

The Diseasing of America's Children

**Exposing the ADHD Fiasco and Empowering Parents to Take Back
Control**

(Advanced Reader's Edition)

Uncorrected Proof—All Rights Reserved

John K. Rosemond and Dr. Bose Ravenel

Thomas Nelson

Since 1798

THE DISEASING OF AMERICA'S CHILDREN

© 2008 by John K. Rosemond and S. DuBose Ravenel

All rights reserved. No portion of this book may be reproduced, stored in a retrieval system, or transmitted in any form or by any means—electronic, mechanical, photocopy, recording, scanning, or other—except for brief quotations in critical reviews or articles, without the prior written permission of the publisher.

Published in Nashville, Tennessee, by Thomas Nelson. Thomas Nelson is a trademark of Thomas Nelson, Inc.

Thomas Nelson, Inc., titles may be purchased in bulk for educational, business, fund-raising, or sales promotional use. For information, please e-mail SpecialMarkets@ThomasNelson.com.

Library of Congress Cataloging-in-Publication Data

[[to come]]

Printed in the United States of America

08 09 10 11 12 [Printer Code] 9 8 7 6 5 4 3 2 1

Contents

Read This First!

Introduction

Part 1: Exposing the ADHD Fiasco

1. Five Slippery Words
2. Redefining Childhood
3. Biology in Wonderland
4. The Politics of Diagnosis
5. The Politics and Perils of Pharmaceuticals

Part 2: Making Sense

6. A Simple Explanation
7. Why Johnny Can't Sit Still, Pay Attention, Do What He's Told, and Learn to Read

Part 3: Empowering Parents to Take Back Control

8. Nipping "ADHD" in the Bud
9. Nipping "ADHD" in Full Bloom

Notes

About the Authors

Read This First!

We pull no punches in this book. In some cases, we name names. However, as much as we are critical of the statements and work of certain people, we truly believe that the individuals in question, named and unnamed, are convinced they are toiling in the best interest of America's children. We believe that money is a driving force in the attention-deficit/hyperactivity disorder (ADHD) marketplace; however, it is not unethical to make money, and we are by no means accusing specific individuals of unethical professional conduct. But we do believe that certain individuals in what we call the ADHD Establishment are guilty of unprofessional behavior. It is unprofessional of people with scientific credentials to make definitive statements based on work that is not scientific.

Science depends on verifiable, objective evidence and experimental results that can be replicated by other scientists. Where ADHD is concerned, neither verifiable, objective evidence nor replicable experimental results exist to support the claims of the ADHD Establishment. We are convinced, therefore, that the science behind ADHD and the other childhood behavior disorders it has birthed (primarily, oppositional defiant disorder and early onset bipolar disorder) is not science at all. At best, it's very bad science, but we do not believe the people behind this bad science are bad people. It's important that the reader know this before beginning this book, because our pull-no-punches attitude could otherwise lead to wrong conclusions.

We've written this book to expose what we feel is a travesty of science that is causing harm to children. We've written this book to empower parents to take back control of their children by recognizing the misinformation they have been given and disentangling themselves

from a medical/mental health/pharmaceutical behemoth that is selling diseases that have no objective reality. But more than anything, we've written this book in the hopes it will begin a creative dialogue that will advance the state of child psychology/psychiatry and pediatric medicine. We sincerely believe the status quo is not healthy for anyone—children, parents, schools, or mental health and medical professionals. It needs to be challenged, upended, taken apart, and fixed. We hope this book helps to begin that process.

Introduction

It is dangerous to be right in matters on which the established authorities are wrong.

—Voltaire, 1751

A fair number of people, without having even read it, have told us this book is going to make a lot of people very upset. Such is the inevitable consequence of saying that the emperor has no clothes, of telling the truth when the truth threatens powerful vested interests. In this case, the emperor is what we call the ADHD Establishment.

The ADHD Establishment consists primarily of certain pediatricians, psychiatrists, neurologists, psychologists, parent and patient advocacy groups like Children and Adults with Attention Deficit Disorder (CHADD), and the pharmaceutical industry. In recent years, this coalition has collaborated in an effort that has resulted in the manufacture of diseases that do not exist. In other words, these diseases—attention-deficit/hyperactivity disorder (ADHD) and its diagnostic offspring, oppositional defiant disorder (ODD) and early onset bipolar disorder (EOBD)—are fictions. (Although we are skeptical concerning the recent significant increase in the estimates of children with pervasive developmental disorder, of which autism and Asperger's syndrome are subsets, we withhold judgment as to whether PDD is a manufactured disease. At this time, we feel comfortable saying only that the diagnosis is being dispensed somewhat recklessly.)

