ADHD is Not an Illness and Ritalin is Not a Cure : A Comprehensive Rebuttal of the (alleged) Scientific Consensus

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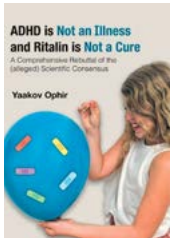
Attention Deficit Hyperactivity Disorder (ADHD) is often described as a brain disorder, a description which lends scientific credibility to the diagnosis. There are, however, numerous problems with viewing ADHD or any other mental health struggle in strict biological terms. Our understanding of mental health in general and ADHD specifically has implications for how we understand ourselves in terms of agency, our identity, and the way that we treat such struggles. Research does not support conclusions about ADHD as caused by brain abnormalities and, even if this were the case, such research would not by itself legitimize ADHD as a disorder. Putting mental health struggles including ADHD in the proper biological, psychological and theological context allows us to both mental and spiritual growth.

Yaakov Ophir's, *ADHD not an illness and Ritalin is not a cure* is one of several recent books critical of ADHD (e.g., Armstrong, 2017), but it is certainly not redundant as Ophir, unlike the others, provides a comprehensive assessment of the scientific status of ADHD and stimulant medication. At the very least, even if one refuses to accept Ophir's conclusions, the reader is forced to consider a well-articulated and scientifically credible alternative to the orthodox ADHD narrative. As such, this book is a must-read for parents, teachers, and school administrators.

The first part of the book is devoted to refuting the notion that ADHD is an illness. In doing so, Ophir asks the reader to consider deviance from a statistical perspective. Though not employed in the diagnosis of ADHD or any other disorder, Ophir argues that one might consider two standard deviations below the average on any given characteristic (e.g., attention) to be a reasonable cutoff (i.e., 2.5%). Yet, as Ophir notes, relative to ADHD, the prevalence is much lower for other Diagnostic and Statistical Manual (DSM-5; American Psychiatric Association, 2013) diagnoses for children including Autism Spectrum Disorder and Intellectual Disability both at roughly 1%. For the latter diagnosis, individuals would likely have an IQ score at least 2 standard deviations below the mean of 100 (i.e., 75 or lower). With prevalence estimates for ADHD as high 20% in some studies, it is not hard to argue that at the very least overdiagnosis has become a significant problem. As Ophir points out, however, the other three d's that are crucial for establishing a clinical disorder, dysfunction, danger, and distress, are not met either.

In terms of dysfunction, given the aforementioned prevalence, it is tempting to draw on anecdotal experiences with children diagnosed with ADHD who, outside of a school setting appear behaviourally indistinguishable from a child without the diagnosis. As Ophir points out, this is all the more likely as the DSM-5 does not require "significant impairment" (i.e., dysfunction) for diagnosis but only that it "interferes with" or "reduces the quality" of functioning. This is significant in that it helps explain the inflated prevalence and it allows for one to make the argument that the behaviour is not confined to the school environment. With the bar lowered, in other words, it's easier to find examples of the behaviour outside of school. Ophir goes on to argue, as other ADHD critics have (e.g., Armstrong, 2017), how highly situational the ADHD behaviours are, by the DSM's own admission. Moreover, if not confined to school settings with particular behavioural expectations and attentional demands, why do kids prescribed medication often take drug holidays when not in school?

At this point in the book, though only a few chapters in, the difficult-to-answer questions like this begin to mount. Is the behaviour deviant if 10-20% of the population supposedly meets



> *Is the behaviour deviant if 10-20% of the population supposedly meets the criteria for diagnosis?*

representative blog posts to illustrate several common misunderstandings surrounding this issue and propose a theologically-informed perspective on the diagnosis of ADHD and mental health in general.

ADHD is real

"My faith keeps me from going insane when dealing with my ADHD child. I do not care if other people don't believe that ADHD is real. If they have seen my child or me on and off our medication, they know that ADHD exists." These words were written by a mother on a faith-based ADHD blog who felt understandably frustrated. ADHD does exist in the sense that there is agreement among many clinicians that it is a mental disorder, yet, as Ophir argued, if by "real" one means a brain disorder with a clear biological etiology, ADHD is not real. The issue is not the realness of hyperactivity and impulsivity, but the status of ADHD as a disorder, the brain-based assumptions that underlie it and the appropriate treatment. It is crucial to understand that impulsivity and inattention are observable and obviously real as are individual differences in each trait. ADHD is not observable - no psychiatric diagnoses are - it is a construct held together by agreement among clinicians about the significance of the observable behaviours. Thus, "ADHD is real because my child is impulsive and inattentive" is a specious argument. Yet, one might counter that it is not just the child's behaviour that is different, it is their brain.

