The Blumenfeld Education Letter

"My People Are Destroyed For Lack Of Knowledge" HOSEA 4:6

Vol. 10, No. 9 (Letter # 108) EDITOR: Samuel L. Blumenfeld September 1995

The purpose of this newsletter is to provide knowledge for parents and educators who want to save the children of America from the destructive forces that endanger them. Our children in the public schools are at grave risk in 4 ways: academically, spiritually, morally, and physically — and only a well-informed public will be able to reduce these risks. "Without vision, the people perish."

Are Schools Causing the "Attention Deficit Disorder" Epidemic?

Last August, when I was in Great Falls, Montana, to speak at a homeschooling conference, I was told by my hosts to be prepared to answer a lot of questions about Attention Deficit Disorder. As my readers may know, I have my own theories about ADD, but I wanted to know what the media had to say about this controversial subject. And so I hightailed it to the local public library where, with the help of the *Index of Periodical Literature,* I found about a half-dozen articles on the subject. *Business Week* of 6/6/94 identified the disorder as "an often-hereditary biochemical condition." *The Ladies Home Journal* of Sept. 1993 said that it was "a neuro-chemical disorder in the areas of the brain that regulate attention" as well as "a lifelong, genetically based affliction."

The most informative article was a *Time* magazine, July 1994, cover story. The article provided the following information:

[Numbers]

Fifteen years ago, no one had ever heard of attention deficit hyperactivity disorder. Today it is the most common behavior disorder in American children, the subject of thousands of studies and symposiums and no small degree of controversy. Experts on ADHD say it afflicts as many as 3 1/2 million American youngsters, or up to 5% of those under 18. . . .

[Symptoms]

ADHD has three main hallmarks: extreme distractibility, and almost reckless impulsiveness and, in some but not all cases, a knee-jiggling, toe-tapping hyperactivity that makes sitting still all but impossible. . . .

[Adults with ADHD]

Ten years ago, doctors believed that the symptoms of ADHD faded with maturity. Now it is one of the fastest-growing diagnostic categories for adults. One-third to two-thirds of ADHD kids continue to have symptoms as adults, says psychiatrist Paul Wender, director of the adult ADHD clinic at the University of Utah School of Medicine. . . .

[Drugs]

As more people are diagnosed, the use of Ritalin (or its generic equivalent, methylphenidate), the drug of choice for ADHD, has surged: prescriptions are up more than 390% in just four years.

[Advocacy]

As the numbers have grown, ADHD awareness has become an industry, a passion, an almost messianic movement. An advocacy and support group called CHADD (Children and Adults with Attention Deficit Disorders) has exploded from its founding in 1987 to 28,000 members in 48 states.

[Self-Esteem]

It is a community that views itself with some pride. Popular books and lectures about ADHD often point out the positive aspects of the condition. Adults

The Blumenfeld Education Letter is published monthly. Original material is copyrighted by The Blumenfeld Education Letter. Permission to quote is granted provided proper credit is given. Readers are encouraged to order and distribute additional copies of those newsletters they believe should be sent to legislators, columnists, talk shows, pastors, etc. Subscription Rate: 1 year $36.00. Address: Post Office Box 45161, Boise, Idaho 83711. Phone (208) 322-4440.

see themselves as creative; their impulsiveness can be viewed as spontaneity; hyperactivity gives them enormous energy and drive; even their distractibility has the virtue of making them alert to changes in the environment.

[Handicaps]

"ADHD people make good salespeople. They're lousy at desk jobs," says psychologist Russell Barkley of the University of Massachusetts Medical Center. . . . However creative they may be, people with ADHD don't function particularly well in standard schools and typical office jobs.

[Popularity and Excuses]

The allure of ADHD is that it is "a label of forgiveness," says Robert Reid [of] the department of special education at the University of Nebraska in Lincoln. "The kid's problems are not his parents' fault, not the teacher's fault, not the kid's fault. It's better to say this kid has ADHD than to say this kid drives everybody up the wall." For adults, the diagnosis may provide an excuse for personal or professional failures, observes Richard Bromfield, a psychologist at Harvard Medical School.

