

How The American Psychiatric Association Tried To Scam Me And What I Did About It

**Compiled and Published
by Bob Collier**

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PLEASE READ THIS FIRST

This book has been compiled as a service to parents generally and is offered free of charge for information purposes only.

Though it includes the writings of qualified professionals and links to further information provided by qualified professionals, I am not, myself, a qualified professional of any kind. My writings in this book represent the *unique viewpoint* of one individual parent based on my personal experiences and my consequent understanding of life, parenting and human development, and should be regarded as such.

Do not assume that I'm necessarily 'anti'-psychiatry. I do, however, have a very low opinion of psychiatry's capabilities as a 'helping profession', and that will become obvious to you as you read this book. You may choose to count such an opinion as prejudicial, of course, and you're perfectly free to do so.

I am not affiliated in any way with any political or religious organisation. In practical terms, I'm 'neutral' in both those areas of my life.

Nothing of what I've written in this book should be taken as implying that I'm offering or giving you advice. Though I count myself as a 'successful parent', I'm not a 'parenting expert'. I'm not you. I'm not your children. I'm not your circumstances. And I'm not going to tell you or anybody what you 'should' think or do.

I've simply done my homework on the subject matter of this book and have made my best attempt to describe what I can see from where I'm standing.

I expect YOU to think for yourself.

You will find in this book, either in its actual pages or via a hyperlink contained in its pages, everything I believe I can say about what I choose to call 'the psychiatric labels scam'. After more than four years of both private and public commentary on this subject, there are really no essential observations left for me to make that would not require me to cover the same old ground or go around in circles for the sake of making polite conversation.

That being the case, I will not be entering into any correspondence regarding the contents of this book. If you require further information, please refer to the Resources section in Part 3.

I am, however, always happy to talk to anyone at any time about positive and creative parenting.

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Introduction

What exactly is ‘Attention Deficit Disorder’? Or, ‘Attention Deficit Hyperactivity Disorder’, as it’s more usually referred to these days. And now most often, it seems, abbreviated to simply ‘ADHD’.

Customarily, it’s presented as a medical condition and generally described by medical professionals and the popular media - to name but two of the major opinion forming areas of society in this particular case - as a ‘disease’ or ‘dysfunction’ of the brain.

Dr. Fred Baughman, however, calls ‘ADHD’ a fraud, as you will read. Dr. Thomas Armstrong calls it a myth. I would, perhaps, be inclined to call it a myth myself, were it not for my perception that underlying what I’ve learned about this subject is *an intention to deceive for the purpose of financial gain*. So I call it a scam.

The important question, however, as far as *your* experience of this phenomenon is concerned, is what do YOU think?

Is ‘ADHD’ a fraud? Is it a myth? Is it a scam? Or is it real medicine? You decide.

But not, I hope, before doing some due diligence.

How I discovered the ways of the American Psychiatric Association

I first encountered the term ‘ADHD’ in a newspaper item in The Canberra Times in November 2002, where, if I recall correctly, it was described as a “brain disorder”. That was three months after I started publishing my then weekly newsletter, *Parental Intelligence*.

Up until that time, I’d never heard of a “brain disorder” called ‘ADHD’ in seventeen years as a parent - and most of those years as a stay-at-home dad. And, to be honest, had I not recently started publishing a parenting newsletter on the internet, the newspaper item would probably not have caught my attention. For the truth is that I live - not undeliberately - in a rather small and private world where people generally are friendly and positive and everyday events and experiences tend to be pleasant and life affirming - and such things as ‘ADHD’ are rarely, if ever, a topic of conversation.

This state of affairs can, of course, sometimes be described as ‘living in an ivory tower’, and I’m perfectly happy for you to think of my views on ‘ADHD’ in that way. I would be the first to acknowledge, in fact, that observations made *about* a particular situation and observations made when *in* that situation are two completely different things.

However, it’s also a fact that thinking is thinking, wherever anyone is on the planet, and it’s the *thinking* related to this subject that has been my primary fascination.

I’m comfortable, therefore, that my point of view is as valid as anyone’s.

My initial commentary on ‘ADHD’ came in the form of *The Parental Intelligence Report on ‘ADHD’*, which I published in May 2003. This followed some months of exchanging views at various online parenting forums and reading articles on the subject collected from the internet. None of that saw the light of day in my newsletter and, in fact, when I finally decided to compile all that I’d collected into a single document it was as much to clear space on my computer’s hard drive as anything else – in any event, I put my *Report* onto an autoresponder and all that appeared in my newsletter was an inconspicuous text link to that.

At that time, what I’d written in my *Parental Intelligence Report* was supposed to be my last word on so-called ‘ADHD’. It was my intention to subsequently focus my attention on simply promoting positive and creative parenting.

However, during my initial attempts at understanding the ‘ADHD phenomenon’, I’d begun to network with other people on the internet who were involved with this subject in their everyday lives. That eventually led to what I called *The Candlelight Project* – which was, essentially, a more expansive investigation of the world of ‘psychiatric labels’ and of the ‘psychiatric mindset’. I produced *The Candlelight Project* for forty weeks from July 2003 to April 2004.

‘The Parental Intelligence Report on ‘ADHD’ and The Candlelight Project can now be viewed in their entirety at the ‘ADHD Report’ website sponsored by Uncommon Knowledge: www.adhd-report.com

As would be expected, my writings on ‘ADHD’ have gone beyond what I’ve passed on to readers of my newsletter and have been encountered on the internet by numerous people. From time to time, as a consequence of that, somebody has emailed me about my observations, either to agree or disagree. And, naturally, I’ve been responding to those emails.

However, apart from publishing some extracts from a few of my responses in the penultimate part of *The Candlelight Project*, in March 2004, what I’ve written in reply to the now dozens of emails I’ve received over the past several years has remained a personal matter.

I’ve now been persuaded that it would be helpful to other parents if I made at least some of my private correspondence available to the general public.

What follows in Part One of this book, then, are emails or parts of emails (edited for readability) that I’ve selected from amongst all those I’ve written to the people who’ve taken the time to write to me regarding my opinion of so-called ‘ADHD’ in particular and ‘psychiatric labels’ in general. Essentially, these are the replies or parts of replies that I believe contain information and/or ideas you may benefit from thinking about.

As I say, these are my *replies* to emails received. I have, of course, no right to include the words of the original correspondent without their permission and have not done so. The emails or parts of emails I’ve included in this book are, thus, all *my* words only - even though in some cases this means that it may not be immediately clear to you what it is I’m writing in response to. Also, I’ve removed names from my replies, where necessary, to ensure the anonymity of the original correspondent.

Unfortunately, I no longer have access to comments I made at parenting forums in late 2002 and early 2003; neither have I retained an archive of emails I wrote in 2003 and 2004.

As I mentioned above, however, some extracts from emails I wrote in early 2004 were published in the penultimate part of *The Candlelight Project*, so I have those to start with. The remainder of the emails (or parts of emails) have been selected from those I've written since January 2005.

In Part Two of this book, you will find a collection of articles relevant to the matter in hand, as the saying goes. The first of these articles is my own, an attempt to explain my understanding of what constitutes a 'medical condition' and why so-called 'ADHD' isn't. The remaining articles in this section have been contributed from various sources. Two of them are from Dr. Fred Baughman, author of the book [The ADHD Fraud: How Psychiatry Makes "Patients" of Normal Children](#), who I had the great pleasure of meeting, all too briefly, when he visited Australia in June 2004.

In Part Three, there are several pages of resources that may be useful to you. These are divided into three sections – Further Information, Parenting Help and Other Resources.

I hope what you read in this book will help you clarify your thinking on the subject of 'ADHD'; because, at the end of the day, the American Psychiatric Association's peculiar perception of reality is a mind game – and it's only in your *thinking* that the truth will be revealed.

Bob Collier
Publisher of the *Parental Intelligence* newsletter
<http://www.parental-intelligence.com>

Canberra, Australia
January 2007

Part One: Emails

March 17, 2004

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As far as I'm concerned, the ongoing controversy surrounding 'ADHD' is looking for the answers in all the wrong places. The diagnosis is fraudulent in itself to start with. I'm sure you've read the alleged 'diagnostic criteria'. If that doesn't make you laugh out loud, you've gone to sleep. Unfortunately, you'd be far from alone, it would seem.

Many parents apparently don't notice that the so-called 'symptoms' of 'ADHD' are nothing more than a shopping list of vague and subjective observations of normal childhood behaviours - they just happen to be normal childhood behaviours that most adults have difficulty with. The supposed 'pathology' of that behaviour, which the American Psychiatric Association and the pharmaceutical industry have successfully sold to the unsuspecting public, exists entirely in the imagination.

Many parents also apparently don't notice that, whereas real brain diseases are typically diagnosed by medical specialists using a whole battery of examinations, including brain scans, blood tests and spinal taps, 'ADHD' seems to be typically diagnosed by teachers and/or parents ticking boxes on a pop questionnaire of the kind usually found in teen magazines. Or a doctor can do it in ten minutes off the top of his head or sometimes even make the diagnosis over the phone, so I've read.

Many parents apparently don't notice that 'ADHD' is a 'disease' that has a mysterious and unexplained ability to select its victims by nationality. How on earth does it know?

Many parents also seem to be unaware that the pharmaceuticals used for the so-called 'treatment' of 'ADHD' have the same effect on the behaviour of children who do not have the 'disease' as they do on the behaviour of those who allegedly do have it. So what exactly is that so-called 'medication' actually treating? Nothing, of course, but it looks good.

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March 23, 2004

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I do note that one contributor refers to 'ADHD' as a "medical condition" and, of course, we know it's NOT a medical condition (that's the whole point) - the alleged 'symptoms' are nothing more than a shopping list of normal childhood responses that the American Psychiatric Association has grouped together arbitrarily and attached the word "often" to, the suggestion being that co-incidence and frequency of occurrence, in itself, somehow renders those normal behaviours 'abnormal'. It's a nice idea, if you can get away with it, and the APA has, good and proper, as they say where I come from - but, nonetheless, we're all perfectly free to believe that this manufactured 'diagnosis' is a genuine medical condition if we choose to. Millions of people do, so I read (including people I would have expected to know better), and no doubt the psychiatric profession and the pharmaceutical industry are happy for that perceptual illusion to be maintained indefinitely. Not a lot I can do about that! Particularly when so many members of the professional classes seem to be as taken in by it as the 'unwashed masses'. Has that person done their 'due diligence' and analysed the alleged 'diagnostic criteria'? Do they understand the difference, in the first place, between a disease and a diagnosis? I don't know. You'd have to ask them.

...

The joke with the so-called 'medication' for 'ADHD', of course, is that the effect of enhanced concentration experienced by those diagnosed with 'ADHD' is the same as that experienced by those NOT diagnosed with 'ADHD'. I'd certainly expect any sensible person to realise from that fact that the drugs are only drugs in the sense that caffeine is a drug, not in the sense of being a medication (that is, they're not actually 'treating' anything, they simply 'have an effect'), but you really can't force people to realise the implications of that if they're not ready to.

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My goal - and it's a purely personal goal - is to ultimately understand the Whole Story so that I can then explain it in a way that makes sense in terms of moving forward to a better understanding of how to deal truly successfully with parenting problems. ... I'm not on a mission to 'convert' people to my point of view. Everyone can think for themselves. Neither am I specifically interested in putting the drug companies out of business or abolishing psychiatry. Basically, I want to be able to explain clearly to anybody who's interested (and they don't have to be!) why I recognised 'ADHD' as a fraud the first time I set eyes on the so-called 'diagnostic criteria' (actually, "b-----t" was the word that came to mind, I discovered the fraud later) while at the same time millions of people apparently haven't even noticed yet, for example, the rather obvious discrepancy between the sloppy and casual manner in which 'ADHD' is typically diagnosed (this is supposed to be a dangerous 'brain disease', right?) and the careful and professional way in which neurological disorders such as encephalitis or meningitis are typically diagnosed. Nor that, according to the studies I've read, the person most likely to suggest to you that your child has this allegedly serious affliction is a teacher not a doctor! And why is this supposed 'neurological disorder' in the domain of psychiatry, in the first place, when neurological disorders are usually the work of neurologists?

(Because psychiatrists are allowed to prescribe drugs and neurologists aren't, perhaps, but that's another part of the story). Yes, APA - pull my other leg, it's got bells on.

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March 25, 2004

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I think the disparity between the apparently high number of children diagnosed with 'ADHD' in some schools and the low number found in other schools is probably another clue that there's something suspicious about this alleged disease that can somehow not only select its victims by nationality but also by what school they go to. I'm no expert, but it seems to me that's a rather unusual talent for a disease.

I certainly feel myself that most parents who've bought the 'ADHD' diagnosis probably are too grateful to be relieved of the pressure they've been under in a situation they don't know how to cope with to think straight about what's actually happening. Emotionally-based selective blindness would account for why so many of them seem to me to be overlooking the obvious. Not just parents, there are many members of the medical and educational professions who, for their own reasons, appear not to see what they're looking at, so to speak.

I know I keep coming back to this, but the key to understanding the fraud of 'ADHD' is to understand the arbitrary construction of the alleged 'diagnostic criteria'. Are these behaviours intrinsically pathological? No, they're not. Many of them are not even intrinsically problematic. Have they, in any event, been demonstrated beyond reasonable doubt in scientifically controlled conditions to be the product of disease? Pigs might fly. There are many people (including those with important titles and letters after their name) who are very keen to tell me about the legendary "mountains of research", but research is all it is - these people are so busy clutching at straws, they're creating enough air movement to sail a Spanish galleon across the Atlantic.

Are there reasonable explanations for the behaviours other than that they're caused by disease? Yes, of course there are: there's a whole range of them - nearly all of which make a lot more sense.

I think it needs more people to look twice at the so-called 'diagnostic criteria'. It seems to me, however, that we're hardly encouraged to do so - we're usually expected to take them as a given. But, once anybody does that, there's virtually no chance of them spotting the fraud. The elaborate story about 'ADHD' that's built on top of the presumed validity of the 'diagnosis' is internally consistent. A doubt in one place will be rationalised in another.

In the beginning of my involvement with this, when I was exchanging views about the validity of 'ADHD' at parenting forums almost every day, the argument by far the most frequently presented in its defence went something like, "Of course ADHD is real! My child's behaviour matched the diagnostic criteria." It's hard to argue back against that kind of mindset, and, to be honest, I wasn't inclined to bother. Even Professor Russell Barkley, who's supposed to be the world's leading authority on 'ADHD', can't tell the difference, it seems, between a disease and a diagnosis, so what hope for the plebeian masses who trust what these people tell them?

March 26, 2004

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What brain scan images show is not self-explanatory in the way that x-rays can be - they have to be interpreted. It seems to me at least, from what I know about it, that the interpretation is very much in the eye of the beholder.

It's my personal contention that one thing brain scan images most certainly CANNOT show is 'ADHD', whatever the 'experts' may tell me to the contrary. It doesn't exist in any form that can be observed, even with a state-of-the-art brain scan. It's a perceptual construction: like a butterfly in a Rorschach inkblot test, it isn't really there - but the self-proclaimed 'experts' think it's there, because they believe it should be there, so they interpret what they're looking at to mean what they think it would mean if it was there, because that's what they think they're looking at. If you follow me.

Here's a little story I just made up:

Let's say I can't sleep, for some reason. What could that reason be? Perhaps I'm worried about a relationship that's on the rocks or a pile of bills I have to pay; maybe I'm watching too much late-night TV, or drinking too much alcohol, or I've been working too hard and I'm totally stressed. There could be any number of reasons why I can't sleep.

After a couple of weeks of living with this sorry state of affairs, I go to my doctor. I describe to him how I lie awake all night, tossing and turning in my bed with dark thoughts running around in my head and, when I get to the office in the morning, I find myself staring blankly at my computer screen because I'm too tired to think and now I'm getting worried I might lose my job.

"You've got insomnia", says my doctor.

"Insomnia" is a Greek word that means "absence of sleep". In other words, I've told my doctor I can't sleep and he's simply translated what I've told him from English into Greek.

So, I've been translated - but, as far as my doctor is concerned I've been diagnosed.

My doctor is a believer in biological psychiatry. He tells me that insomnia is a brain disorder that causes an inability to sleep. He shows me the diagnostic criteria in the Psychiatrist's Joke Book (PJB-IV) which tells me that to 'qualify' for this brain disorder (it won't be put in quite those terms, of course, but it amounts to that if my health insurance is covering my medical bill), at least two of five listed symptoms must both be present for at least seven consecutive days (or three of six for two days or four of twelve for ten days, or whatever, depending on which members of the committee drafted the diagnostic criteria) - and there I see for myself that two of the listed symptoms of insomnia are "nocturnal restlessness" and "obsessive staring". Hey, that's exactly what's been happening to me! For the past TWO weeks, I've been tossing and turning in my bed all night and I walk around like a zombie during the day with my eyes popping out. Holy cow! Are you sure, doctor?

Often, this is where you'll get the "trust me I'm a doctor" bit, but let's say my doctor decides to do a brain scan "just to confirm the diagnosis". Always to "confirm", not to rule out, of course. My doctor has already decided; he's just doing the brain scan to keep me happy.

I come back next week and my doctor shows me two pretty pictures. The first one, he tells me, shows a "normal" brain. Does it? I wouldn't have a clue. Then he shows me the second pretty picture and, oh yes, I can see straight away that it's very different. Some of the colours are brighter, some are darker, other colours cover different areas. I've already been shown an image of a 'normal' brain, so naturally I can understand that there's something 'abnormal' about the brain - my brain - in the second picture. My doctor explains to me what I'm looking at, he points out the pattern of blood flow to the hippocampus, or something, and tells me that's really bad, and this patch of green "suggests" a "chemical imbalance" in the left prefrontal lobe - "see, in this other picture it's more blueish and a lot bigger" - and, by the end of the explanation, I'm thoroughly convinced that I have something wrong with my brain. So, when my doctor tells me there's no cure, but I can "manage" the symptoms of the disorder if I don't mind taking potentially dangerous neurotoxins for the rest of my life, I'm happily nodding my head and going, "Mind, doctor? Of course not. Thanks for all your help!"

Unfortunately for me, the first picture was of the habitualised neural patterns typical of a normal brain whose owner sleeps like a baby every night and the second picture was of the habitualised neural patterns typical of a normal brain whose owner lies awake fretting every night. The supposed 'pathology' of the neural patterns shown in the second picture - in other words, the idea that they were the product of some neurological or physiological abnormality - was entirely in my doctor's imagination.

But, I didn't know that, did I? There's a good chance that he didn't either. That's how dangerous biological psychiatry's unpleasant little fantasies really are.

Genuinely "sick brains" are treated by neurologists, not by psychologists or psychiatrists, but I've never read of a psychiatrist telling an 'ADHD' candidate "Of course, I shouldn't really be making this diagnosis, you should be consulting a neurologist", or of an 'ADHD' candidate asking a psychiatrist "This is supposed to be a brain disease, isn't it? Why are you making the diagnosis and not a neurologist?" I'm not saying it doesn't happen, just that I've never read about it. In any event, I'm sure a lot more of the latter would be a step in the right direction.

January 7, 2005

Hi _____

Thank you for your email.

The Parental Intelligence Report on 'ADHD' was published in May 2003. The Candlelight Project ('Biopsychiatry Illuminated' at the 'ADHD Report' website) was a weekly feature in my newsletter from July 2003 to April 2004.

There's a part about brain scans at this page:

http://www.adhd-report.com/biopsychiatry/bio_16.html

As it happens, I'm currently the primary caregiver to a 9 year old, home educated son, so it's highly unlikely that I will be producing any follow-up research on the subject of 'ADHD' (or any other of the American Psychiatric Association's 'disorders of childhood and adolescence'). My more or less definitive opinion of 'ADHD', however, can be found in the letter I wrote on 1 July last year to the Editor of Australian Parents magazine. It's at my newsletter website:

<http://www.parental-intelligence.com/australianparents1July2004.html>

Thanks for including me in the same sentence as Dr. Phil, but I'm not a parenting expert. I'm a publisher. Parenting just happens to be the subject of my newsletter. My personal parenting philosophy is, I would say, highly individual. Consequently, I prefer not to give direct advice to other parents.

But I can certainly recommend some resources to you that may be of help:

International Network for Children and Families

<http://www.incaf.com/>

Dr. Thomas Armstrong

<http://www.thomasarmstrong.com>

Touch The Future

<http://www.ttf.org>

There are other options at my newsletter website and some of those may be of interest to you.

I have nothing good to say about CHADD, however.

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January 18, 2005

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Yes, I do think living outside the USA and not being subjected constantly to psychiatry's shenanigans and the pharmaceutical industry's marketing efforts has very probably been to my advantage.

I know the drugs are a big issue for many people in this, and perhaps the biggest issue for some, but I can't say that I really have that much of an opinion about them, to be honest, since the subject is so far outside of my personal experience. I've had to rely on other people's expertise in that regard.

Basically, what I understand about pharmaceuticals is that they're all poisonous to some degree, but it doesn't necessarily follow that we'll be poisoned by them. Our bodies have some capacity for dealing with toxins and that would be what the 'risk/benefit ratio' is all about. The danger of Ritalin and other mind-altering drugs, as you suggest, would seem to be in its potential for producing an accumulation of toxins in the brain over time. And it does seem that nobody really knows for sure how these things do what they do and what exactly they're affecting. A good reason to exercise extreme caution when applying them to the developing brains of growing children, I would have thought, but, generally, that appears to not be happening.

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January 18, 2005

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The phrases 'attention deficit' and 'attention deficit with hyperactivity' are nominalisations. Like 'success' and 'failure', 'good' and 'bad', 'education', 'society', and 'childhood', and so on.

Capitalising initial letters and adding an opinion in the form of the word 'Disorder' doesn't change a nominalisation into a 'real thing', no matter how hard the American Psychiatric Association and the pharmaceutical industry may try to convince me otherwise. Good luck to them.

I'm sure if the APA suggested to you that 'Failure' was a medical condition that could be treated with drugs, you'd see through the idea straight away. I'd certainly hope so. But they're not ever going to do that. Their nominalisations have to sound like medical terms for the illusion of 'realness' to be effective. But it's only 'real' in people's imaginations. And you're only limited by your imagination. That's why the APA can invent 'disorders' to describe human behaviour right, left and centre until the cows come home. Expect DSM-XX to be five miles thick. ...

Don't get me wrong and think I'm telling you that the behaviour is imaginary. It's not. The behaviour exists (although whether it's always truly problematic or not is a different matter). It's the APA's explanation of the behaviour that's imaginary.

You could suggest to the 'ADD/ADHD' children that you know (or their parents) that they ask this question of the person who diagnosed them: "What else could it be?" If I were them, I wouldn't be satisfied until that person has come up with at least five answers. After all, there are dozens to choose from. You'll see a clue everywhere you read words like these: "ADD/ADHD may be linked to ..."

Ritalin is a recreational drug, like the 'beta blockers' that snooker players in the UK used to take to help them maintain concentration during long hours of tournament play. If I took Ritalin myself before a test, I'd probably whizz through it too. Ritalin, apparently, will improve the focus of just about anybody who takes it. It's not a medication. There's nothing to medicate.

In case you should be taken in by the legendary 'chemical imbalance' story, please visit this webpage:

<http://www.academyanalyticarts.org/fores.htm>

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March 5, 2005

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I have no interest whatsoever in anybody's theory about 'ADD'.

'ADD' is nothing more than a nominalisation. A descriptive term. A label. A manufactured perceptual categorisation into which has been gathered and grouped a variety of behaviours whose place in that arbitrary category is in itself arbitrary.

The APA's spurious explanation for your behaviour represents whatever anyone imagines it to represent, for this artificial categorisation is so designed that just about anyone will perceive *something* in it that looks as if it makes sense to them - and they'll have forgotten or won't have realised in the first place that the category itself was merely conjured up in the imagination.

For that reason, a link between 'ADD' and just about *any* aspect of human behaviour from A-Z can be made to appear plausible. If the past couple of years is anything to go by, I expect half the population of this planet will one day have their very own unique theory about what 'ADD' 'really is'. None of which will be worth diddly, as far as I'm concerned, but, no doubt, they will all be counted as legitimate.

Good luck to anyone who would rather wander through a seemingly ever expanding maze of irrelevant pseudo-science, or even real science, than make the necessary effort to understand that they've been scammed.

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March 6, 2005

Hi _____

I'm not sure how exactly we're in disagreement here. Is it to do with the use of the term 'ADD' in itself?

Well, I have had people write to me and say, "What does it matter what we call it?" And I understand what they mean. I think. But it seems to me that the crucial point is that it's NOT an 'it'! And, while there may be many cases where a nominalisation maquerading as a concrete entity can be thought of as a matter of 'semantics' and it doesn't really matter, 'ADD' isn't one of them. Too many dangerous consequences.

Anyway, how could I try to explain this?

Supposing we look at all the people who have sleep problems. There seem to be many more of such people around in these fast-paced times than there were in the slower days of yesteryear - so, it could be said that, as is alleged with so-called 'ADD', it was a 'hidden problem' that's now grown into an epidemic over the past decade or two because people have been made more aware of it. That would make sense to a cursory glance at least. Even if it's not true.

Sleep problems could perhaps include lack of sleep, difficulty getting to sleep, or poor quality of sleep. So the problem has several different forms. The actual reasons why an individual person would have one or more of those forms of sleep problem could, however, run into dozens, if not hundreds - anxiety about a relationship, pressure at work, too much late night carousing, and so on. Any one or a combination of several. Somewhere in amongst all the possibilities, there would probably be some medical reasons.

If these sleep problems were to become long term, it would follow naturally that many of the people with these problems would ultimately find it difficult to function in the world, and some would become a genuine danger to themselves and others. Thus we have a whole bunch of people who need help.

Now, supposing a private club of medical practitioners decided that it would suit them if all the individual reasons for people having a sleep problem were brought together into one single reason. It would be so much easier (not necessarily better, just easier) if, rather than trying to solve each individual's specific sleep problem it could be solved with the application of something general. Like, for example, a potion that will put *anyone* to sleep, whatever form of sleep problem they have, whatever the reason is for that sleep problem or, indeed, whether they have a sleep problem or not.

So we need a single identifier for all these people we want to help. We can't really call them "People who have a problem with sleep, whether it's not being able to get to sleep, not getting enough sleep, or their sleep is of poor quality, whichever one of possibly several dozen if not hundreds of reasons might be the reason why any one of these people has that particular sleep problem." That may be what we're actually talking about, but it's far too much of a mouthful.

