ‘cures’ to sell – their view is almost always biased towards a particular point of view. In such situations, it is important to evaluate all such opinions against the evidence coming from the more unbiased sources.

It is in order to provide readers with some of the more objective evidence on the subject that this article has been written. The article makes no attempt to deny the reality of the behavioural difficulties that many parents and teachers have with their children and students, or the reality of the learning difficulties that those students (young or old) experience as a result of their reduced attention span. The article does, however, challenge the prevailing ‘belief’ that people who have a much shorter attention span when compared with their peers, are suffering from a brain abnormality that can be ‘corrected’ or ‘cured’ by drug based treatment. It should also be noted from the outset that the article does not deny the evidence that drug taking may on some occasions produce symptomatic changes in behaviour, that stressed students, teachers and parents find to be beneficial.

What will be shown, however, is (i) that the widespread administration of behaviour altering drugs to children is carried out precisely for that reason – i.e., to chemically alter and/or control unwanted or undesirable behaviour, primarily in children, and (ii) that the usual justification given by the medical industry and passed on through medical GP’s and teachers to parents (i.e., that such ‘treatment’ is needed to ‘correct’ chemical imbalances in the brain of the child) is completely unsupported by the evidence presented in the literature coming from the neurological profession itself, and (iii) that consequently both teachers and parents need to have a much greater awareness of both the facts in the matter and the potential short and long-term consequences that can result from the use of such behaviour altering drug ‘treatments.’

The advice given in this article is consistent with what our Indigenous ancestors have always known to be true, i.e., when you have strong well-adjusted loving families providing a calm and stable environment for the children, you generally have strong well-adjusted children who turn into strong and well-adjusted adults. This, needless to say, is increasingly difficult

to accomplish when there are so many forces competing for the attention and control of the child. It is hoped that this article can make a small contribution to continuing the Indigenous tradition of strong and loving families.

If you believe that ADHD is a medical condition caused by chemical imbalances in the brain for which the best treatment is medication, and you are determined not to be convinced otherwise, then this article may not be for you. Furthermore, if you do believe that ADHD is a medical condition resulting from biochemical defects in the brain and you have clear supporting evidence for this from unbiased sources, we would welcome your feedback in directing us to the source of that information (an email address is provided at the end of this article). So far, our search of the available literature has turned up nothing to establish the existence of ADHD as a genuine illness of the brain with supporting evidence sufficient to convince the pathologists - those medical professionals who specialize in the “*scientific study of the nature of disease and its causes, processes, development, and consequences.*” However, if you have an open mind and are still in the process of weighing the ‘evidence’ then this article is for you.

Today’s child and their ‘attention span reducing’ world

It cannot be denied, that we are seeing an increase in problems among our children (and families and society in general). This is true for both Indigenous and non-Indigenous people. The potential for antisocial behaviour, even criminal and destructive behaviour, has been present in every generation. However, with the breakdown of the family structure, and decaying standards of expected behaviour and discipline, problems among our children are becoming more prominent and widespread. Also, there is the increased impact of television, requiring minimal attention span – and even that attention being ‘passive’ attention rather than ‘active’ attention where the child needs to exercise the brain to think creatively of a response. Sadly, in attempting to understand why we see mounting problems with our children’s ability to focus and think creatively, these factors are often ignored. Instead we are told that the problematic behaviour we see in our children is an illness of the brain in need of medical treatment. While the label of ADHD may serve the needs of pharmaceutical companies, doctors, some parents and teachers, sadly, this label does not help the child who receives it. Not only is the label incorrect, we believe it can be very harmful.

In the absence of any solid scientific evidence, ADHD should not be referred to as a disease/illness/disorder/condition. Although referring to it using one of these terms may make it sound very scientific, limited or reduced attention span (when compared with the average attention span – which is itself on the decline as a result of the changing pace of our modern conditions of living) is a psychological problem, a social problem, and a behavioural problem. And all of this must be viewed within the context of the broad spectrum of lifestyle changes that have occurred over the past fifty years. Such a view is consistent with the holistic view of health embraced by

Indigenous people.

According to Davidson (2003), attention spans are at an all time low of seven minutes. So is it any wonder that, for the general population (where the distribution of people's attention spans can range from very short to very long, with most people being somewhere in the middle) we are almost certain to have a growing number of people whose attention span has become so limited through the forces operating in this almost universal social trend, that they will have severe difficulty participating in the 'active' processes needed for learning of any sort. And this will be particularly noticeable in children. But that still does not make it a 'brain chemistry defect' any more than the increased sexual activity amongst teenagers is a result of a 'brain chemistry defect' or that 'there must be something wrong with young people these days' – no, we are just seeing another side effect of the rapidly evolving social forces that are so effecting us all that we cannot even see it happening.