[Causes]

Nobody fully understands how Ritalin and other stimulants work, nor do doctors have a very precise picture of the physiology of ADHD. Researchers generally suspect a defect in the frontal lobes of the brain, which regulate behavior. Says [Dr. Alan] Zametkin [of the National Institute of Mental Health]: "I'm absolutely convinced that this disorder has a biological basis, but just what it is we cannot yet say."

At NIMH, Zametkin's group is recruiting 200 families who have at least two members with ADHD. The hope: to identify genes for the disorder.

[Diagnosis]

[D]iagnosing ADHD is a rather inexact proposition. In most cases, it is a teacher who initiates the process by informing parents that their child is daydreaming in class, failing to complete assignments or driving everyone crazy with thoughtless behavior...

Diagnosing those with ADD without hyperactivity can be trickier. Such kids are often described as daydreamers, space cases. They are not disruptive or antsy. . . .

As word of ADHD spreads, swarms of adults are seeking the diagnosis as an explanation for their troubles.

[Career problems]

"Patients cannot settle on a career. They cannot keep a job. They procrastinate a lot. They are the kind of people who would tell their boss to take this job and shove it before they've found another job," [says UCLA psychiatrist Walid Shekim.]

Doctors diagnose adults with methods similar to those used with children. Patients are sometimes asked to dig up old report cards for clues to their childhood behavior—an essential indicator.

[School]

School can be a shattering experience for such kids. Frequently reprimanded and tuned out, they lose any sense of self-worth and fall ever further behind in their work. More than a quarter are held back a grade; about a third fail to graduate from high school.

[Delinquent behavior]

By ages five to seven, says Barkley, half to two-thirds are hostile and defiant. By ages 10 to 12, they run the risk of developing what psychologists call "conduct disorder"—lying, stealing, running away from home and ultimately getting into trouble with the law. As adults, says Barkley, 25% to 30% will experience substance-abuse problems, mostly with depressants like marijuana and alcohol. One study of hyperactive boys found that 40% had been arrested at least once by age 18—and these were kids who had been treated with stimulant medication.

[Treatment]

The best-known therapy for ADHD remains stimulant drugs. Though Ritalin is the most popular choice, some patients do better with Dexedrine or Cylert or even certain antidepressants. . . . Ritalin use varies from state to state, town to town, depending largely on the attitude of the doctors and local schools. Idaho is the No. 1 consumer of the drug. A study of Ritalin consumption in Michigan, which ranks just behind Idaho, found that use ranged from less than 1% of boys in one county to as high as 10% in another. . . . Also recommended is training in the fine art of being organized: establishing a predictable schedule of activities, learning to use a date book, assigning a location for possessions at school and at home.

As you will have noticed, there doesn't seem to be the faintest suspicion in the minds of any of the "experts" that the abnormal behavior of students afflicted by ADD or ADHD may be the result of the kind of stimuli they got in their classrooms.

Meanwhile, books about ADD are sprouting out all over the place. One of the latest and most comprehensive is *Driven to Distraction* by two MD's, Edward M. Hallowell and John J. Ratey, who have diag-

nosed themselves as having ADD. Hallowell writes:

> I'd been called in grade school—"a daydreamer," "lazy," "an underachiever," "a spaceshot"—and I didn't have some repressed unconscious conflict that made me impatient and action-oriented.
>
> What I had was an inherited neurological syndrome characterized by easy distractibility, low tolerance for frustration or boredom, a greater-than-average tendency to say or do whatever came to mind (called impulsivity in the diagnostic manual), and a predilection for situations of high intensity. . . .
>
> I don't like the term "attention deficit disorder," although it sure beats its predecessor, minimal brain dysfunction. . . . The syndrome is not one of attention deficit but of attention inconsistency; most of us with ADD can in fact hyperfocus at times. Hyperactivity may or may not be present; in fact, some children and adults with ADD are quite dreamy and quiet. (p. x)

While the authors prefer to use the designation attention deficit disorder, attention deficit hyperactivity disorder (ADHD) is the official term used by the *Diagnostic and Statistical Manual of Mental Disorders* of the American Psychiatric Association. This is important because ADHD and ADD are now officially considered disabilities and are guaranteed protection under the Americans with Disabilities Act of 1990.