This coalition has managed to convince parents, teachers, journalists, and medical and mental health professionals that the aforementioned fictions have an objective reality. To do so,

its members have made and continue to make statements that are not supported with valid scientific evidence. They say things like “We know . . .” when they don’t know, and “The evidence is clear . . .” when it is anything but clear, and “There is no longer any doubt . . .” when the only people lacking doubt are themselves and the credulous people who believe them.

This coalition has managed to disease millions of American children with fictitious illnesses and in so doing has made an incredible amount of money. We say the following several times in the body of this book, but it bears saying here: *never have mental health professionals made so much money from one diagnosis as they have made from ADHD*. In addition, drug companies have made untold millions, maybe billions, off the sales of drugs prescribed to treat a disease that does not meet scientific criteria for *disease*.

In March 2008, during a phone conversation with one of my¹ former graduate school professors, he said, “No one really knows how a kid gets ADHD.” I replied, “A kid gets ADHD in the office of a physician or a mental health professional.”

That is the long and short of it. Cancer, diabetes, and pneumonia are diseases. Their reality can be verified with X-rays, blood tests, and other reliable scientific means. Some members of the ADHD Establishment say ADHD can be seen in brain scans, but that’s simply not true. There is no specific brain scan image associated with what the Establishment says is ADHD. Establishment members frequently refer to a “chemical imbalance” in the central nervous system, but this is a fiction. It turns out there is no such thing as a neurochemical *balance*; therefore, the idea of a neurochemical *imbalance* has been snatched from thin air (see chapter 3). Medical researchers are looking for a cure for cancer, diabetes, and other physical diseases. The ADHD Establishment says ADHD is a physical disease, but no one in the

Establishment is looking for a cure. Actually, the only cure for a disease that does not exist is to discredit the disease-mongering. That is our purpose in this book.

Mind you, once upon a time, both of the authors believed in ADHD and the other childhood behavior disorders it has spawned. Both of us dispensed these diagnoses and either recommended or prescribed medication, believing that in so doing we were being no less helpful than if we had recognized that a child was suffering with tuberculosis and helped him obtain proper treatment. “It takes one to know one,” the saying goes, and we absolutely know what we are talking about because we are both reformed, repentant former members in good standing of the ADHD Establishment. There was a time when we participated in pulling the proverbial wool over our own eyes. Once blind, we now see, and what we see is . . . no other word describes it quite so aptly as *appalling*.

We are appalled by the damage we see being done to America’s children, families, and schools by professionals who seem to have mislaid their objectivity and are willingly accepting as fact what is not scientifically verifiable. We are appalled at the scope of professional denial involved. When one shows members of the ADHD Establishment hard evidence that the “diseases” in question are fictions, they deny that the evidence has any meaning.. Establishment members often ridicule anyone who dares to challenge their self-appointed authority. One way they do this is by simplifying opposing arguments such that they sound absurd, as in “John Rosemond says if you let your child watch television, he’s going to develop ADHD.” If they do not openly ridicule, they often condescend, which is ridicule of a subtler sort.

True scientists are distinguished from pseudo-scientists in that the former say things to this effect: “We may be wrong.” True scientists qualify their conclusions as being based on the best evidence available at the time and are quick to admit that evidence not yet discovered may

well disprove their theories. Members of the ADHD Establishment rarely, if ever, say such things. They generally insist that they are the final word on the subject and that anyone who disagrees with them is misinformed or just being contrarian. This is not the attitude of scientists. It is the attitude of demagogues and ideologues, and indeed, when members of the Establishment are challenged, they more often than not engage in demagoguery.

For example, certain Establishment members have inferred and even boldly state that I am harming children by preventing them from obtaining proper treatment. They set up the straw man; then they knock it down. The Establishment's other emotional appeal is to charge people who disagree with them of blaming parents. By claiming that ADHD is a genetic condition, the Establishment adroitly groups ADHD with Down syndrome and Fragile X syndrome. Everyone knows that parents are not to blame for Down or Fragile X. The problem is that whereas scientists know precisely what genetic defects lie behind Down and Fragile X, the supposed genes that cause ADHD have not been discovered. Nonetheless, in the absence of any objective proof of genetic cause, the Establishment says they *know* ADHD is caused by genes. We say otherwise; therefore, we are supposedly *blaming* parents.

