

MEDICALIZATION OF SOCIAL PROBLEMS: IS ATTENTION DEFICIT/HYPERACTIVITY DISORDER (ADHD) DIAGNOSIS A WAY OF SOCIAL CONTROL?

Faraasa Lawrence*

Norbert Ebisike•

I. INTRODUCTION

Currently, certain human behaviors are being classified by medical practitioners as mental disorders, and Attention Deficit/Hyperactivity Disorder (“ADHD”) is one disorder that has generated a wide range of discord among scholars.¹ Several studies addressed the link between ADHD and criminal behavior,² the role of a defendant’s

* Department of Law and Legal Studies, Carleton University.

• Department of Social Sciences, Cheyney University of Pennsylvania.

¹ See *infra* Sections II-V.

² See for instance, L. A. M. Osterman, *Critical Reflections on Attention Deficit Hyperactivity Disorder (ADHD) in the Criminal Justice System: Swedish Female Ex-Offenders’ Narratives of Diagnosis*, 57 HOWARD J., 453, 454-455 (2018).

ADHD diagnosis in criminal trials,³ and whether ADHD should be a legal disability in employment law.⁴ ADHD has also been described by some psychologists and legal scholars as “a neglected vulnerability, which can leave a suspect disadvantaged when interviewed by the police and also during court proceedings.”⁵ Unlike these previous studies, this Article takes a more socio-legal approach and maintains that ADHD diagnosis is primarily a way of social control.⁶ This Article asks several questions: Are we medicalizing youth behavior?⁷ Do we have more cases of ADHD because recent laws restrict what parents and teachers can do to correct children's behavior?⁸ Why

³ O. Calderon, *Youth Defendants with ADHD and the Criminal Justice System: A Qualitative Analysis of Court Decisions*, 1 THE ADVANCED GENERALIST: SOCIAL WORK RES. J., 15-36 (2014).

⁴ M. W. Sweeney, *Working Towards a Better Understanding of Attention Deficit Hyperactivity Disorder as a Legal Disability in Employment Law*, 21 J. CONTEMPORARY HEALTH L. & POL'Y, 67-98 (2004).

⁵ G. Gudjonsson, & S. Young, *An Overlooked Vulnerability in a Defendant: Attention Deficit Hyperactivity Disorder and a Miscarriage of Justice*, 11 LEGAL & CRIMINOLOGICAL PSYCHOL., 211-218 (2006).

⁶ See *infra* Sections II-V.

⁷ See *infra* Section V.

⁸ See *infra* Section III.

are more boys diagnosed with ADHD than girls?⁹ In the future, how will medical authority classify certain behaviors as diseases?¹⁰ Not all behaviors classified as ADHD symptoms are mental disorders.¹¹

Section II of this Article provides an overview of ADHD and discusses the emerging trend of medicalizing social problems. Section III focuses on racial, class, and cultural bias inherent in the diagnosis and construction of ADHD. This Section also addresses how current laws contribute to the high number of ADHD cases in the United States. Here, we examine how current laws restrict what parents and teachers can and cannot do in disciplining children. Section IV addresses whether we are medicalizing youth behaviors. This Article concludes that there is over-diagnosis of ADHD because these diagnoses are being used partly as a way of social control.¹² This approach is not justified

⁹ *Id.*

¹⁰ *See infra* Section V.

¹¹ *See infra* Section II.

¹² *Id.*

because there are alternatives and better ways of social control.¹³

There should be clear separation of convenience from efficacy.¹⁴ We must revise current laws that have placed extreme limits on how, and which ways, parents and teachers discipline children.¹⁵ Because of the criminal laws and social stigmas restricting what parents and educators can and cannot do to manage and correct children's behaviors at home and in the classroom, the number of cases of ADHD continue to increase.¹⁶ The medical profession is now performing a social control function, without any restraint. This Article helps readers to understand how behaviors and bodies are controlled and governed through a particular kind of space.¹⁷ We describe how certain forms of behavior in children have become defined as a medical problem and how medicine has become a major agent for their social

¹³ *Id.*

¹⁴ *Id.*

¹⁵ *Id.*

¹⁶ *Id.*

¹⁷ *See infra* Section III.

control.¹⁸ Parents and teachers should be given adequate powers to discipline children.

II. ATTENTION DEFICIT/HYPERACTIVITY DISORDER (ADHD)

A. Discovery or Invention?

The Diagnostic and Statistical Manual of Mental Disorders (the “DSM-5”) classified ADHD as a mental disorder and a neurological condition.¹⁹ This classification of ADHD as a mental disorder has generated a wide range of discord amongst scholars, medical officials, school personnel, and parents.²⁰ Despite the range of attitudes and the varying approaches employed by such individuals, ADHD is

¹⁸ *Id.*

¹⁹ Diagnostic and Statistical Manual (DSM-5), Fifth Edition, American Psychiatric Association (2013).

