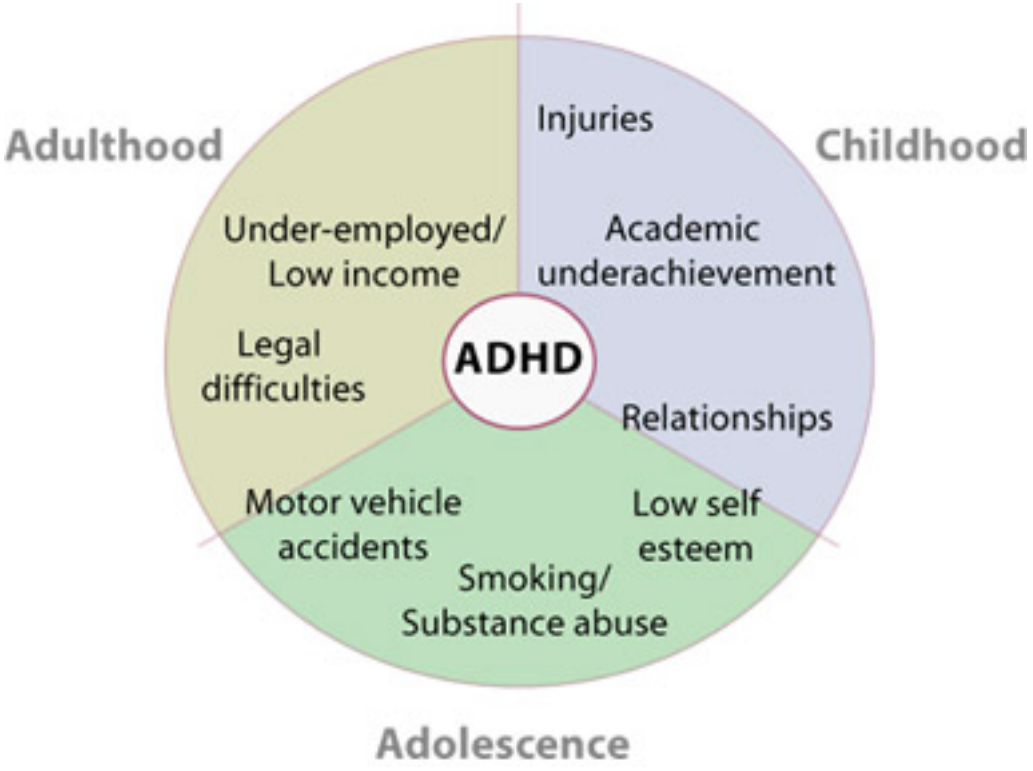


ADHD

Opinion piece by Jane Turner August 2014

I have recently discovered I have STDL syndrome (Sick to Death of Labels). It was as a bit of a shock to receive this diagnosis, as I am normally quite healthy, but now I know what is wrong with me, I can carry on complaining, because it is not my fault, I am properly ill.

I have been ill (complaining) for several years now because of the growing list of labels that get assigned to young people, who it seems to me, are mostly being just that – young, and of

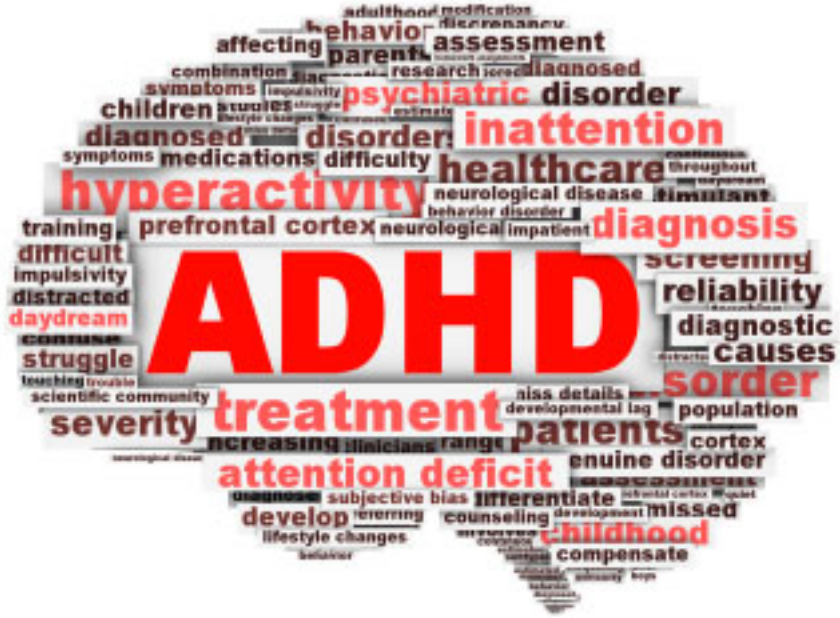
course, immature, and maybe with a bit of an attitude, as is the prerogative of many sullen and stubborn youngsters.

I was introduced to my first label while working as a teacher in a secondary school. I had a difficult year nine group that included a number of badly behaved children, one of whom I was told had EBD (Emotional and Behavioural Difficulties). I had never heard bad behaviour described in this way before, and the school informed me that I needed to adopt particular teaching strategies. I was told not to tell him to sit still, to be quiet, to stop being a pain, and not to report him to his parents, or give him regular detention, as I had been doing. Instead, I was advised to accept and ignore his bad behaviour, and encourage and praise him every time he behaved better, or produced something that looked remotely like a piece of work.