Well, we already perceive that these people are not only having difficulties themselves but are also causing difficulties for others, and society at large (whatever that means), so we're already thinking in terms of a 'disorder'. That's not necessarily the situation. That's just our description of the situation and it comes from the way we think. Okay, so what would be a good generic word or phrase that would describe the disorder that all these individual people share? They're all sleep impaired in some way. Thus, they all have what we'll term a 'sleep impairment disorder'. Note the indefinite article and the small 's', small 'i', small 'd'. And the assumed appropriateness of the term 'disorder'.

Now we've created our category of people, we'll write this all down in our notebook. What the category is called and how we'll recognise the people who belong in this category. Note the word 'belong'. That's only our opinion, but we're starting to believe in our creation already.

So, if somebody has problems with sleep - they don't get enough sleep, or they can't get to sleep, or their sleep is of poor quality - what signs would we look for? Yawning, bags under the eyes, blank stare, easily disoriented, and so on. Now, since all these people with sleep problems have their personal reasons for having that problem and they each have their own idiosyncratic expressions of it, they will probably exhibit some of the behaviours we list and not others, or only at some times and not others. So we'd better make sure we include everybody who needs our help. Let's say we've listed ten things that will enable us to recognise people who have a sleep impairment disorder. (Or, to be more accurate, what we've decided to call a sleep impairment disorder.) So, we'll say that a person will fit into the category we've manufactured for them if they exhibit at least five of those things we've listed at least twice a day. That seems reasonable. In fact, just to be sure we include *everybody* who needs our help we'll make our category as expansive as we possibly can. Let's call it three out of ten every other day. All those in favour, say "aye". Carried.

Okay, let's get this all down in writing and make it official. Sleep Impairment Disorder. Note the loss of the indefinite article and the capitalisation of the initial letters. Since we're medical people and this is how we think, we now write down "The symptoms of Sleep Impairment Disorder (SID) are"

Freeze frame. What's a 'symptom'? Well, I'm a simple minded person, so, to me, a symptom is an indication that something is wrong. Are bags under the eyes an indication that something is wrong in the context of sleep? Could be. But there might be other explanations. Is yawning an indication that something is wrong? Hardly. It's a perfectly normal function. Nearly everyone will yawn at some time or another - maybe a lot more than twice a day - without having a sleep problem. Oh dear, SID is a perceptual mess already and we haven't even got it out to the public yet. To start with, we're making observations and calling them symptoms. Not because they are, but because that's the way we think. And we're making arbitrary decisions about those observations and calling what we end up with the diagnostic criteria. Even though they're not. Well, as they say in the newspaper business, never let the facts get in the way of a good story. We're medical people, so we talk in medicalese. That's our thing.

Different thread. It's the Decade of the Brain and everybody's going bonkers trying to win a Nobel Prize. Gotta discover something new about the brain. Don't care what it is. Here you are - I've discovered that people whose sleep is disrupted for long periods of time have distinctive neural patterns in certain areas of their brain and the patterns are

quasi-permanent. Could that be the cause of the sleep problems, I wonder? I know. I know. Since 99.99% of the brain's workings are still a total mystery, it only amounts to my opinion, and it could just as easily be an effect as a cause, in fact that's more likely, but, what the heck, I'm a scientist, aren't I? That makes me smarter than you. And this is MY claim to fame, so there.

Back with our private club of medical professionals, we're very excited about this. We've forgotten that humans are creatures of habit. We've forgotten about conditioned responses. Psychologists are into all that stuff. We're medical people, so we Think Medical. That's our motto. And the technology hasn't arrived yet that will tell us that certain areas of airline pilots' brains, for example, have distinctive neural patterns not found in other people's brains, purely as a byproduct of their professional activities, so our claim that such patterns are intrinsically abnormal will look a bit suspect, to say the least. Don't worry, we'll find a way around that when we get to it.

We have our Sleep Impairment Disorder and we now know that all the people who have this disorder (see how the thinking has moved on?) have abnormal neural patterns. Whatever anybody else says. Abnormal? You mean different. No, no. Abnormal. This is a disorder we're talking about, right?

We have our sleep potion that will put ANYONE to sleep - which will, of course, INCLUDE people who have a sleep problem, so it'll be easy peasy when it comes to demonstrating our potion's effectiveness. But naturally we don't call it a potion. We call it a medical treatment. Even though, strictly speaking, it isn't. Well, so what? Do you have to split hairs over everything?

And what happened to all the individual reasons these people have for their sleep problems? Well, they're all in there somewhere, for goodness sake, aren't they? As long as these people take our potion and get a good night's sleep, what does it matter?

There is one more thing, though, about the potion. It doesn't change your behaviour. It just puts you to sleep. Consequently, whatever it was that produced the sleep problem in the first place will keep reproducing it - thus, as it happens, maintaining the distinctive neural patterns characteristic of someone who, for whatever reason, can't get enough sleep, or can't get to sleep, or whose sleep is of poor quality. Never mind, we can stonewall on that point for ever if we have to. And, in any case, what does it matter if people have to keep taking our potion all their lives because we never actually solve their problem? Whatever it is. That's more money for us, isn't it? That's good. And these people sleep, don't they? So, we are helping them. Whatever anyone else says.

Fast forward, and here's Mr and Mrs Parent, who are worried about little Freddy who tosses and turns in bed every night because he thinks the Bogey Man is going to come through his window and eat him up and he hasn't had a good night's sleep for weeks.

But, what's this Mr and Mrs Parent read in a glossy parenting magazine? "Does Your Child Have SID?" SID? What's that? So they read on, fascinated. "Sleep Impairment Disorder is a neurological dysfunction caused by abnormal neural patterns in certain areas of the brain. It may develop in early childhood and has been found in infants as young as six months. The condition especially affects adults, many of whom have had the disorder since they were children. There is no known cure. However, SID can be

managed with a daily dose of Potilin(tm) a medical treatment developed by PhoneySmartPotions Inc."

So, off go Mr and Mrs Parent with little Freddy to the doctor. "Hmm..." goes the doctor, noting that Freddy is yawning his head off, has bags under his eyes and seems to be altogether a bit hazy, "You were right to bring your son to me. He has got SID. I'll prescribe him some Potilin straight away." Off go Mr and Mrs Parent, happy that they've done the right thing for their child. Oops. They forgot to say, "Excuse me, doctor, but if this is a dangerous brain disease, as I've been reading, why did you only give my son some medicine (note how they've been suckered into thinking 'medicine' already) instead of referring him to a neurologist?" And, oops again, the doctor completely forgot to ask little Freddy why he couldn't sleep. Well, he knows SID when he sees it, so what do you expect? Houston, we have a diagnosis. Chalk it up and let's get on with our lives. We're busy people, you know.

And so - other things you might read in a magazine, or in a newspaper or hear or see on TV (or get from your hairdresser or some bloke you met down the pub, for that matter):

"SID: the mystery disease that now affects 1 in 20 Americans". No mention that Norwegians, for example, are strangely immune to it. What is it about the Norwegian brain that's different to the American brain? There's a Nobel Prize awaiting somebody, if ever there was one. Where's the research on that, eh? Unfortunately, all available research efforts are by now going into defending our private club of medical practitioners' particular view of reality.

"SID may be linked to excessive TV watching". Or nutrition, or bad parenting, or poor air quality, or stress, or industrial noise, yada, yada, yada, whichever of the many hundreds of options is flavour of the month. Of course, it's the thing that 'SID' is 'linked to' that's the real reason for the sleep problem. We both know how this supposed 'neurological dysfunction' was created, right?

And, of course, there's "SID may be linked to fear of the Bogey Man." One for Freddy's mum and dad to worry about. If Freddy ever tells them about his fear of the Bogey Man, that is.

"SID is genetic, say scientists." That's a good one. Very scientific. Yes, most people can remember one or other of their parents having trouble sleeping at one time or another. But, of course, that's "genetic" as in "I support the same soccer team as my dad. It's genetic."

"New book says SID sufferers are really just artisans in a mechanic's world." Well, we're dealing with a fantasy anyway, so why not? How about "New book says SID sufferers are really aliens accidentally stranded on planet Earth when their space ship went home without them"?

"What happens when your SID child starts school? Twenty tips for worried parents."

"Manage your SID child without potions. New book from MeToo Holistic Enterprises reveals secrets of little known herbal remedies."

"SID Sufferers Association launches campaign to raise SID awareness." "We believe this disease is seriously underdiagnosed," says an Association spokesperson. "There may be tens of thousands of people out there who have fallen through the safety net and we're anxious to find them. We're grateful that we have this opportunity to help so many people who may be suffering from SID but don't realise it yet." Campaign sponsored by PhoneySmartPotions Inc. Except you're not told that.

"Concerns over long term effects of Potilin. May have dangerous side effects, says expert."

"New safe SID potion comes onto market." "Doctors welcome Pottera(tm), Bandwagon Laboratories' new SID potion. "This will enable us to brush aside parents' concerns and get on with treating SID sufferers in peace," says Dr. I. M. Gullible."

"World's leading SID expert publishes International Consensus Statement on SID."

"Brain scan expert discovers three different types of SID." "Latest research into the brain disease SID reveals that there are different kinds of abnormal neural patterns associated with this affliction. Dr. B. S. Artist says there are subtle differences between the neural patterns of those sufferers who can't get to sleep, those who can't get enough sleep and those whose sleep is of poor quality. Dr. Artist has identified these three types of SID as Classic SID, Diet SID and SID Spectrum Disorder." Note the tautology in the use of the word "Disorder". That's because Dr. Artist, like most of the population by now, has forgotten what the letters S I D stand for.

"SID overdiagnosed, claims expert." "Of course, there are genuine cases of SID, but a lot of people are being diagnosed with this disorder when they don't really have it. Just because you can't sleep for a few nights in a row, it doesn't mean you have SID."

"Expert claims SID doesn't exist." This one really has people jumping up and down. "Doesn't exist? What does he mean it doesn't exist? I've got SID! Come and look at the bags under my eyes, you moron! Come and watch me yawn fifty times a day and stagger around in a daze. Doesn't exist? Bloody idiot."

So, what is SID? And who's got it?

March 7, 2005

Hi _____

I appreciate you taking the time to elucidate.

I don't have a problem with what you say. Even if I did, how other people choose to perceive this is none of my business. It seems to me that we're looking at it from very different angles anyway.

There used to be a TV show where members of the audience are asked questions for I think it was a minute and they're not allowed to use the words "yes" and "no". If they say either word, somebody bangs a gong and they're out. It would be interesting to try something like that with this subject. Give people a minute to explain it, but they're not allowed to use the word 'ADD'. What would people say, I wonder?

April 25, 2005

Hi _____

What is it exactly you're asking me here? My profession? I'm a stay at home dad and have been for 17 of the past twenty years. I also publish an online parenting newsletter called Parental Intelligence, since August 2002. I'll leave it to you to decide whether that makes me a nobody or not.

Do you think a book written in 1997 is going to tell me something I don't know? I think not.

I suggest you take the trouble to read the forty instalments of The Candlelight Project, starting here:

http://www.adhd-report.com/biopsychiatry/bio_1.html

I appreciate that this may offend you, but, the fact is, if you're not prepared to do your homework I'm not likely to take you seriously.

May 21, 2005

Hi _____

Many thanks for your email and for your kind words.

It's always been my intention that my personal opinion of so-called 'ADHD' should be regarded as exactly that. Anyone who disagrees with it is perfectly free to ignore it, or even complain to me about it if it makes them feel better, in which case I'll deal with their complaint if I can; and if it frightens some people, as it seems to have done on occasion, there's not really a lot I can do about that.

I have no qualifications or credentials to speak as anything other than a parent of almost twenty years experience - seventeen of them primarily as a stay-at-home dad - who has learned during that time what has made the difference between my own sad and painful childhood and the happy and successful lives that my two children have enjoyed and continue to enjoy.

The fact is, whether by accident or design, the American Psychiatric Association's manufactured so-called 'disorders of childhood and adolescence' crossed MY path and not the other way around. Had I not, at the time, recently started publishing a parenting newsletter, the event would have been entirely irrelevant to my life. As the publisher of a parenting newsletter, however, it was impossible for me to ignore and, having made some enquiries into the subject on my own behalf, it became apparent that I had something useful to contribute generally. But, as far as I'm concerned, I've said all that I can say about it.

You could suggest to the participants in your online debate that they visit these two websites:

Citizens Commission on Human Rights.

<http://www.cchr.org>

CCHR, as you possibly know already, is an anti-psychiatry organisation founded by the Church of Scientology. As much as I have no liking personally for this organisation's own mindset, these people, it seems to me, have modern psychiatry and its shenanigans very much by the short and curlies. Anyone who believes that psychiatrists - biological psychiatrists, at least - are mainly concerned with human happiness and wellbeing should spend some time trawling around this website. It's an education. One, I suspect, that the American Psychiatric Association doesn't want the general public to have.

DSM: Fact or Fiction?

<http://www.dsm-iv.org> [*this website is no longer active*]

This is a newish website that's probably at least associated with the Church of Scientology if not run by it. Currently on the home page, there's a picture of the DSM-IV and a caption that reads: "Please note: The book you see above is the biggest fraud in history! This website will take you through it step by step and show you that psychiatry is based on nothing but quackery." Perhaps some believers in psychiatry will go into

immediate denial at those words, but, hopefully, there will be some who are brave enough to risk finding out whether or not this website's bold statement is true.

Please, also, feel free to use anything I've written that you find at the 'ADHD Report' website or elsewhere.

I'm willing to respond to anyone who wants to contact me about 'ADHD', whether for or against my opinion, and will continue to do that for as long as it's necessary.

However, there's a limit to what can be achieved by analysing different perceptions of the problem - and, for many believers, anyway, the facts are merely an inconvenience. As the Navajo Indians say, apparently, you can't wake up someone who's only pretending to be asleep! Sooner or later, potential solutions must be the focus of attention, and that's where my interest in this subject stands with me now.

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May 31, 2005

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I find it quite extraordinary that there can be so much debate about the 'nature' of so-called 'ADHD' when the American Psychiatric Association itself has never been able to validate its peculiar perception of reality in 30 years of trying. These behaviours are symptoms of a disease because we say they are? They're pulling my pilsner.

...

August 17, 2005

Dear _____

Thank you for your email.

My ignorance on the issue is incredible you say? Then please enlighten me.

I would appreciate it, though, if you would be so kind to as to firstly read through the forty weeks of The Candlelight Project ('Biopsychiatry Illuminated') - yes, all of them, please - *and* my observations on how to invent a psychiatric disorder ('SID'), both at the 'ADHD-Report' website, and my letter to the Editor of Australian Parents magazine, which you'll find at my Parental Intelligence website. Then you will have a clearer idea of where I am in my understanding at present.

When you've done that, please produce your demonstration that my perceptions are in error and I'll gladly respond to it accordingly.

I'm sure you will appreciate, however, that I've been through all this before and whatever you may care to present in support of your contentions *will* need to be convincing enough to withstand the rigours of scientific scrutiny (real science, that is, not 'science' of the psychiatric kind) unless you choose to make it merely your opinion, which you're perfectly free to do. I don't have a problem with that.

Meanwhile, in the absence of any reason whatsoever to do otherwise, my article, as you call it, and all the articles I've written or comments I've made about so-called 'ADHD' will stay exactly where they are.

I've taken the liberty of copying into my reply Dr. Fred Baughman, who was one of my main advisors during the course of my 'Candlelight Project'.

Since I have no first hand experience of this issue, I'm merely a commentator describing what I can see from where I'm standing as it relates to my personal experiences over twenty years of successful parenting, and, of course and as you've correctly surmised, I am frequently accused of not knowing what I'm talking about by those who confuse being in class with getting an education. That's why I've often needed to consult more personally experienced and scientifically aware others. I may just need Dr. Baughman's assistance again. If what you're about to offer me in support of your argument is going to be good, I'd better be ready, don't you think?

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August 17, 2005

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Now, I don't mean to be rude, but it seems to me that you're the one who's not paying attention here.

You said you've done your homework, but you haven't done your homework. I know all about Castellanos and his dodgy 'science' already. Didn't I just ask you to make sure you weren't giving me stuff that I've already dealt with?

You have 39 more episodes of The Candlelight Project to get through, plus my observations on how to invent a psychiatric disorder, plus my letter to the Editor of Australian Parents magazine. I'd get started on those things first, if I were you.

...

August 17, 2005

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... remember, I'm not trying to convince anyone. That's your job, to convince me, isn't it?

As far as I'm concerned, the American Psychiatric Association tried to scam me and I did something about it. That's all. I really couldn't care less if other people agree with my opinion or not. They can think for themselves. In fact, I recommend it.

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September 11, 2005

Dear _____

Thank you for your email.

I agree with you that this is a difficult issue to understand, since the perception of the individual appears to be such a major factor. So I'll try to explain to you as best as I can my own perception.

The first thing I should tell you is that, in my philosophy, behaviour is neither 'good' nor 'bad'. It's simply behaviour. It's an attitude of mind that's been very successful for me throughout twenty years of parenthood.

The American Psychiatric Association, for reasons of its own, wrote down a list of behaviours that they observed in children who were perceived to be troublesome in some way. Not troubled. Troublesome. To adults, that is. Taking it upon themselves to interpret those behaviours as 'bad', and being medical people, they decided that the behaviours were, therefore, according to their perception, signs of illness; so they called the behaviours 'symptoms', thus creating out of their own minds a quasi 'medical condition' through which they've since popularised the idea that there's something 'wrong' with children who habitually exhibit at least some of the behaviours on their list. Specifically, something 'wrong' in their brains, since the APA has declared that the behaviours are 'bad' and therefore, according to their perception, are signs of illness and all behaviours emanate from the brain. Therefore it's an illness of the brain or a 'brain disease'. Simple logic. No science need apply.

To a parent such as myself, the behaviours on the APA's list are perfectly normal. And nowhere near troublesome. In fact, when I first read the list, I genuinely thought for a moment that it had been compiled by somebody who'd never spent any time with children. Particularly unhappy children.

So, why do many parents believe that a child's inability to sit still, for example, indicates that his or her brain isn't working properly? Or that a child constantly losing things "necessary for tasks or activities" has some kind of 'wiring' problem in his or her brain? Or if a child "doesn't seem to listen when spoken to directly" that his or her brain is malfunctioning in some way? There are perfectly rational explanations for all of these behaviours - whether we perceive them to be 'bad' behaviours or not - and they all make far more sense than the American Psychiatric Association's rather peculiar suggestion.

That, essentially, is my stance. Others may have much to say about drugs and about what they choose to call 'alternative treatments'. As far as I'm concerned, what the American Psychiatric Association is telling me doesn't require a consideration of those subjects. Before they're even remotely relevant, the APA will need to demonstrate to me in the first instance that the behaviours they claim are the 'symptoms' of a 'medical condition' actually are anything other than normal childhood responses to typical childhood situations. It's my contention that they're unable to do so.

...

October 25, 2005

Hi _____

Thank you for your email. Did you read all forty parts of The Candlelight Project?

Maybe it's time I extracted the most useful knowledge from it and put it together in a more digestible form. Perhaps as a handy ebook entitled 'How the American Psychiatric Association Tried to Scam Me and What I Did About It.'

You, on the other hand, write of so-called 'ADHD' as if it's something other than an intellectually constructed nominalisation. Since you know about psychology, you know what a nominalisation is, I'm sure.

If you really think it's possible for any human being to 'suffer from', to be 'afflicted with', or to 'have' a nominalisation, well, you HAVE been scammed. A crash course in critical thinking may be useful to you.

Edward de Bono is very good. I'm a big fan of his from way back. Frederick Mann is another that comes to mind. With regard to the psychiatric labels scam in particular, a guy called Thomas Szasz (hope I've spelt that name correctly) has the game well and truly figured out. You should read what he writes about it. Then you really will be informed.

In my view, the interviews with parents and teachers, the observations and standardized assessments are a complete nonsense, since they're entirely the product of human imagination led up the garden path by the APA's nasty little confidence trick. If you put your faith in these things, I hope you will feel suitably ashamed of your part in this truly offensive form of child abuse when you finally wake up.

October 27, 2005

Hi _____

My credentials? I must have really rattled your cage if you have to fall back on that one!

Well, I didn't intend to frighten you, so I apologise for that.

I'm a successful parent and have been for 20 years. Don't you ever meet any successful parents in your work? Perhaps not, since we tend to be too preoccupied with raising happy, healthy and successful children to be interested in the kind of rubbish promoted by the American Psychiatric Association. As a matter of fact, I'd never even heard of 'ADHD' and the rest of the APA's invented 'disorders of childhood and adolescence' until about three years ago. And then it was only because I started publishing a parenting newsletter.

Since what I wrote in my previous email does seem to have gone straight over your head (probably because you had it down running for the air raid shelter), allow me to spell the scam out for you in reasonably short sentences.

Do feel free to correct me if I'm wrong. Proof will be required, naturally. The onus is on the proponents of psychiatry's invented 'disorders' to demonstrate their validity and, in the continued absence of that demonstration, sensible parents are duty bound to disregard them. Or, in my case, treat them with contempt.

Are you ready? Or have you got your hands over your ears?

Whether it's a problem or not (and you may be amazed to discover that for some people it's not), the behaviour you're concerned about is real. Agreed. You can see it, be upset by it, scared of it, or whatever you choose. Have I been telling you - or anyone else - that you're imagining the behaviour? No. The American Psychiatric Association's explanations for the behaviour, however, are not real explanations. They're explanations that they made up in their heads.

One of the numerous 'explanations' they made up in their heads is the nominalisation 'ADHD'.

We both know what a nominalisation is, right? A concept that's defined by creating an internal understanding of what it represents. Something, in other words, that 'means' what we imagine it means.

So, the APA, for its own purposes, created the nominalisation 'ADHD'. Nobody to this day, however, can figure out for the life of them what the 'cause' of the nominalisation 'ADHD' is - and nobody ever will, of course, because nominalisations don't have 'causes'. They're just 'things' made up in the imagination. So, we have real behaviour, imaginary 'cause'.

But, that doesn't bother the APA. They only need to keep everyone guessing by occasionally reminding the unwashed masses and editors of glossy parenting magazines that the workings of the human brain are a bit of a mystery, but, "Trust me, I'm a

doctor", they WILL 'find' a 'cause of ADHD' "one day". More than thirty years and a legendary "mountain of research" later, though, we're still waiting, are we not? How long can we expect to be kept waiting? Why, for ever, of course! See the preceding paragraph.

In the meantime, since the nominalisation 'ADHD', being a nominalisation, has no 'cause', it also has no 'cure'. Consequently, if you've been persuaded to imagine that the nominalisation 'ADHD' is an appropriate explanation for certain observable behaviour, you're easy prey for the idea that, because there's no 'cure', you will have to simply 'live with' the nominalisation 'ADHD' you're now imagining is the 'cause' of the behaviour. The behaviour that you're now told can only be 'managed'. Are you with me so far?

Remember, by the way, this is behaviour that many people don't actually perceive as a problem. Including, most tellingly, those who demonstrate the behaviour. As Steve Plog, a guy I know of who was 'diagnosed as ADHD' when he was 39, once said, "If I didn't know I had it for 39 years, how bad can it be?" Obviously, the 'problems' associated with so-called 'ADHD' are not as bad as they're painted, don't you think?

Now to the pretend 'medication'. The money reason, so I'm told, that required the invention of the nominalisation 'ADHD' in the first place.

Typically, as you know, the nominalisation 'ADHD' has been 'managed' by feeding dangerous drugs to the human brain.

And here's where the second con trick comes in. The drugs have the same effect on ALL human brains. Did you know that? BUT, those people who are convinced that they or others are 'suffering from' the nominalisation 'ADHD' are none the wiser. Brains described as 'ADHD' are, of course, INCLUDED in "all human brains", and that makes it dumbass easy for such people to accept the illusion that the changes in behaviour induced by the drugs are the result of 'treatment' for the nominalisation 'ADHD'.

What the people who imagine they're 'treating' something with so called 'medication' are doing, in fact, is simply feeding human brains with what are essentially 'street drugs' that would be ILLEGAL if they were designated as street drugs.

In the case of children, the dangerous drugs - which, remember, are legal ONLY because they've been designated as 'medication' not street drugs - are being FORCE FED into DEVELOPING human brains. Often from a very early stage of development. Often on a long term basis. With only the vaguest idea of what the drugs' effects really are. In response to a nominalisation. While genuine solutions to genuine problems disguised by the nominalisation are ignored.

From the perspective of the happy, healthy world I live in - and whether YOU like it or not - that's child abuse.

Every single one of the behaviours that the APA has, for its own purposes, arbitrarily bundled into its manufactured 'disorders of childhood and adolescence' has an explanation that's more rational - and sometimes (unless you're asleep) just plain more obvious - than the APA's 'chemical imbalance' fantasy. And every single one of those behaviours - IF it's causing a problem - can be resolved in ways that are supportive and respectful of human nature and its positive development.

For nearly all of my parenthood, I've been primarily a stay-at-home dad. Did I mention that? I've been right here with or for one or both of my children 24/7 for about seventeen years in total. I've spent a ton of time with a lot of children and I know from my personal successes repeated consistently year after year what works and what doesn't. I've also, in times past, worked with genuinely mentally handicapped and retarded children.

So, although it may well suit the APA, the pharmaceutical industry, and the apologists for the factory school system and parents who don't parent, to pretend that these so-called 'problem behaviours' are the product of 'illnesses' of the brain, my message is: please don't insult my intelligence.

Yes, indeed, I DO say that the DSM criteria are bullshit. And I'll continue to use that precise and accurate word to describe so-called 'ADHD' and the rest of the APA's let's play doctors and nurses made up 'disorders of childhood and adolescence' even if I'm the only person on the planet who holds such an opinion.

Although, from what I've learned since I started publishing my newsletter, it does appear that my opinion is shared by a growing number of enlightened parents. And let's not forget - three years ago, I knew absolutely nothing about any of this. Now look at all the time and energy I've been willing to invest in researching it and explaining it to other parents. Why do you suppose that is?

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February 1, 2006

Hi _____

Thank you for writing.

Have you read all forty parts of The Candlelight Project at the same website? It starts from here:

http://www.adhd-report.com/biopsychiatry/bio_1.html

Until you have, you're not sufficiently informed to make a judgement on whether I know the facts or not.

