

WHEN THE CHILDREN'S PSYCHIATRIST COMES

Lock the door. Hide. Run away. Resist. Do it for the sake of your children. Your children are in danger of having their spirits destroyed and their bodies ravaged.

The psychiatrist today barely makes pretense of being a counselor. He does not have time to do therapy, or to talk to children about their problems. At the same time he does pretend, of course, to be serving children and looking out for their best interest. He would have you believe that his "expertise" makes him uniquely qualified to provide the most up-to-date "scientific" methods in order to help your children to grow up. This is pure propaganda.

The typical child psychiatrist is a social control agent and a federally licensed drug pusher. The fortune of American psychiatry burgeoned miraculously in the late 1970s and early 1980s when the American Psychiatric Association decided to accept major financial contributions from the pharmaceutical companies. Thus we have a complex of industries that have a vested interest in defining social problems as medical "syndromes" that can be "treated" with "appropriate medications."

In Jay Haley's book *Leaving Home* (New York: McGraw-Hill, 1980) he made a useful distinction between a therapist and a social control agent:

The goal of a therapist is to introduce more complexity into people's lives, in the sense that he breaks up repetitive cycles of behavior and brings about new alternatives. He does not wish to have a problem person simply conform, but wants to place in that person's hands the initiative to come up with new ideas and acts that the therapist might not even have considered. In that

sense a therapist encourages unpredictability. The therapist's job is to bring about change, and therefore new, often unanticipated behavior.

The social control agent has quite the opposite goal. His task is to stabilize people for the community, thus he seeks to reduce unpredictability. He wants problem people to behave in respectable ways, like others in the community so that no one is upset by them. It is not change and new behavior that he seeks, but rather stability and no complaints from citizens. (pp. 54-55)

One could make a similar distinction between an educator and a social control agent. Schools in America today rarely teach children to learn. They teach them to follow orders. They teach them to obey. They are being trained to be robots in the assembly-line society we have created where creative thought, personal initiative and nonconformity are regarded as threats to order to be suppressed by any means possible.

In 1975, in their book *The Myth of the Hyperactive Child* (New York: Random House) Peter Schrag and Diane Divoky noted that mental-health professions were promulgating "a spreading ideology of 'early intervention' and 'treatment' used extensively to serve the purposes of social control. That ideology . . . pervades all the major institutions dealing with the young: schools, probation departments, clinics, the federal government and the growing scientific and corporate establishment conducting research in the proliferating 'syndromes' and 'diseases' of nonconformity." This was written over 15 years ago and the situation is worse today.

The typical child psychiatrist is a good social control agent. He or she is paid to attain: social stability and no complaints from citizens. The client he serves is not your children but the machine, the bureaucracy which employed him and whose only real goal is to perpetuate itself and expand at any cost. If that cost

is your child's health, safety, security, self-esteem, happiness and intellectual development, then so be it. Long live the machine!

The only danger is that someone may begin to suspect that taking active, intellectually curious children in the first grade, who are not doing well in school, administering pseudo-scientific psychological tests to them and decreeing that they suffer from "attention deficit disorders" and "minimal brain dysfunctions" and similar syndromes -- the only danger is that someone may begin to suspect this is really not in the best interests of children. They might then demand structural reforms in the educational system instead of scapegoating children for the failure of adults. They might then pose a more serious problem for the social control agent.

John Gatto, one of the most articulate modern critics of the educational system and a schoolteacher for over 26 years, wrote recently in *Dumbing Us Down* (Philadelphia: New Society Publishers, 1992), "Monopoly schooling has been the chief training institution of the hive society. It certifies permanent experts who enjoy privileges of status unwarranted by the results they produce. Because these privileges, once achieved will not willingly be given over, whole apparatuses of privileges have been fashioned that are impregnable to change."

John Gatto recently testified:

"I've taught public school for 26 years but I just can't do it anymore. For years I asked this local school board and superintendent to let me teach a curriculum that doesn't hurt kids, but they had other fish to fry. So I'm going to quit, I think.

"I have come slowly to understand what it is I really teach: a curriculum of confusion, class position, arbitrary justice, vulgarity, rudeness, disrespect for privacy, indifference to quality, and utter dependency. I teach how to fit into a world I don't want to live in.

"I just can't do it anymore. I can't train children to wait to be told what to do; I can't train people to drop what they are doing when a bell sounds; I can't persuade children to feel some justice in their class placement when there isn't any, and I can't persuade children to believe teachers have valuable secrets that they acquire by becoming our disciples. This isn't true.

"Government schooling is the most radical adventure in history. It kills the family by monopolizing the best times of childhood and by teaching disrespect for home and parents."

If we had more educators like John Gatto and counselors like Jay Haley who placed some initiative in the hands of their pupils and clients, instead of expecting them to submit themselves meekly to standardized routines, we could teach children to learn. We could even motivate them to become involved in studying. They might even sit still in a classroom without being subdued by amphetamines. But if we were to do that we would need to throw away the whole concept of a standardized curriculum. We would have to tailor our teaching methods to the needs of particular children. We would need to stop defining difference as mental illness. We would need to stop construing children's deviation from a scheme inside the expert's head as a sign that these children are genetically defective.

