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## **A Crime Against Childhood**

*by Jacob Azerrad, Ph.D.*

**An expert warns that America 's mental health profession is inventing illnesses. Have millions of perfectly normal children been given "a diagnosis without a disease?" And do parents have a choice in what happens next?**

Some 30 years ago, First Lady Nancy Reagan became the figurehead for a tough-sounding national program aimed at stamping out the use of drugs by children. Since then, the government has become the principal supplier of behavior modifying drugs to American children, starting with preschoolers and extending to graduation and beyond. Its impact on this country's youth is bigger than that of the Mafia or the Colombian cartels. And under the aegis of the No Child Left Behind Act it is financed by America 's taxpayers and protected by its laws.

The obvious difference is that these drugs come with a prescription, and they are designed to treat specific mental and emotional disorders. But here's the catch: not only are these drugs relatively new, so are the conditions they promise to cure. Before these diagnoses existed, the types of behavior they modify were considered perfectly normal. A growing number of health-care professionals still believe they are.

The problem began a century ago when Sigmund Freud, a physician, developed a medical model for the understanding of the human psyche. Two generations later, that model led to the first drugs for the treatment of mental illness. By redressing imbalances in the chemistry of the brain, many of these new medicines produced nearly miraculous results in the management of illnesses that had long been considered intractable. Patients suffering the terrible mood swings of manic-depression (now called bipolar disorder), for example, found they could control their symptoms and return to productive living simply by taking a daily pill.

But there is a big difference between using medicines to treat genuine mental illness and designing a tidal wave of new drugs to medicate children who are perfectly healthy. Today, as the mental health industry systematically pathologizes more and more childhood behavior, the federal government is its eager ally in pushing for mandatory psychological screening of 52 million students and the 6 million adults who work in public schools. An essential element of that plan is forced medication.

Over a period of several years, that same government stood idly by as the number of teenagers who took their own lives while on antidepressants began to climb. Last fall, finally forced by public pressure to acknowledge the obvious, the FDA ordered that antidepressants must carry a "black box" warning of the risk of suicide.

Where did the pressure come from? The decision was made only after it was revealed that 15 clinical trials over several years had demonstrated such a link, and that the analyses of those studies had been suppressed by many of the companies that had sponsored them. In fact, the FDA itself had suppressed the analysis by its own expert that first demonstrated a link between these anti-depressants and suicides among teenagers and children. Prozac was the only such drug that the FDA had already approved for adolescent depression, but others of the same type, called Selective Serotonin Reuptake Inhibitors, are routinely prescribed for the same condition and must

now carry the warning.

But who reads the labels? A first-grader is certainly not going to refuse a pill because of some caveats on the container - in fact, most school children on mood-altering medication never even see the bottle it comes in.

The government-sponsored forced drugging of children comes nearest to Alice-in-Wonderland in the story of the most popular drug of all, Ritalin. Ritalin is the silver bullet that slays the dreadful dragon of Attention Deficit Hyperactivity Disorder, which has become a part of the national vocabulary by its initials, ADHD. Both Ritalin and ADHD have been around a long time. Thirty years ago, when the drug was new and the disease it treated had just been given a name, the number of children on Ritalin jumped almost overnight from zero to 150,000. By 1988, it reached a million. By 2000, six million children were taking Ritalin.

Today that number is about to double again. If the numbers are to be believed, Ritalin is saving America from an epidemic that is growing almost as fast as the wonder drug can be manufactured.

But what, exactly, is ADHD? Dr. Paul Lieber of the FDA says he doesn't know - and neither does the government. "As yet, no distinctive psychophysiological disorder of ADHD has been delineated... I have yet to receive anything which would constitute proof of an abnormality, one that can be tested for patient by patient when proving that we are not drugging entirely normal children..." A colleague, Dr. Lawrence Dillar, replies, "The reason why you have been unable to obtain any articles or studies with any clear or confirmed evidence of a physiological abnormality ... associated with ADHD is that there is none." Lieber concludes, "The many millions of school children around the world who are being drugged have no disease."

If you're old enough, you may recall that some critics of Nancy Reagan's motto thought "Just say no" was a bit simplistic. But today, in view of the tremendous upswing in childhood drug use, maybe it was too complicated. Tens of millions of doses so-called ethical drugs are prescribed by doctors and administered by school nurses every day.

Take Massachusetts. Between 1988 and 2003, the prescription of stimulants and antidepressants to children rose more than 300 percent. In early 2003, the Boston Globe reported that one out of every nine children aged 6 to 12 who were enrolled in the state's Medicaid program was taking psychotropic medications. For teenagers, the number of users rose to one out of every eight. The state's secretary of health and human services described the pattern by which psychiatric medications were prescribed to children as "haphazard" and "quite extraordinary."

Prescriptions for antipsychotic medications for children increased five-fold from 1995 to 2002. Children as young as 3 ½ to 4 are being diagnosed as Bipolar and given the antipsychotic medication Risperdal.

Why is this happening? Is America really facing a gathering epidemic of depressed, psychotic kids?

It goes back to the medical model for the measurement of behavior. Freud said that if a type of behavior works it's healthy, and if it doesn't work it's sick. Translated to parenting, if your three-year-old is drawing inside the lines of the coloring book, you don't have a thing to worry about. But if he or she is executing that same artwork on the wallpaper, the stage is being set for a clinical diagnosis. That's where the pills come in.

There are pills for yelling, biting, throwing, kicking, cursing, punching, name-calling and lying. There are pills for whispering in class. There are pills for when grandma dies. There are pills for bad habits. There are pills for daydreaming.

The medical model is great for curing illnesses. What's wrong with it is

that it deals with learned responses as though they were diseases. And almost all human behavior is based on learned responses. By prescribing strong medicines instead of teaching children new choices, it short-circuits the process by which they grow and learn. Worse, it lays the tracks for a lifetime habit of responding to challenge and disappointment with avoidance, denial and chemical dependency.

It's easy enough to see this same pattern when the subjects are not children but adult alcoholics. The way a drunk responds to good news is with a drink. Ditto with bad news - or any kind of change or shock or crisis. The alcohol is a liquid insulation that buffers the drinker from the experience of living, from the chance to learn and grow, from the feelings and sensibilities that give existence meaning.

Growing up is not a condition. Childhood is not a disease. The world is filled with slings and arrows; they are an essential part of how we grow. That's what Shakespeare meant when he said, "Sweet are the uses of adversity." Those uses include the increased awareness - of ourselves, of the power and beauty of the world around us - that comes with knowledge. And the way we get knowledge is not from pills but learning.

The medical model of behavior overshot the target and became Freud's greatest mistake.

Its legacy is all around us. The current medical-model based books on child rearing promote shielding perfectly healthy kids from the kinds of experience that smooth and temper personality and character. This approach deters or inhibits the development of an emotional immune system that will carry them safely into adulthood. It is stealing the jewel of life experience from America 's children.

Our preschool children are far too young to defend themselves. It's up to their parents not only to say no to drugs, but to start teaching again. They need to be shown that life is meant to be learned and experienced, and that it's not just a pill to be swallowed.

*Dr. Azerrad, a clinical psychologist in Lexington, Massachusetts, is author of **From Difficult to Delightful in Just 30 Days**. In his book, Dr. Azerrad describes a parenting program that is a proven method for transforming the behavior of the most difficult and problematic children. His method is surprisingly simple and really works. In fact, he promises that you will see a delightful difference in your difficult child almost immediately.*

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