



ADHD#7 - Schools, Reprise

Lincoln Stoller, PhD., 2012

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I had finished with my discussion of the role of schools in ADHD when Matt sent me this link to a New York Times article titled "[Attention Disorder or Not, Pills to Help in School](#)," which reports how schools, doctors, and parents are dispensing with ADHD and now requiring that children take amphetamine cocktails for the unalloyed purpose of improved compliance and performance.

I argue that ADHD is an institutional fiction supported by pharmaceutical companies, governments, therapists, schools, and parents to get around the social taboo against institutional mind control. ADHD accomplishes this by labeling the targets as biologically defective and drugs as restorative. This taboo is breaking down – much as individual freedom is breaking down – and it's driven by similar false fears. "Normal" is no longer enough, the new goal is enhancement. The criteria for success is entirely institutional.

For the rest of this newsletter I will simply quote this article by Alan Schwarz published in the October 9, 2012 Health section of the New York Times.



"When Dr. Michael Anderson hears about his low-income patients struggling in elementary school, he usually gives them a taste of some powerful medicine: Adderall.

"The pills boost focus and impulse control in children with attention deficit hyperactivity disorder. Although A.D.H.D is the diagnosis Dr. Anderson makes, he calls the disorder "made up" and "an excuse" to prescribe the pills to treat what he considers the children's true ill — poor academic performance in inadequate schools.

"I don't have a whole lot of choice," said Dr. Anderson, a pediatrician for many poor families in Cherokee County, north of Atlanta. "We've decided as a society that it's too expensive to modify the kid's environment. So we have to modify the kid."

"Dr. Anderson is one of the more outspoken proponents of an idea that is gaining interest among some physicians. They are prescribing stimulants to struggling students in schools starved of extra money — not to treat A.D.H.D., necessarily, but to boost their academic performance.

"It is not yet clear whether Dr. Anderson is representative of a widening trend. But some experts note that as wealthy students abuse stimulants to raise already-good grades in colleges and high schools, the medications are being used on low-income elementary school children with faltering grades and parents eager to see them succeed.

"We as a society have been unwilling to invest in very effective nonpharmaceutical interventions for these children and their families," said Dr. Ramesh Raghavan, a child mental-health services researcher at Washington University in St. Louis and an expert in prescription drug use among low-income children. "We are effectively forcing local community psychiatrists to use the only tool at their disposal, which is psychotropic medications."

"Dr. Nancy Rappaport, a child psychiatrist in Cambridge, Mass., who works primarily with lower-

income children and their schools, added: 'We are seeing this more and more. We are using a chemical straitjacket instead of doing things that are just as important to also do, sometimes more.'

"Dr. Anderson's instinct, he said, is that of a 'social justice thinker' who is 'evening the scales a little bit.' He said that the children he sees with academic problems are essentially 'mismatched with their environment' — square pegs chafing the round holes of public education. Because their families can rarely afford behavior-based therapies like tutoring and family counseling, he said, medication becomes the most reliable and pragmatic way to redirect the student toward success.

"People who are getting A's and B's, I won't give it to them,' he said. For some parents the pills provide great relief. Jacqueline Williams said she can't thank Dr. Anderson enough for diagnosing A.D.H.D. in her children — Eric, 15; Chekiara, 14; and Shanya, 11 — and prescribing Concerta, a long-acting stimulant, for them all. She said each was having trouble listening to instructions and concentrating on schoolwork.



"My kids don't want to take it, but I told them, 'These are your grades when you're taking it, this is when you don't,' and they understood,' Ms. Williams said, noting that Medicaid covers almost every penny of her doctor and prescription costs.

"Dr. Anderson said that every child he treats with A.D.H.D. medication has met qualifications. But he also railed against those criteria, saying they were codified only to 'make something completely subjective look objective.' He added that teacher reports almost invariably come back as citing the behaviors that would warrant a diagnosis, a decision he called more economic than medical.

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"This is my whole angst about the thing," Dr. Anderson said. "We put a label on something that isn't binary — you have it or you don't. We won't just say that there is a student who has problems in school, problems at home, and probably, according to the doctor with agreement of the parents, will try medical treatment.'


"He added, 'We might not know the long-term effects, but we do know the short-term costs of school failure, which are real. I am looking to the individual person and where they are right now. I am the doctor for the patient, not for society.'"



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