

ADD U-TURN

Dr. Robert Spitzer, Psychiatrist, who proposed that a child who 'acts out', jumps from one thing to another and does not maintain concentration for any prolonged period of time suffers from a biological disorder or is ill, now admits that 'many may not really be ill'. It was Dr. Spitzer who developed the 'bible' of mental disorder classification in the 1970's and 1980's, which identified dozens of new syndromes including ADD (attention deficit disorder), ADHD (attention deficit hyperactive disorder), ODD (oppositional defiance disorder) and OCD (obsessive compulsive disorder). Since then hundreds of thousands of children across the globe have been diagnosed with these syndromes, most notably ADD and ADHD. These 'behavioural disorders', which Dr. Spitzer claimed have a biological origin (by the way, not substantiated) are most commonly apparent at the age of five. What Dr. Spitzer never explained is why the conditions of ADD, ADHD and ODD are three times more common among boys and why do these syndromes suddenly appear at age 5 years. In Ireland as many as one in twenty is said to have ADD or ADHD. These conditions are more often than not treated with Ritalin. Research shows that while the lives of parents and teachers are made easier when these children are medicated, there is no improvement in their educational achievement!

Only last week Dr. Spitzer announced that 20 to 30 per cent of those children diagnosed with the above named syndromes have been incorrectly diagnosed. He is now saying that drug treatment is only to be recommended for the most severe cases, even though there have been reports of cardiovascular disorders, hallucinations and even suicidal thoughts arising from the use of these drugs on children. Dr. Spitzer makes no apology to the ten of thousands of children that have been misdiagnosed. Indeed, he asserts that he is less concerned by the wrong diagnoses and possible side-effects from Ritalin than the failure to prescribe for those children who direly needed the medication! I am wondering has Dr. Spitzer spoken to the thousands of children (and their distraught parents) who have been labelled about the psycho-social and educational effects of those labels on them, not to mention the side-effects of the medication. I imagine many parents are going to be very angry and confused by Dr. Spitzer's recent remarks.

I am particularly curious why Dr. Spitzer now believes that there have been multiple 'wrong' diagnoses? For years I have been hearing (though I was never convinced) that the identification of ADD and ADHD was an unquestionably accurate process and dare anybody to contradict the diagnosis. Is it that the checklists of behavioural symptoms have not been accurate? And if Dr. Spitzer is now talking about levels of severity, is he suggesting that some children do not have a biological problem or illness, because if that is the case, how can he possibly hold onto the notion that those with 'severe' symptoms are ill? It would appear that he is indicating that the less severe cases will be responsive to psychological (as opposed to medical/drug) intervention and so why not those with severe manifestations of distress!

One of my major difficulties with psychiatry is its dishonesty. All the adult and child syndromes that psychiatry talks about are theories, not facts. When a child is diagnosed with ADD or ADHD or ODD, there are no biological examinations carried out, because there are no such tests. Similarly, with bi-polar depression, whether I or

11, or schizophrenia or endogenous depression or personality disorder, there are no tests to show that these conditions are due to biochemical imbalances or are hereditary. Presently, there are over 30 possible causes quoted for schizophrenia; so where is the evidence for accurate diagnoses of these taboo conditions?

My own experience of children who manifest inattentiveness and/or hyperactivity or defiant behaviour is that these are creations, not problems. I am not disputing the fact that these creations pose a challenge to adults and that parents and teachers, in particular, need all the support and help they can get to understand and respond effectively to children's expressions of distress. And it is important that the welfare of adults is not jeopardised by children's defensive actions. However the more those adults understand that children possess the most amazing natural ways of attracting us to their individual, unique and lovable presence, the more they will understand that when these real ways do not work, children subconsciously create substitute ways of drawing attention to their presence. Children do not set out to make life difficult for parents and teachers; but they do subconsciously set out to get adults to see how difficult life is for them. The more their inborn ways of attracting did not work the stronger their substitute ways need to be. It is interesting that the children who 'act out' have been the most labelled by Dr. Spitzer, whilst the children who 'act in' have had no labels attached to their creations. The reason for the non-labelling of those children who 'act in' ('goodie-good' child, the 'perfectionist' child, the 'ever-so-pleasing' child, the success addicted child) is that these children do not disturb the lives of adults. However they are considerably disturbed and distressed within themselves and are more at risk than those children who 'act out'. In examining either the 'acting-out' or 'acting-in' responses of children it is essential that the total contexts of children's lives are considered and that the helping of these children is carried out from that informed place.

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