In the sciences, *knowing* is based on verifiable evidence. The authors *know* that evidence confirming the claims of the Establishment does not exist. We *know* that no ADHD genes have been discovered, no ADHD gene transmission theories have been proven, no ADHD biochemical imbalance has been quantified, and no specific ADHD brain condition has been identified.

We are *not* preventing children from obtaining proper treatment. We are trying to help parents to realize that in this context, *proper* is not proper at all. The red flags we are raising are not the problem. The problem is the ADHD diagnosis and the typical mode of treatment. We are

not blaming parents. As the subtitle of this book states, we are attempting to empower parents to take back control of their children. We are trying to help parents recognize the misinformation they have received about ADHD and disentangle themselves from a professional/corporate alliance that is intent upon protecting its very valuable real estate.

We are alarmed that so many parents in America are allowing members of the Establishment to “manage” their children for them through the use of powerful, potentially hazardous psychotropic drugs. As we will show you, these drugs are unnecessary. We have seen enough children diagnosed with ADHD begin behaving functionally at home and school without medical intervention to know that this is not a medical issue. We further know that parents who accept responsibility (not blame) for their children’s problems take the first step toward self-empowerment and disentangling. We know this is in the best interests of the parents and children in question.

In science, the burden of proof falls upon the person or persons who advance a new theory. In this case, the burden of proof falls upon members of the ADHD Establishment. It’s up to them to prove that what they are saying is true. We have no obligation to prove that what they are saying is *not* true. Nonetheless, we will prove that what they are saying has not been verified, that they don’t *know* what they claim to know. Maybe, someday, the Establishment will provide evidence proving what they say about ADHD. We doubt that day will come, but if it does, we will still have nothing to apologize for. We are simply reporting the facts.

Let us know what you think of this book by e-mailing us at diseasingkids@aol.com.

John Rosemond, family psychologist

Dr. Bose Ravenel, pediatrician

Gastonia and High Point, North Carolina

March 2008

Part 1

Exposing the ADHD Fiasco

Chapter 1

Five Slippery Words

It depends on what the meaning of the word “is” is. —President Bill Clinton, 1998

Discussions about attention-deficit/hyperactivity disorder (as well as oppositional defiant disorder and early onset bipolar disorder) can get complicated very quickly. The complications generally involve one or more of five slippery words: *believe*, *real*, *work*, *have*, and *know*.

As I was walking out of an auditorium in Lexington, Kentucky, where I had just spoken to some three hundred people, mostly parents, a woman approached me and said, “So I take it you don’t believe in ADHD.”

During the presentation, I had done my best to debunk some widely held falsehoods concerning ADHD, including that it is an inherited or gene-based condition. Because the diagnosis had become so ubiquitous, I realized that several parents in the audience would have questions.

“What does *believing* in ADHD require?” I asked her.

She looked at me with a slightly embarrassed smile. “Well, you know . . . that it’s *real*.”

I could tell this was going to be a somewhat thorny conversation. Before I could answer her, we had to come to agreement concerning what the word *real* means with regard to this supposed disorder. Does it mean that ADHD has objective reality, that it is the behavioral result of physical anomalies that can be seen and measured? Some psychologists, physicians, and

researchers *believe* that it does and is. They *believe* that ADHD can be seen in brain scans, detected by electroencephalography, that it exists in the form of structural abnormalities in the brain and/or imbalances in the brain's chemistry. The emphasis in the previous two sentences is meant to draw attention to the fact that in the field of ADHD, *belief* is all there is. Science, however, is not about belief. It is about objective, verifiable, replicable evidence, of which there is none where ADHD is concerned.

One of the characteristics of postmodernity—the curious times in which we twenty-first-century Americans live—is that if enough people *think* something is true, it takes on a consensual reality that is as powerful, and sometimes more so, than a fact that can be verified by objective means of detection or measurement. Furthermore, once something has acquired consensual reality, people—and even people who ought to know better, people with scientific credentials—will often deny that facts are facts. In the postmodern sense, therefore, ADHD is “real.”

But hold on! None of the claims that ADHD has a biological basis has been verified through scientific experiments that upon replication yield the same results. On that basis, therefore, ADHD is not *real*, not yet at least. Then again, one can ignore all the claims of genes, microscopic brain lesions, and chemical imbalances and limit the notion that ADHD is *real* to its phenomenology—to the undeniable fact that large and ever-increasing numbers of children display the defining behaviors (or “symptoms,” as delineated in the most recent revision of the *Diagnostic and Statistical Manual*, the diagnostic guidebook for the mental health professions.) to a significant degree. From that perspective, ADHD is very *real* indeed.