If you're not willing to read through the entire Candlelight Project right now - and I can understand that because there's a lot of it - here are a few parts you can start with:

http://www.adhd-report.com/biopsychiatry/bio_10.html

http://www.adhd-report.com/biopsychiatry/bio_13.html

http://www.adhd-report.com/biopsychiatry/bio_16.html

http://www.adhd-report.com/biopsychiatry/bio_38.html

In the meantime, I can give you some personal facts from the viewpoint of my twenty plus years of successful parenting.

Which are these:

1. The American Psychiatric Association is telling me that certain behaviours are the 'symptoms' of a medical condition, which they call 'ADD' or 'ADHD'.
2. My own life experiences tell me there are NUMEROUS contributing factors to the behaviours in question, and virtually none of them require attention from members of the medical profession. Even more than that, many of the behaviours are PERFECTLY NATURAL.
3. The onus is on the American Psychiatric Association to demonstrate to me the validity of its point of view, not for me to demonstrate to them or to anyone else its lack of validity. In other words, if I choose not to accept the APA's point of view, it's up to them to convince ME (should they want to) not the other way around.
4. In the continued absence of any validation of the APA's point of view - and there has been NONE, regardless of what you think you know to the contrary - I consider it my DUTY as a parent to warn other parents that 'ADHD' is a scam.

I trust that clarifies my position.

February 2, 2006

Hi _____

Well, I have to say the opening of your reply begs the question, Why is it you believe that 'ADD/ADHD' does exist and IS proven?

Are you, perhaps, convinced you 'have ADD' because your behaviour matches the American Psychiatric Association's diagnostic criteria as set down in their legendary DSM?

Then there, _____, is your introduction to the essence of the scam. The American Psychiatric Association designed the 'diagnostic criteria' specifically to match the behaviour. That's WHY they match!

Very clever, don't you think? Certainly clever enough to fool you. But don't feel insulted by that. It's fooled a lot of people I would have expected to know better.

Anyway, much as you may not like it, I don't have to "try to get real evidence to point out that ADHD is a scam". As I've already told you, it's the American Psychiatric Association and their followers who are trying to scam ME, so it's they who have to back up THEIR claims. Which they haven't done. Nor, in my opinion, can they.

Yes, I know you think they have, and there's nothing I can do about that. Perhaps if you DO have something I haven't seen before, you could let me know about it. But, please, NOT the Castellanos brain scan thing again. It's science schmiense. Do you know how many people so far have produced that as their 'proof' that I'm wrong and have gone away disappointed? The 'chemical imbalance' hypothesis? Excuse me while I yawn. The presumed 'effects' of the so-called 'medication'? Total flim-flam. Do your homework on that one first.

And again, sorry to disappoint you, but my "protest", as you call it, against 'ADHD' and the rest of the American Psychiatric Association's so-called 'disorders of childhood and adolescence' is entirely my idea. I operate as an individual parent. Everything I've done in the way of research since November 2002, when I first read about 'ADHD', and have continued to do in the way of correspondence and so on, has been and is entirely of my own volition as a free service to other parents.

Why?

Well, firstly, as a successful parent, I find the American Psychiatric Association's attitude toward children extremely offensive.

Secondly, I really, really, really, really HATE people bullshitting me.

Thirdly, 'ADHD' is a very DANGEROUS scam. And, while it may be all well and good for me to read through the American Psychiatric Association's made up so-called 'diagnostic criteria' and think "What a heap of crap" and walk away, it seemed to me other parents might need a little more help than that.

And to be perfectly honest with you, I'm less interested in the people who've been scammed and are happy to stay that way than I am in parents who, like me, see through the scam but, even so, are being pressured to BETRAY THEIR CHILDREN by people who've been scammed and don't know it and are convinced they're doing the 'right thing'. Something I'm immune to, but many other parents do have to deal with that, especially in America.

...

Perhaps you're not aware of this, but the 'ADHD Report' website is not my website. It belongs to a company based in Brighton called Uncommon Knowledge. Parental Intelligence is my website. ...

Anyway, here's the story. Way back when I first read about 'ADHD' and the controversy surrounding it (this was after 17 years as a parent without being aware that the American Psychiatric Association or its so-called 'disorders of childhood and adolescence' even existed), I spent about five or six months trawling around the internet for information about it, exchanged views at parenting forums and stuff, and ended up with a huge folder of documents taking up a lot of space on my harddrive. So I wrote the Parental Intelligence Report to get the information into a more digestible form. My original idea was that it would be solely for subscribers to my newsletter, as in, here's my opinion on the subject if you want to read it. It was never published in the newsletter itself. I put a couple of lines of blurb in the newsletter with a link to the report on an autoresponder.

Now THAT was supposed to be the end of it. If you want to know my opinion, here it is and you can agree with it, disagree with it or ignore it, whichever suits you. Except people kept writing to me about it. Often to ask me to explain something more fully. Sometimes to complain that I'd upset them.

Eventually, people were even sending me more information to read, so I figured this was an ongoing thing and I started the Candlelight Project to try to create something more comprehensive than the Report.

During the course of that, I came into contact with a lot of people who were happy to contribute to the project. For example, Dr. Loren Mosher, a former official with the American National Institute of Mental Health, who gave me permission to use his letter of resignation from the APA (part 12), Dr. Thomas Szasz, who gave me permission to use his speech from the 2004 Human Rights Awards dinner that you read in part 38 (you DID read it didn't you?), Dr. Jonathan Leo, who sent me the stuff about 'Broken Brains or Flawed Studies?' completely out of the blue, I didn't even have to ask him for that. That's part 16, which you've also read, right? And so on.

In the meantime, I've been a big fan of Uncommon Knowledge since the early days of my newsletter and had published several articles on psychology by Roger Elliott, the company's Managing Director. (My newsletter is about the 'psychology of successful parenting', not child rearing as such.)

One time, I was replying to an email from a guy called Barry Turner, who's the Lecturer in Law at the University of Lincoln there in the UK whose comments about the DSM I included in part 10 of the Candlelight Project, which you've read. I don't recall exactly what from this distance, but there was something in my reply that was relevant to

something I'd written about in an exchange of emails with Roger Elliott a few days before, so I copied him into my reply to Barry Turner. In that email, I mentioned the 'Parental Intelligence Report on ADHD'. Roger Elliott wrote and asked me about it and subsequently offered me the opportunity to put that and The Candlelight Project - which had simply been running as a regular feature in my newsletter - onto their own website.

So that's how 'ADHD Report' sponsored by Uncommon Knowledge came into being.

Now, as I said, I'm a huge fan of the work Roger Elliott does, and his partner Mark Tyrrell. They have several 'applied psychology' websites, in fact, which you can access from their main website Uncommon Knowledge.

<http://www.uncommon-knowledge.co.uk>

They also have a website called Hypnosis Downloads.

<http://www.hypnosisdownloads.com>

These are downloadable mp3 hypnosis sessions for all sorts of things. I use these myself and they're great.

So, maybe there's something there that will be useful to you. Check out both the websites. ... Roger Elliott and Mark Tyrrell are rock solid people who know their business. And they know how to help people.

Unlike psychiatrists who seem to only know how to push drugs. Well, you know what they say, "Never seek help from people who are more screwed up than you are."

Anyway, that's it from me. Hold on to your label if it's useful to you right now, but check out the Uncommon Knowledge website as well.

March 3, 2006

Hi _____

Thank you for writing.

The various professionals you have spoken to are correct in telling you that your son does not have a condition. So-called 'ADD/ADHD' is not a condition but a nominalisation - a name and nothing else that was invented by the American Psychiatric Association to describe a range of behaviours that may have a variety of causes.

My article at this page will, hopefully, clarify what I mean by that:
<http://www.adhd-report.com/adhd-exist.html>

Neither are any of the APA's other so-called 'disorders of childhood and adolescence' any different.

Which leaves you looking for a label to 'explain' your child's behaviour rather than a solution to your problems.

Fortunately, however, there are solutions.

There's an organisation I know of called the International Network for Children and Families (INCAF), which trains instructors to teach something called the Redirecting Children's Behaviour Course. The course is very highly rated by many people. INCAF is an American-based organisation, but it does have one qualified instructor in the UK.

Her name is Claire Levett and she's in Wellington, Somerset. Her details are at this page:
<http://www.incaf.com/instructorLister.php?actionReq=findOne&uid=25065529>

I'm not suggesting that you necessarily need or want or would like the Redirecting Children's Behaviour Course, but I feel sure that Claire would be useful to you as a first resort from where you are.

The parenting expert I would recommend to you otherwise is in America, although, of course, in this internet age, it's not necessarily a disadvantage that you're not.

Pam Leo
<http://www.connectionparenting.com/>

You may also be interested in the website of Dr. Thomas Armstrong:
<http://www.thomasarmstrong.com/>

I prefer not to offer direct advice to other parents myself, because I feel that, as an individual parent - though a successful one - I don't have the necessary overview of other parents' experiences to be genuinely useful. I could only speak from the viewpoint of my personal parenting philosophy, which is a long way outside the mainstream and not for everyone.

But, I would be happy to answer any questions you might have if I can.

March 8, 2006

Hi _____

Thanks for writing.

Are you a psychoanalyst now? Way cool. Too bad you're so far off target you're half way to China, but thanks for having a go anyway. It's a fascinating theory.

Fortunately for me, it's not my job to wake you up.

You'll have to do that for yourself, mate.

Good luck.

Bob

Oh, by the way. No doubt you won't be reading the next issue of my newsletter, but here are a couple of items I wouldn't want you to miss:

From the Scotsman of 22 February 2006

<http://news.scotsman.com/opinion.cfm?id=274972006>

Dr. Fred Baughman's new book

<http://www.trafford.com/4dcgi/view-item?item=9628>

March 12, 2006

Hi _____

Thanks for your email. I apologise for taking so long to reply. Busy week.

Well, as it happens, I'm perfectly satisfied that I have a real job, thanks. But I can certainly understand your perception. It's a mistake a lot of people make.

If you'd really like to know how much money I've earned from my writings on the subject of what I choose to call the 'psychiatric labels scam', you're very welcome to hire an accountant and have them take a look at my bank statements. Then you'd know for sure instead of having to guess, wouldn't you?

But I think the reality of the situation we have here is that you simply have no idea whatsoever why successful parents would regard the American Psychiatric Association's so-called 'disorders of childhood and adolescence' as an insult, do you?

Not just an insult to successful parenting, by the way. An insult to Life Itself. That's about as insulting as it can get.

And, most likely, nothing you can see from your point of view will change your lack of understanding in this particular area any time soon. So I guess we'll just have to agree to differ, won't we?

March 23, 2006

G'day _____

Thank you for writing. I appreciate you telling me your story.

I'd be glad to help you in any way I can. As an outsider to the psychiatric labels experience, I'm certainly no expert on any of it, but what I've learned about Ritalin I find pretty scary, too. To begin with, if it hadn't been sold to the public as 'medication' for an invented 'medical condition', it would probably be illegal. It has the same effect on just about anybody who takes it, whether diagnosed as 'ADHD' or not, so really it's a recreational or street drug. All part of the scam, it seems to me.

You may find this page useful to you right now:

<http://www.parental-intelligence.com/pharm.html>

Have a look through that. Also, you could check out the Uncommon Knowledge website. Roger Elliott, Managing Director of Uncommon Knowledge, sponsors the ADHD Report website. There's also his Hypnosis Downloads website. (I use these myself)

<http://www.uncommon-knowledge.co.uk>

<http://www.hypnosisdownloads.com>

There's also a guy called Mike Brescia in America, who has a website called Think Right Now.

<http://www.thinkrightnow.com>

Mike, I know, has a particular interest in the 'ADHD lie', as he calls it. Both Roger Elliott and Mike Brescia offer genuine solutions, which I think is vitally important, rather than just saying "Oh, it's a scam" and leaving it at that. I really would like to have somebody like them in Australia to suggest, but I'm still looking.

April 5, 2006

Dear _____

Thank you for writing.

I would have been a little more enlightened if you'd specified which particular contribution to my extensive research into the psychiatric labels scam contained the offending eight year old information, but you didn't indicate in your letter whether you're responding to the editorial in the latest issue of my newsletter, or to something you read at the 'ADHD Report' website:
<http://www.adhd-report.com>

Is the article you pointed me to relevant to it? It appears to be familiar, either very similar to or perhaps a rewrite of an article I read about three years ago. I'm sure you'll discover if you look hard enough that I've already dealt with those matters somewhere or other on my travels.

I'm not sure where CHADD fits into this, either, to be honest.

Anyway, here's an idea that might help you. If you believe the information I'm providing about so-called 'ADHD' is false, how about you write to the American Psychiatric Association and ask them to provide you with the means to refute it? That would seem to me to be a very sensible idea.

Then you'll be able to demonstrate to me exactly where my perceptions have let me down, I'll gladly make the necessary public apology, sorry, I got it completely wrong, it didn't come out of the rear end of a farm animal like I said it did, yada yada, and then we can all get on with our lives.

So, as soon as you can get from the APA whatever it is they're going to give you to prove what I've written about 'ADHD' is false, you pass it on to me and I'll show it to my 'technical advisors'. I'm only an uneducated parent, you see, so I have to double check everything the APA tells me with professionals, medical and otherwise, who know the difference between fact and fancy. I trust that's okay with you.

I look forward to hearing from you again once the APA has acceded to your perfectly reasonable request.

May 26, 2006

Dear _____

Thank you for writing.

'ADHD' is a nominalisation and nominalisations don't require treatment of any kind, since they're intellectual constructions. If you're not sure what I mean by a nominalisation, please read what I've written about how the psychiatric labels scam works here:

<http://www.adhd-report.com/adhd-exist.html>

The kind of behaviour that's popularly referred to as 'ADHD'-type behaviour can have a number of different contributing factors and, consequently, there are different solutions according to the true nature of the problem. The best option in one set of circumstances may be a change of diet, in another it might be stress management training or removing a child from the school system. It depends. I couldn't possibly offer an opinion without knowing more about the individual circumstances, and, really, I'm not qualified to offer an opinion at all.

Although, I've found that unconditional love works wonders in all circumstances, so that's always a good general area to start in.

June 19, 2006

Hi _____

Many thanks for your email.

Mike Adams is correct in what he writes. [*The article to which I'm referring can be read at this url: <http://www.newstarget.com/019418.html>*] It appears from my research that the pharmaceutical industry does indeed have psychiatrists sitting around brainstorming ways to turn general human behaviour, anti-social or otherwise, into 'discrete collections' of specific behaviours that can be marketed as 'diseases' on the drug companies' behalf.

People who choose 'natural alternatives' rather than drugs in order to 'manage' the artificially generated behavioural categories to which psychiatry has arbitrarily assigned them miss the point entirely. A preferred response doesn't change in any way the reality that the APA's invented labels are nothing other than representations in the mind. They're nominalisations, in other words. Not medical conditions.

These inventions don't even meet the criteria of the American Psychiatric Association's OWN definition of a medical condition. I call that one heck of a clever mind game. In fact, I'm seriously impressed. I want these people on my team whenever I get around to selling worthless real estate in the Outback.

My best attempt so far to explain the mechanics of how the APA's mind game works is here:

<http://www.adhd-report.com/adhd-exist.html>

Certain behaviours, generated from perfectly healthy brains, will ALWAYS meet the requirements of the American Psychiatric Association's so-called 'diagnostic criteria' for any one or more of its fabricated so-called 'disorders' because these things are constructed from the behaviour backwards to make ABSOLUTELY SURE that there will be plenty of customers (people, that is) who can't help but think, "Wow, that describes my behaviour exactly. I must have the disorder." OF COURSE it describes the behaviour exactly! It's impossible for it to do otherwise, since a description of the behaviour is all it is. It's a foolproof methodology. Even the alleged "world's foremost expert on ADHD", Russell Barkley, can't tell the difference between a diagnosis and a disease and he's supposed to be a scientist. It's no wonder the general public doesn't get it.

What are the APA's so-called 'diagnostic criteria' really? In the real world, as you call it.

Observations. That's what.

In the case of so-called 'IED', the APA has observed that 'road rage' (an invented metaphor in itself) and other similar outbursts are examples of what can be thought of as 'uncontrollable anger' and then it's simply generated a shopping list of experiences people have when they're angry and out of control and termed them 'symptoms'.

In the absence of scientific protocol (as usual), however, the APA is saying nothing more than that the cause of uncontrollable anger is a three-word phrase it created to describe uncontrollable anger.

Claiming that the cause of a certain behaviour is the behaviour itself is quite something when it comes to circular arguments, don't you think? My personal favourite is the contention that 'Executive Dysfunction' is caused by an inability to make decisions. That's a classic that has me chuckling every time I think of it.

Do you know of any genuine medical condition that's caused by its symptoms? I don't. The American Psychiatric Association, however, apparently knows hundreds of them and is 'discovering' more all the time. What it terms 'IED' is merely the latest in the long line.

The APA's subsequent and customary suggestion that uncontrollable anger emanates from a neurological dysfunction or 'chemical imbalance' is exactly that. A suggestion. Like a hypnotist would give you.

I could equally suggest that 'uncontrollable anger' emanates from eating too many Big Macs or from being possessed by gremlins from another galaxy and I'd have just as much science behind my point of view as the APA has behind its point of view - possibly more - but, in a conflict between the facts and a contradictory 'professional opinion', most non-professional people would rather believe the professionals. Nothing new there. That's in Persuasion 101.

In any event, the APA seems to have some very strange ideas about human nature. It's not natural to control anger. That's a social conformity myth. The idea that emotions that make us feel bad are in themselves 'bad' and must be controlled with brain damaging pharmaceuticals if necessary is complete tosh. And another example of the American Psychiatric Association's kindergarten level of thinking. Emotions have a biological purpose. The purpose of the emotions we think of as negative is to warn us that we have a problem to solve. To solve. Not to ignore or suppress.

Anger is a warning from our body that something in our life is blocking us from getting what we want - whether that something is real or imagined (the actual block or just something that represents it) - and when anger arises it needs to be expressed somehow, preferably in the form of constructive action, not contained so that it backs up into the nervous system and damages it. How best to express our anger in social situations is the issue (we can scream and rant as much as we like, after all, in our own private company!).

All social behaviour is learned and can be unlearned and relearned.

If you read the March issue of Parental Intelligence, you'll know that my dad was a psychiatric 'patient'. For virtually all of his adult life. My own life was a mess, too, when I was younger. As a child, I was painfully timid and inept and lived in an almost constant state of anxiety. As a teenager, I felt suicidal. After I left home, I was itinerant for several years, occasionally homeless, moving from one place to another every few months to escape those hellhounds on my trail. By the time I was in my late twenties, I couldn't hold down a job and I was a drunk. And I believed I was turning out just like my dad. Which is what I'd been told as a kid would happen to me.

Thank goodness I didn't seek psychiatric help, don't you think? Those idiots would have had me convinced I had a genetically defective brain and put me on drugs for life that really would have made it defective. Would that have helped me solve my problems?

Hell, no. I would have had to live with them and be 'grateful' for the opportunity to 'manage' my life so that it didn't fall apart. If I'd had any children at that time in my life, I would likely have even passed psychiatry's stupidity onto them and put their inevitable 'anti-social' behaviour down to their own 'defective brains'.

What kind of 'helping profession' is it that makes its money by telling people they have defective brains when their brains are normal? What kind of 'helping profession' is it that bamboozles parents into poisoning their own children? What kind of 'helping profession' is it that tells people they haven't got a clue how to help them and they'll just have to learn to live with their problems when there are so many people in the world who have genuine and effective solutions to offer? These people are a disgrace. Even a dog wouldn't cross the road to piss on them.

...

It is a fact, however, that it's technically impossible to 'prove' that so-called 'ADHD' and 'IED' don't exist - just like it's technically impossible to 'prove' that aliens don't exist or even that Santa Claus doesn't exist. So there will consequently, I guess, always be people who are convinced that psychiatry's alleged 'disorders' COULD exist if nobody can prove that they don't, and - in line with the story psychiatry puts out itself to cover up the absence of any scientific validation for its peculiar view of humanity - there will always be people hoping that the alleged 'scientific research' into these mysterious entities will one day bear fruit and prove them right.

Others who appreciate that these mysterious entities are, literally, figments of psychiatry's collective imagination will be living their lives unencumbered by such futile considerations.

So, I don't know if that's any help to you, perhaps not, but that's the way it is. Your behaviour isn't imaginary. Only the American Psychiatric Association's explanation for it. That's just another one of its revenue raising fantasies.

Good luck with the homeschooling. It's a positive move. Schools - typical schools at least - are uninspiring places to be these days, especially for boys. My son used to have the most amazing fits of uncontrollable anger when the frustration and mind numbing boredom of it all finally got to him. I had the bruises and bite marks to prove it. As soon as my wife and I took him out of school, the anger vanished like a morning mist in the sunshine, and, these days, my son is just about the happiest little bloke I've ever known. As he has a divine right to be.

Was that a miracle cure of some mysterious brain disease? I think not. The reality is, we're happy when we get what we want. Perhaps that's a little too simpleminded for the American Psychiatric Association. Happiness appears to be something it's not remotely interested in. Can't turn it into a disease and sell drugs to treat it, I guess.

June 23, 2006

Hi _____

Thanks for your email and thoughts.

I'm glad you noticed my anger. That's part of my point. The main topic of the email was anger, so I was naturally thinking about anger and my brain obligingly produced memories associated with anger. Causing a feeling of anger. That was pure neural flow. Input triggering brain cells triggering associated brain cells triggering messages transmitted through the central nervous system to organs, muscles and what have you - all activated spontaneously, automatically and without the need for conscious command or direction. Uncontrollable, in other words. No mysterious 'brain disease' required. As you may have noticed, Mike Adams became angry while writing his article about 'IED' and remarked on the fact and that it would probably "qualify" him for the alleged 'disorder'. He was angry for the same reason. He literally couldn't stop himself. The unbeautiful minds of the American Psychiatric Association know exactly how it works. Fortunately for me, so do I.

I'm afraid I can't do anything about society and the people who run its systems. Just like 'IED', 'society' is a nominalisation, too, so I wouldn't know where to start in defining its particular problems, never mind where to look for real solutions.

Each and every individual member of society, however, can decide to change his or her life to make it happier and healthier and more successful at any time without requiring 'society's' permission and I'm very happy to encourage them to do that.

...

Other people are far better placed than I am to tackle the professionals inside the various organisations, in any event.

Regarding the alleged meaning of differences in brain activity in the front temporal lobes, the brain scan part of the 'ADD/ADHD' scam works something like this:

Suppose you have two people, one's a tennis player, the other one's a golfer. Over time, as a result of consistently playing their respective sports, these two people will develop different habitualised neural patterns in their brains. Certain areas of the brain are activated more in one sport and less in the other because of each sport's different requirements. So, you'll eventually have two distinct brainwave patterns that might be termed a tennis player's typical brainwave pattern and a golfer's typical brainwave pattern.

If a doctor did a brain scan of the tennis player's brain and the golfer's brain and compared the two results, he or she would see the different neural patterns and think, "Yes, they're clearly different." A simple statement of fact.

Now, suppose, for reasons of its own, an organisation with some perceived authority in these matters believes that golf is a very bad thing. Perhaps the majority of members of this organisation think that, because golf is something of a solitary pursuit, playing it is

anti-social - or whatever the belief might be - and it's decided after some discussion and a show of hands that playing golf is a form of 'mental illness'.

This peculiar perception is then sold to the world and bought by our doctor in question. Playing tennis is healthy. Playing golf is an illness.

This time, the doctor does a brain scan of the tennis player's brain and the brain of the person who's been diagnosed as PGD (Persistent Golfing Disorder) and compares the exact same results, and he or she sees the different neural patterns and thinks, "Yes, the golfer's brain is clearly diseased."

Why would the doctor think that, do you suppose?

August 20, 2006

Dear _____

You're right to be "very concerned" for the safety of Australian children.

An acquaintance of mine in the UK has pointed me to the following article that appeared in The Australian recently, which I'd not previously seen (I rarely read a newspaper these days):

Inquiry into Ritalin for preschoolers

<http://www.theaustralian.news.com.au/story/0,20867,19721239-2702,00.html>

Through my role as the publisher of an online parenting newsletter, I've been interested in the subject of so-called 'ADHD' for some time, although my interest is purely academic, to be honest with you. Rightly or wrongly, I wouldn't allow this insanity into my everyday experience, thanks very much, and remain perfectly content to observe and comment on it when necessary from a healthy distance. To tell you the truth, I'd really rather get on with my life!

In writing to you now, I have no intention of taking on the might of the psychiatric profession and/or of the pharmaceutical industry - I'll leave that to those who have a better chance of achieving a desirable result - nor am I going to attempt to stem the even mightier tide of popular delusion. Nor do I expect you to be galvanised into immediate action by what you're about to learn. In fact, I wonder if what you think you know will be able to accommodate a necessary realisation of its implications. It certainly does still all seem quite bizarre to me.

However, having myself learned what I have, from a starting point of complete ignorance, through my personal investigation into the subject over more than three years, I feel under an obligation to suggest to you that the children who are the future of our country would benefit immensely by, at the very least, your intelligent perusal of the information below, related to what I refer to myself these days, with total justification, as The Psychiatric Labels Scam.

The ADHD Fraud: How Psychiatry Makes "Patients" of Normal Children

by Fred A. Baughman Jr. MD

<http://www.adhdfraud.org>

There Are No "Chemical Imbalances"

<http://www.academyanalyticarts.org/fores.htm>

Death from Ritalin

<http://www.ritalindeath.com/>

(See in particular 'Ritalin: Child Abuse on Prescription?' about a third of the way down the page. Although note the reference to Ritalin being described as "potentially toxic". Ritalin IS toxic. All pharmaceuticals are toxic.)

ADHD and the Meaning of Evidence

Barry Turner, BA, MPhil.

http://ablechild.org/documents%20and%20reports_files/adhd%20and%20the%20meaning%20of%20evidence.htm

"They Lied" (includes Steven Sharfstein, President of the American Psychiatric Association)

<http://www.cchr.org/index.cfm/7065>

New Video: Psychiatrists Admit No Science and No Cures (duration 4.2 minutes)

http://www.cchr.org/uploads/video/no_science.wmv

The American Psychiatric Association's Diagnostic and Statistical Manual of Magical Thinking

http://www.psychdisorders.org/psych_billing_bible.html

See also:

<http://www.adhd-report.com>

(sponsored by Uncommon Knowledge <http://www.uncommon-knowledge.co.uk>)

...