It is a brain disorder

"The key is to understand that doctors and scientists have lots of data on ADHD and know that it is in fact a medical condition that involves a lack of neurotransmitters in the brain," states an individual on a faith-based ADHD blog. Medication supposedly corrects for a dopamine deficiency at the neurobiological root of ADHD. Yet, the fact that a child acts better under the influence of a drug that increases dopamine does not prove that ADHD is caused by a lack of dopamine any more than the relief I feel from acetaminophen proves that my headache was caused by an acetaminophen deficiency (i.e., this is an example of an intervention-causation fallacy). The assumption that an exclusively biological model will eventually be discovered is logically dubious as it rests on a hypothetical future discovery. Yet the search for answers always begins and ends with the brain because materialism, the assumption that the world is entirely physical, offers no alternatives.

Materialism

"Hello brains. I say that to you because if you think about it, it wasn't really you who decided to come here today. It was your brain" begins the speaker of a popular TED Talk on ADHD (McCabe, 2017). She goes on to state unequivocally that Attention Deficit Hyperactivity Disorder (ADHD) is real, that abnormalities in the brain cause ADHD, and that stimulant medication is a highly effective treatment. The speaker was not a neuroscientist or physician, but an actress diagnosed with ADHD. The fact that she spoke with an air of scientific certainty on this matter is revealing in terms of the widespread acceptance of this ADHD narrative. "It wasn't really you, it was your brain" implies "you" or your sense of will, your mind and thoughts do not determine your behaviour. However, the assumption of a seamless causal relationship between the brain and behaviour is not supported by science. Consciousness, though it interacts with the physical brain, is not reducible to it. Not only can psychological treatment produce changes in the brain, but the mere expectation of psychological or pharmacological treatment can produce healing through the placebo effect (Beauregard & O'Leary, 2007).

This materialistic view of nature is inconsistent with the Biblical concept of dualism; we have a physical body and immaterial soul. The way we think, behave, and feel changes the brain, the relationship is a two-way street. Research showing that cognitive behavioural therapy (CBT) for treating Obsessive-Compulsive Disorder (OCD) causes changes in the brain serves as a powerful demonstration of this relationship (Beauregard & O'Leary, 2007). Changing patterns of thought and behaviour change the patterns of brain activity. Recognizing this, brain scan differences in ADHD can be recognized for what they are, unremarkable. Of course, the brain of a child who is hyperactive looks different than the brain of the child who is more docile. This does not establish the hyperactive brain as abnormal, the

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docile brain as normal, or ADHD as caused by the brain.

Medication Fix

"Unless your church rejects all medical treatments for any medical condition, I do not believe ADHD should be singled out. It is a real neurodevelopmental disorder" states a contributor to a faith-based ADHD blog. Here you have the juxtaposition of a modern and seemingly scientifically informed take on ADHD and an antiquated theological rejection of modern medicine. Yet, we need not accept the premise that one must reject or accept all forms of medication nor the assertion that ADHD is no different than any other medical condition treatable with medication. The notion that ADHD medication is correcting for a known biological deficit simply is not supported by the evidence. The predominance of the medical model and biological assumptions has led to a medication-first mindset when it comes to dealing with struggles with attention, concentration and impulsivity.

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A Theological Approach

From a scientifically sound theological perspective, we can recognize biological predispositions as influential factors in terms of behaviours associated with ADHD. However, the brain is neither the sole determinant of behaviour nor is medicine the only way to produce changes in the brain and behaviour. When we put mental health struggles in the proper context of a Biblical worldview, it does not necessitate disregarding medical interventions. There is room for medication and therapy. God surely works through individuals providing mental health services.

The late Thomas Szasz noted (cited in Davies, 2013):

> Our age has replaced a religious point of view with a pseudoscientific point of view…Now everything is explained in terms of molecules and atoms and brain scans. It is a reduction of the human being to a biological machine. We don't have existential or religious or mental suffering any more. Instead we have brain disorders. (p. 276)

Mental health struggles are not themselves pathological, but part of our human nature as fallen people in a fallen world. They afford us opportunities for spiritual growth, drawing us closer to God. They can be used in the service of Christ, our source of identity and comfort. They also provide us opportunities to model a Biblical worldview by seeking guidance in God's word and turning to God in prayer.

We should recognize fallacious arguments and affirm that there are reasonable questions one can ask about the legitimacy of the ADHD diagnosis, the rising prevalence of ADHD, the potential for the school or home environment to be broken rather than the brain, and the extent to which school personnel medicalize disruptive student behaviour. Ophir's answers to these questions should give us pause. A brain-based explanation of ADHD offers to relieve us of our personal and societal accountability for our mental health struggles, but such a constricted view rooted in materialism is neither scientifically nor theologically sound. We should reject this Faustian bargain, think clearly and critically about ADHD, and appreciate mental health struggles as opportunities for growth.

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