The authors are committed to the notion that ADD is a neurological condition, genetically transmitted. "It is not a disease of the will, nor a moral failing, nor some kind of neurosis. . . . Its cure is not to be found in the power of the will, nor in punishment, nor in sacrifice, nor in pain." They elaborate:

> ADD lives in the biology of the brain and the central nervous system. The exact mechanism underlying ADD remains unknown. There is no single lesion of the brain, no single neurotransmitter system, no single gene we have identified that triggers ADD. The precise workings of the brain that underlie ADD have so far escaped us, in part due to the extraordinary complexity of the attentional system. (p. 269)

And so we are dealing with a neurological enigma wrapped in a biological mystery. What are the symptoms of this neurological condition? Impulsivity, distractibility, excess energy. Are learning disabilities symptoms of ADD? The authors write:

> Although a full discussion of learning and language problems, including dyslexia, is well beyond the scope of this book, we cannot discuss ADD without some mention of language problems—and learning disabilities in general—since they so often coexist with ADD, each usually making the other worse. (p. 33)

In fact, virtually every ADD case history discussed by the authors involves some traumatic experience in early education. They write:

> Due to repeated failures, misunderstandings, mislabelings, and all manner of other emotional mishaps, children with ADD usually develop problems with their self-image and self-esteem. Throughout childhood, at home and at school they are told they are defective. They are called dumb, stupid, lazy, stubborn, willful, or obnoxious. . . . They are reprimanded for classroom disturbances of all sorts and are easily scapegoated at school. They are the subject of numerous parent-teacher conferences. (p. 16)

In other words, to the primary symptoms of distractibility, impulsivity, and restlessness are added the secondary symptoms of cognitive confusion, academic failure, low self-esteem, depression, boredom and frustration with school, fear of learning new things, impaired peer relations, sometimes drug or alcohol abuse, stealing or even violent behavior due to mounting frustration, exasperating forgetfulness, disorganization and indifference, underachievement, unpredictability.

We wonder how many of today's adult ADD patients attended the once-controversial open classrooms in their primary school years in which they were subjected to wall-to-wall bedlam? Why should it have been

expected that children under such conditions would be able to calmly concentrate on learning the complex abstractions of alphabetic writing and arithmetic being taught in a fragmentary, disorganized manner by an equally distracted, befuddled teacher with noises of all sorts coming from all directions? How could any normal child fail to be distracted and annoyed by the din of activities around him and by the constant interruptions inherent in such a learning-hostile environment?

Yet, apparently, none of the experts on ADD has bothered to investigate the possible school causes of attention deficit disorder. They might surmise that since many students have emerged from that classroom turmoil without ADD, that those who were affected by the environment were biologically predisposed. And they might well have been. But the point is that schools are supposed to be healthy environments for all children, not just for those with nerves of steel.

No Two Children Are Alike

It is common knowledge that no two children are alike. Parents of more than one child recognize this phenomenon quite readily. Some children can tolerate loud noises, others can't. Some children require silence in order to concentrate, others can listen to rock-and-roll music while reading. A proper school provides an environment that makes it possible for all students to thrive. But American schools have become increasingly chaotic not only in curriculum and methodology but also in classroom configurations.

Those of us who went to the traditional public schools of the 1930s and '40s remember the order and silence that prevailed. Our attention was focused on the teacher who sat at the front of the room. There was no distractibility, no impulsive behavior, no abnormal restlessness. And, as a result, there was no ADD or ADHD.

But we are now in the 1990s, and so, how are suspected ADD patients diagnosed? The authors write:

> There is no definitive test for ADD, no blood test or electroencephalogram reading, or CAT scan or PET scan or X ray, no pathognomonic neurological finding or psychological testing score.
>
> [T]he diagnosis of ADD is based first and foremost on the individual's history or life story. (p. 195)
>
> ...
>
> Many people with ADD point to school as the first place they realized that anything was different about them. (p. 198)

So even the experts know that school has something to do with ADD. But they are so committed to the biological theory, that this crucial information doesn't register as anything but background biographical data. Meanwhile, the biological view becomes the basis for the treatment of ADD. First, the patient must understand that he or she has a neurological condition that is at the source of the individual's nonconformist behavior. The authors explain:

> Telling the truth to the child, and to the school, helps destigmatize ADD. It helps normalize the syndrome. (p. 217) . . . Most children take some time to get used to the idea of having ADD. Most children are ashamed and embarrassed at first. However, I have found that the sooner the topic can be brought out into the open and all questions addressed clearly, the sooner the condition can be accepted by the child as just another part of his or her everyday life. (p. 218)

Then comes medication and psychotherapy. They write:

> There are two main classes of medication for ADD: the stimulants and the antidepressants. . . . Finding the right medication and the right dosage can take several months of trial and error, as we do not as yet have a way of predicting what medication in what dosage will help a given individual. . . . Often an increase in dosage or a change in medication will make a dramatic difference. (p. 237) . . .

