

Ottawa Citizen (May 1, 2010)  
I'm disordered, you're disordered  
By Naomi Lakritz

A cute cartoon in the recent edition of *The New Yorker* shows a psychiatrist telling a prison inmate that he has good news for him: he's found a syndrome for the inmate's behaviour -- the implication being, of course, that he'll get him off the hook in court.

That cartoon may be good for a laugh, but it reflects what's going on in the study of human behaviour these days. It seems that negative behaviours are being reclassified as mental illnesses, and therefore open to treatment with a variety of powerful drugs.

"Psychiatry should not be in the business of inadvertently manufacturing mental disorders," says Dr. Allen Frances, a professor emeritus at Duke University, who headed the task force that wrote the fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders*. Enter edition five, which appears to do just that.

Frances suggests the fourth edition contributed to what the public has suspected all along -- that the reason there are suddenly so many kids with attention deficit disorder is that normal variations of behaviour are being pathologized, given labels and medicated.

It's not that the book itself is to blame, Frances points out, but it fuelled "a runaway fad led by thought leaders and pushed by drug companies and advocacy groups."

Children who, 30 or 40 years ago, were rambunctious or fidgety were not considered to be suffering any kind of syndrome -- they were thought to be acting as children do. They'd grow up, and grow out of it. Now it's to the point where, as a friend of mine who is a teacher says, three-quarters of the children entering kindergarten at her school have been diagnosed with some syndrome or disorder related to their behaviour, and are either on medication or in therapy for it.

How did we get to such a sorry state?

Maybe the self-help movement has helped promote this type of thinking with the cult of victimization it fostered, which let people off the hook for their bad behaviours by reclassifying them as disorders.

With this fifth edition of the DSM, it's possible that a perfectly normal two-year-old's temper tantrums could be reclassified as "temper dysregulation disorder with dysphoria." By the time you can say that mouthful of words, the tantrum could be over. But it's certainly enough to dysregulate your own temper to think that one by one, normal childhood behaviours are being relabelled as abnormal.

Soon, there won't be a normal child left in the world because the range of "normal" will have shrunk to the point that nobody will fit into such narrow parameters. Everyone will

be a candidate for a diagnosis and for treatment -- and the drug companies will be rubbing their hands in glee.

Apparently, TDD (maybe it's a disorder in its own right to reduce everything to a trendy acronym) could replace childhood bipolar disorder, since that syndrome has gotten way out of hand in terms of the number of cases being diagnosed. Time to move on to something else, I guess. Temper tantrums, sure, that'll work. If your toddler throws a fit in the grocery store because he wants a cookie, soon you'll be able to hand him a pill instead.

Maybe people shouldn't be so surprised at the levels of drug use among teenagers. It seems so many of them have been medicated for one syndrome or another since they were small children that illicit drugs are no big deal; they're just a welcome change from the licit ones.

Two types of fallout are inevitable when every sort of negative behaviour morphs into a pathological condition.

The first is that genuine mental illness gets trivialized. People suffering from depression have known that for years, hence the barrage of awareness campaigns aimed at ending the stigmatization of being depressed. The second bit of fallout feeds right into the cult of victimization -- if I'm behaving badly, it's not my fault; it's a disorder and I can't be held responsible for my actions. The spread of that flawed reasoning should be enough to make anyone throw a temper tantrum.

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