August 29, 2006

Dear _____

I thought you might be interested in this article that 'crossed my desk' over the weekend.

ACNP Journal Editor Quits Amid Exposure of Conflicts of Interest
Sunday, 27 August 2006

A notice from The American College of Neuropsychopharmacology, the inner sanctum of biological--predominantly drug-centered psychiatry--informs the membership of the resignation of Dr. Charles Nemeroff, the Editor-in-Chief of its journal, Neuropsychopharmacology.

<http://www.ahrp.org/cms/content/view/327/55/>

Note in the next to final paragraph of this article the observation "Concealment of financial conflicts of interest is only one symptom of the disease."

What "disease" is that exactly, I wonder? It looks like just about everybody's using the 'doctors and nurses paradigm' in their thinking these days, doesn't it?

Only last week, I happened to read in The Canberra Times an item concerning the prevalence in modern English soccer of 'diving' - players falling dramatically to the ground when tackled and feigning injury in an attempt to unfairly obtain a free kick or a penalty or to get an opposing player cautioned or sent off.

Sir Alex Ferguson, the manager of Manchester United, reportedly said of the practice: "It's a disease." NOT "It's like a disease." It's a disease.

Sir Alex was, of course, speaking metaphorically. As was the author of the article at the AHRP website in commenting on the "financial conflicts of interest" that "permeate the entire fabric of medicine" (another metaphor).

It's certainly true that negative or problematical behaviour perceived as becoming increasingly widespread can appear to the imagination to be very similar in its nature and mechanics to the spread of an infectious illness, but it would be ridiculous to suggest that cheating in either soccer or medicine is an actual medical condition, much less that it can be 'cured' by the administration of dangerous mind altering drugs, don't you agree?

That may, of course, change should the American Psychiatric Association vote to include Persistent Diving Disorder (PDD) and/or Financial Conflict Concealment Disorder (FCCD) in the next volume of its Diagnostic and Statistical Manual of Magical Thinking.

Perhaps you've never wondered why it is that the number of 'mental illnesses' in the APA's legendary "billing bible" has been inexorably increasing with each new edition (and will inevitably continue to increase). I can't say I'd ever thought about it myself, until I first encountered this fascinating tome about four years ago. The DSM of MT gets bigger and bigger because metaphors are ideas and ideas by their nature must expand

and lead to other ideas. 'Mental illness' itself is a metaphor. Although you wouldn't think it, judging by the amount of commercially motivated propaganda to the contrary.

Have you ever wondered why it is that psychiatry presents its metaphors as 'brain diseases' or 'neurological dysfunctions'? What's the payoff? If these things were genuine neurological dysfunctions, they'd be in the domain of neurology. Not psychiatry. On the other hand, if the behaviours are NOT the product of a neurological dysfunction, they belong in the domain of psychology. Not psychiatry. Which leaves psychiatrists where? Unemployed. They lose either way. In a rational world at least.

Yet, we still have sweeping and wholly subjective judgements being made on the (both real and imaginary) behavioural difficulties and problems of the masses by a relatively small group of people who are, at the end of the day, not especially gifted in this area but merely pharmacologically oriented medical practitioners. In fact, these people appear to have no genuinely helpful skills at all, since their track record is one of almost laughable failure.

Is this really no more than a situation of "we've got the pharmaceuticals and we're going to use them"? If all drugs were legal and their use for ANY purpose culturally acceptable, would 'mental illnesses' such as so-called 'ADHD' suddenly disappear? Why do parents apparently not notice, in any event, that these alleged 'brain diseases' are customarily 'diagnosed' not with scans, blood tests, spinal taps and so on, but with pop quizzes of the kind usually found in teen magazines? It's all too mind boggling for me, I'm afraid. Perhaps the only person who could ever sort out this unholy scam would be a James Randi or a Michael Shermer.

In the meantime, it seems to me incumbent upon those of us who can at least try to get our thinking above kindergarten level to deal somehow with the rampant silliness modern psychiatry appears to have unleashed amongst the scientifically illiterate in our society. I do hope, for the sake of Australia's children, that you understand what a metaphor is.

October 4, 2006

Hi, _____

Thank you for your email.

This is a quote from the home page of Dr. Fred Baughman's ADHD Fraud website:

"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.'"

That's exactly how the psychiatric labels scam works. Backwards from the behaviours. The behaviours are observed first and then the umbrella phrase is invented to describe them.

For example, the latest concoction: Intermittent Explosive Disorder.

Firstly, list the behaviours typically associated with sudden loss of temper. Secondly, invent a catch all 'medical sounding' phrase to write across the top of your list. Result - a new 'disorder'. According to the strange minds of the American Psychiatric Association.

It's a foolproof methodology.

What IS 'Intermittent Explosive Disorder'? Really. It's a three word phrase invented by the American Psychiatric Association to describe behaviours typically associated with sudden loss of temper.

What does the general public THINK 'Intermittent Explosive Disorder' is? A neurological dysfunction that has to be treated with drugs.

Anyone who's unaware of the process by which the American Psychiatric Association invents its phoney 'disorders' will, of course, accept without question - since they have no reason to do otherwise - that the APA's listed behaviours are 'symptoms' of the alleged 'medical condition'. But, they're not 'symptoms' of anything. They're just behaviours. With a myriad of contributing factors.

I hope that helps.

November 16, 2006

Dear _____

Thank you for writing.

As far as I'm concerned, the brain scans are irrelevant. The drugs are irrelevant. Other people can fuss and feud over those particular subjects.

My point of view is ultimately very simple. In the matter of so-called 'ADD/ADHD', I find that it's exactly as Dr. Fred Baughman claims: the American Psychiatric Association "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.'".

In my own words, the American Psychiatric Association compiled a shopping list of various observed behaviours that the majority of its members, in their self-appointed 'wisdom', deemed undesirable; they then made up a descriptor or 'umbrella phrase' to write across the top of that list that would INCORPORATE the behaviours IN THE IMAGINATION, with the intention being that those various behaviours would consequently and henceforth be perceived by the general public, and others, as interrelated components of a single entity. In other words, so that the behaviours would be seen as collectively subservient to the invented descriptor - FIRST there's the 'entity', then there are its 'components'. The EXACT OPPOSITE of what really happened.

However, in my world at least, it's plain to see that a decision made by a small coterie of American medical professionals to ritually formulate a collection of behaviours in the manner of a faux 'medical diagnosis' does not, ipso facto, magically transform those behaviours in themselves into the 'symptoms' of a medical condition.

As they say where I come from: Pull the other one, mate. It's got bells on.

What other people imagine when they hear or read the term 'ADHD' is up to them. But, if the American Psychiatric Association wants ME to think of its intellectually constructed nonsense as a 'medical condition', it needs to provide me with a little something called a reason why I should. I'm afraid the APA's assertion, however emotionally charged and frequently repeated, that "these behaviours are the symptoms of a medical condition because we're doctors and we say they are" doesn't cut the mustard.

In the continuing absence of something that does, I'm obliged to interpret what the APA is telling me as a fantasy - in this case, a somewhat unpleasant fantasy - that emanates from its kindergarten level doctors and nurses way of thinking. And, yes, I guess that's a biased interpretation. But, then, I've been biased against scam artists for many years. It just so happens that the scam artists on this occasion are the representatives of the American Psychiatric Association.

Part Two: Articles

Disease vs. No Disease

My final thoughts as an individual 'parent in the street' on the fundamentals of the psychiatric labels scam.

This is the story as I understand it.

In the world of conventional medicine, diseases are DISCOVERED.

First there must be a *clue* or perhaps several clues that the NORMAL FUNCTIONING of a specific part of the body has become IMPAIRED.

Then a medical professional will look for a reason or reasons why that part of the body is not functioning as it was designed to function, and may find that it's because ... whatever. That 'whatever' will then be identified with a Medical Term to make life easier all round - instead of a doctor having to go through an extravagant explanation every time he or she wants to talk about where the problem is in the body and what it looks like and what it does, and so on, they can just say something like, for example, "It's diabetes".

The word 'diabetes' is, in effect, a CODE for specific experiences of the body that are ALWAYS PRESENT in this particular case - from the observed ACTUAL CHANGES in the normal functioning of a part of the body - which is the EVIDENCE of disease - to the surface behaviours, so to speak, that provide the clues in the first place that the functioning of that part of the body has *become* abnormal. The symptoms.

The point to remember is that the normal functioning of any part of the body in every case has already been established. It's KNOWN. That's HOW a medical professional is able to identify the way or ways in which it has become *abnormal* and determine which disease is present.

In the world of the American Psychiatric Association, 'diseases' are INVENTED.

The American Psychiatric Association is an organisation of medically trained professionals who, it appears, have a special interest in the performance of the human brain. Or, to be more accurate, perhaps, an interest in its *non*-performance.

At least, I *think* it is. Not living in America, where I might possibly have a greater appreciation of its everyday activities, I must admit that I have yet to fully understand the real life purpose of this curious organisation.

In any event, and whatever its true motivations might be, the American Psychiatric Association has, it seems, set itself up as an 'authority' on the workings of the human brain. Specifically, the *biology* of the brain. Its 'neurobiological processes'.

Unfortunately for the American Psychiatric Association, however, it appears that NOBODY - least of all the APA - knows anything much at all about *how* exactly the neurobiological processes of the brain actually function.

There are, it's true, scientists and others who will *speak with great confidence* on the subject of what modern 'brain technology' can now supposedly reveal to us, but if you look closely at the alleged 'scientific' literature, you'll find that it's literally riddled with telltale *conditional* words and phrases - "perhaps", "maybe", "we think", "it's possible", "it could be", "it might be", "our research *suggests*" ... I've got my eyes peeled for the jackpot: "We think perhaps it might be possible that maybe this suggests it could be ...".

There are, also, numerous *commercially motivated* parties who will boldly declare for the sake of a dollar that, thanks to the Decade of the Brain, the most complex and sophisticated organ in the human body (not to mention the known universe) is now as easy to understand as a black and white TV set. But the reality is that it just isn't so.

There are some people, in fact, who would say that, *despite* the very genuine advances made during the Decade of the Brain, exactly *how* the human brain does *anything* it does remains substantially mysterious.

Thus, it seems clear to me that, from a practical point of view, the American Psychiatric Association is operating in an area of 'the human experience' where what may or may not be 'normal functioning' is almost entirely UNKNOWN.

How, then, is it *possible* for these people to operate in the manner of conventional medical practitioners? They're simply unable to observe *actual changes* to established normal functioning.

Nonetheless, they apparently DO need to maintain their credibility as medical professionals – or, so I'm told, they'll be *out of business*. In short, they're doctors and they have to have things to doctor.

Their solution it seems is to try to work 'from the outside in'.

Since these people know, as we all do, that our brain ultimately controls all of our behaviour, that's where they look for any problems or potential problems that will validate their perfectly legitimate but otherwise redundant medical qualifications. They start with the observation of behaviour.

But, since they're *incapable* of making any direct reference to the actual functioning of the brain's neurobiological processes, all this really amounts to is that these people are looking for surface behaviours that they THINK are an indication that *something may be* 'going wrong' in some way *somewhere* inside the brain.

How unhelpfully vague is that? Just for starters.

But, what else can these people do if they want to continue to earn a living? They would otherwise have to admit that they know nothing, or at least very little, pack up their stethoscopes and go home. And doubtless they have mortgages to pay and families to feed.

Thus, the American Psychiatric Association proceeds NOT in the way of conventional medicine (which it's prevented by circumstances from practising) but instead by its own maverick methodology of observing *how* people behave then trying to relate that backwards to what might *possibly* be happening inside those people's brains.

So, in other words, the standard procedure for making decisions in what's *supposed to be* this organisation's area of expertise is – GUESSWORK!

And, as if that isn't *sufficiently* bizarre, it gets even screwier.

In order for these people to make their guesses, educated or otherwise, about what *might possibly be happening* inside people's brains, it appears that they simply compare the behaviour they observe against nothing more substantial than their own IDIOSYNCRATIC COLLECTIVE OPINION of *what constitutes 'normal' behaviour and what doesn't*.

Furthermore, this is a collective opinion that's based on *not even* the unanimous agreement of the APA's membership, but on what a majority of its members BELIEVES and persuades the membership to accept.

Thus, the American Psychiatric Association's unique and peculiar version of 'reality' might usefully be summarised as a 'reality by committee'.

"If *most* of us believe that a behaviour is 'normal', it is normal. If *most* of us believe that a behaviour is '*abnormal*', it is abnormal".

So much for medical science or anything remotely approaching it. Yet, this is apparently what the American Psychiatric Association likes to *call* 'science', whether anybody else thinks it is or not.

It's no wonder so many people treat this curious organisation and everything that emanates from it with extreme skepticism.

Personally, I think they're bullshit artists.

But, of course, that's just me being unnecessarily rude and offensive. For which I apologise, naturally.

In any event, the bottom line in all of these shenanigans and speculations - and perhaps what *you* need to remember most of all - is that the medical professionals of the American Psychiatric Association are, *at the very least*, IMMERSED in a world of subjective decisions.

Whether they intend to be or not, whether they like it or not and whether or not, as with the proverbial fish surrounded by the water in which it swims, they manage to retain an appreciation of the fact.

And, of course, that begs the question - how *aware* is the general public that VIRTUALLY EVERYTHING THE AMERICAN PSYCHIATRIC ASSOCIATION HAS TO SAY ABOUT THE HUMAN CONDITION AND HUMAN BEHAVIOUR IS *ONLY* ITS COLLECTIVE PERSONAL OPINION?

...

School classrooms, generally speaking and with exceptions, are dispiriting places to be these days. When my now 11 years old home educated son was in school (until he was 7), I used to go into his classroom to help out with various activities as often as I could, because he was complaining that he didn't like school and didn't want to go and I was keen to lend him some moral support (and, incidentally, help him adapt to school life).

The pace of the lessons I observed was *excruciating*. It was like watching paint dry. Or watching grass grow. It was like being forced to think slower and slower ... I couldn't believe how *long* it was taking to get across even tiny little bits of knowledge.

That's because, since the advent of the Digital Revolution in the 1990s, I've become *habitualised* - as have most people - into absorbing information very quickly and often from multiple directions. Having a teacher stand at the front of a classroom and dole out knowledge in little chunks at his or her whim is NOT the way most people like to learn in the 21st century. Not me. Not my son. Not, I believe, children generally. Whether the teachers' unions like it or not. In any event, my wife and I ultimately took our son out of school to save him from a life of 'Chinese water torture'.

Elsewhere in the world, the American Psychiatric Association has decided, in its self-appointed 'wisdom', that it's 'normal' for all children to sit still and be quiet when in a school classroom, no matter how much their natural inclinations might be abused. This, of course, is the APA's *perception* of 'normal' - NOT 'normal' in the medical sense, as in 'functioning according to design', but 'normal' in the APA's idiosyncratic collective opinion, according to its unique and peculiar perception of reality.

Children in a school classroom, however, being children and somewhat more in touch with their biological imperatives than most adults, might feel the need to respond to unsupportive situations with whatever behaviours they have in their less than mature social repertoire, up to and including the time honoured reaction of kicking and screaming in protest.

So now the medical professionals of the American Psychiatric Association have found something they're looking for. Surface behaviours that they, in their self-appointed 'wisdom', THINK are an indication that *something may be* 'going wrong' in some way *somewhere* inside the brain.

Though only, of course, when they compare the children's behaviour against their own rather interesting beliefs about what constitutes 'normal' behaviour and what doesn't.

Nonetheless, our friendly neighbourhood medical professionals have, it seems, convinced themselves of the accuracy of their thinking and now move their perception of events swiftly along to the consideration of a 'brain disease'.

But, what exactly has disease got to do with *any* of this?

Has it been demonstrated beyond reasonable doubt IN THE FIRST PLACE that the behaviour in question is a *bona fide* organismic problem? And not just something somebody doesn't like.

If so, *what exactly* is the indicator of *recognisable* IMPAIRMENT?

Did somebody *observe*, by whatever means, an ACTUAL DETRIMENTAL CHANGE of some kind in the established normal functioning of a part or parts of these children's brains? A change that is ALWAYS PRESENT in *every* brain in *every* incidence of the behaviour?

Of course not.

Nobody has ever made any such observation.

As far as the APA is concerned, though, it's NOT NECESSARY.

They *believe* that the behaviour is 'wrong', and that's good enough for them. They know that all behaviour is controlled by the brain. Therefore, it follows that the behaviour is wrong because something is wrong with the brain.

Kindergarten Logic 101.

But it's a living.

It doesn't appear to matter if a problem can be reasonably (even obviously) attributed to psychological or emotional factors, to bad habits or undesirable conditioned responses, to poor nutrition or stress or plain old common or garden adultism - it doesn't appear to matter if there isn't even a genuine problem to begin with. As far as the unbeautiful minds of the American Psychiatric Association are concerned, yes, there IS a problem and that problem *has to be* a DISEASE.

It's what doctors do.

And these people are doctors. Let's not forget that. They need diseases to stay in business.

In real *reality*, however, all that we have here is a PREJUDICIAL PERCEPTION of sociological behaviour. An idiosyncratic assessment of behaviour made not according to that behaviour's intrinsic nature but according to its place in the *context* of society at large.

This is NOT *brain* behaviour our medical professionals are getting upset about.

Their assumption that the behaviour in question is an indication of 'something going wrong' in the brain, is exactly that - an assumption - and that assumption is an *automatic* product of their medically habituated thought patterns. These people See Medical because they Think Medical because they See Medical because they Think Medical because they See Medical because they Think Medical ... because that's the way they've been trained.

They See Medical *regardless* of what it is they're looking at. They Think Medical *regardless* of contradictory observations and assessments prevalent among the remaining 99.9999% of the world's population.

They Think and See Medical even REGARDLESS OF THE FACTS.

And thus, our representatives of the APA have looked and they've seen what they *think* they've seen. That is, they've 'seen' it inside their heads.

They've made their observations and now they scribble down in their collective notebook a *description* of all the various ways in which the children in this scenario have responded to their less than happy circumstances, and they take this shopping list of observed sociological behaviours away with the intention of persuading the general public that the behaviours on that list are 'wrong'. Because THEY THINK they're wrong.

That they are, in fact 'ABNORMAL'.

Even though neither they nor anyone else has provided even the merest hint of evidence that they are.

Now things start to get curioiser and curioiser. The next stage of this apparently well-worn process is the APA's invention of an 'umbrella phrase' to write across the *top* of its arbitrarily compiled list of assorted behaviours.

This will be the means by which the various behaviours on the APA's shopping list can be related to each other in the mind.

So, here I am with my various observed behaviours all nicely gathered up and dumped into a metaphorical 'box' manufactured for the purpose inside my head. What do I now write with my brightly coloured crayon on the imaginary sticky label that I plan to affix to my imaginary box? What will be the invented phrase that will become the *unifying* 'identity' for my arbitrary collection of behaviours?

I know it's going to be 'something Disorder', because 'disorder' is my already established professional term for behaviours that my colleagues and I think are 'wrong'. Something Disorder. Jumping Up And Down And Running Around Disorder? Get real. Nobody would take that seriously. Okay, since this is not actually about the children - it's *primarily* about what adults want - let's try something to do with a refusal to obey adult instructions. Not paying attention to adult instructions. I've got it! A lack of attention. An attention deficit. We'll call it 'Attention Deficit Disorder'.

And what exactly is an 'attention deficit'? Really. Who knows? I was under the impression that attention in itself is a constant, but it moves around. Sometimes a lot, depending on stimuli present and biological needs. Having a SHORTAGE of attention is an interesting concept. But, then, we're operating ENTIRELY in the realm of the imagination here, so we'll go with that ...

And then there's all that difficulty with getting the children to stay in their seats. They simply have too much energy for the circumstances, don't you think? Hmm... 'Attention Deficit with Too Much Energy Disorder'? Nope. *That* doesn't work. Too Active Disorder? That's closer. Perhaps we'll need to fall back on a little Greek medicalese here. As in, too active = over active = hyper active.

And thus, we get 'Attention Deficit Hyperactivity Disorder'.

Okay, so the APA has compiled its shopping list of observed sociological behaviours, and it now has an invented 'umbrella phrase' or 'descriptor' to write across the top of that list

for the purpose of *implying* that the various behaviours and the invented phrase are connected to each other.

Now these people get to the fun part. Fun for them, that is. It's time to write all their interesting ideas down in their neatest handwriting in the American Psychiatric Association's Book of Spells - the legendary Diagnostic and Statistical Manual of Magical Thinking.

This is the *ritual affirmation* that will conjure up The Magic Cloak of Official Decree:

"The American Psychiatric Association's latest 'brain disease', [insert descriptor here] ..."

Below its suitably medical-sounding neologism, the APA then writes out its list of collected observations; but, because these people are medical people and this is ALL ABOUT maintaining their credibility as medical professionals, they need to do things in a 'medical way', or the game would be up. In other words, their imaginative fabrication needs to be presented IN THE STYLE OF a disease so that it will be PERCEIVED BY OTHERS as a disease.

So they manipulate their list of observations into a specific format that they call 'diagnostic criteria'.

Now the APA's interesting thoughts are 'carved in stone' for all the world to see and, henceforth, the APA as an official medical organisation and its members as individual and perfectly legitimate medical professionals can happily refer to their invented 'umbrella phrase' as 'the name of the disease' and to their idiosyncratic compilation of assorted behaviours as 'its symptoms'.

Now it LOOKS exactly to the unsuspecting eye (and mind) AS IF the listed behaviours are *derived from* and are *the components of* a single entity - in the way, of course, that REAL symptoms are derived from and are the components of the single entity of a real disease. But, in fact, the only 'single entity' in existence here is the APA's made up fake medical term. Everything else is in the imagination.

Now it LOOKS exactly to the unsuspecting eye (and mind) AS IF that invented 'medical term' is a code for the listed behaviours - in the way, of course, that a GENUINE medical term is a code for actual behaviours. But, in fact, the behaviours in themselves are various and *assorted* behaviours that originally existed in a state of independence – *until* the APA decided in its self-appointed 'wisdom' to arbitrarily compile them under the banner of a made up 'medical term'.

Everything else is in the imagination.

By doing things in this 'mock medical' way, the American Psychiatric Association is able to successfully obliterate any clues that would flag its pretend 'disease' to the world as the intellectually manufactured ILLUSION it really is.

It's all well practiced and very skillfully done. Henry Gondorff would have been proud. I'm *definitely* impressed.

And now the American Psychiatric Association announces to the general public that certain sociological behaviours it THINKS OF as 'abnormal' are the product of an *actual* abnormality in the brain.

In the world I live in, this is called *a lie*.

But, be that as it may, what the APA absolutely *doesn't* want now is for the general public to remember - or, perhaps, realise for the first time - how things work in conventional medicine.

Our friendly neighbourhood medical 'professionals' might be asked to DEMONSTRATE BEYOND REASONABLE DOUBT IN SCIENTIFICALLY CONTROLLED CONDITIONS that there *is* actually something 'wrong' with the brain, as they claim. To *show* the world that their *alleged* 'abnormality' or 'dysfunction' actually exists.

So we can all satisfy ourselves that it's not just something they made up, right?

And can the American Psychiatric Association actually *do* that, do you think?

Of course not.

Thus enters the chemical imbalance story. The APA's legendary smokescreen. To disguise the fact that its alleged 'disease' has been created entirely in the imagination and to get past its consequent inability to come up with any genuine scientific support for its kindergarten 'let's play doctors and nurses' fairytale, these people simply tell the public "There's some kind of chemical imbalance in the brain."

Some kind of.

They don't know what it is exactly, of course (how would they?), but, don't worry, they'll persuade an ever increasing number of stooges to run around like blue arsed flies trying to 'identify' it for them, so that the medical professionals of the APA themselves will look as if they know what they're talking about. Running around for ever, if necessary. This is the ultimate 'one day, we'll prove the existence of ADHD' meta-fantasy that keeps a whole industry of scientists and pseudoscientists off the streets dreaming of a life of fame and fortune if they're The One to discover the elusive 'neurobiological basis' of 'ADHD'; and, meanwhile, waiting patiently (while not realising, of course, that they'll be waiting for ever), much of the general public is still thinking, "Well, maybe there *is* something. I know this kid who's got all the symptoms."

Sigh ...

The good news, however, is that *some* members of the general public might feel the need to ask the APA a pertinent question or two, such as, "What's a chemical BALANCE? Show me one, so I can compare it with what you say is an imbalance."

Huzzah!

The fact is, nobody knows what a 'chemical imbalance' is. It's an idea. Like 'ADHD'.

An idea.

I wrote earlier that in conventional medicine the name given to a disease - the 'medical term' - is a kind of CODE, so that, for example, two doctors in conversation about a patient don't have to go through something like, "Well, this is happening here in the body and that's happening there, and so on and so forth" every time. One says, "It's emphysema", or whatever, and the other one AUTOMATICALLY UNDERSTANDS that "this is happening here in the body and that's happening there, and so on and so forth ...". Because those are the actual and exact conditions that the code word is always applied to.

What, then - in real reality - is the term 'ADHD' a code for?

Well, the answer would be 'NOTHING'.

Except that the American Psychiatric Association has, as we've seen, kindly done us all a favour and *manufactured* a conceptual framework *in* that nothingness for us to hang our thoughts on - by which I mean, the work of fiction on page whatever of its Book of Spells that it perversely insists on referring to as 'diagnostic criteria'.

A nice little story for us to think about and relate to our real experiences in the real world.

And so, whenever your thinking is *triggered* by the sight or sound of the fake 'medical term' 'ADHD', your thoughts will run through all the memories from your own unique life experiences that 'seem' to be *relevant* to the APA's nice little story and IN YOUR OWN IMAGINATION, you'll fill in all the details that will make 'sense' of the story to you personally - all of this *automatically by association*, rippling through your neural networks like a domino effect. All of it outside of your conscious command.

Just as with *any* nominalisation.

Have you ever wondered why it is that - despite the now legendary 'mountains of research' - nobody has ever been *able* to pin down exactly what 'ADHD' IS? And that's in more than thirty years of trying - *and* the prize of fame and fortune awaiting the lucky winner. Have you ever wondered why it seems to be that just about every man and his dog has their own *unique* theory about what 'ADHD' really is?

Well, now you know.

YOU get to *generate* what 'ADHD' 'is' from your own imagination. Aren't you lucky?

The fake medical term 'ADHD' is a *code* for WHATEVER YOU THINK.