> [The stimulants are Ritalin, Dexedrine and Cylert.] [They] act on neurostransmitters to activate or stimulate the central nervous system. . . . They do not "drug up" or cloud the sensorium of the individual taking them. They are not addictive in doses prescribed for ADD. (p. 238)

The medications do not always work, and sometimes they have to be discontinued due to intolerable side effects. The possible side effects of Ritalin, for example, are suppression of appetite, loss of sleep, increased blood pressure and heart rate, nausea, headaches, and jitteriness. Rarer but more severe side effects include involuntary muscle twitches, growth suppression, alteration in blood count or other blood chemistries.

As for the antidepressants, Norpramin is the the most commonly used in the treatment of ADD. Its common side effects include dry mouth, mild urinary retention, and transient lowering of blood pressure upon standing up, which results in dizziness. One can occasionally develop cardiac arrhythmias while on Norpramin with the extremely rare possibility of sudden death. Other antidepressants include Pamelor, Tofranil, Wellbutrin, Ludiomil, Prozac and Catapres. Prozac is helpful if there is depression involved.

How effective is Ritalin or any of the other drugs? Some adult ADDers feel more focussed and organized. The authors write:

> The fact is that when Ritalin and the other medications used in the treatment of ADD are used properly, they are very safe indeed, and can be as dramatically effective as the right pair of eyeglasses can be for nearsightedness. (p. 237)

But the authors stress that the drugs may only help alleviate some of the symptoms. They do not eradicate the basic ADD condition. That's why the authors include psychotherapy in their treatment. And the essence of their psychotherapy is to bring structure into the life of the patient. They write:

> Structure is central to the treatment of ADD. . . Structure makes possible the expression of talent. Without structure, no matter how much talent there may be, there is only chaos . . . . [A]ll creative expression requires structure. . . .
>
> Structure refers to essential tools like lists, reminders, notepads, appointment books, filing systems, Rolodexes, bulletin boards, schedules, receipts, in and out boxes, answering machines, computer systems, alarm clocks, and alarm watches. Structure refers to the set of external controls that one sets up to compensate for unreliable internal controls. Most people with ADD cannot depend upon their internal controls to keep things organized and to keep themselves on task over time. For them a reliable system of external controls is essential. (p. 221) . . .
>
> We particularly recommend a scheme of reorganizing one's life that we call pattern planning. . . . [P]attern planning can reduce the stresses of planning one's life considerably. (p. 222)

Structure is exactly what is missing from today's classrooms. The look-say method of teaching reading, particularly the whole-language variety, destroys the structure of our alphabetic system. Invented spelling destroys the structure of our orthography. The new math destroyed the structure of our arithmetic system. The authors describe the incidence of a six-year-old ADD child who was sitting on the classroom floor doing projects in pairs, when suddenly he took his jar of paint and smashed it on the floor. Why he did that nobody really knows. But obviously the child was annoyed or frustrated by something.

Structure in Traditional Education

In the structured first-grade classroom I attended back in the 1930s, no one sat on floors with jars of paint. We all sat behind desks bolted to the floor, with our attention riveted on the teacher up front. She was not a facilitator. There were no sudden outbursts of impulsive behavior from anybody

at any time. And if you so much as whispered to a fellow student, you were liable to be reprimanded.