But is ADHD a “disorder”? Does its nomenclature accurately reflect that there is something amiss with the children in question; that for whatever reason—biological or

otherwise—they can't "think straight," and thus their behavior is often chaotically disorganized? Or is attention-deficit/hyperactivity disorder simply a more scientific-sounding way of referring to what, not so long ago, people referred to as simply a spoiled brat? Is the term just one more example of how political correctness has corrupted language? This point of view has it that the ADHD child's behavior problems are indeed *real*, but that there is nothing inherently *wrong* with the child. In many ways, the hurricane of controversy that swirls around the topic of ADHD is in fact an argument concerning whether or not it is *real*, and if so, in what sense of the term.

Since there wasn't enough time to be making these sorts of distinctions, I simply said, "I think ADHD is very real in the sense of the behavior problems that are being described. I just don't believe that the things many, if not most, diagnosing and treating professionals are saying about ADHD are factual."

"So you don't believe the medicines really work?" she asked.

Ah! The third of our slippery terms—*work*. This mother had likely been persuaded that if administration of a drug like Ritalin results in significant diminishment of symptoms for several hours, we have *prima facie* evidence that ADHD does indeed have biological reality (i.e., the drugs supposedly correct a fictitious biochemical imbalance).

I said, "The answer to that question depends on whether you are defining *work* in the short-term or the long-term sense."

"But why would the medicines work at all if ADHD wasn't real?" she astutely challenged.

"Has one of your children been diagnosed with ADHD?" I asked her, fairly certain of the answer.

“Our five-year-old son,” she said. “My husband has been diagnosed with it as well, and we suspect that our second child may also have it, but it’s too early to tell for sure. He just turned two.”

Now I knew where she was coming from. As the parent of a child diagnosed with ADHD, she was trying to determine whether or not I agreed with what therapists had told her, and if not, why. Her last question—why do the medicines work at all if ADHD isn’t real?—reflects the circular logic characteristic of the Establishment’s rhetoric. In the final analysis, the Establishment’s ability to continue to profit from the “diagnosis” and “treatment” of ADHD is entirely dependent on mixing claim and fact as if they were one and the same, thus arriving at predetermined conclusions. To wit:

Unsubstantiated CLAIM: Attention-deficit/hyperactivity disorder is a genetically transmitted disease.

Unsubstantiated CLAIM: Attention-deficit/hyperactivity disorder takes the form of a chemical imbalance and/or structural and functional abnormalities in certain areas of the brain.

Established FACT: Certain prescription drugs often reduce the defining symptoms of ADHD for a period of three to approximately twelve hours, depending on the drug, its dosage, and its form, at which point symptoms return. In other words, these prescription drugs do indeed seem to “work” for a period of time defined in hours; they do not, however, work in the sense of eventually eliminating symptoms altogether. Penicillin truly *works* by eliminating the disease; the medications in question do not eliminate ADHD. Further, as we discuss in chapter 5, they have the potential of causing more problems than they solve, if they solve any.

Established FACT: The drugs in question affect the central nervous system, which includes the brain, usually resulting in a longer attention span (enhanced ability to shut out distractions and focus on a single task) and, therefore, better impulse control.

Unscientific CONCLUSION: Since the drugs in question act on the central nervous system in ways that alleviate symptoms (albeit temporarily), ADHD must be a “disease” located in the brain.

The problem, as we will examine in greater detail later, is that *anyone’s* attention span — adult or child—is likely to improve after taking a therapeutic dose of a stimulant. The Establishment’s argument leads to the conclusion that *everyone* has something wrong with their brain and needs stimulants to correct whatever that something is. Preposterous, indeed, but at least one well-known ADHD Establishment professional believes there is no such thing as a normal brain (see Chapter 3).

Back to my conversation with the woman in Lexington. After I explained that just because medicines appear to “work” in the short term doesn’t prove the existence of a disorder, she responded, “Well, I do agree it’s over-diagnosed.”

“Agree with whom?” I asked.

She paused, taken slightly aback, then replied, “Well, you think it’s over-diagnosed, right?”

“Again,” I said, “that depends again on just exactly what it is we’re talking about. For example, you think ADHD is a *real* physical disorder in some objective sense. I have yet to see proof of that. Therefore, I think that even one diagnosis is over-diagnosis. But if you define ADHD as simply a set of behaviors that describe significant numbers of children of this

generation, behaviors listed in the *Diagnostic and Statistical Manual*, I would have to say that ADHD is grossly under-diagnosed.”