It is some time since I heard that particular label, and I have grown weary of them, greeting each new one with a roll of the eyes, because nowadays the list of abbreviated disorders and issues we are all said to suffer from and need support with has grown alarmingly. It seems that just about every behavioural characteristic has been labelled as problematic, medicalised and medicated, from fidgeting to losing one's temper. My favourite label is Oppositional Defiant Disorder (ODD), which seems to mean you are someone who is easily angered, has temper tantrums, refuses to obey rules, and likes to antagonise others. I know quite a few people with these characteristics – oops, sorry, symptoms – and I quite enjoy being disobedient and antagonistic myself now and then – it used to be called "being a bit cheeky", but now it seems you need to see a counsellor and get medication instead of just learning when and where such behaviour is appropriate and acceptable.

Conduct Disorder (CD) is a proper nasty sounding label - and if you have this, you really are quite sick, possibly incurable (apparently). Symptoms include a refusal to obey your parents, a keenness to fight, be truant, and some petty traits of criminal behaviour such as vandalism and stealing. There are many other labels, and they all have similar symptoms, so much so, that I

have difficulty distinguishing between most of them, but not to worry, there are plenty of professionals in the therapeutic industry on hand to advise us.



My least favourite label though, and the one likely to bring out my STDL syndrome is **ADHD** (Attention Deficit Hyperactivity Disorder), as lately I have hardly had an ADHD free day. This week, in class, I was told by one ADHD “sufferer” that she had to leave before the end of the lesson because “you can’t expect me to stay for the whole lesson as I have ADHD and I can’t sit still for that long”. Another diseased student told me I had to help her answer the question (i.e. do it for me) because she said she could not learn from reading instructions. She told me “you need different strategies for me, I have ADHD, and I can’t learn by reading”. Incredulous, I asked her if she could read, she said yes, but not for long, because her “boredom threshold was low due to ADHD”. However, the student responsible for bringing on my STDL attack was the one who told me she was born with ADHD, “so I can’t help telling people to fuck off all the time”. Labelling someone seems to absolve them of all responsibility for changing their own behaviour, and can lead them to live up to their label - believing it gives them the right to be naughty without being challenged.

So, I decided to take a closer look at ADHD, as obviously I was in need of a lesson or two myself. The symptoms of ADHD include; having a short attention span or being easily distracted, restlessness, constant fidgeting, and being impulsive. According to the NHS website , these symptoms often first occur when a young person has a change in circumstances, such as moving school. Now I don't know about you, but I thought being fidgety and impulsive were quite normal traits in children. And, who doesn't get a bit anxious when things change? These are typical responses aren't they?

Acceptance of the labelling and medicalization of young people who display a range of behaviours that anyone with a smidgeon of common sense can see is just immature, undisciplined and normal is a scandal. We should be shocked at how casually we diagnose, label, drug and counsel so many people with this so-called condition. ADHD is now the most commonly diagnosed behavioural disorder in the UK, and although there are no exact figures available, according to a report in The Telegraph in 2011 , there could be as many as one in eleven children in the UK with it. In the USA, the figure is probably even higher, at approximately 11% of children aged 4 – 17 years (that's 6.4 million!).

This is even more alarming when you learn that most cases are found in children between the ages of 6 and 12. Six years of age with a label, psychiatry and medication, isn't that worrying? It certainly bothers me, especially as most of them seem to be in my class at the moment!

ADHD is not like the measles, or chicken pox, with specific evidence, causes, symptoms, and treatments. It isn't exactly a disease in the true sense of the word. The causes are unknown, and are so varied they make it seem impossible to avoid, and include diet, parenting, age,

circumstances, genetics, and even gender, with boys seemingly more susceptible than girls. The symptoms too are equally broad and vague, and the treatments are either dangerous or ridiculous. Most therapies lead children to believe they are vulnerable, ill and in need of support, medication and special treatment for years and often for life.

There may be a global recession, but the therapeutic industry has thrived. Google “behavioural therapists” and in 0.35 seconds, you will get 5,330,000 results. There are so many specialists including; behaviour managers, life coaches, disorder controllers, psychological counsellors, cognitive therapists, family counsellors, childhood experts, and anger management consultants. Seems there is a boffin to support us through just about every stage of our lives. The range of therapeutic treatments is to be frank, laughable, and include; trying to help a patient find ways to accomplish tasks and organise themselves better such as making lists (why not just buy them a Post-it Pad), how to make a person feel better about themselves (get a haircut? Buy a new shirt?), reducing the effects of critical thoughts (nobody is positive all the time), talking about your problems (bore your mates), managing intense emotions (no! it is good to get angry and passionate about things), practice making changes in your daily life (just do it)...

I know. People pay good money for this. Yet most of it is just the sort of stuff you learn as you grow up or you work out with your friends, peers, and/or relatives. Why pay a counsellor to help you make a list ffs?

And, as for the drugs, well I think that drugging young people with Ritalin and the like should be a crime, because the side effects are much worse than the so-called symptoms it is supposed to alleviate. Who gives such drugs to a six year old? Now that really is child abuse. According to a BBC
report, the use of ADHD drugs has increased by 60% in six years. Users of the drug talk of depression, insomnia, and frantic behaviour

after
taking it.

We really should be asking questions about why we are medicalising growing up, and why we need drugs instead of adults to control the behaviour of children. Now Naff off, I have STDL, and I need to lie down.