But in today's classrooms, social interaction and conversation are encouraged. Thus, in advising teachers, the authors write:

> Remember that ADD kids need structure. . . . They need direction. They need limits. (p. 255) . . . Repeat directions. . . . Make frequent eye contact. . . . Seat the ADD child near your desk or wherever you are most of the time. . . . Have as predictable a schedule as possible. . . . Transitions and unannounced changes are very difficult for these children. They become discombobulated by them. (p. 256) . . . [W]atch out for overstimulation. Like a pot on fire, ADD can boil over. . . . Seek out and underscore success as much as possible. These kids live with so much failure, they need all the positive handling they can get. (p. 258)

What the authors are describing is the typical American classroom designed to conform with the principles of progressive education: kids seated around tables, or at movable desks, creating an atmosphere of constant noise and movement. The walls are covered with posters and papers and pictures that easily distract the eye. The room is disorderly, with books and papers scattered all over the place in what we would normally call a mess.

Is it any wonder that some children find this atmosphere confusing and nerve jangling? It is somehow assumed that children have a higher tolerance for disorder than adults. But obviously this is not the case. Being forced to put up with chaos and mayhem six hours a day for the first three years in primary school, may very well be hazardous to a child's nervous system. In addition, today's irrational curriculum—which includes whole language, invented spelling, the new new math, etc—is enough to confuse any young logical mind.

Children come to school feeling very intelligent. Why? Because they have taught themselves to speak their own language without the help of any certified teacher. And by the time they are ready to enter the first grade they have acquired a speaking vocabulary in the thousands of words. No small accomplishment for a child of six. In addition, they exhibit an acute sense of logic in that they speak grammatically. And that's what grammar is: logic, the ability to articulate words in their proper order to convey meaning. This they do quite naturally. Both the language faculty and the grammatical—or logical—faculty are innate in all normal human beings. That is why children feel so intelligent at that early age, in which their brain power is far greater than it will be in later years.

The Child's Vulnerable Brain

But that young brain, as innately powerful as it may be, is also extremely vulnerable to irrational stimuli. That is why the irrational, chaotic classroom presents such problems for the child who wants to please his teachers and parents but is "educated" in such a way as to make that impossible. The result is cognitive confusion and intolerable frustration.

What a natural spawning ground for the kind of disruptive, impulsive, restless behaviors that add up to ADD and ADHD! The question then becomes: why are some children more "allergic" to classroom irrationality than others? And why are there more kids and adults with ADD in America than anywhere else? Is it possible that a large number of children are simply allergic to progressive education, with all of its irrational, chaotic trappings? Or is it merely a coincidence that ADD problems usually start in school and are usually first diagnosed as learning disorders? The authors write:

> The pain of a learning disorder resides not only in the strain one feels in trying to function but in the disconnections one can suffer, a disconnection from

language and from thought, from expression and creativity, from books and from words, as well as from people and from feelings. (p. 159) . . .

These people—and I count myself among them as one who is dyslexic and has ADD—never quite know what to expect from words. Our relationship with words is rooted in unpredictability. (p. 161) . . .

ADD, then, is one kind of learning disorder. It may be accompanied by other learning disorders, such as dyslexia or an acquired memory disorder. . .

Since ADD affects all areas of cognition, it will exacerbate any learning disability. . . . A specific math disability may often be found with ADD . . . . (p. 163)

ADD occurs more frequently among dyslexics than in the population at large. (p. 165)

Obviously, it is the irrational curriculum that produces the learning disorder among children who were born with a logical language faculty. The doctor writes:

In my work with adults with ADD I hear many stories of school days gone wrong. People tell these stories much in the same manner as victims of trauma. . . . Not much emotion, just a long narrative of what it was like to be in school. Gradually, as I empathize with what it must have been like for them, the emotion begins to emerge: the hurt, the anger, the disappointment, the fear.

"You just don't know how much I hated going to school," Franny, a woman in her thirties, said to me. "My main idea was just to get through the day without getting hurt . . . One teacher actually said to me, 'Your handwriting looks like a moron's.' . . . I really thought I was defective." (p. 168)

The truth is we know that in whole-language teaching, normal children are taught to read as if they were defective. And this kind of reading instruction has been going on for decades.

But the authors of *Driven to Distraction* are so convinced that ADD starts with a biologically based brain disorder, that they cannot see the effect that irrational education has on rational children. They write:

It is true that the prevalence of ADD is higher in America than it is overseas. We do not know why this is so. . . .

