



The Definition of ADHD

The DSM

Attention Deficit Disorder did not exist as such before it appeared in the Diagnostic and Statistical Manual of Mental Disorders, 3rd Edition (DSM-III), in 1980. Previous to that people with issues similar to those then to be labeled ADD, changed to ADD/ADHD and then to ADHD, were said to suffer from other problems. The general category of people with impeded scholastic performance included a large variety of issues, many of which were not primarily associated with scholastic performance at all.

Previous to 1980 overly active or inattentive students were considered traumatized, delinquent, depressed, learning disabled, ill fed or over worked, emotional, specially endowed, minimally brain damaged, or simply different. Various programs existed to accommodate these kids and regular people.



The American Psychiatric Association's DSM is the definitive record of mental illnesses. What it lists is considered to be real, so when ADHD appeared in the DSM in 1980 the "disease" came into being. It is important to understand that the DSM does not and was never meant to serve this role. The DSM is a technical pop-culture dictionary and thesaurus, designed to give health care providers a common language and provide therapists with a map between related symptoms. It has no scientific validity and makes no pretense to having any.

What purposes does the DSM serve?

It is used by doctors and hospitals as the basis of treatment, by pharmaceutical companies as a description of symptoms needing remediation, by the courts as a basis of culpability, by government and social institutions to identify abnormal behavior, and by insurance companies as a basis for compensation. Because so much is involved these institutions need a standard on which to coordinate and to justify their actions and policies. The DSM serves *these needs*, it must or else something else will be created that does.

This is the central point on which much of what follows rests: *the rules of psychiatry and psychology are beholden to, serve, and are controlled by social standards*. Whomever controls these standards – be they educational, medical, moral, behavioral, political, national, sectarian, scientific or whatever – have a large degree of control, perhaps complete control, of psychological and psychiatric therapy, research, and how it's taught.

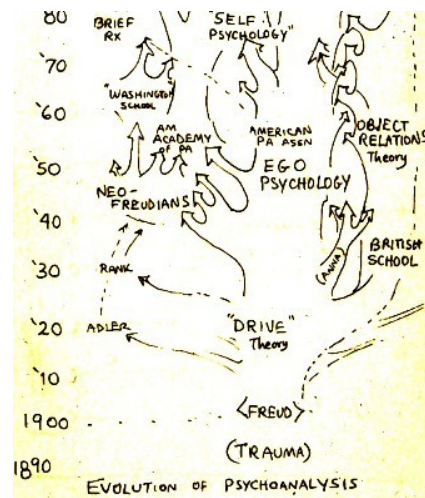
Things would be different if psychology was based on irrefutable causes and effects, and proven theories. Then institutions would rally



behind the fields and their power to predict and control. It is not the case: there has been little science behind psychology or psychiatry.

The pretense of science is used for its propaganda value, as we'll see in later installments of this series. Psychological science is a team of legless basketball players who look great in the main stream press but their performance is revealed in the research.

The field does make slow and tentative progress in many areas. The current hope is that the current progress of neurobiology will rescue psychology from its history of rudderless subjectivity. This is far from certain. But in the current absence of institutional integrity and independence the forces of profit and power continue to overwhelm the field.



Who controls what's in the DSM?

We don't really know because it's put together by a closed committee of members of the American Psychiatric Association (APA). We do know that their decisions are reached by consensus, not on the basis of any objective test or scientific standard. We also know that its control is closely guarded by the APA, that it is sold exclusive by the APA and that sales generate \$1,000,000/year for that organization. The importance of the DSM confers significant political power to the APA and to psychiatrists as practitioners certified to interpret it.

When Did It Start?

At its inception public schooling was a local affair. In 1900 one out of every 20 citizens was involved in their local school board. In 2000 only one in 5,000 remains involved in public school policy. The removal of parental involvement was a stated policy goal of centralized government schooling. It was not the result of a lack of interest on the part of parents. School policy is now controlled by unelected managers and administrators trained in education policy and not involved in teaching.