And, once you think you 'know' what 'ADHD' 'is' and you *believe your own ideas* about the nature of its 'existence', your brain's wired in data filtering system will do the rest. With perfectly natural everyday selective thinking, according to what's important to *you*, past experience and current desires.

Thus, IF *you believe* that 'ADHD' really does exist (but 'the medical profession' just hasn't managed to nail down exactly what it 'is' yet!), *your* very own brain (the one you're using to read this) will automatically and *without your conscious consent* select

from your environment and accumulate in your memory whatever *appears to be* 'evidence' in support of your pre-established ideas about what 'ADHD' 'is' - dutifully interpreting your *real* experiences with *real* people in the *real* world (with which your *imaginings* about 'ADHD' have now been thoroughly intermingled and will *seem a 'real part of*) in such a way as to always seem to *confirm* what YOU THINK 'ADHD' 'is'.

But, you won't ever come close to *knowing* what 'ADHD' 'is'. Nobody will. Because there's no 'is' to know.

Only to think about.

And while you're thinking about it, you may well encounter an increasing number of human beings - children and adults - whose ACTUAL BEHAVIOUR SUGGESTS TO YOU that they've 'got ADHD' or they 'suffer from ADHD' or they're 'afflicted with ADHD', or whichever way *your language* formulates *your ideas* about this quasi-'thing' that lives entirely in *your imagination*.

However, *none of that* is anything remotely to do with the real world of medicine.

It's to do with the supreme power of BELIEF.

In this case, a belief in the 'LET'S PLAY DOCTORS AND NURSES' PARADIGM currently prevalent in American culture and elsewhere. And the kindergarten level thinking that goes with it.

A deeply entrenched belief in that paradigm is the reason why even the *so-called* 'world's foremost authority on ADHD' - an alleged 'scientist', no less - can spout the most incredible TOSH on the subject of this most unpleasant of fantasies and yet be thoroughly, totally, unshakeably *convinced* that he's talking about a real disease. Just like measles. Just like cancer. Just like epilepsy.

This is also the reason why in conventional medicine - *real* medicine - it's NECESSARY for claims of 'disease' to be TESTED IN SCIENTIFICALLY CONTROLLED CONDITIONS.

Something the American Psychiatric Association has always avoided and continues to avoid.

For good reason.

And *remember* - this is an organisation of medical professionals who can't possibly claim to be ignorant of the rules of real medicine.

So, don't you be fooled into thinking that it actually means something in real *reality* if somebody's BEHAVIOUR *matches* the American Psychiatric Association's intellectually constructed (that is, made up in the head) so-called 'diagnostic criteria', for any of its so-called 'disorders'.

Somebody's behaviour must INEVITABLY match the behaviour described by these fascinating concoctions because a description of the behaviour is ALL THEY ARE!

Don't be fooled into thinking that there's any such thing *at all* as a 'psychiatric disease'. Real brain diseases are in the domain of neurology. Not psychiatry.

The application of the WORD 'symptoms' to an arbitrarily constructed set of observed sociological behaviours – even if that application is made by a medical professional - does NOT somehow *magically transform* those behaviours into the symptoms of an actual disease. Nor does the *deliberate misuse* of the WORD 'disease' in inappropriate circumstances, even by a medical professional, somehow magically change a normal function into an abnormal dysfunction.

Okay, maybe it does in the fantasy world of the American Psychiatric Association. I almost forgot that.

But most certainly not in my world.

There Is No Such Thing as a Psychiatric Disorder/Disease/Chemical Imbalance

by Fred Baughman

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In her recent *PLoS Medicine* article, Christine Phillips writes: “ADHD [attention deficit hyperactivity disorder] joins dyslexia and glue ear as disorders that are considered significant primarily because of their effects on educational performance” [1]. A “disorder” is “a disturbance of function, structure, or both,” and thus, the equivalent of an objective abnormality/disease [2]. In neurologically normal children, dyslexia cannot be proved to be a disorder/disease. “Glue ear,” however, is otitis media, an objective abnormality/ disease. Phillips continues: “In the case of ADHD, there has been a complex, often heated debate in the public domain about the verity of the illness,” but proceeds, without an answer, to consider “the roles of teachers as brokers for ADHD and its treatment.”

In 1948, “neuropsychiatry” was divided into “neurology,” dealing with diseases, and “psychiatry,” dealing with emotions and behaviors [3]. If there is a macroscopic, microscopic, or chemical abnormality, a disease is present. Nowhere in the brains or bodies of children said to have ADHD or any other psychiatric diagnosis has a disorder/disease been confirmed. Psychiatric drugs appeared in the fifties. Psychiatry and the pharmaceutical industry authored the “chemical imbalance” market strategy: they would call all things psychological “chemical imbalances” needing “chemical balancers”—pills.

At the September 29, 1970, hearing on Federal Involvement in the Use of Behavior Modification Drugs on Grammar School Children, Ronald Lipman of the United States Food and Drug Administration (FDA), argued: “hyperkinesis is a medical syndrome. It should be properly diagnosed by a medical doctor” [4].

In 1986, Nasrallah et al. [5] reported brain atrophy in adult males treated with amphetamines as children, concluding: “since all of the HK/MBD [hyperkinetic/minimal brain dysfunction] patients had been treated with psychostimulants, cortical atrophy may be a long-term adverse effect of this treatment.”

At the 1998 National Institutes of Health (NIH) Consensus Development Conference on ADHD, Carey [6] stated: “The ADHD behaviors are assumed to be largely or entirely due to abnormal brain function. The DSM-IV does not say so but textbooks and journals do.... What is now most often described as ADHD...appears to be a set of normal behavioral variations.”

However Swanson and Castellanos [7], having reviewed the structural magnetic resonance imaging (MRI) research, testified: “Recent investigations provide converging evidence that a refined phenotype of ADHD/HKD (hyperkinetic disorder) is characterized by reduced size in specific neuroanatomical regions of the frontal lobes and basal ganglia.” I challenged Swanson, asking: “Why didn't you mention that virtually

all of the ADHD subjects were on stimulant therapy—the likely cause of their brain atrophy?” [8] Swanson confessed this was so—that there had been no such studies of ADHD-untreated cohorts.

The Consensus Conference Panel concluded: “We do not have a valid test for ADHD... there are no data to indicate that ADHD is a brain malfunction” [9]. (This wording appeared in the version of the final statement of the Consensus Conference Panel distributed at the press conference in the final part of the Consensus Conference, November 18, 1998. This wording, which appeared for an indeterminate time on the NIH Web site, was subsequently removed and replaced with wording claiming “validity” for ADHD.)

In 2002, Castellanos et al. [10] published the one and only MRI study of an ADHD-untreated group. However, because the ADHD-untreated patients were two years younger than the controls, the study was invalid, leaving stimulant treatment, not the never-validated disorder, ADHD, the likely cause of the brain atrophy.

In 2002, Daniel Weinberger, of the National Institute of Mental Health, claimed “major psychiatric diseases” are associated with “subtle but objectively characterizable changes” but could reference not a single proof (quoted in [11]).

In 2002, the Advertisement Commission of Holland [12] determined that the claim that ADHD is an inborn brain dysfunction was misleading and enjoined the Brain Foundation of the Netherlands to cease such representations.

In 2003, Ireland prohibited GlaxoSmithKline from claiming that the antidepressant Paxil “works by bringing serotonin levels back to normal.” Wayne Goodman of the FDA acknowledged that claims that selective serotonin reuptake inhibitors correct a serotonin imbalance go “too far,” but had the temerity to suggest that “this is reasonable shorthand for expressing a chemically or brain-based problem” (quoted in [13]).

At an FDA hearing on March 23, 2006, I testified: “Saying any psychiatric diagnosis ‘is a brain-based problem and that the medications are normalizing function’ is an anti-scientific, pro-drug lie” [14]. Yet this has become standard practice throughout medicine, for example, at the American Psychiatric Association [15], American Medical Association [16], American Academy of Child and Adolescent Psychiatry, American Academy of Pediatrics, Child Neurology Society, American Academy of Family Physicians [17], FDA [13], and virtually all US government health-care agencies.

Journal articles [6], press releases, ads [18], drug inserts, and research informed consent documents say, or infer, that psychological diagnoses are abnormalities/diseases. All patients and research participants with psychological problems are led to believe they have an abnormality/disease, biasing them in favor of medical interventions, and against nonmedical interventions (e.g., love, will power, or talk therapy), which presume, as is the case, that the individual is physically and medically normal and without need of a medical/pharmaceutical intervention.

The FDA is the agency most responsible for conveying the facts needed by the public to make risk versus benefit and informed consent decisions. Instead—by protecting industry, not the public—the FDA is a purveyor of the psychiatric “disease” and “chemical imbalance” lie. This must change.

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Fred Baughman is a retired neurologist/child neurologist and author of the book [The ADHD Fraud—How Psychiatry Makes “Patients” of Normal Children](#). He has testified widely about the absence of proof that any psychiatric disorders have been validated as objective abnormalities/diseases. Most recently Fred Baughman testified at hearings at the [US Food and Drug Administration \(March 2006\)](#) and before the Congress of Mexico (March 2006).

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The “Chemical Imbalance” Lie Dooms Informed Consent

The U.S. Government Conspires with the Psycho-Pharmaceutical Cartel to Drug Every Citizen!

(Testimony of Fred A. Baughman Jr., MD, to the March 23, 2006, meeting of the Psychopharmacologic Drugs Advisory Committee)

The fact of the matter is that there is no such disease (objective abnormality = disease) as ADHD. It is a contrived, faux disease--an illusion. This being the case, children said to have it are normal/disease-free and giving them ADHD drugs, or any psychiatric drugs, is not treatment, but poisoning.

“Once Ritalin or any psychiatric drug courses through their body, they are, for the first time, physically, neurologically, biologically, abnormal.” [1]

In medicine, diagnosis must be complete before, logical, scientific, treatment can be planned and informed consent can be elicited. First of all, diagnosis requires an answer to the question: Is there an objective abnormality—yes or no? If “yes” further examinations and tests are performed to determine which disease is present. If there is a macroscopic (gross), microscopic or chemical abnormality, evident in life, or at autopsy, at death, --a disease is present. Because there are no objective abnormalities in psychiatry there is no such thing as a psychiatric disorder/disease/chemical imbalance.

Psychiatric drugs were first marketed in the fifties. Psychiatry and Big Pharma “married” and gave birth to the marketplace strategy of the “big lie” by which they would call all things emotional and psychological “chemical imbalances” of the brain, needing “chemical balancers”—pills.

On September 29, 1970, Representative Cornelius Gallagher of New Jersey launched the Congressional hearing, Federal Involvement in the Use of Behavior Modification Drugs on Grammar School Children: Behavior Modification Drugs in School Children, saying: “I have received letters critical of minimal brain dysfunction, one of thirty-eight names attached to this condition.”

But, the “chemical imbalance” strategy was clearly in place. Dr. Ronald Lipman, Chief of the Clinical Studies Section, FDA, testified: “...hyperkinesis is a medical syndrome. It should be properly diagnosed by a medical doctor.”

In 1948, 'neuropsychiatry' was divided into 'neurology,' dealing with physical abnormalities/diseases and 'psychiatry,' dealing with emotions and behaviors [2].

In the DSM-III of 1980 it was ADD; in the DSM-III-R of 1987, ADHD; in the DSM-IV of 1994, it was ADHD of another sort.

On December 22, 1994, Paul Leber, MD, Director, Division of Neuropharmacological Drug Products of the FDA, wrote to me: "... no distinct pathophysiology for the disorder (ADHD) has been delineated."

On May, 13, 1998, F. Xavier Castellanos of the NIMH wrote to me: "... we have not yet met the burden of demonstrating the specific pathophysiology that we believe underlies this condition."

At the November 16-18, 1998 Consensus Conference, William B Carey [3], speaking on the subject: "Is ADHD a Valid Disorder?" concluded: "What is...described as ADHD in the United States appears to be a set of normal behavioral variations..."

James M. Swanson and F. Xavier Castellanos [4] reviewed the structural/anatomic MRI research [5-18] concluding: "... ADHD subjects have on-average 10% brain atrophy."

From a floor microphone I (Baughman) challenged Swanson: "Why didn't you mention that virtually all of the ADHD subjects were on stimulant therapy and that this is the likely cause of their brain atrophy?"

With their main line of evidence shown to be a lie, the Consensus Conference Panel confessed: "...we do not have an independent, valid test for ADHD...there are no data to indicate that ADHD is a brain malfunction."

Palco of NPR observed: "ADHD is like the Supreme Court's definition of pornography: 'You know it when you see it.'"

On October 9, 2002, Castellanos, et al [19], published the one-and-only MRI study of an ADHD-untreated group. Inexplicably, they failed to use matched controls, voiding the study. ADHD remained without validation as a disease while the ADHD drugs—methylphenidates and amphetamines remained the probable cause of the "on-average, 10 percent" brain atrophy.

In 2002, Weinberger [20] of the NIMH claimed "major psychiatric diseases"...are associated with "subtle but objectively characterizable changes." However, he could not reference a single proof.

In 2002, the Advertisement Commission of Holland determined that Brain Foundation-Holland claim that ADHD is an inborn brain dysfunction "...gives a wrong and misleading representation and enjoined them to stop.

In 2003, Ireland prohibited GSK (GlaxoSmithKline) from claiming on its Paxil/paroxetine leaflet: "(it) works by bringing serotonin levels back to normal." While the FDA's Goodman [21], acknowledged that claims that SSRIs correct a serotonin imbalance go "too far," he had the temerity to suggest: "this is reasonable shorthand for expressing that this is a chemically or brain-based problem."

Saying any psychiatric diagnosis "... is a brain-based problem and that the medications are normalizing function," is an anti-scientific, pro-drug, lie—one that reflects FDA and government policy generally."

There is nothing more despicable than a physician who knowingly tells normal patients that they are "sick," "ill," or "diseased," for profit. Yet this has become standard practice throughout medicine, and at the Food and Drug Administration (FDA), American Psychiatric Association (APA), American Medical Association (AMA), American

Academy of Child and Adolescent Psychiatry (AACAP), American Academy of Pediatrics (AAP), American Academy of Neurology (AAN), Child Neurology Society (CNS), American Academy of Family Practice (AAFP), and countless other organizations.

All health care agents and agencies, and all manufacturers of drugs must cease their representations of psychological/psychiatric diagnoses as diseases/ “chemical imbalances.” The right to informed consent--universally abrogated by such lies--must be restored to US medicine.

You—at the FDA mandate the medical treatment of ADHD. Where is the proof (1) that ADHD is a disease? Give us that reference, that citation. Right now please.

Give us the reference-citation to the examination or test that demonstrates (2) an objective abnormality child-by-child.

The members of the panel provided me with no such references/citations either at the time of my request or at any time before, during, or after the day-long conference.

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Does ADHD Even Exist?

The Ritalin Sham

by John Breeding

Mothering Magazine, July/August 2000

Alice, the mother of a seven-year-old son, Nathan, recently visited my office for a counseling session. Nathan had reportedly been different and difficult from the beginning: exhibiting early seizure-like activity, a most challenging temperament, great sensitivity to various types of stimulation, intense frustration, aggressive tantrums, and other apparent developmental difficulties. Alice had taken him to doctors from a young age, obtaining a variety of mostly nonspecific diagnoses of developmental problems. Alice felt unappreciated as a parent, hurt and angry that the Montessori school her son had attended at ages four and five had ultimately rejected him. She felt judged by other parents, whom she felt blamed her for her son's challenging behavior. And she felt unsupported by both camps of opinion regarding "medication": the pro-Ritalin forces challenged her reluctance to use the drug for her son, and the antidrug group vehemently urged her to resist drug use.

Alice's personal stance on the Ritalin issue was clear. While she basically agreed that these "medications" are not good for children, she also felt that, in her family's case, it had been helpful. Nathan had been diagnosed at age five with attention deficit hyperactivity disorder (ADHD), and had taken Ritalin for a year. Alice thought the drug greatly helped her son, slowing him down enough so that he could listen and process information. She and her boyfriend both felt drugs made the boy much easier to be with; further, their own reduced stress eased them so much that they were now able to consider other alternatives for Nathan, such as nutritional supplementation.

Proponents of psychiatric drugs attest that they "work," meaning they alter mood, thought, and action. They also "work," of course, in that they assuage the medical community's expectation that drugs be used to "treat" these children. I believe that fully informed adults should have every right to voluntarily use any drugs they wish, as long as they don't endanger others in doing so. Children, however, are not able to give fully informed consent to drug use—especially those under six years of age, a group in whom we are witnessing a dramatic increase in psychiatric drug prescription.⁽¹⁾ It is, therefore, our responsibility as adults to ensure every possible opportunity for optimal development for our children, to protect and defend our children from powerful toxic drugs, particularly those prescribed for psychiatric purposes. Like Alice, a large percentage of adults who take psychiatric drugs or give them to their children would prefer to avoid them—and yet they capitulate and use them because the drugs provide relief: from tension, fear, and desperation, as well as from the external strains of judgment and coercion. Lawrence Diller, author of the best-selling book *Running on Ritalin*, argues that: "The 700 percent rise in Ritalin use is our canary in the mineshaft for the middle class, warning us that we aren't meeting the needs of all our children, not just those with ADD. It's time we rethought our priorities and expectations unless we want a nation of kids running on Ritalin."⁽²⁾ Dr. Diller decries the trend (as I do in my book *The Wildest Colts Make the Best Horses*), contending that this increased reliance on drugs reflects a society in distress. Rather than try to force our children to shrink into

situations that do not meet their needs, he states, we need to take responsibility for our society.

Diller himself is, however, torn by the same conflict many parents have concerning Ritalin. On the one hand, he says: “As a citizen I must speak out about the social conditions that create the living imbalance. Otherwise I am complicitous with forces and values that I believe are bad for children.” On the other hand, though, he concludes: “As a physician, after assessing the child, his family and school situation, I keep prescribing Ritalin. My job is to ease suffering and Ritalin will help round- and octagonal-peg kids fit into rather rigid square educational holes.”⁽³⁾

This seemingly contradictory stance is the same one Alice and millions of other parents face. It’s not as if all parents readily accept the prescription of Ritalin. Alice, in fact, incurred the wrath of her son’s neurologist because she refused to give her son Adderall, a combination of three different amphetamine-like stimulants often used as an alternative to Ritalin. Increasingly over the past ten years or so, millions of parents are nagged by their children’s physicians: “If your child had diabetes,” the doctors taunt, for example, “you’d give him insulin wouldn’t you?”

“What could I say to that?” Alice asked me. Her question was not so much a call for information as it was a need to express her hopelessness. It was encouraging to me that she was angry, for anger is a great antidote to hopelessness. She was mad about the treatment she had received from prior medical and mental health professionals, as well as the lack of support from two opposing drug camps. Before I would hazard a possible response for that neurologist, Alice and I talked about the feelings of relief, guilt, and anger the Ritalin issue had caused for her family. Finally, I gave her what would have been my response: the diagnosis of ADHD is, itself, fraudulent.

ADHD: Nothing but a Sham

A condition such as diabetes carries detectable physical evidence of disease—abnormal blood sugar levels, evidence of pancreatic malfunction—justifying medical treatment. Families confronted with the “wouldn’t you give insulin” argument could begin by asking the neurologist to provide medical evidence that a disease requiring treatment exists. Between 1993 and 1997, neurologist Fred Baughman corresponded repeatedly with the Food and Drug Administration (FDA), the Drug Enforcement Agency (DEA), Ciba-Geigy (now Novartis, manufacturers of Ritalin), and top ADHD researchers around the country—including the National Institute of Mental Health—asking them to show him any article(s) in the peer-reviewed scientific literature constituting proof of a physical or chemical abnormality in ADHD and thereby qualifying it as a disease or a medical syndrome. Through sheer determination and persistence, Dr. Baughman eventually got these entities to admit that no objective validation of the diagnosis of ADHD exists.⁽⁴⁾

Prescribing Ritalin for something that is not a “disease” does not, in my estimation, constitute a legitimate practice of medicine. If ADHD is not a disease, treating it medically constitutes a fraud. Yet many physicians are true believers in medically treating “mental illness,” despite the consistent lack of scientific evidence of “mental illness” as a “disease.”⁽⁵⁾ Herein lies the conflict for parents like Alice.

The Significance of Oppression Theory

Victims of oppression are not only blamed for their condition, and usually thought to be deserving of their inferior position, they are eventually conditioned to accept it as their reality. As the great American writer James Baldwin stated: “It’s not the world that was my oppressor, because what the world does to you, if the world does it to you long enough and effectively enough, you begin to do it to yourself.”⁽⁶⁾ In what may be the ultimate power play, a victim is, over time, conditioned to internalize, accept, and ultimately, forget about the very fact that they are oppressed.

There are two specific forms of oppression that are pertinent to the discussion of psychiatric drug use for children. The first is adultism—the systematic mistreatment of young people by adults simply because they are young. Like other forms of oppression, adultism is self-perpetuating: when we are treated poorly as children, we internalize the idea and feelings that life is unfair; that rank and power should be used for personal advantage; and that we are somehow unworthy of respect, incapable of clear thinking, and unable to become our own authority.

The second form of oppression is what I call psychiatric oppression: the systematic mistreatment of people labeled as “mentally ill”—including children diagnosed with fictitious illnesses such as ADHD. Institutionalized in our society, psychiatry is also guided by a worldview that embraces biopsychiatry.⁽⁷⁾ Juxtaposed with adultism, psychiatric diagnosis and treatment enforce the message that an “ADHD child” is inadequate, defective, unworthy of complete respect, and in need of drugs to control and cope with the effects of his or her “illness.”

Lies My Doctor Told Me

What exactly does it mean to “help round- and octagonal-peg kids fit into rather rigid square educational holes?” I believe there are at least six fallacies that underlie the rampant prescription of drugs like Ritalin to our children.

1. “Social adjustment is good.” While the ability to adjust socially may be important, it is not always a “good” thing. In its most extreme form, social adjustment leads to conformity and compliance, which has resulted in dire social phenomena, including slavery and genocide. This seems a particularly aberrant notion in a society like ours, which is so deeply grounded in the quest for individualism, free speech and association, and the “pursuit of happiness.”

2. “Children must learn to conform.” When a child fails to adjust to school, we should at the very least think about our abilities to consider the child’s needs. It is certainly important for children to learn how to get along in various situations, and how to avoid drawing sanction upon themselves. Nevertheless, young children must be enabled to express their unique gifts within their communities. It is a mistake to force our children to fit molds imposed upon them according to the needs and conventions of the adult order.

3. “Failed social adjustment causes suffering.” In our competitive culture, we tend to view mistakes as negatives to be avoided. It is hard to accept the notion that mistakes can be good, and actually, in fact, are the way we learn. We are obsessed with the notions of success and failure. We judge a child’s actions as success or failure according to our

expectations and demands, not through the eyes of a developing child. Eventually, the child internalizes both the standard and the evaluation: “I failed to live up to the expectations, therefore I am a failure.” I would argue that it is not failure that causes suffering, but rather it is oppression—in the form of adultism—which imposes arbitrary standards, and an adult shame-based worldview. This is what causes children to feel and think of themselves as failures, and therein lies their suffering.

4. “A physician’s job is to ease suffering.” Certainly it is—through the practice of medicine that incorporates compassion—not labeling, coercion, or guilt.

5. “Ritalin helps children conform.” Not always. Sometimes it makes them “psychotic,” sometimes it makes them aggressive. Other times Ritalin makes children anxious or nauseous. It can make some children feel suicidal. And for some children, Ritalin has been a deadly prescription.⁽⁸⁾ When it “works” well, the child is observed to produce better in the classroom. This, the research shows us, is the only positive short-term outcome. There are no positive long-term effects in any aspect of child functioning—social, behavioral, or academic—associated with the use of Ritalin.⁽⁹⁾

6. “Therefore, giving your child Ritalin lets me ease her suffering.” In an 1854 speech on the Kansas-Nebraska Act, Abraham Lincoln said, “I would consent to any great evil, to avoid an even greater one.”⁽¹⁰⁾ Many parents feel the compulsion to punish or discipline their child in hopes that even greater misfortune might not befall them. Given the reality of today’s oppressive society, and its lack of resolve to truly meet the needs of our children, the argument goes, Ritalin may seem a better choice than continued pressure, disapproval, and sanction.

This “ease the suffering” argument reveals one of the most consistent justifications for the use of psychiatric drugs for children: on one level or another, Ritalin absolves each person of his or her responsibility. The child is not responsible, he’s “sick.” Parents, doctors, the community, the medical and educational institutions—the society at large—are relieved of their duty to meet the real needs of that child. We prescribe drugs; the child conforms; the educational and medical institutions don’t have to change; and our standards of “normalcy” are passed on to the next generation of drug-assisted children learning to fit into the mandated square hole. We have endless justifications that allow us to conform to oppression with a seemingly clear conscience, while an estimated 5,000,000 children are on methylphenidate, and another 3,000,000 on other toxic drugs—given to them by adults who care for them. Some may call this “medicine,” but a growing group of parents and others are beginning to see it as institutionalized child abuse.

Sidebar: Suffer the Children?

Although ADHD does not exist as a real disease, it is a very real label imposed on children, with very real consequences for the child. On a physical level, the recommended drugs are toxic, and they have a long list of deleterious effects.⁽¹⁾ Regarding Ritalin, the fact is that “methylphenidate looks like an amphetamine (chemically), acts like an amphetamine (effects), and is abused like an amphetamine (recreational use, Emergency Room visits, pharmacy break-ins).”⁽²⁾ (parentheses mine)

On a psychological level, Ritalin produces two especially harmful effects. It deprives a child of the right to develop a character and a way of living with self and world, in a drug-

free state. Ritalin also creates a burden of shame, a conviction that a child who is on this drug is somehow defective, unworthy, and neither lovable nor even acceptable in his or her “natural” state.

These stimulant drugs for children truly are about enforcement of our culture’s preeminent value: productivity.⁽³⁾ Amphetamines, as we have learned over the course of the past century, increase output. But of course, with amphetamines, the trajectory is usually crash and burn. In the US, millions of adults, and an alarmingly increasing number of children, take psychiatric stimulants like Prozac to “keep going and going.” Similarly, we give children as young as two years of age stimulant drugs to help their “impaired” productivity. But wherein lies the suffering, in the “failure” to produce or achieve, or in the so-called remedy we prescribe?