“How so?” she asked, obviously perplexed.

“Because a lot more children display that set of behaviors than have been diagnosed with ADHD. I’d estimate that five out of ten of today’s kids fit the DSM description to a degree sufficient to justify the diagnosis, especially during their preschool years.

“Now let me ask *you* something,” I continued. “Do you think it’s possible that nearly half of America’s children have something seriously wrong with their brains, some kind of inherited chemical imbalance? And if the something in question is genetic, then why do teachers who taught before 1960 testify that they hardly ever saw kids who fit the description?”

“I really don’t know,” she admitted.

“I understand,” I said, nodding reassuringly. “Those are the sorts of questions I’m trying to get people to think about.” And with that, and a courteous smile, I told her it was nice talking with her and went on to the other folks who were waiting to ask questions of me.

Until that conversation in that lobby in Lexington, I’d been struggling with how to begin this book. I realized we now had our beginning. My exchange with that mother reflected, in a nutshell, the problems inherent to any attempt to have a productive, logical conversation with someone who *believes* in ADHD. Quite simply, there is no logic to the positions taken by the ADHD Establishment, not to mention that objectivity is completely lacking. To put it bluntly, many of the professionals who specialize in the diagnosis and treatment of ADHD just plain make things up. Where they lack objective evidence to support their claims, they invent fiction after fiction after fiction.

When I ask the parent of an ADHD child how the diagnosing professional explained the origin of the problem, the most common response is that the child inherited it from the father.

When I ask, “Inherited what exactly?” the most common answer is “a biochemical imbalance.”

Let’s take a closer look at what it means to have a so-called biochemical imbalance. The term implies that there exists a measurable state of biochemical balance.. The fact is no such state exists. The biochemistry of the brain, of the central nervous system, is in a state of ongoing ebb and flow, wax and wane, flux. One set of neurochemical proportions gives way to another, then another, then another, and so on. Anger is characterized by one set of chemical proportions, happiness by another. But within any episode of anger, at any given moment in the episode, the brain’s chemistry may be different than it will be one second later or was one second before. Furthermore, the biochemistry of anger or any other emotion varies from person to person. What then does it mean that a person has a “chemical imbalance”? Relative to what?

And thus we come to the fifth of our slippery terms—*know*.

A child psychiatrist, irritated that I wasn’t blithely accepting his point of view, once insisted, “We absolutely *know* that ADHD is an inherited disease, that it has to do with problems in the brain, and that it can only be effectively treated with medical interventions!”

Know? Joel Belz is the editor of *World* magazine. In one of his excellent editorials, he observes that one of the characteristics of these postmodern times is a “disconnect between hypothesis and fact.”² The above psychiatrist’s nearly apoplectic assertion is an example of this disconnect. In reality, he and his colleagues in the ADHD Establishment *know* nothing of the sort. They *believe* ADHD is inherited, that it involves problems located in the structure and chemistry of the brain—premises that support the conclusion that the treatment of ADHD (and therefore the larger share of the resulting income stream) belongs to medical doctors. For more

than thirty years, researchers supported by grants, taxpayer dollars, and apparently inexhaustible pharmaceutical company funds have been trying to find objective evidence to support these beliefs, and for more than thirty years and counting, they have come up empty-handed.

Meanwhile, scientists have solved far more complex medical problems. This is of no significance to many of these researchers (some of whom have claimed to have found “proof” that ADHD is a disease when subsequent analysis of their research reveals they have found nothing of the sort), however. They believe, and they are scientists; therefore, they *know*.

The bottom line: the ADHD Establishment cannot recruit believers to their position with facts, because there are no facts that support their position. As you will soon see, the cold, hard facts support another position entirely. So the ADHD Establishment recruits believers by appealing to people’s emotions—specifically, the emotions of parents of children who have been diagnosed with ADHD. It goes without saying that people are emotional concerning their children.

In this book, our premise is simple and straightforward: ADHD, as defined by the ADHD Establishment, is a fiction. To support this fiction, the ADHD Establishment spins a web of elaborate untruths. We will see that the same set of propositions also applies to the diagnoses of the other two most popularly diagnosed childhood behavior disorders: oppositional defiant disorder (ODD) and early onset bipolar disorder (EOBD).

Our ultimate purpose is equally straightforward: to separate fact and fiction such that parents become able to take back control of their children.

So, on with the show!