We would now like to address some of the common claims used to support the view that ADHD is a bonafide medical condition in need of medical or psychiatric 'treatment.'

COMMON REASONS WHY PEOPLE BELIEVE ADHD IS A MEDICAL CONDITION

But my child has been 'diagnosed' as having ADHD

When parents are searching for answers as to why their child is disruptive, has a short span of attention, is fidgety, angry, or has a host of other behavioural problems, quite often, the answer given is, "Your child has ADHD, that's why he/she does the things you have described." While this often provides some temporary relief to the parent – "I now know WHY my child is behaving this way" – in reality, they have not been given an explanation that shows the 'cause' of the child's behaviour, they have merely been given a medical sounding descriptive 'label' developed by the American Psychiatric Association. This label is used to describe children that exhibit the many variations of hyperactive and disruptive behaviour. It is like saying that a man who bashes his wife does so because he has 'Wife Bashing Disorder' (WBD). The truth is however, he bashes his wife, not because he has WBD (or any other illness), he does so, because he has learnt to use a totally inappropriate behaviour for controlling or punishing his wife. ADHD is a label, it is neither a diagnosis, nor a disorder. And be assured, we are not trying to downplay the problem of domestic violence, we are simply trying to show the absurdity of using an elaborate descriptive label as an 'explanation' of a person's behaviour; be they child or adult. Ah, but you may say, "the 'label' in the case of ADHD refers to a distinct and abnormal condition of the brain." But again, there is simply no hard evidence for this in the scientific literature – there is only speculation. According to Rosemond (2005), the fact remains that while many researchers are hoping that a biological cause will be found for those behaviours that attract the label of ADHD, one has not been found.

Ritalin and ADHD

Many people believe (simply because they are told by their doctors) that because medications (such as Ritalin) can have the effect of calming down and lengthening the attention span of some children who have the ADHD label, that this

is clear evidence that ADHD must therefore be caused by a malfunctioning of the brain or through chemical imbalances of the brain. It is consequently assumed that these 'chemical imbalances' can be 'corrected' by the drugs. This is simply not true (Baughman & Hovey, 2006). This is as silly as saying that if you take a sleeping pill and it makes you drowsy then it was the 'lack of the drug' that kept you awake! Maybe you didn't get that, so let us give you a more extreme example of such thinking. If a person drinks a bottle of Tequila and they fall over, is it the 'lack of' Tequila that keeps people upright? Of course not! Just because a drug can produce a change in behaviour does not automatically mean that it is evidence that the 'lack of' the drug is what caused the behaviour in the first place. This is VERY different to, say, Insulin, where it is scientifically verified that a lack of Insulin will cause symptoms that can be immediately reduced by the application of Insulin. Or consider that many people are 'more alert' after a strong cup of coffee. This is not evidence of any 'lack of' caffeine in their system. It simply alters the body chemistry in a way that makes them feel good, and may even do them some good with little likelihood of harm; but can this also be said of drugs such as Ritalin? Ritalin (and many of the other drugs used on children labelled as having ADHD) will slow any child down – whether they have ADHD or not – and has serious side effects.

"Instead of 'speeding' the child up, it apparently overwhelms the child's central nervous system and cuts the child's motors. The child goes into a stuporous state, the depth of which is determined by the milligrams of the drug, per kilogram (2.2 pounds), of the child's body weight. While no study has ever shown an increase in a child's ability to learn while on Ritalin, studies have shown that any amount in excess of .5 milligrams per kilogram of body weight is a detriment to learning. The higher the dose, the greater the impairment of the child's ability to gain, retain and use data. Almost all children on the drug are given doses far in excess of this amount." (Clarke, 1997)

In other words, it may not actually increase the child's learning ability, but it certainly can act as a 'mental straightjacket' to modify the child's unacceptable behaviour. So, isn't that good? Yes and no! Yes, in the short term, but what about the possible side effects? According to Breggin (1998), Ritalin is addictive and can become a gateway to other drug addictions, and can suppress the creative and spontaneous activity in children. For an excellent account of the harmful effects of Ritalin, the reader is encouraged to go to <http://www.breggin.com>.