John Gatto says that there are virtually no "learning-disabled" children:

"David learns to read at age four; Rachel, at age nine: in normal development, when both are 13, you can't tell which one learned first -- the five-year spread means nothing at all. But in school I will label Rachel 'learning-disabled' and slow David down a bit, too. . . . In 26 years of teaching rich kids and poor I almost never

met a 'learning-disabled' child; hardly ever met a 'gifted and talented' one either. Like all school categories, these are sacred myths, created by the human imagination. They derive from questionable values we never examine because they preserve the temple of schooling.

"That's the secret behind short-answer tests, bells, uniform time blocks, age grading, standardization, and all the rest of the school religion punishing our nation."

The irony is that a review of the studies that have been done by the promoters of the idea of the concepts of "attention deficit disorders" and "minimal brain dysfunction" leads one to the same conclusion. That conclusion is that the children who are said to be suffering from defective brains are in actual fact suffering from no disability whatsoever! I refer the reader to the excellent review article by Diane McGuinness titled "Attention Deficit Disorder: The Emperor's Clothes" (*The Limits of Biological Treatments for Psychological Distress*, ed. Seymour Fischer and Roger Greenberg, New Jersey: Lawrence Erlbaum Associates, 1990, pp. 151-189). Study after study has shown that on a variety of experimental tasks the children labeled as having "attention deficit disorders" (ADD children) perform comparably to the control group of "normal" subjects. She particularly notes on numerous studies that were measuring one experimental variable: "Studies that require sustained attention during a problem-solving task have also shown no differences between ADD children and their controls, indicating that not only are they not deficient in attentional control, but are equal to other children in highly complex cognitive problem-solving skills." There was one area in which ADD children *did* differ distinctly from the normal subjects: in their willingness to engage in boring, repetitive tasks. The fact that

their unwillingness to participate is not the result of an inability to do so is proven by the fact that when they were given financial rewards for correct responses they did as well as the control group.

Nor does the data indicate that giving children amphetamines, such as Ritalin, does anything to increase children's motivation to attend to classroom tasks or improve their school performance. The fact of the matter is that many children who have the capacity to learn are not learning in the educational system, and forcing them to take dangerous toxic drugs does nothing to remedy that unfortunate situation. Children do not like the drugs and most plead to be taken off them by the end of the first year. They are generally kept on the drugs for at least five years. McGuinness notes that "In general, studies indicate that children on a long drug treatment program feel worthless and have extremely low self-esteem, as indicated by follow-up studies." Further, the use of these drugs may create psychological drug dependence and may stunt children's growth or impair weight gain.

In summary, we have a situation in the United States where millions of kids who do not do well in school are scapegoated and psychologically and pharmacologically assaulted under the guise of "treating" them. This is done in spite of the copious evidence that the population of "learning-disabled" children are intellectually as capable as the normal population. Furthermore, nothing is done to modify the factors that lead these children to do poorly in school.

A system organized like a machine that seeks to rank and control all individuals, to make them conform to every whim of the

"experts," cannot solve the social problems that are endemic to this kind of rigidified, soulless social organization. It can -- and does -- however, deflect public attention from the real problems and forestall any genuine solution.

The trend toward the medicalization of deviance has been accelerating. As corrupt organizations and institutions fail to serve the function they were allegedly established to serve, e.g., education, more and more vulnerable individuals are blamed for the system's failure, scapegoated as defective and subjected to all kinds of alleged treatments. In New York State from 1985 to 1992 the number of children under age 13 placed in state psychiatric hospitals more than doubled.

In one state (Michigan) for which we have data we find that the most common "diagnosis" used to justify the incarceration of children in mental hospitals was "oppositional defiant disorder." This disorder was defined in the bible of American psychiatrists, the *Diagnostic and Statistical Manual of Mental Disorders*: "Children with this disorder commonly are argumentative with adults, frequently lose their temper, swear, and are often angry, resentful, and easily annoyed by others. They frequently actively defy adult requests or rules and deliberately annoy other people. They tend to blame others for their own mistakes or difficulties." Anybody who has or knows a child intimately will realize that what is being described here is what used to be considered a normal child.

Childhood itself is now defined as pathology, as mental illness, by social control agents. Evidently, childhood is a subversive state, it arouses the fears of social control agents,

evoking the specter of loss of control, madness, revolution. After all, children do not always obey orders. They do not always behave like well-regulated machines. They do not tend to conform to the expectations of authority figures.

It is a tragic situation. Children, by virtue of being children, are now declared to be enemies of the state. Let us not stand idly by as our children are taken off to be slaughtered by the social control agents and federally licenced drug pushers who claim to act in their name. Let us remember the tradition of the founders of our country. Let us do everything possible to resist those who seek to deprive our children of their rights to life, liberty and the pursuit of happiness.

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