Defenders of ADHD as a real disease often cite the marginal identification of school behavior as a disability in 1937. What was actually published in 1937 was an article titled "Behavior of children receiving benzedrine," which documented the use of amphetamines to control behavior. That is to say that the genesis of ADHD lies not in the recognition of a problem that students suffered, but in a treatment of students that benefited teachers. And this is a point we'll come back to again and again: ADHD is not a dysfunction, it's a treatment.



The Definition of ADHD

Without further ado, here is the (slightly abbreviated) description of ADHD as it appears in the DSM-IV. I have not added anything to what follows, I've only removed some of the detail.

To receive the ADHD diagnosis you must first meet the following four criteria:

- 1 - **Persistent pattern of inattention and/or hyperactivity-impulsivity** that is ... more severe than is typically observed in individuals at comparable level of development.
- 2 - Some hyperactive-impulsive or inattentive symptoms ... **before seven years of age**.
- 3 - Some **impairment** from the symptoms ... in at least two settings.

4 - Clear evidence of **interference** with developmentally appropriate social, academic or occupational functioning.

5 - The disturbance does **not** occur exclusively during the course of ... **another mental disorder**.

Of the three subtypes of ADHD – inattentive, hyperactive, and combined – one is assigned the inattentive label if one often displays six or more of the following nine symptoms for at least 6 months:

1. fails to give close attention to details ...
2. has difficulty sustaining attention in tasks or play activity.
3. does not seem to listen when spoken to directly.
4. does not follow through on instructions and fails to finish schoolwork ... or duties ...
5. has difficulty organizing ...
6. avoids, dislikes ... tasks that require sustained mental effort (such as schoolwork or homework).
7. loses things necessary for tasks ... (e.g. toys, school assignments, pencils, books or tools).
8. easily distracted ...
9. forgetful ...

One is assigned the hyperactivity label if one often displays at least 6 of the following symptoms:

1. fidgets ... or squirms ...
2. leaves seat in classroom or other situations in which remaining seated is expected.
3. runs about or climbs excessively ...
4. has difficulty playing ... quietly.
5. acts as if "driven by a motor."
6. talks excessively.
7. blurts out answers ...
8. has difficulty awaiting turn
9. interrupts or intrudes ... (e.g., butts into conversations or games)



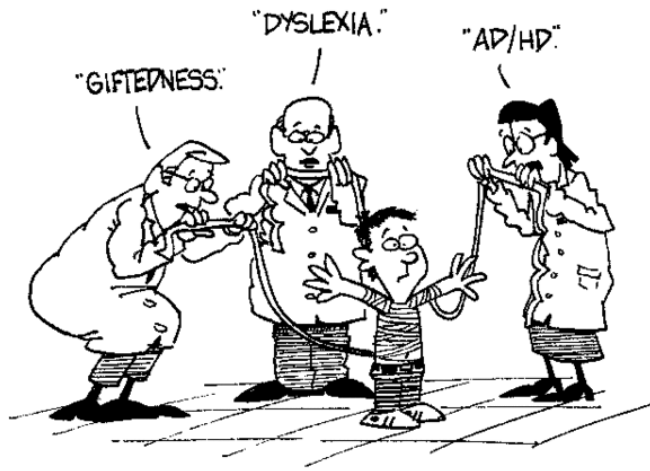
That's it.

Note the frequent reference to appearances, normalcy, expectations, judgements and convenience of others, and notice the lack of inquiry into the needs, objectives, or state of mind of the subject.

If you consistently fit this profile, as decided by someone in a position of authority who has probably never met you and would discount anything you had to say anyway, then you "have" ADHD. You are then eligible, encouraged and in some cases compelled, to take some of the most addictive and mind altering drugs.

No one would contest that in moderation all of these symptoms constitute normal behavior, so the definition of "appropriate" lies at the heart of the diagnosis. What you think you're doing and why is irrelevant. Just as in every other aspect of compulsory schooling, you are a pawn.

There are some clinical tests, which we'll talk about later. None of them are sufficiently accurate to form a diagnosis and a person who tests "positive" on one will often fail to test positive on another. These tests are mostly used, and they are not generally even bothered with, to distinguish those who have measurable and obvious disabilities. In the end you are or are not ADHD on the basis of someone's say-so.



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