Slowing down and being more manageable after taking medication, is not evidence that there was a chemical problem in the brain. It is not in question whether drugs such as Ritalin can alter a child's behaviour – yes, they can! The question is whether this is the best way to 'manage' such behaviour. This question will not be adequately answered by parents who are told, and who then believe, that their child is suffering a medical condition which can ONLY or 'most appropriately' be 'cured' by drug treatment. It may be an easy 'quick-fix' but the short-term solution may lead to long-term bigger problems.

But many children labelled as having ADHD are out of control, so it must be a mental illness – mustn't it?

There are many people in society who we could say are 'out of control.' Young men who go around 'bashing up' other people are certainly displaying antisocial and unacceptable behaviour,

but few would say they were 'ill.' For if we go down this path we will end up with no-one being actually responsible for their behaviour, they will all be just viewed as 'ill' and in need of chemical control. Many children with the ADHD label can be difficult to manage – for both the parent and the teacher who needs the child to 'conform' to the conditions of the classroom that require the child to 'calm down' and stop being disruptive. Because the behaviour is "not like your classmates," it is automatically seen by some as an illness. In an age of 'quick-fixes', for many, medication is seen as the ultimate quick-fix solution.

On this point, we want to make it very clear, that in asserting that ADHD is not a legitimate illness of the brain that requires medication, we are not denying that there are some children with serious behavioural problems. We acknowledge that. Indeed, that is precisely why we are writing this article. With more than 30 years experience of family counselling as an Applied Psychologist and running hundreds of parenting programs in Australia and New Zealand, Phil has seen many parents at their 'wits-end' because their child's behaviour was out of control. However, in so many situations, when the full picture was brought into the light, it was very often a combination of many factors, not the least of which was that many parents needed to first of all learn how to change their own style of 'inappropriate parenting behaviour,' before the child would have a real opportunity to change his or her 'inappropriate child behaviour.'

Over the years Phil worked with so many parents (and teachers) who (through no fault of their own) had never had the opportunity to learn for themselves the more effective ways of managing their children's behaviour, or managing their own behaviour for that matter. Often 'indulgent parenting' or 'angry parenting' styles (both equally ineffective) need to be changed to a much more effective 'tough love' parenting – and this starts by seeing the learned behaviour of the child as the 'problem' to be managed, not the child himself or herself as the 'problem' to be dealt with. When parents or teachers see children as being 'bad,' they use 'bad' parenting techniques or 'bad' classroom management techniques. This is a very large topic and we intend to address this directly in a follow-up article.

When a parent screams at a child to "get control of yourself!" they are often totally unaware that at that moment they themselves are 'out of control' and providing a clear example to the child that when you can't get what you want, getting 'out of control' is the best way to change the behaviour of those who are annoying you! On many occasions, when visiting schools, Phil has heard teachers yelling at students to 'calm down,' or heard and seen them using disrespectful or belittling methods to 'get control' of the students – which only served to antagonize the students and push them into increasingly 'challenging' or 'rebellious' behaviour. In reality, the students were only copying what the teachers were doing. That is, the students were trying to use power and control over those people who 'annoyed' them. However, they were doing it in a different way that was viewed as 'unacceptable,' whilst the teachers viewed their own 'out of control' methods of classroom management as a 'legitimate and normal response' to the students' behaviour.

Yet, in those classrooms where (i) students are doing

interesting and meaningful activities that they understand and enjoy, and (ii) where the teachers show by their example that 'self-control' is the first law of life and to be valued above all else, there are far fewer 'behaviour problems' manifested by the students. The real message in this article is that there are very often other solutions to the manifest problems that are too easily labelled ADHD. They may require much more effort and self-investigation than a drug solution, and they may involve parents (and teachers) learning more about self-control skills and child-management skills in order for them to be able to help the child to find more acceptable ways of relating to their world. It may even involve such radical solutions as turning off the television and having dinner around the table and talking more about what happened during the day. Sounds odd? You may be surprised to find out just how little attention parents actually give to their children each day other than when they are dealing with behaviour problems.

Isn't the discovery and treatment of ADHD based on scientific research?