Sidebar: Ritalin Use—Simply Out of Control

Psychiatric drug use by children in US schools is turning into an enormous problem. In 1970, an estimated 150,000 US children were taking Ritalin. By 1980, the estimates were between 270,000 and 541,000—double the numbers of a decade before. By 1990, the numbers doubled again; close to 900,000 children were on Ritalin. The Drug Enforcement Agency (DEA) estimates there was a 700 percent increase in the production of Ritalin between 1990 and 1997, 90 percent of which was consumed in the US.

Based on the available data, a realistic estimate of the number of school-age children on Ritalin today in the US is 5 million. Considering that Ritalin—like other amphetamines, a Schedule II controlled substance that carries a significant risk of abuse—represents 70 percent of the total prescriptions for amphetamine-like drugs, it is reasonable to estimate that over 7 million US schoolchildren are on some sort of stimulant drug. We can add close to 2 million children now on so-called antidepressants, so it appears that over 8 million children in this country are on psychiatric drugs today. According to census data from 1999, the US population for ages six to 18 is just under 51.5 million, meaning approximately 15 percent of our schoolchildren are on psychiatric drugs. In many schools and districts, the estimations are quite higher, as much as 20 or 40 percent. A study reported this year in the *Journal of the American Medical Association* revealed that Ritalin prescriptions for two to four year olds increased 200 to 300 percent between 1991 and 1995.⁽¹⁾

In an era when we are constantly told to protect our children from drug abuse, it seems there are some very disturbing exceptions to the rule.

This article is adapted from a report by John Breeding, which can be found at www.wildestcolts.com.

Notes

”Does ADHD Even Exist?”

1. J. M. Zito, D. J. Safer, S. dosReis, J. F. Gardner, M. Boles, and F. Lynch, “Trends in the Prescribing of Psychotropic Medications to Preschoolers,” *JAMA* 283 (2000): 1025-1030.

2. "A Nation of Kids on Ritalin," an essay posted on Lawrence Diller's website: www.docdiller.com.
3. Ibid.
4. See the website of neurologist Fred Baughman, MD, for information on the ADHD fraud: www.adhdfraud.com.
5. See Peter Breggin's book [Toxic Psychiatry](#) (St. Martin's Press, 1991), or the journal *Ethical Human Sciences and Services*, for evidence on the pseudoscience of biopsychiatry.
6. Conversation between James Baldwin and Nicki Giovanni, November 4, 1971, "A Dialogue," cited in L. R. Frank, ed., *Random House Webster's Quotationary* (New York: Random House, 1998).
7. See John Breeding's book *The Wildest Colts Make the Best Horses* (Austin, Tex.: Bright Books, 1996) or his website, www.wildestcolts.com, for a fuller exposition of the belief system of biopsychiatry.
8. Dr. Fred Baughman is currently involved in three Ritalin death cases. His essay "Who Killed Stephanie Hall?" available on his website (see Note 4), tells of one of these three and includes a brief review of relevant cardiac literature. An article by Caroline Kern in the *Oakland Press*, April 14, 2000, entitled "Prescription Drug, Not Skateboard Accident, Killed Clawson Teen," reports on the most recent death in March of 14-year-old Matthew Smith of Clawson, Michigan.
9. See Peter Breggin, [Talking Back to Ritalin](#) (Monroe, Maine: Common Courage Press, 1998) or Lawrence Diller, [Running on Ritalin](#) (New York: Bantam Doubleday Dell, 1998) for summaries of this research evidence.
10. Abraham Lincoln, speech on the Kansas-Nebraska Act, Peoria, Illinois, October 16, 1854. Cited in L. R. Frank, ed., *Random House Webster's Quotationary* (New York: Random House, 1998).

"Suffer the Children?"

1. Peter Breggin, [Talking Back to Ritalin](#) (Monroe, Maine: Common Courage Press, 1998).
2. Mary Eberstadt, "Why Ritalin Rules," *Policy Review* 94 (1999): 24-44.
3. See John Breeding's new e-book, *The Necessity of Madness and Unproductivity: Psychiatric Oppression or Human Transformation?* (Online Originals, 2000), for an explanation of how psychiatry acts to enforce our social mandate of relentless productivity. (www.wildestcolts.com.)

"Ritalin Use: Simply Out of Control"

1. Zito et al., "Trends in the Prescribing of Psychotropic Medications to Preschoolers," *JAMA* 283 (2000): 1025-1030.

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There Be Witches! **by Barry Turner**

Many of the “beliefs” in modern psychiatry have more in common with mediaeval superstition than medical science

In Arthur Miller’s seminal work *The Crucible* self-appointed witchcraft expert the Reverend Hale, in a moment of self-doubt desperately cries out “There be Witches”.

The play is about a true event in American history recalling the tragic and astonishing events that took place in Salem, Massachusetts in 1692. During an orgy of hysterical denouncing of witches, inspired by a group of girls in the town a series of events took place involving trials and torture and culminated in the execution of 19 of the town’s people as witches.

The play has always been described as an allegorical commentary on the persecution of communists, both real and perceived by Senator McCarthy and his un-American activities committee. Miller was himself a “suspect” in McCarthy’s investigations that ruined the careers of many writers, actors and film producers. This allegory is so strong that ‘McCarthyite witch hunt’ has entered the language to denote any fanatical labelling, marginalising and persecution of those with perceived different views to the masses.

The allegory can quite easily be applied to modern psychiatry. Psychiatry has always been a controversial branch of medicine and in terms of medical disciplines still a relatively young branch. It is however old enough to have entered the medical pantheon while medicine was still more of an art than a science.

Medicine today is more and more frequently described in terms of science. Medical Science is a frequent label used to describe the physician’s art and the practice of medicine itself. With the origin and development of drugs and surgical techniques it has become evermore exact and evermore resembles the hard sciences of chemistry and physics. Where medical practice harks back to a simpler and some would say more natural age, critics from the mainstream talk in terms of quacks and decry the fact that many of what are known as alternative practitioners are “unqualified”¹

Over the last three decades psychiatry has sought to assert itself firmly into this mainstream of “scientific medicine”. How has it fared in this quest to be a ‘medical science’?

Around about the middle nineteen seventies mental illness began to be perceived as a consequence of biological and genetic dysfunctions. Scientific explanations were being sought for why one individual might become so psychotic, so mentally disorientated that they would need medical intervention to prevent them being of harm to themselves or others². Of its self this theory is plausible. Many human diseases are caused by a failure

¹ Meaning in terms of not having had the correct and formal training of modern physicians

² The euphemism justifying treatment without consent

in one of the body's systems. Endocrine disorders can be traced back to glandular dysfunctions, diabetes is a failure in the Islets of Langerhans, part of the pancreas.

Why not then consider that dysfunctions in behaviour were the fault of the dysfunctional brain? It had been known for over a century that the brain was in fact the organ that controlled behaviour. Was it not logical that if a dysfunctional endocrine system could cause disease that a dysfunctional brain could do likewise?

The growing acceptance that mental illness was biochemical in nature caused a rapid and huge growth in a branch of the pharmaceutical industry that had for many years been an insignificant adjunct. Chemical dysfunctions need chemical cures³.

The “scientific” problems of biopsychiatry

The biggest and perhaps most embarrassing problem for psychiatry is that over the last thirty years there has been no real evidence, medical or otherwise to definitively prove that mental illness, which by its very nature must manifest itself in behavioural disturbances, has any physiological, biochemical or genetic cause. The evidence such as there is is anecdotal.

The biochemical theory has for decades mooted the possibility that behavioural disturbances, delusions or aberrant behaviour are due to dysfunctions in the neurotransmitter system. In short either too much or too little serotonin, dopamine etc. There is in fact no clinical evidence to support this and no objective experiment carried out by empirically validated methodology has been able to identify these neurotransmitter chemicals as being causes, part of the etiology, of mental illness.

What this means is that while neurotransmitter chemicals cannot be ruled out as a possible cause of mental illness the theory is not at present supported by science. It is a belief system.

Since the biological model was introduced there has been a colossal increase in the number of “mental illnesses”. The old classification in which existed the psychoses and the neuroses has been subsumed into a huge boundary-less empire of mental disorders in which the differences between sanity and insanity, normality and disorder are meaningless⁴.

Is there a boundary between sanity and insanity? Are most people “mentally” well with only a few unfortunate individuals mentally diseased because of chemical imbalances?

How can we define mental illness? Being healthy today is described by the World Health Organisation in terms of, not simply an absence of disease but of an overall well being. An interesting if unscientific concept related perhaps more to philosophy than any concept of medical science. We would accept that the human condition represents a wide range of experiences, emotions and beliefs that might be described in terms of *life's*

³ More properly treatments. To date not one “cure” has been discovered by the whole of the pharmaceutical industry combined for any of the classified mental illnesses.

⁴ The American Psychiatric Association's Diagnostic and Statistical Manual has grown from 112 mental disorders in its initial, 1952 edition to 163 in the 1968, DSM-II to 224 in the 1980, DSM-III, 253 in the 1987 DSM-III-R, and, 374 in the 1994, DSM-IV.

rich pageant. In our lives we expect to be happy, sad, angry, bored, frightened, in love, resentful and sometimes a combination of these feelings at the same time.

These feelings represent our reactions to stimuli combined with who we are as people. We are the product of our experiences⁵. It is the interaction of these experiences and with the empathy for the experiences of others that define humanity.

The old classification of mental disorders into psychoses and neuroses made clear distinction between normal human experiences and those “off the scale”. Fear is a normal emotion and is primeval in origin. Fear is a required evolutionary trait for survival in a world of predators and prey. Irrational fear and paranoia are features of mental illness. Those suffering from the psychoses endure terrible fear of non-existent threats. This fear is all consuming and destructive and since its cause is not real it cannot be addressed. This is fear which is outside the range of normal emotions. This fear is suffered like pain. These people can rightly be said to be unwell. Their emotions and experiences fall way outside those of the population.

What of the new disorders? The dramatic growth of the diagnostic manual (DSM-IV⁶) has seen the description of mental illness expand. No longer is a mental illness something different or abnormal it now encompasses a range of emotions and behaviours that fall within the experiences of the majority of the population.

Under the old classification depression was a severely debilitating disorder that fell within the description of a psychosis, in which a patient was delusional, manic, suicidal, even homicidal. Those suffering from Manic Depression⁷ had episodes where they could not sleep or eat for days. They were delusional and hyperactive. A few days of this was followed by a crushing, life threatening depression that the vast majority of people are fortunate never to have suffered.

This condition, so clearly outside the range of normal human experience⁸ is now rolled up with conditions that were defined as neuroses. Anxiety states as they were called are now redefined as “symptoms” of depression. Indicators that there is a biochemical imbalance. This has resulted in a huge increase in the number of people who are now by definition mentally ill and a phenomenal growth in the prescribing of psychopharmaceutical products to treat them⁹

What is this to do with Witchcraft?

Returning to the *Crucible*, what Miller describes in this play is a combination of human traits that allow such tragedies to happen. The characters in the play are driven by a

⁵ The Nurture or Nature debate has raged in philosophy for three centuries. Modern psychiatry chooses to ignore the view that our personalities are formed by our experience preferring the more “scientific” Neuropsychological approach

⁶ The Diagnostic and Statistical Manual of the American Psychiatric Association, now in its fourth revised print.

⁷ Now re-badged Bipolar and expanded to include a wider range of “symptoms”

⁸ Episodes of Manic Depression could be spontaneous. Unlike the reactive depressions that we all suffer in the face of adversity this condition was referred to as endogenous or coming from within. No distinction is now drawn between a reactive depression and an episode that has no obvious cause.

⁹ The benzodiazepines were the precursors to this trend. The SSRI's epitomised by the Eli Lilly drug Prozac are now dispensed to over 38 million people world wide

number of conflicting desires in a society racked by superstition, greed and arrogance. The girls who bring the accusations of witchcraft are not possessed by the devil and they know they are not. Their attention seeking and vicious personalities ignite the fuse and the citizens of the town are eager to pour fuel onto it.

The main players for the establishment care not whether witches exist or not. The malevolent Reverend Parris knows that those convicted and executed will forfeit their property and some of this will be given to him as a custodian of the church. The Reverend Hale, an intellectual priest is a self appointed expert on witches and the appearance of witchcraft in Salem gives him the opportunity to parade his expertise and superiority. He is seen carrying his books on the occult¹⁰ that confer upon him an authority and set him aloof from the lowly townsfolk.

These books are the “diagnostic manuals” of the day of the American Witch Hunting Association. He equates to our modern day researcher into biopsychiatry, a discipline that like witch finding owes more to belief systems and prejudice than to proof and science.

Many of the victims of the witch hunt themselves become the keenest of denouncers of others, some to save themselves, others to be seen to be compliant.

The modern allegories are clear, the rise of modern psychiatry has remarkable parallels with the witch hunting that was the scourge of Europe and early America from the fourteenth to the eighteenth centuries. Our petulant schoolgirls are the “patients” poor seventeenth century victims of demonic possession. The ADHD¹¹ of three hundred years ago. The Reverend Parris ever quick to spot a profit in the misfortune of others is the avaricious psychiatrist ever keener to have more people denounced as witches to increase the share of the property that he will acquire as a result.

There is nothing new in an article that examines mental illness by reference to witchcraft. It is undoubtedly the case that many of the hundreds of thousands of people killed in witch-hunts over the centuries were in fact lonely outcasts from society, sufferers of mental conditions that set them apart. Living alone with their cats and shunned by the community. All it took was a bad harvest or an attack of an infectious disease to turn the people’s attention to these unfortunates. Labelling and meting out special treatments to those seen as different is as old as humanity itself.

Finding what you look for

The witch finders of antiquity were zealous in their quests to discover their prey. So zealous in fact that one infamous Witch Finder General, Mathew Hopkins was so “efficient” that between 1645 and 1646 as many people were executed as witches as had been in the previous 160 years. Hopkins toured the countryside in search of his prey. Today’s equivalent is the Psych Finder General. As Hopkins saw witchcraft everywhere these people see mental illness everywhere. As Hopkins sought out the devil’s marks on

¹⁰ The *Malleus Malefactorum* was the Hammer of Witches. A diagnostic manual designed to help the witch finder identify his prey. The Diagnostic and Statistical Manual of the American Psychiatric Association bears a strong resemblance to this work of hysteria.

¹¹ Attention Deficit Hyperactivity Disorder

his victims with pricking irons¹² and by reference to the Malleus Malefactorum, these people study brain scans and DSM-IV.

The exponential growth in the diagnosis of Attention Deficit Hyperactivity Disorder is a modern day equivalent to the dramatic increase in witchcraft perceived during the reign of Hopkins. The “Witchfinder Generals” are the pediatric psychiatrists and they have an army of assistants to help them. ADHD is identified in the main by non-medical professionals¹³ who like the seventeenth century townsfolk of Salem denounce the child to the professional for “special examination¹⁴ and treatment”

Witch hunters used torture to obtain confessions, psychiatry today could not function without coercion.

Coercion in the days of witchcraft took the form of torture. Its usual purpose was to extract confession or to demonstrate that the witch did not feel pain, as did ordinary people. In Salem in 1692 the Witchfinder used a variety of coercive techniques on those denounced as witches. Perhaps the most poignant case is the treatment of Giles Cory.

Cory was an octogenarian farmer who despite his age was still a fit and strong man. When he fell under suspicion he was taken for examination where he refused to confess to witchcraft. In seventeenth century Massachusetts in order for the state to be able to confiscate the property of a witch the accused had to confess. Cory refused. He intended his farm to be left to his family and in an act of incredible bravery endured torture by pressing to death¹⁵. He steadfastly refused to confess even though his tormentors added to his suffering by repeatedly telling him that he would go to hell if he did not atone.

Coercion in the present day world of psychiatry is perhaps more subtle. Treatments are offered to the patient to “make them better”. They are told that if they take their medicine that they can live in the community with all the nice normal people. When a patient has the temerity to refuse the coercion it gets a little more like that Cory experienced. The psychiatrist will exert pressure in the form of threats. “You will be kept in an institution”, “you are a danger to yourself and the community”. The patient has about as much choice in this as did those accused of witchcraft in Salem.

¹² The witch finder would subject his victim to a humiliating body search for blemishes and moles that were claimed to be the devils marks and places where the witch’s familiars would suckle. If no moles were found then the body would be pricked all over until it appeared that a point on the skin showed no pain or did not bleed. Hopkins had a special iron with a retracting blade that was designed to cause no pain or wound. This of course made the finding of a witch inevitable. Today we have a more “scientific” method in the PET and MRI scan. Although no one can say for sure that different scans indicate mental illness many psychologists and psychiatrists alike cite these as “evidence” of mental illness and justification for treatment.

¹³ These people are usually teachers or social workers who apply subjective tick tests to identify the “symptoms” of ADHD just as the populace exposed witches in their midst. The denounced will be handed over for a proper examination by the ADHD Finder General who will confirm the “diagnosis”

¹⁴ As mentioned above this can involve brain scans where subjective interpretation suits to “confirm” the diagnosis. Most of these scan studies have been discredited and have no scientific merit either in the theoretical concept or in the methodology employed. A bit like Hopkins and his pricking sticks.

¹⁵ This involved quite simply placing the accused spread-eagled on the floor, placing a large board on top of them and adding weights to it until they either confessed or died. Cory knew that if he confessed that his property would be forfeit.

One of the most famous people in history, a person who was later canonized a saint, was tried as a witch. Joan of Arc the teenage girl, who incredibly inspired the armies of France to defeat the English in the Hundred Years War was betrayed by the Burgundians to the English and put on trial for witchcraft. During her examination and trial she was repeatedly exhorted to confess. If she did her captors told her she would be spared execution and imprisoned for life instead.

Joan refused and was burnt at the stake in Rouen on the 30th May 1431.

Joan of Arc is an interesting analogy of witchcraft and mental illness. Joan had been born a simple peasant girl who when she was in her teens had begun to hear voices. She believed that this was the word of God and the saints imploring her to liberate France from the English. Her enemies of course took a different view. These voices were proof that she was indeed a witch and they attributed the voices to more malevolent origins.

We are of course much more enlightened today. Joan would not be burnt at the stake today instead she would be told she was a paranoid schizophrenic, forced into an institution and drugged with neuroleptics until she “saw the light”. If she protested she would simply be told that her protests were part of her illness and condemned as a mental patient just as her fifteenth century forbear was condemned as a witch.

Witch hunters used manuals, great treatises on the occult to both justify their actions and to elevate themselves as “experts”. Psychiatrists today will use the DSM-IV and the ICD-10 to label, coerce and treat, without concern for the human dignity or rights of those who it considers different. The construction and use of our modern day DSM-IV and ICD-10 owes more to the dogma and belief of the mediaeval witch hunter than a medical text and has just about the same level of scientific merit as the Malleus Malefactorum or the Grimoire of Astaroth

Epilogue

We must never be dismissive of the superstitions of the people of the seventeenth century and earlier who believed in malevolent spirits, demonic possession and witchcraft. To them a failed harvest could not easily be explained. The death of babies from infectious diseases was to them divine retribution. They did not have our scientific knowledge. We are arrogantly applying 20/20 hindsight if we condemn the ordinary people of those days.

What of the witch finders themselves? Hopkins made a fortune out of his reign of terror, being paid handsomely for his relentless discovery of witches. However he died in disgrace, curiously because he had defrauded one of his employers.

Readers of the play will discover that redemption comes to the Reverend Hale. He is a zealous finder of witches himself but as the hysteria grows and the terrible consequences unfurl he experiences self-doubt. He cannot prove the existence of sorcery or witchcraft and his self-doubt consumes him. When challenged about the existence of witches he cannot adduce proof. Instead he repeats in exasperation “There be Witches’

Today’s biopsychiatrists appear to be far from the self-doubt that eventually crushed the Reverend Hale but the signs are there. In spite of repeated calls from the doubters none

of these modern witch finder generals has been able to adduce one piece of objective empirically validated evidence that their theories are true. “There be Chemical Imbalances” is their cry. “There be ADHD” they repeat as if in the same self doubt¹⁶ that dawned on the Reverend Hale in the Crucible. Arrogance and belief in theories unproved by science have taken the place of superstition in our society. No, we do not burn witches anymore but our treatment of the mentally ill still has many parallels with the past.

Of course modern psychiatry has many supporters. The orthodox in the medical profession accept the theories of biochemical imbalance and genetic disposition just as the orthodox clergy and the population of the seventeenth century accepted without question a belief in witches and the occult.

Twenty years after the frenzy that gripped that little Massachusetts town the Government of the Commonwealth compensated the surviving victims of the witch-hunt and the relatives of those killed. Witchcraft and state theocracy in Massachusetts was finished.

Hope springs eternal....

Barry Turner
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¹⁶ The language of the ADHD lobby is interesting. While asserting ADHD to be scientifically validated it proponents use expressions like ADHD may be, ADHD is believed to be, Scientists believe, studies indicate. The language of belief systems not proof.

IKSWAL: Interesting Kids Saddled With Alienating Labels

by Thomas Armstrong

(Originally published in *Educational Leadership*, Vol. 59, No. 3, November 2001, pp. 38-41)

Imagine living a world where everyone was a flower instead of a human being. In such a floral society, it's likely that the psychiatrists would be roses. Now, imagine that the psychiatrist calls in his first patient: a lily. "Hmm," says Rose. "I can see that we might have a problem here!" He looks Lily over carefully and then gives his diagnosis: "I'm sorry to inform you that you have PDD, otherwise known as Petal Deficit Disorder." Lily leaves, saddened and anxious, and the next patient, a bluet, comes through the door. Rose gets out his magnifying glass, examines Bluet minutely, and then declares: "I believe that you have GD, or Growing Disability. You really are much too small!" Bluet exits, feeling punched down a few sizes. Finally, a giant sunflower comes through the door, and the psychiatrist doesn't even have to conduct an examination: "This flower clearly has Hugeism! Unfortunately, it's genetic, and there's not much we can do about it."

This story may seem silly, but it serves as a scary metaphor for how we are treating students these days. Instead of celebrating the natural diversity of all our students, we package many of their natural differences into neat little pathological categories. We strip away their humanity by using lifeless words and phrases to talk about them: "Judy has learning disabilities"; "Roy has ADHD" (Attention Deficit Hyperactivity Disorder); "Brian was just diagnosed with autism"; "Billy has PDD" (pervasive Developmental Disorder); "Ed's got Asperger's syndrome." By adopting these labels as the dominant descriptors of a student's learning potential, we block ourselves off from understanding who these children really are. In 1949, George Orwell's bleak futurist novel, *1984*, showed how words can manipulate, dominate, and repress authenticity. Unfortunately, in education, we have not been vigilant enough to see that we have been similarly negating the worlds of students through these sterile phrases.

Let's look at some examples of children. Twelve-year-old Billy created Rube Goldberg machines and described the way he thought as "a cross between music and architecture" (Houston, 1982, p. 137). Nadia, 5, drew pictures that were on a par with paintings by a mature adult artist (Self, 1977). Peter, 6, did arithmetic problems by counting the dots on the ceiling tiles in his classroom. Ray, 12, played a leading role in organizing a teacher's recycling center. High school student Chelsea choreographed a dance to remember the elements of the periodic table. Stevie, 9, could find anything that anyone had lost in the classroom or on the school grounds. Brian won the national swim title for his age group in the breast stroke.

These students are just a small cross section of the many students whom I have worked with, read about, or heard about from other educators. All of them are IKSWAL (Interesting Kids Saddled with Alienating Labels). Unfortunately, in any serious school discussion about these students among teachers, administrators, and support staff, what predominates is a discussion of Billy's learning disability, Nadia's autism, Ray's emotional disturbance, Chelsea's ADHD, or Brian's dyslexia. In catching hold of the

diagnostic label, educators have lost sight of what makes each student a fascinating person.

What Brain Scans Reveal

Some may argue, "But these students really have these disorders! These disorders have a neurological basis. This is the brain we're talking about!" Yes, of course, each of these students has a brain - the most complex, mysterious, and multifaceted organ in the universe. That fact in itself should be an argument in favor of seeing students not in terms of a mere label but rather in far more complex and rich terms. Out of trillions of brain connections, how many in each student's brain are actually deficient? And who is to judge the deficiency? Psychiatrist Rose? Brain researcher Orchid?

Several brain scan studies have come out recently indicating what is considered a clear neurological basis for the existence of ADHD (Fine, 2001). These studies-many of them based on findings of abnormal frontal lobe functioning-have convinced most people in education that ADHD is a biological disorder. Troubling issues, however, remain. Enough to suggest that giving a scientific stamp of authority to the labels that we use in our schools may be premature and even ill-founded.

First, a recent review of brain-imaging studies indicated problems with many of them, including relatively small and often heterogeneous samples and difficulties in establishing accurate and appropriate diagnoses (Hendren, DeBacker, & Pandina, 2000).

Second, the causes of abnormalities in the brain scans of children labeled with ADHD may be environmental rather than inborn. Brain scan images change as a result of specific therapeutic interventions (Schwartz, Stoessel, Baxter, Martin, & Phelps, 1996). Moreover, such environmental conditions as stress and trauma may negatively affect neurological patterns, including prefrontal cortical function in children (Perry & Pollard, 1998). One plausible hypothesis is that some children diagnosed with ADHD have abnormal prefrontal lobe patterns because of environmental trauma (Amsten, 1999).

Third, and most important, many of the so-called abnormalities seen in brain scans may actually point more toward differences than abnormalities. In one brain scan study (Schweitzer et al., 2000), individuals labeled as having ADHD showed more activity in the region of the brain linked with visual spatial processing than did so-called normal individuals, who showed more anterior or frontal lobe activity. The ADHD-identified subjects reported that while they were doing the required task during the brain scanning procedure, they pictured images in their heads. In other words, these scans may not be diagnosing ADHD as much as they are identifying individuals who process information through pictures and images more than through sounds and words - individuals who might be expected to have more difficulty in classroom environments where sounds and words, rather than visualizations, predominate as teaching techniques.

Many students labeled with learning, attention, and behavioral disorders may have brains that are not necessarily abnormal but, rather, different. When we value only restricted ways of learning, behaving, and attending - especially high-stakes-tests learning, sit-down-in-your-seat-and-look-at-the-blackboard behaving, and focus-on-the-vocabulary-word attending, then we ignore, stifle, or repress the other marvelous things that a student's brain might be capable of doing. Worksheets, lectures, tests, and labels are bulldozers that are mowing down our students' rich and diverse "brain forests," and

we should be concerned. Unfortunately, calling these kids *learning different* is not going to help, for the term has become a euphemism for *learning disabled* and many other negative labels that we are using in our schools today.