One possible explanation is that our gene pool is heavily loaded for ADD. . . . The higher prevalence of ADD in our current society may be due to its higher prevalence among those who settled America. (p. 191). . . If it is true that part of the high energy and risk-taking of our ancestors was due to ADD, then that would explain, to some extent, why our rates of ADD are higher than other people's. (p. 192)

Clearly, these doctors cannot see what all of their own evidence keeps pointing at: the schools and their irrational curriculum. That's why America is so different. We have an education system designed to artificially produce behavioral and cognitive disorder. It has been called the dumbing-down process, and we can trace its origins to the "reforms" made by John Dewey and his progressive colleagues early in this century.

Creating Behavioral Disorganization

We also know that the idea of artificially creating behavioral disorganization is not just a figment of our imagination. Soviet psychologists Pavlov and Luria experimented with methods of creating such disorganization in the 1920s and '30s. A book on the subject by A. R. Luria,*The Nature of Human Conflicts: A study of the experimental disorganization and control of human behavior*, was translated by behavioral psychologist W. Horsley Gantt and published in the U.S. in 1932. To what extent these methods have been deliberately or inadvertently incorporated in the processes of progressive education should be the subject of research and investigation. What we do know is that social psychologist Kurt Lewin, who performed the same sort of experiments in Germany, came to America in the 1930s and, in 1946, founded the National Training Laboratory at Bethel, Maine, sponsored by the National Education Association. Lewin invented "sensitivity training" and pioneered in group dynamics. One of Lewin's most significant experiments was aimed at determining the behavioral effects

of frustration on children and how these effects are produced. Lewin's biographer, Alfred Marrow, writes in *The Practical Theorist:*

> The experiment indicated that in frustration the children tended to regress to a surprising degree. . . . the degree of intellectual regression varied directly with the strength of the frustration. Change in emotional behavior was also recorded. There was less smiling and singing and more thumbsucking, noisiness, and restless actions. Aggressiveness also increased and some children went so far as to hit, kick, and break objects. . . .
>
> The authors summarized their findings as follows: "Frustration as it operated in these experiments resulted in an average regression in the intellectual functioning, in increased unhappiness, restlessness, and destructiveness, in increased ultra-group unity, and in increased out-group aggression. The amounts of increase in negative emotionality were positively related to strength of frustration. (p. 122)

Sounds like the experimenters had found that they could create considerable behavioral disorganization—or the symptoms of ADD—by the use of frustration. We know that American schools are the source of great frustration for many students. In fact, what the authors of *Driven to Distraction* have inadvertently done is provide us with overwhelming evidence that American schools are causing extremely high levels of frustration among students, which may be the crucial key to understanding the cause of our ADD epidemic.

But because the authors are so firmly committed to the biological-genetic theory, they can't seem to see what their own data is telling them. Why? Because to admit that the schools are blatantly engaged in creating behavioral and cognitive disorganization is simply inadmissible in their current state of belief.

Another area which seems to be closed to the secular minds of the experts is religion. Orthodox religion, of course, provides the kind of structure that the experts say is needed for the individual with ADD. Is the strong anti-religious bias of the public schools contributing to the increase in ADD?

Free Inquiry, a secular-humanist magazine, reported, surprisingly, in its summer 1993 issue that "religion does tend to act in the service of mental health." Is it possible that the moral and historical structure that Biblical religion provides may also help to stem the symptoms of ADD, and that the increasing absence of Biblical religion from secular education and our mainstream secular culture is contributing to the growth of ADD in America? All of these factors have yet to be investigated by the experts on ADD whose devotion to science should also include an open mind and a willingness to test other hypotheses.

Meanwhile, the biological-genetic theory will continue to get the educators off the hook, and more and more vulnerable children will be placed at risk in schools where cognitive confusion and frustration are the order of the day.

What Can Parents Do?

If you have an energetic, yet emotionally sensitive child, with a low frustration threshold, the public school will be the worst place for him or her. If you can homeschool, do so. If you can't, find a good private school. If the public school is your only recourse, then get my books, *How to Tutor* and *Alpha-Phonics* and teach your child the three R's at home before he or she goes to school. A whole-language teacher will try to undo what you have accomplished. So be prepared for a tug of war with the school and continue to teach your child until the three R's have been securely learned. In that way, your child will be spared the frustration and cognitive confusion that lead to the symptoms of ADD.