Sadly, no it is not. ADHD was introduced to the public simply because members of the American Psychiatric Association said it was an illness. Scientific research was not involved. Dr Fred A. Baughman Jr., MD has been an adult and child neurologist in private practice for 35 years. He has this to say regarding to psychiatry's claims about ADHD:

"They made a list of the most common symptoms of emotional discomfiture of children; those which bother teachers and parents most, and in a stroke that could not be more devoid of science or Hippocratic motive – termed them a 'disease.' Twenty five years of research, not deserving of the term 'research,' has failed to validate ADD/ADHD as a disease. Tragically, the "epidemic" having grown from 500 thousand in 1985 to between 5 and 7 million today, this remains the state of the 'science' of ADHD." (This quote and other valuable information on ADHD can be seen at <http://www.adhdfraud.com>).

Don't brain scans prove that ADHD is caused by problems in the brain?

While the pharmaceutical companies would like you to believe that brain scans show the brains of children labelled as having ADHD to have a brain abnormality, this is simply not true (Breggin, 1998). Leo and Cohen (2003) discuss the neuroimaging findings at length in their article, "Broken Brains, or Flawed Studies?: A Critical Review of ADHD Neuroimaging Research." As well as their own research, they quote the research of others. Most notably, they quote Baumeister and Hawkins (2001) who state, "The principal conclusion is that the neuroimaging literature provides little support for the neurobiological etiology of ADHD."

Doesn't ADHD occur in families, so therefore it must be hereditary?

The fact that members of the same family often have ADHD is seen by many as potential evidence of a genetic link. However, families provide common socialising environments for all siblings, and use common methods to deal with the results of their socialisation processes. They even generally use the same doctor to 'diagnose.' A characteristic that is common in

a family does not mean it is hereditary. At one time, pellagra, due to it having a strong familial tendency, was assumed to be a simple genetic disease. Pellagra is due to a niacin deficiency. Even a casual observation of families shows that smoking seems to be common in members of a family. That is, if you smoke, it is very likely that you have a parent or sibling who smokes. Consequently, there are some who believe that this is evidence for the existence of a 'smoking gene.' Quoting from Dr Breggin, "Similarly, families share political outlooks, national feelings, cultural values and prejudices ... but nowadays scientists do not consider these traits to be genetic in origin" (Breggin, 1993, p. 117). A genetic link to ADHD has yet to be discovered. According to Rosemond (2005), while therapists continue to make claims about the genetic component to ADHD, these are nothing more than speculation. Furthermore, according to Joseph (2000), "After an examination of the total weight of evidence in favour of a genetic basis or predisposition for ADHD, it is concluded that a role for genetic factors is not supported and that future research should be directed toward psychosocial causes."

In concluding this section, I refer to what neurologist Dr Fred Baughman (2006, p. 9) has to say on the topic: "ADHD is not a disorder or a disease or a syndrome or a chemical imbalance of the brain, it is not over-diagnosed or under-diagnosed or misdiagnosed. It does not exist in 3% or 5% or 15% of the population. It is a 100% fraud." However, it must be remembered that it is a 'fraud' that is making billions of dollars for those who have a vested interest in keeping alive the belief in the minds of frustrated parents and teachers that it is a 'medical condition' that must be 'treated' with drugs.

A final word

Speak with any of the 'older and wiser' elders, and most will tell you the problem of inattentive and disruptive children is not really a new problem – even though it may be worse as a result of all the 'attention diverting' media and machines that we are surrounded by today. Twenty to thirty years ago, the children were similar to today's children in many ways. However, back then, such problematic behaviour was not given the scientific-sounding name of ADHD. This behaviour was recognised for what it was and dealt with accordingly. Our parents (and their parents before them) did not need addictive drugs to manage children, but rather they applied more effective 'tough love' principles and made sure that they themselves provided the example of 'self-control' to their children.

Caution

If you are currently using medication to deal with ADHD, or you are responsible for a child on medication, it is important to consult with a doctor if you decide to cease using the drug, due to the possible withdrawal effects.

Resources

www.adhadfraud.com
www.parental-intelligence.com
www.thomasarmstrong.com/articles/add_myth.htm
www.breggin.com

About the authors

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He has been a consultant to a wide range of Government Departments and non-government organisations in Australia and New Zealand and has also conducted, throughout this same period, a practice in clinical psychology and a personal counselling service, with over two thousand clients from private, business, educational, and family settings.

He has co-authored with Ted Scott the popular books *Humanity at Work* and the new edition, *The Myth of nine to five: Work, workplaces, and workplace relationships*. News Corp's *Boss Magazine* named this latter book as amongst the top ten management texts they had reviewed during 2002.

Phil presented as a regular weekly guest psychologist, with compere Richard Fidler, on ABC Radio in Queensland Australia.

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