What We Can Do

We must be radical and creative in how we think about and describe the learning potentials of students. We can begin by discarding the medical and scientific terminology that we have used to label students; it is too sterile to describe the richness of a student's world as a learner.

Let us bring humanism back into education by employing the wisdom and vocabulary of literature. For example, the wide range of characters from Shakespeare can serve as a template of human variation for describing learning differences in students. We might say for one student, "She is a bit like Puck!"; for another, "He broods like Hamlet"; while for still another, "He's got the spirit of Hotspur!" This approach would require educators, of course, to steep themselves in the great literary tradition of Shakespeare, which some might view as highly impractical. After all, there's a huge epidemic of SADD, or Shakespeare Attention Deficit Disorder, a crippling cultural disability sweeping across the land.

The biographies of great individuals could also serve as an organizing framework for understanding students' special gifts. In speaking of a student labeled with a behavior disorder, we might say, "He's a regular Churchill, that kid!"; for a student diagnosed as dyslexic, "He's got that Hans Christian Andersen storytelling quality in him"; or for a student who writes with semantic force but is identified with *dysorthographia* (the inability to spell correctly), "There's an Agatha Christie in her bursting to get out!" Several disability organizations have a disconcerting tendency to use such wellknown figures as examples of "famous people with disabilities." Rather than dragging these great individuals down to the level of these sterile disability categories, we should lift up the students weighed down by these labels to something more resembling the rich complexity of human greatness.

Finally, we should discard the scientific tools of standardized test measures that have been used for making labels and instead explore other assessment tools borrowed from phenomenology, hermeneutics, anthropology, and other qualitative methodologies (Armstrong, 1988; Carini, 1982; Henry, 1963; Nylund, 2000; Sacks, 1996). The test-and-label approach that dominates the special education landscape today serves only to lure educators away from the depths and complexities of real students' lives. Let us nurture all varieties of students' ways of learning - not just as an expression of hope, but as a matter of daily commitment and practice.

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Back to Nurture **by Alfie Kohn**

(First published in *American Health*, April 1993)

Neckties narrow and then widen again as the years go by; today's hot hairstyle will soon be painfully passe. Chances are such phases do not faze you. But in the field of science, including the study of human behavior, you may prefer to think there are no passing fads, no swings of intellectual fashion -- only a steady progression toward Truth.

Think again.

A generation ago, most mental and emotional problems were put down to bad mothering, unhealthy social influences, and other features of the environment. Since then, however, psychiatry has become "remedicalized" and psychology has worked feverishly to adopt the methods of the hard sciences. At least three quarters of the research now conducted at the National Institute of Mental Health -- that's mental health -- is biological in nature.

On just about any given psychological issue, genetic factors get more attention than cultural factors do; emotional problems are more likely to be investigated by looking at brains than at families. Ask the people doing (or funding) such research and they'll tell you this shift reflects nothing more than a recognition of promising data. If the study of anxiety now focuses more on plasma catecholamines than on unemployment or bad marriages, they say, it is because we know better now.

But others are not so sure. "The pendulum has swung very far in the other direction," observes Lyman Wynne, a respected schizophrenia researcher at the University of Rochester. Some investigators are so eager to find a simple biological cause of mental illness that they "fail to look at the environmental data or even acknowledge that they exist."

To be sure, most psychiatrists and psychologists will declare that it's not a question of nature versus nurture, inherited versus environmental factors. Both play a part in influencing what we do. But watch carefully: nurture receives lip service these days while nature receives enormous grants (some of them, not surprisingly, from drug companies). Hemlines are on the way up again and biological answers to psychological questions are back in vogue. Researchers -- and, by extension, science reporters and the general public -- take on faith that we are what our genes, hormones, and neurotransmitters have made us.

The press especially loves to cover dramatic "linkage" research, which attempts to find a gene responsible for a given behavior. In 1987 researchers announced that they had found the precise gene that caused bipolar disorder. DEFECTIVE GENE TIED TO FORM OF MANIC-DEPRESSIVE ILLNESS, the New York Times trumpeted. But after expanding the original study and reanalyzing the data two years later, the researchers had to admit they were mistaken.

The same pattern of apparent success followed by retraction has been repeated with linkage research on schizophrenia (in 1988 and 1989) and alcoholism (in 1990). In all

three cases, the popular press excitedly announced that the “genetic flaw” responsible for the disorder had at last been found. Later, alert readers noticed follow-up articles, far less prominent than the original reports, acknowledging that the first discovery had been a false alarm.

It seems remarkable that genetic explanations still command a largely uncritical loyalty in the face of such retractions and other data that have raised questions about how much genes really contribute to even the most serious disorders, the ones referred to as mental illnesses. For instance, a recent report in a leading psychiatric journal found little evidence that “hereditary factors are of any importance” in determining who will develop relatively mild depression, the kind that used to be called neurotic. Most of the studies that have claimed some role for the genes are limited to very serious depression or bipolar disorder (in which depression alternates with periods of frenzied activity).

Even then, several studies have found that nine out of ten individuals with an extreme mood disorder had no close biological relative with the same problem. In looking at people whose parents gave them up for adoption -- which is believed to be the best way of teasing apart nature and nurture -- the strongest predictor of who was going to develop these disorders was the background of their adopted parents or other environmental factors such as how old they were when they were adopted.

As for schizophrenia, the best known psychosis, although almost all specialists now believe that genes play some role, “the evidence for a genetic contribution,” Wynne concedes, “is not overpoweringly strong.”

Wynne has been helping to direct a new Finnish study that is following about 200 children put up for adoption by their schizophrenic mothers. Genetics did play a role in determining who was ultimately diagnosed with the disorder, but only in the context of certain family environments. Of the 49 children who were placed in well-functioning families, not one became schizophrenic.

Meanwhile, a study published in the *New England Journal of Medicine* used MRI (magnetic resonance imaging) to compare the brains of 15 sets of identical twins, one of whom in each pair was schizophrenic. Differences in the brains were noted in almost every pair -- even though identical twins have identical genes. Clearly, something other than genetic factors must have produced those differences.

Then there's the question of why some people drink to excess. The current climate in our culture “seems dominated by the view that alcoholism is a biologically determined medical disease . . . [even though] there remain serious questions concerning the consistency of the empirical support for the existence of a genetic influence on alcoholism,” according to the authors of a study published in 1992 in the *Journal of Abnormal Psychology*.

That study found that identical twins were only somewhat more likely -- and, in the case of women and older men, not any more likely -- than fraternal twins to share a diagnosis of alcohol abuse or dependence. Other studies have found that identical twins were more likely than fraternal twins to have alcoholism in common. But the difference was substantially reduced, according to a British study, once the tendency for identical twins to live together was factored in. Cohabiting fraternal twins were more likely to share a drinking problem than identical twins who lived apart.

Researchers at the University of Michigan found something even more remarkable. When they looked at the grown children of men with drinking problems, they discovered that nearly 85 percent drank very little or not at all, suggesting not only an aversion to their fathers' destructive habit but also the capacity to choose moderation. "People seem to be overwilling to accept genetic influence" as the key explanation for excessive drinking, says Robert Plomin, a prominent behavioral geneticist. "But the evidence for this isn't all that convincing."

Does all of this mean that biological factors are unrelated to how we behave? Of course not. Notes Leon Kamin, chair of the psychology department at Northeastern University: "There have to be biological correlates" to behavior. "Every time I emit a word, something has changed in my brain. Everything is a biological condition. So what?"

Just because a behavior or emotion corresponds to a change in a neurotransmitter (the chemical messengers in the brain) doesn't mean the neurotransmitter caused the behavior, says Kamin. That assumption -- which is widely made -- is much like "finding mucus in the nose of someone with a cold and saying, 'Aha! Mucus causes colds.'"

"These days people are ready to accept quite uncritically almost any claim that fits in with a framework of biological determinism," Kamin continues. "As soon as claims are made" about a neurobiological basis of some behavior, "they're on the front page everywhere."

Why the biological bias? For starters, we might reflect on a comment once made by the psychologist Abraham Maslow: "It is tempting, if the only tool you have is a hammer, to treat everything as if it were a nail." Translation: Train researchers primarily to do biological research and they'll approach every behavioral problem as if were biological in origin. Eventually these researchers will rise to positions of power and support more research that matches their own orientation.

Under such circumstances, few people are even looking at psychological problems from another point of view, such as a family-environment perspective. Researchers who might do such work "are discouraged about being able to get funding," says Wynne. "They feel the cards are stacked against them, so they don't apply."

For the rest of us, biological explanations have caught on for several reasons. First, they're easy to understand. If a father and son both have a tendency to hit the bottle, it's easiest to assume that alcoholism must be an inherited disease. (That Junior shares his dad's home may, of course, matter more than that he shares half of his genes.)

Second, genetic explanations are reassuring since they allow some people to feel less responsible for how they behave. Organizations composed of people suffering from mental disorders -- or their parents -- are especially fond of the theory that these problems are due to no-fault diseases that simply "happen" to people.

Finally, genetic theories are widely accepted simply because we've heard so much about them. The popular press seems particularly inclined to publicize research with a biological bent, perhaps because reporters share the general public's biases or because hard science claims make for sexier stories. Millions of readers open their newspapers

and magazines to find articles based on the unproven assumption that our emotions can be explained by our brain chemistry.

In the days when biological factors were ignored by psychologists, when skewed parenting was thought to be enough to make people schizophrenic, some scientists stood up and said, "Hold on. It's not that simple." Today it's biological determinists whose work has taken over the field. It may be time once again to take a stand against the current fashion.

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Mind Over Genes: The New Biology

by Bruce H. Lipton, Ph.D.

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Earlier in my career as a research scientist and medical school professor, I actively supported the perspective that the human body was a "biochemical machine 'programmed' by its genes. We scientists believed that our strengths, such as artistic or intellectual abilities, and our weaknesses, such as cardiovascular disease, cancer or depression, represented traits that were preprogrammed into our genes. Hence I perceived life's attributes and deficits, as well as our health and our frailties as merely a reflection of our heredity expression.

Until recently, it was thought that genes were self-actualizing...that genes could 'turn themselves on and off.' Such behavior is required in order for genes to control biology. Though the power of genes is still emphasized in current biology courses and textbooks, a radically new understanding has emerged at the leading edge of cell science. It is now recognized that the environment, and more specifically, our perception (interpretation) of the environment, directly controls the activity of our genes. Environment controls gene activity through a process known as epigenetic control.

This new perspective of human biology does not view the body as just a mechanical device, but rather incorporates the role of a mind and spirit. This breakthrough in biology is fundamental in all healing for it recognizes that when we change our perception or beliefs we send totally different messages to our cells and reprogram their expression. The new-biology reveals why people can have spontaneous remissions or recover from injuries deemed to be permanent disabilities.

The functional units of life are the individual cells that comprise our bodies. Though every cell is innately intelligent and can survive on its own when removed from the body, in the body, each cell foregoes its individuality and becomes a member of a multicellular community. The body really represents the cooperative effort of a community of perhaps fifty trillion single cells. By definition, a community is an organization of individuals committed to supporting a shared vision. Consequently, while every cell is a free-living entity, the body's community accommodates the wishes and intents of its 'central voice,' a character we perceive as the mind and spirit.

When the mind perceives that the environment is safe and supportive, the cells are preoccupied with the growth and maintenance of the body. In stressful situations, cells forego their normal growth functions and adopt a defensive 'protection' posture. The body's energy resources normally used to sustain growth are diverted to systems that provide protection during periods of stress. Simply, growth processes are restricted or suspended in a stressed system. While our systems can accommodate periods of acute (brief) stress, prolonged or chronic stress is debilitating for its energy demands interfere with the required maintenance of the body, and as a consequence, leads to dysfunction and disease.

The principle source of stress is the system's 'central voice,' the mind. The mind is like the driver of a vehicle. With good driving skills, a vehicle can be maintained and provide good performance throughout its life. Bad driving skills generate most of the wrecks that

litter the roadside or are stacked in junkyards. If we employ good “driving skills” in managing our behaviors and dealing with our emotions, then we should anticipate a long, happy and productive life. In contrast, inappropriate behaviors and dysfunctional emotional management, like a bad driver, stress the cellular ‘vehicle,’ interfering with its performance and provoking a breakdown.

Are you a good driver or a bad driver? Before you answer that question, realize that there are two separate minds that create the body’s controlling ‘central voice.’ The (self)conscious mind is the thinking ‘you,’ it is the creative mind that expresses free-will. Its supporting partner is the subconscious mind, a super computer loaded with a database of programmed behaviors. Some programs are derived from genetics, these are our instincts and they represent nature. However, the vast majority of the subconscious programs are acquired through our developmental learning experiences, they represent nurture.

The subconscious mind is not a seat of reasoning or creative consciousness, it is strictly a stimulus-response device. When an environmental signal is perceived, the subconscious mind reflexively activates a previously stored behavioral response...no thinking required. The subconscious mind is a programmable autopilot that can navigate the vehicle without the observation or awareness of the pilot—the conscious mind. When the subconscious autopilot is controlling behavior, consciousness is free to dream into the future or review the past.

The dual-mind system’s effectiveness is defined by the quality of the programs carried in the subconscious mind. Essentially, the person who taught you to drive molds your driving skills. For example, if you were taught to drive with one foot on the gas and the other on the brake, no matter how many vehicles you owned, each will inevitably express premature brake and engine failure. Similarly, if our subconscious mind is programmed with inappropriate behavioral responses to life’s experiences, then our sub-optimum ‘driving skills’ will contribute to a life of crash and burn experiences. For example, cardiovascular disease, the leading cause of death, is directly attributable to behavioral programs that mismanage the body’s response to stress.

Are you a good driver or a bad driver? The answer is difficult for in our conscious creative mind we may consider ourselves as good drivers, however self-sabotaging or limiting behavioral programs in our subconscious unobservedly undermine our efforts. We are generally consciously unaware of our fundamental perceptions or beliefs about life. The reason is that the prenatal and neonatal brain is predominately operating in delta and theta EEG frequencies through the first six years of our lives. This low level of brain activity is referred to as the hypnogogic state. While in this hypnotic trance, a child does not have to be actively coached by its parents for they obtain their behavioral programs simply by observing their parents, siblings, peers and teachers. Did your early developmental experiences provide you with good models of behavior to use in the unfoldment of your own life?

During the first six years of life a child unconsciously acquires the behavioral repertoire needed to become a functional member of society. In addition, a child’s subconscious mind also downloads beliefs relating to self. When a parent tells a young child it is stupid, undeserving or any other negative trait, this too is downloaded as a ‘fact’ into the youngster’s subconscious mind. These acquired beliefs constitute the ‘central voice’ that controls the fate of the body’s cellular community. While the conscious mind may hold

one's self in high regard, the more powerful unconscious mind may simultaneously engage in self-destructive behavior.

The insidious part of the autopilot mechanism is that subconscious behaviors are programmed to engage without the control of, or the observation by, the conscious self. Since most of our behaviors are under the control of the subconscious mind, we rarely observe them or much less know that they are even engaged. While your conscious mind perceives you are a good driver, the unconscious mind that has its hands on the wheel most of the time, may be driving you down the road to ruin.

We have been led to believe that by using will power, we can override the negative programs of our subconscious mind. Unfortunately, to do that, you really have to emphasize the word 'power,' for one must keep a constant vigil on one's own behavior. The moment you lapse in consciousness, the subconscious mind will automatically engage and play its previously recorded experience-based programs.

The subconscious mind is really a tape player. There is no observing entity in the subconscious mind reviewing the behavioral tapes. Consequently, there is no discernment as to whether a subconscious behavioral program is good or bad...they are just tapes. The subconscious is strictly a playback machine, perceived stimuli engage preprogrammed behaviors. In fact, people upon seeing their own subconscious programs play out frequently say something like, "That guy just pushed my buttons!"

In contrast to the power of the conscious mind, the subconscious mind is a million times more powerful an information processor. Also, as neuroscientists emphasize, the conscious mind provides 5% or less of the cognitive activity during the day. Ninety-five to ninety-nine percent of our behavior is directly derived from the subconscious. Hence the use of the word 'power' in the concept of will power, it takes significant effort for the conscious mind to keep tabs on the subconscious behavior. Positive thinking is primarily effective if the subconscious supports the conscious intention.

The problem with trying to reprogram the subconscious is that we fail to realize it is playing behavioral 'tapes.' To understand why conscious awareness does not readily change subconscious programs, consider this instructive analogy: I provide you with a cassette tape and you put it into your player and push the play button. As the tape plays the program, you realize that you do not like it. So, you yell at the tape player to change the program, you ask it to play something different. After awhile of not getting a response, you yell louder and get angrier at the tape player because of the lack of a response to your request. Then when it seems hopeless, you beseech God to help you change the program. The point is simple, no matter how much you yell at the tape player it will not change the program. To change a tape, you have to push the record button and then rerecord the program incorporating the desired changes.

There are two ways out of the problem. Firstly, we can become more conscious, and rely less on automated subconscious programs. By being fully conscious, we become the masters of our fates rather than the 'victims' of our programs. This path is similar to Buddhist mindfulness. Secondly, we can use a variety of new energy psychology modalities that enable a rapid and profound reprogramming of limiting subconscious beliefs. These new energy modalities provide the ability to rewrite limiting perceptions (beliefs) and self-sabotaging behaviors using processes that are mechanistically similar to pushing the record program on the subconscious mind's tape player. With conscious

awareness, one can actively transform the character of their lives into ones filled with love, health and prosperity. The use of these new modalities provides a key to personal growth and transformation. A variety of energy psychology modalities, such as Psych-K, Holographic Repatterning and BodyTalk, are among the variety of programs that can be found on the web

For more information and references on this subject, please visit: www.brucelipton.com

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Nonconscious Goals Can Put You in a Bad Mood

by Kevin Hogan

(Excerpted from the [Coffee with Kevin Hogan](#) newsletter)

Have you ever been in a bad mood that you couldn't explain why...or how you got there?

For the last couple of years you and I have talked a lot about how our brains are usually on a preset program that is buried deep inside. We have no idea what program is running. It doesn't think. You can't talk to it. It can't talk to you, but in a later article I'll show you how to modify it.

Non Verbal Programming

The program that is running doesn't have words to send to consciousness so you can know what or why the program is running.

"Why are you in such a bad mood?"

"Um, I don't know...I just am."

or

"Why are you so fricking happy?"

"I don't know...I just feel good."

Ever have either of those conversations with someone else?

They see you bumming out or happy as a kite and wonder how you got that way. They develop an opinion about you (good or bad) and YOU (the conscious you that is reading this) had ZERO control over that mood. You had ZERO control over the feeling.

It....was....just....there.

This is the same part of our brain that generates stimuli in the higher brain that causes us to say something really stupid or unkind (or kind and brilliant....though we are rarely remembered for those things).

"You're just such a b*tch."

"You're a first rate pain in the *ss"

And then the other person looks at you and says,

"What?" (or "screw you I'm outta here.")

And you say....

"I didn't really mean that."

And YOU (the part that is reading this) are telling the truth.

YOU absolutely didn't intend that, but your nonconscious mind interacted with feelings which caused the verbal part of your brain to light up and spit out words in a language that your conscious understands.

So, who's in control of our thoughts...?

Are We in Charge of all Our Thoughts?

A lot of friendships, marriages and business deals would be saved if people simply understood that people aren't in charge of all their thoughts. (...not in charge of most of them...frankly)

Nor are people in control of all the words that come out of their mouth.

Literally, a person can say something really mean and nasty and absolutely not have intended that...or even THOUGHT that....EVER.

Now, typically when about two seconds has gone by and the brain starts to catch up with the words that are on their way to the listener's ears....at the point where you can't do a darn thing about it except prepare to duck..... your conscious mind generally becomes aware of what is happening.

There is an "oh my god, did I just really say that? I shouldn't have said that..."

And you're right, you "shouldn't have," but there would have been nothing you could do to prevent it. Your nonconscious, is, nonconscious. It doesn't think. It doesn't talk. It doesn't even communicate in any real linguistic sense to YOU (the part of you that is reading this).

Yet this is the you that is on autopilot most of the day.

Now, you might be reading this and thinking, "that's ridiculous."

It's scientifically proven.

There isn't just "evidence" for this.

It's factual.

It's how the brain works.

And this, of course, drives us crazy because we just got yelled at (for a couple of seconds) and called a dirty name, and the other person says they didn't mean it... they're sorry and it won't happen again.

All of that is true except the, "it won't happen again part."

Is This Preventable?

That's a toughie because the nonconscious mind doesn't accept verbal instruction, can't make promises and doesn't have an interest in the other person's welfare. It's totally reactionary.

That doesn't mean that the nonconscious mind can't be modified. But again, that is for another article.

The nonconscious mind often puts you in a first class good or bad mood and you might be irritable and grumpy or all giggly and no one knows what meds you're taking.

Research reported last week [*this article was written in January 2007*] explains a LOT about what is happening.... A researcher at Ohio State University found that such negative "mystery moods" can occur when people fail at a goal that they didn't even know they had.

Tanya Chartrand, assistant professor of psychology, said such nonconscious goals can have significant effects on how we feel and act, and even on how well we achieve other goals.

"If you succeed at a goal you didn't know you had, you're in a good mood and don't know why," Chartrand said. "But if you fail at a nonconscious goal, you're put into this negative, mystery mood."

Chartrand discussed her recent research in Toronto at the annual meeting of the American Psychological Society.

What exactly IS a Nonconscious Goal...?

"Nonconscious goals are goals that people have frequently and consistently chosen in particular situations in the past - so much so that they eventually become triggered automatically in those same environments without their conscious thought or even intent," Chartrand explained.

HERE'S HOW IT ALL WORKS

For example, young people who begin attending parties may start by very consciously thinking about how to best present themselves to others, and carefully monitor how they act and what they say. Over time, the features of the party environment become linked in memory with the goals of presenting themselves well. In time, the goals become nonconscious and are triggered automatically every time they go to a party.

Eventually, Chartrand said, they may not even realize they have a goal when they attend a party - but they do.

Chartrand has conducted a variety of studies examining what happens to people when they succeed or fail at these nonconscious goals.

In one study Chartrand conducted, 109 college students were given a scrambled sentence task in which they had to rearrange a series of words to make a sentence. In some cases, the students were "primed" to have a success goal by using words like "strive," "achieve," and "succeed."

Other students were given neutral words that would not inspire an achievement goal.

Next, the same students were given a timed anagram task in which they had to rearrange the letters of words to create new words. The students were given either an easy anagram task in which success was assured, or a hard task that was impossible to successfully complete.

All the students then completed a questionnaire that measured their moods.

Results?

Results showed that, for participants primed with an achievement goal, those who were given the easy test reported being in a better mood than those who were given the hard test.

But, for participants who were not primed to have an achievement goal, there were no mood differences between those who had the easy test and those who had the hard test.

"We set up the experiment so some participants would have a goal of succeeding at the anagram task - even though they didn't consciously know they had such a goal," Chartrand said. "For these participants, their mood was affected by whether they succeeded or failed. For the other participants, success or failure didn't have an impact on their mood."

In a second study, Chartrand found that *failing at nonconscious goals not only had negative affects on mood - it also hurt performance.*

In this study, participants who were primed to have an achievement goal and then failed at an anagram task did worse on a standardized verbal test than did participants who succeeded at the task.

Other studies by Chartrand suggest, though, that participants who fail at nonconscious goals may sometimes be inspired to do better on subsequent performance tests.

Keypoint: "The key is that nonconscious goals can affect both mood and performance," she said.

What are the Fallout Effects?

Chartrand said other research she has conducted shows that *people who fail at nonconscious goals try to bolster their self-esteem by stereotyping or disparaging others.*

"If you fail at a conscious goal, you know why you're in a bad mood. But if you fail at a nonconscious goal you don't know why you're in this mystery mood and you're more likely to stereotype others to help enhance your self-esteem."

Chartrand said nonconscious goals play an important role in everyday life. For example, many students may have nonconscious achievement goals that affect how they act in school. Employees may have similar goals at work.

The Pervasiveness of Nonconscious Goals

"Nonconscious goal pursuit is incredibly pervasive because it saves us cognitive resources," she said. "If we constantly had to think about what we want to accomplish in every particular situation, we wouldn't be able to do anything else.

"We are succeeding and failing at these nonconscious goals all the time," she said. "Research is beginning to show how this affects our moods, the way we perform, and the judgments we make about others. It's incredibly important."

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Kevin Hogan holds a doctorate in psychology and is the author of eleven books. He is body language expert and unconscious influence expert to the BBC, the New York Post and dozens of popular magazines like *InTouch*, *First for Women*, *Success!*, and *Cosmopolitan*. He has become the go-to resource for analyzing key White House figures. Hogan teaches Persuasion and Influence at the University of St. Thomas Management Center and is a frequent media guest. Articles by and about him have appeared in *Success!*, *Redbook*, *Office Pro*, *Selling Power*, *Cosmopolitan*, *Maxim*, *Playboy* and numerous other publications. He was recently featured in a half dozen magazines (including *wProst*) in Poland after teaching persuasion and influence skills to that country's 350 leading sales managers

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Unraveling the Confusion about ADD/ADHD

And, yes! It Can Be Behaviorally Treated without Drugs!

by David B. Stein, Ph.D.

“Mrs. McGillicutty, we’re sorry to have to tell you that your son, Horatio, has ADHD. That’s attention deficit hyperactivity disorder, as we’re certain you know. Our school psychologist, Dr. I. M. Snooty, who tested your son, and the school committee, assembled here, recommend that a combined treatment approach works best. Dr. Snooty will instruct you in how to implement a behavioral program called a token economy that works best when combined with proper medication. As the committee of concerned experts here at Evers O. Kwiet Elementary School, we can tell you there are no other alternatives.”

In the last ten years there has been a national explosion of parents hearing this very same pronouncement. Confused, concerned, distraught and worried parents run to the bookstore and the Internet to find out as much information as they can about ADD/ADHD, (attention deficit disorder/attention deficit hyperactive disorder), and the medications that are being “mandated” for their children. In this very brief article, I’ll try to give you some honest and clear answers to your questions. In addition, I’ll reassure you that new treatment innovations offer parents, doctors and educators healthier, more effective and very serious alternatives.

There are three core issues that when addressed will clarify most of your concerns. They are:

1. Are ADD or ADHD diseases?
2. What are the recommended medications and are they safe?
3. Are there effective behavioral treatments that truly work without any need for medications?

Issue #1

Are ADD or ADHD Diseases?

As a professor of psychology and a practicing clinician for over twenty-five years specializing in the treatment and research of ADD and ADHD, I have read through almost all that has been written on the subject. Most of what I read concerns me deeply. Almost every piece of research claiming to find “the” diseased part of the brain or nervous system causing ADD/ADHD was so poorly designed and conducted that even a graduate student would not have been so sloppy. Not one piece of research validated the existence of any disease.

A little over a year ago (1998) I attended a conference on ADHD at the National Institute of Health (NIH). This was a consensus conference that consisted of a ten-person committee of esteemed scientists. They reviewed all the existing research and listened to what every major researcher had to say. After three long days of presentations and arguments, shock waves resounded when the committee announced that none of the

research could validate the existence of any disease, biological basis, or malfunctioning of the nervous system causing ADHD.

“Wait just a minute,” you might say. “The psychologist performed a battery of tests and said my child has ADHD.” It may surprise you, but no psychological or medical test exists to diagnose ADD or ADHD. I call this battery of tests Psychological Hocus Pocus. The so-called test battery usually consists of an intelligence test, a few educational tests in reading, math, etc, a few so-called personality tests, which have no validity and test nothing, and finally a questionnaire. It is the questionnaire, either the Connors or Achenbach, upon which the diagnosing is based. The parent(s) rate a number of behaviors they might observe, and if the score adds up high enough, the diagnosis is made. The \$500-\$1000 cost for the battery of tests wasn’t ever necessary. Save your money.

Issue # 2

Are the Medications Safe?

No drug is “safe,” not aspirin, not Tylenol, and not even antibiotics. Drugs should be prescribed only when absolutely necessary. For ADD/ADHD amphetamines are prescribed, and yes, they do indeed have risks. Every drug but one (at this time, 2006) prescribed for ADD/ADHD is in Schedule II of the Controlled Substance Act. Schedule II includes cocaine, opium, and morphine. The drugs included in Schedule II have sufficient abuse and addiction potential that makes it essential for physicians to carefully control prescribing them. While some researchers dismiss this issue with claims that the drugs are indeed safe, one need only look at who funded their research—the pharmaceutical companies. Rather than getting embroiled in the addiction issue, suffice it to say these are amphetamines, and that every textbook I’ve used for teaching psychopharmacology states that these are among the most addicting drugs known. Of equal concern is the well-documented fact that any of the amphetamines can reduce the production of growth hormones, resulting in a slowing or cessation of body, head, skull and brain size. Growth resumes with a spurt when the drugs are stopped after years of consumption. Is this suppression of growth during crucial developmental years safe? No one knows. There are no long-term studies on these drugs to find out. In fact, little is known about the overall effects that years of taking amphetamines may have on a child in later life. Short-term side effects have been repeatedly mentioned in the writings of others, such as insomnia, fatigue, depression, cardiac arrhythmia, increased blood pressure, but these, while serious, are of less concern to me than the long-term side effect issue. We simply do not know what the drugs will do to your child in later years.

Until recently Cylert, a Schedule IV drug, meaning it has less restrictions placed on it for prescription writing, was considered the safest of all the drugs used to treat ADD/ADHD. After being prescribed for over twenty years, reports filtered in of children developing serious liver problems. Even some deaths were reported. The pharmaceutical company was required to notify all physicians of the problem and now few prescriptions are being written. This occurred after twenty years on the market. Consider these questions: Have you tried to be careful about what your child puts into his or her body? Do you restrict the intake of sweets? Do you try to reduce the fat content of the foods you prepare for him or her? Are you concerned about preservatives and food coloring? Then I’ll bet you’re not too thrilled with including amphetamines as part of your child’s diet.

Issue # 3

Do We Have A Treatment Choice?

“Dr. Stein, I tried all the behavioral alternatives that were recommended and they didn’t work!” Not only do currently popular behavioral alternatives not work; they actually make matters worse. This in turn necessitates even more reliance on medications. But take heart, recent innovations offer truly meaningful and highly effective alternatives. Before discussing these latest developments, let’s explore why currently recommended parenting methods yield few results and even worsen a child’s functioning.

Currently Popular Recommendations:

At the NIH consensus conference, it was acknowledged that the popular behavioral approaches were only about 40-44% effective. Why? Lots of reasons, but because of limited space I’ll discuss only the main reasons.

Currently popular behavioral/parenting approaches are designed and based upon one fundamental premise. They assume that ADD/ADHD children are diseased and can only function with an abundance of help. Programs are designed as crutches in the forms of constant reminding, assisting, helping, coaching, coaxing, warning and so forth. Therefore, parents are instructed to post rules, place reminder cards everywhere, help their child with school work, remind their child what to do before going into different environments, such as restaurants and stores, warn their child before going to time out, such as “1-2-3-Time Out,” and most favored of all implement the ever popular token economy program. It does not matter which book a parent reads for ADD/ADHD parenting suggestions, careful examination reveals that all the books recommend variations of these same techniques and themes.

The typical result of implementing these methods is to increase a child's dependency on constant help and assistance. The child becomes increasingly handicapped in four ways:

1. Task Dependency: This means that the child increasingly relies on someone else, usually an adult, to initiate, organize, and complete a task—which is usually schoolwork. The adult does all the active thinking while the child mindlessly complies and copies. As a result the child’s problem solving mental skills atrophy.

2. Cognitive/Behavioral Dependency: This occurs when parents remind children how to properly behave before entering new environments, such as stores, churches, or restaurants. The parent asks, “How are you supposed to behave?” The child mechanically recites all the right answers and then proceeds to misbehave anyway. As a result the child actively “thinks” less and less on his or her own, relying increasingly on verbal cues from adults.

3. Emotional Dependency: The child, over time, fosters an ever-growing belief that they are handicapped and cannot function unless someone helps them. Psychologist Claude Steiner writes that such a dependency is the worst handicap a parent can possibly instill in a child. I agree.

4. Medication Dependency: This occurs when the child believes that he or she cannot function without the medication. So, is there any wonder that doctors are increasingly prescribing the medications into the teen and early adult years?

A token economy program incorporates all the excesses mentioned including posting rules, giving excessive assistance, and in addition, including a feeble concept of rewarding any correct behaviors with tokens, such as poker chips, stars, or checks on a chart. The tokens are then “cashed in” for material rewards such as sweets or favored activities such as time to use a video game or watch TV. Children learn parenting role behavior from the way we parents raise them and the token economy is a silly way to raise a child. Furthermore, these programs teach children the highly perverse belief that they should be paid to behave properly. Token programs are pure nonsense and psychobabble.

Is There An Alternative?

For over twenty years I have clinically developed and researched a behavioral parenting program called The Caregivers Skills Program (CSP). In 1999, my book entitled *Ritalin Is Not The Answer: A Drug-Free, Practical Program For Children Diagnosed With ADD or ADHD*, was published.

The wonderful news is that a growing number of family physicians and pediatricians have been contacting me stating that they are prescribing the book as an alternative to medication prescriptions. They are enthusiastically telling me that they’re meeting with excellent success.

The CSP takes a radically different direction from currently popular approaches. The basic assumption of the CSP is that ADD/ADHD children are very capable of functioning properly and independently. The CSP is a comprehensive and firm parenting program designed to require children to learn to actively think, attend to the way they behave, and be vigilant of the impact of their behaviors on others—all without medication.

The changes made in the CSP include all of the following:

1. The CSP assumes that ADD/ADHD children can function independently. When parents exert proper control over the “consequences” of their behavior, dramatic improvements can be made in both these children’s behaviors and thinking.
2. The behaviors targeted in the CSP shift the initial focus from school to the home. Once ADD/ADHD children are well behaved with their parents, school grades and behaviors tend to automatically improve for 81% of the children. For the remaining 19% a Daily Report Card program is added, bringing the overall effectiveness rate to greater than 95%.
3. All targeted behaviors are comprehensively brought under control.
4. The CSP establishes the parents as the authorities.
5. All medication is stopped (under physician’s supervision). Drugs suppress behaviors and therefore interfere with relearning correct behaviors.
6. No warnings or counting before time-out are ever given. This requires children to remain aware, be actively self-vigilant, and "to think" without being reminded.
7. Parents are taught how to actively socially reinforce correct behaviors.
8. Posting rules and tokens are not permitted. It is the child’s responsibility to remember.
9. The CSP is very rigorous, in that it does not permit any testing behaviors or even hints of misbehaviors.
10. Children are not coached before going into public places. Implementation of consequences everywhere requires the child to be attentive and thoughtful.
11. Numerous changes are made for time-out.

- a. No warnings or counting “1-2-3” (previously stated).
 - b. No backing down or bargaining over the command to go to time-out once it has been given.
 - c. All interactions prior to time-out are kept to a minimum, in order to reduce inadvertently reinforcing misbehaviors.
 - d. Children must comply with time-out immediately.
 - e. After time-out children must state why they went to time-out or risk going back. This fosters more active awareness.
 - f. Children are required to perform the proper behavior after time-out.
 - g. If children misbehave while going to time out, they must go back.
12. School intervention is started with a Daily Report Card program only after home behaviors are thoroughly stabilized.

Closing Comments

I'm certain that you figured out that the CSP is a rigorous form of parenting. By rigorous, I don't mean punitive, I mean firm but with a lot of love. This is the same formula Grandma used to practice. Unfortunately, psychology has contributed greatly to our fear of being firm parents. For years, psychologists have fed us a diet of psychobabble that says we will scar our children's psyche by setting limits to their conduct. Now we are being fed a new diet of psychobabble that says our children have a disease and they cannot help themselves. Therefore, we should baby them while feeding them a diet of pills. The overall theme for you to focus on is that our children are not sick and their behaviors of rudeness and poor school performance are unacceptable. Now, with the CSP, we have an effective tool to change their behaviors both at school and at home, and improve their school performance.

About Dr. Dave: Dr. David B. Stein is Professor of Psychology at Longwood University, in Virginia. He is the author of *Ritalin Is Not the Answer*; *The Ritalin Is Not the Answer Action Guide*; *Unraveling the ADD/ADHD Fiasco: Successful Parenting Without Drugs*; *Stop Medicating, Start Parenting*; and *Controlling the Difficult Adolescent*.

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www.drдавестein.com

Part Three: Resources

Further Information

ADHD Fraud

Articles, essays, and other information pertaining to the fraud of Attention Deficit Hyperactivity Disorder (ADHD) compiled by Dr. Fred Baughman.

Fred A. Baughman Jr., MD has been an adult and child neurologist, in private practice, for 35 years. Making "disease" (real diseases--epilepsy, brain tumor, multiple sclerosis, etc.) or "no disease" (emotional, psychological, psychiatric) diagnoses daily, he has discovered and described real, bona fide diseases.

It is this particular medical and scientific background that has led him to view the "epidemic" of one particular "disease"--Attention Deficit Hyperactivity Disorder (ADHD)--with increasing alarm.

Referring to psychiatry, he says:

"They made a list of the most common symptoms of emotional discomfort 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."

In addition to scientific articles that have appeared in leading national and international medical journals, Dr. Baughman has testified for victimized parents and children in ADHD/Ritalin legal cases, writes for the print media and appears on talk radio shows, always making the point that ADHD is fraudulent--a creation of the psychiatric-pharmaceutical cartel, without which they would have nothing to prescribe their dangerous, addictive, Schedule II, stimulants for.

www.adhdfraud.com

Wildest Colts Make the Best Horses

A resource site for parents, and a challenge to the biomedical mental health industry.

This site offers an alternative perspective to the bio-psychiatric industry, and to the millions of psychotropic prescriptions written for children and adults.

"We really do have natural, built-in ways of psychological healing. With attention and adequate resource, anyone can reemerge from even the greatest distress and most extreme states of mind."

Support for adults in their work with young people, especially in challenging situations. Defense of parents from coercion, and young people from labeling and drugs.

www.wildestcolts.com

ASPIRE

ASPIRE is the Alliance to Stop Psychiatry's Influence in Religion and Education. You will find information on safe and effective solutions for mental, emotional and behavioral concerns which have been labeled by some with such names as "OCD", "ADHD", "GAD", "Oppositional Defiant Behavioral Disorder" and "Math Learning Disorder", amongst others.

“One of our goals is to provide you with swift access to easily understood facts so you can make an informed decision concerning your use of, or a friend or family member's use of a psychiatric drug in relation to the apparent condition it is claimed to cure.”

www.aspire.us

AbleChild

AbleChild: Parents for Label and Drug Free Education consists of a growing number of parents outraged over both the subjective labeling (ADHD, ADD, OCD, ODD) and pervasive drugging of children. The organization's goal in creating this website is to provide information to parents regarding the many subjective labels and the risks associated with drug "treatment" that are critical to their ability in making an informed decision.

“Junk Science’ pervades our schools and is being misrepresented to parents worldwide as scientific fact!!! Parents need to fight for their right to full informed consent!!! Do not accept solely based on what you are told but question, delve, and more importantly always re-question. Our organization’s goal is to provide you with the information that is sadly, being denied to you regarding ADHD, ADD, and the many other subjective labels being placed upon our children.”

“Our website is one of the most comprehensive sites on the web. There is a vast wealth of information and we encourage you to take your time in viewing it.”

www.ablechild.org

The International Center for the Study of Psychiatry and Psychology

ICSPP is concerned with the impact of mental health theories on public policy and the effects of therapeutic practices upon individual well-being, personal freedom, and family and community values. For over 25 years ICSPP has been informing the professions, the media and the public about the potential dangers of drugs, electroshock, psychosurgery, and the biological theories of psychiatry. In many cases, it has been the lone organization opposing the march of the latest hazardous psychiatric invention and alerting the media

and the public to the dangers of treating social, interpersonal and personal problems as though they were medical diseases.

www.icspp.org

ADHD Report sponsored by [Uncommon Knowledge](#)

Read The Parental Intelligence Report on 'ADHD' and forty weeks of The Candlelight Project – Biopsychiatry Illuminated.

www.adhd-report.com

Parenting Help

Dr. David Stein

If you are interested in learning about, and implementing, a non-medication approach to working with difficult children and teens (ADD/ADHD/ODD), you've come to the right place! If you have general parenting questions, you've come to the right place!

Called "the second miracle worker" by some for his amazing results with the children that he has worked with over the years, Dr. Dave looks forward to reaching and teaching many more through this website.

"Better parenting without chemistry"

www.drdavestein.com

Touch The Future

Hundreds of inspired articles, publications, interviews and research papers on child and human development. Knowing where to look for these treasures will help you take advantage of and apply this archive to your life and the lives of the children you love.

Founded by Michael Mendizza, co-author with Joseph Chilton Pearce of *Magical Parent-Magical Child*, *The Optimum Learning Relationship*. This book presents a revolutionary model for optimising the adult-child relationship, reducing conflict and increasing learning and performance at any age, in any field.

ttfuture.org

Our Emotional Health

The website of Robin Grille, Australian psychotherapist and author of the highly acclaimed book *Parenting for a Peaceful World*.

Learn about nurturing your child's emotional intelligence, and understand how your own childhood experiences have influenced your emotional make-up as an adult.

www.our-emotional-health.com/

Family Matters

The website of Laura Ramirez, author of the award winning parenting book *Keepers of the Children: Native American Wisdom and Parenting*.

www.parenting-child-development.com/

The Natural Child Project

“Our vision is a world in which all children are treated with dignity, respect, understanding, and compassion. In such a world, every child can grow into adulthood with a generous capacity for love and trust. Our society has no more urgent task.”

Jan Hunt, M.Sc., author of *The Natural Child: Parenting From the Heart* and *A Gift for Baby*, offers telephone counseling worldwide on attachment parenting and unschooling, as well as guided imagery sessions for emotional healing.

www.naturalchild.org/

Connection Parenting

The website of parent educator Pam Leo. Connection parenting is parenting through connection instead of coercion, through love instead of fear.

“Let's raise children who won't have to recover from their childhood.”

www.connectionparenting.com/

Feel Good Parenting

Create an Extraordinary Relationship with Your Child or Teenager. Live from Your Heart. Transform Your Life.

“How You Can Transform Your Relationship with Your Child in Just 10 Minutes a Day”

www.feelgoodparenting.com/

Alfie Kohn

Alfie Kohn writes and speaks on human behaviour, education, and parenting. The author of eleven books and scores of articles, he lectures at education conferences and universities as well as to parent groups and corporations.

Author of the best selling parenting book *Unconditional Parenting*.

www.alfiekohn.org

Marc Prensky

Marc Prensky is an internationally acclaimed speaker, writer, consultant, and designer in the critical areas of education and learning. He is the author of the book *Digital Game-Based Learning* and the founder and CEO of *Games2train*.

Marc's latest book is *Don't Bother Me, Mom – I'm Learning! How Computer and Video Games Are Preparing Your Kids For Twenty-first Century Success -- and How You Can Help!*

A resource for understanding the 'Digital Native' generation.

www.marcprensky.com/

Kindred Magazine

Kindred magazine is created to support and give voice to the embryonic but powerfully essential movement towards conscious parenting and conscious living happening all around the world. Courageously exploring social, political, spiritual, global and environmental issues, it is the first and only such magazine in Australia and one of only a few in the world.

www.kindredmagazine.com.au

Autonomous Child

Jan Fortune-Wood's UK based website for ideas about nurturing children's autonomy and living by consent.

www.autonomouslychild.co.uk/

The Aware Parenting Institute

Aware Parenting is a philosophy of child-rearing that has the potential to change the world. Based on cutting-edge research and insights in child development, Aware Parenting questions most traditional assumptions about raising children, and proposes a new approach that can profoundly shift a parent's relationship with his or her child. Parents who follow this approach raise children who are bright, compassionate, competent, nonviolent, and drug free.

www.awareparenting.com/

Kim Wildner

Woman's Wisdom and non-therapeutic hypnosis from the author of *Mother's Intention: How Belief Shapes Birth*.

www.kimwildner.com/

Naomi Aldort

Naomi Aldort is a parenting counselor, internationally published writer, and public speaker. Author of *Raising Our Children, Raising Ourselves*.

www.aldort.com/

The Alliance for Transforming the Lives of Children

aTLC's mission, in concert with a growing number of Affiliates, is to champion a culture of compassionate individuals, families, and communities who have fun with, learn from, and responsively and lovingly interact with children. They accomplish this by providing guidance about consciously conceiving, birthing, and nurturing children.

www.atlc.org

Enjoy Parenting

EnjoyParenting.com is a resource for parents who believe that **children are innately good** and that responsive, natural, creative parenting is the best way to foster their goodness.

As an idealistic, progressive, leading-edge parent, you already have a desire to parent in harmony with your child's nature and spirit. The question is... How does one make the shift from the old parenting paradigm of **control** to the new paradigm of **creative partnership**? *EnjoyParenting.com* supports parents in making that shift successfully, from the inside out.

www.enjoyparenting.com/

Develop Your Child

Develop Your Child is a UK-based Community Interest Company, committed to creating a community environment for young people to blossom and grow into the wonderful creative individuals they are.

"We believe you are born with unlimited potential. The rigours of life can damage or hide this innate ability and source of energy, which, when re-connected, can fire up empowerment in young people and parents, in fact, everyone."

www.developyourchild.co.uk/

Dr. Thomas Armstrong

"My work as an educator and psychologist in the fields of multiple intelligences, the myth of ADD/ADHD, and the natural genius of kids, has been guided by a belief that all

children are gifted children. Each child comes into the world with unique potentials that, if properly nourished, can contribute to the betterment of our world. The biggest challenge for parents and teachers is to remove the roadblocks that keep those gifts from being recognized, celebrated, and nurtured.”

www.thomasarmstrong.com/

International Network for Children & Families

“Transforming Misbehaving Children into Responsible Family Members Through Parent Support”

The International Network for Children and Families has now certified over 1,000 parenting educators and its *Redirecting Children's Behavior* course is currently taught in eleven countries. Parenting instructors are carefully selected and go through rigorous training.

www.incaf.com

Helping Our Children Productions

The website of Dawn Fry, an Advocate for Children and an Ambassador for Peace.

“I teach families and childcare educators friendly communication skills that include nonviolent language and non-punitive conflict resolutions. We at Helping Our Children Productions are building a foundation of peace on a local level as well as a global one. Friendliness is a powerful value that serves everyone, everywhere. Friendliness transcends all social and political barriers by connecting people on a more compassionate and human level.”

“My life-mission has been to help create a more safe, fair and happy world for children and their families all over the world.

On my first CD Set, the DawnTalk™ Audio Childcare Handbook, provides childcare givers a concise and proven knowledge, developed in California, that brings significant and lasting improvement to the quality of families' lives.”

www.dawntalk.com/

The Education Revolution

The website of the Alternative Education Resource Organization (AERO).

AERO is a non-profit organization founded in 1989 to advance learner-centered approaches to education. AERO is considered by many to be the primary hub of communications and support for educational alternatives around the world.

www.educationrevolution.org

Homeschooling in America

Are you thinking about homeschooling? This is a plain and simple 'hub' website with links to information and advice about homeschooling in all 50 states (plus Washington DC).

www.homeschoolinginamerica.com

Homeschool Australia

You don't need any special educational qualifications to teach your children at home. People from all backgrounds successfully teach their children -- people with university degrees, trade certificates, small business owners, factory workers, people working from home, mums, dads - everyone has the ability to teach their children at home!

The only qualification you need is LOVE for your children.

homeschoolaustralia.beverleypaine.com/

Home Education UK

The website of Mike Fortune-Wood, providing support to people home educating or considering home educating in the UK.

"...there is a quiet revolution underway as ever more parents find that in an information and resource rich society it is possible to provide an education suitable to their children's individual needs and aptitudes from a home base in a way that schools could not dream of providing ..."

www.home-education.org.uk

Other Resources

Uncommon Knowledge

Activate Your Potential

“Never before has it been more important to learn about yourself, about how emotions work, and how to manage your own. Uncertain times and fast-changing circumstances have led to a huge upswing in emotional problems. This rise in depression, anxiety disorders, anger problems and other emotional difficulties has made the right psychological information presented in the right way invaluable. Welcome to Uncommon Knowledge.”

www.uncommon-knowledge.co.uk

Hypnosis Downloads

Experience powerful hypnosis from the privacy of your own computer.

“Using the incredible power of your own mind, our advanced hypnosis downloads will move you gently into a deeply relaxed and powerfully focused state free from stress, where normal worries melt away and you can enjoy a state of relaxation like the deepest meditation.

You will absolutely love the way you feel after using one of our self hypnosis downloads. We are so sure of this that we guarantee every one. And, as well as enjoying complete privacy, you can record your MP3 download onto CD, MP3 player, DVD or tapes, to listen to at work or anywhere.

These spoken-word online sessions are the most advanced you will find, anywhere on the web.”

All hypnosis downloads have been carefully crafted by professional hypnotherapist educators with a proven track record.

www.hypnosisdownloads.com

Think Right Now!

The Most Visited Personal Development Product Site On The Internet

"Learn How To Think The Same Thoughts As The Most Effective, Successful & Happy People, And You'll Get Exactly The Same Results In Your Life"

“Almost like magic, in every single area of your life, you can literally erase fear, doubt & frustration and replace it with courage, confidence & willpower... even if nothing has ever helped you before.”

www.thinkrightnow.com/

Kevin Hogan

“Body Language Expert, Motivational Speaker, Influence, Persuasion, Sales Training”

Kevin Hogan holds a doctorate in psychology and is a body language and unconscious influence expert. He is the author of numerous books and programs, including *Science of Influence*, *Covert Hypnosis* and *Jedi Mind Tricks*.

Free weekly newsletter includes cutting edge research into human behaviour and facts about the human mind most people simply don't know.

www.kevinhogan.com

Our Emotional Minds

Australian Ian White's af-x® emotion therapy.

“HOW can negative emotions have such an impact on my life and be so hard to control or change?”

“WHY aren't the "talking" therapies, medications or counselling more effective?”

“IS there an easier way to successfully and permanently resolve MY emotional problems?”

If You Want Real Answers To Questions Like These, Then You Have Come To The Right Place.

This site is packed with information about the highly-successful af-x® approach to emotion therapy and provides the answers that will help you along a proven path towards emotional balance and a better life.

www.emotionsinbalance.com

Bruce Lipton

Thinking beyond the genes.

“We all somehow "know" that the mind/body connection is key to real health. Are you tired of trying to find the words that describe how the mind and body are related, and why their relationships are important for proper health? A renaissance in Cell Biology now provides the cutting edge science - real science - to prove how holistic health

therapies work! Research scientist Bruce Lipton, Ph.D., introduces a long-awaited paradigm shift in the biomedical sciences. The new science will inspire your spirit, engage your mind and challenge your creativity as you comprehend the enormous real potential for applying this information in your life and in your profession.”

www.brucelipton.com

The School of Thinking

Originally founded in New York City in November 1979, the School of Thinking was co-founded by Michael Hewitt-Gleeson and Edward de Bono to teach THINKING AS A SKILL.

SOT is now the world’s oldest and largest pro bono program for the teaching of thinking as a skill. It is an online school whose mission is to enrich the lives of people by helping them to become smarter, more effective thinkers.

Today the School of Thinking (SOT) is operated by Michael Hewitt-Gleeson who is based in Melbourne, Australia. It is still free. All are equally welcome – anyone, anywhere, anytime.

To get involved go to www.schoolofthinking.org and enrol if you want to start getting your First Ten Lessons. You can opt-out at anytime.

Please also visit the *Parental Intelligence* website for other options and possibilities:

www.parental-intelligence.com



About the Publisher

Hi, I'm Bob Collier.

I come originally from London, England, but now live in Canberra, the beautiful capital city of Australia.

My wife, Mary, is from Belfast, Northern Ireland, and we've been married since 1976. We have two fabulous children and I love them with all my heart - Bronnie, who was born in Sydney in 1985, and Pat, who was born in London in 1995.

For all but three of my twenty plus years of parenthood so far, my primary occupation has been 'stay-at-home dad'; and for more than ten years of that, in total, it's been my 24/7 full-time occupation. As it is now and has been since my son quit school in favour of home education only a few months after I started publishing my newsletter, *Parental Intelligence*.

I've been publishing the *Parental Intelligence* newsletter since August 2002, initially as a weekly email newsletter, now monthly online. It doesn't cost you a cent to read it and never will.

[Visit my website](#) to read the current issue and browse the newsletter archive.

[Subscribe to the Parental Intelligence newsletter here.](#)