²⁰ See, e.g., A. Thaper, M. Cooper, O. Eyre & K. Langley, *Practitioner Review: What Have We Learned About the Causes of ADHD?*, 54 J. OF CHILD PSYCHOLOGY & PSYCHIATRY, 1 (2012); M. W. Sweeney, *Working Towards a Better Understanding of Attention Deficit Hyperactivity Disorder as a Legal Disability in Employment Law*, 21 J. CONTEMP. HEALTH L. & POL’Y 67, 71-72 (2004); L. A. M. Osterman, *Critical Reflections on Attention Deficit Hyperactivity Disorder (ADHD) in the Criminal Justice System: Swedish Female Ex-Offenders’ Narratives of Diagnosis*, 57 HOWARD J. 435, 454-55 (2018).

generally seen as a behavioral disorder diagnosed in early childhood.²¹ A recent study found that “the median age at ADHD diagnosis was [seven] years, and about one in three children (30.7%) was diagnosed before age [six]. Approximately three out of four children (76.1%) were diagnosed with ADHD before age [nine].”²² One scholar argued that ADHD may be an invention, not a discovery.²³ A significant amount of scholarship posits overlapping interpretations of ADHD.²⁴

Three major types of ADHD have been identified by the American Psychiatric Association.²⁵ The first type is ADHD Impulsive/hyperactive, categorized with impulsive and hyperactive behaviors but no inattention and distractibility.²⁶ The second is ADHD Inattentive and Distractible.²⁷ This type is

²¹ Centers for Disease Control and Prevention (CDC), *What is ADHD?*, available at <https://www.cdc.gov/ncbddd/adhd/facts.html>.

²² S. N. Visser, et. al, *Diagnostic Experiences of Children With Attention-Deficit/Hyperactivity Disorder*, 81 NAT'L HEALTH STAT. REPORTS, 2 (2015).

²³ James J. Chriss, *Social Control: An Introduction*, 172 (2013).

²⁴ *Id.* at 170-172.

²⁵ Diagnostic and Statistical Manual (DSM-5), Fifth Edition, American Psychiatric Association (2013).

²⁶ *Id.*

²⁷ *Id.*

characterized by inattention and distractibility, but no hyperactive behaviors are present.²⁸ The third is ADHD Combined, where there are impulsive and hyperactive behaviors as well as inattention and distractibility.²⁹ ADHD entered common parlance after the introduction of hyperactivity in the 1960s as “a new form of deviant behavior and as a medically defined social problem,” and became an area of interest and research for many scholars, researchers, medical professionals, and educators.³⁰ The introduction of the term followed public knowledge about deviant behavior by school children, and commonplace usage of the term “hyperactivity” to describe children who were seen as different in activity levels from their peers.³¹ ADHD is generally referred to as the most commonly diagnosed mental health disorder in American children.³²

²⁸ *Id.*

²⁹ *Id.*

³⁰ G. Kiger, *Economic Transformations and the Processing of Hyperactive School Children*, 10 MID-AMERICAN REVIEW OF SOCIOLOGY, 65-85 (1985).

³¹ *Id.*

³² P. L. Morgan, et al, *Racial and Ethnic Disparities in ADHD Diagnosis from Kindergarten to Eight Grade*, 132 PEDIATRICS, 85-93 (2013).

Children are a vulnerable demographic because they, with the permission of their parents, are governable and controllable by those same teachers and educators who are employed to instruct and educate, not to diagnose.³³ Children by their own volition, and in so many ways, lack agency—they do not have the full ability to resist.³⁴ When dealing with children, it becomes almost permissible to allow drug therapy as a social control practice/strategy, with implications for classroom management strategies and promises of better classroom conduct.³⁵ There are different views of normative youth behavior and different approaches to addressing ADHD.³⁶ For instance, Canadian mothers with children who are perceived as “different” will encounter an educational or developmental psychologist with an aim to categorize and label the child.³⁷ Parents ought to learn parent-training

³³ Section II.

³⁴ *Id.*

³⁵ *Id.*

³⁶ *Id.*

³⁷ C. Malacrida, *Medicalization, Ambivalence and Social Control: Mothers' Descriptions of Educators and ADD/ADHD*, 8 HEALTH 61 (2004).

strategies before the doctors start writing prescriptions for medicine to protect the welfare of the child.³⁸

B. The Emerging Trend of Medicalization

Medicalization is “a process by which nonmedical problems become defined and treated as medical problems, usually in terms of illnesses or disorder”³⁹ There is also de-medicalization, which is when certain conditions and behaviors previously defined as medical problems are no longer seen and treated as medical problems.⁴⁰ A cultural element is associated with the emerging trend of medicalization.⁴¹ Many scholars assert that there is no biological or organic deficiency that cause ADHD.⁴²

³⁸ *Id.*

³⁹ P. Conrad, *Medicalization and Social Control*, 18 ANNUAL REV. SOCIAL, 209 (1992).

⁴⁰ *Id.* at 210.

⁴¹ *See infra* Section III.

⁴² *See Sweeney, supra* note 4 indicating that “no theory on the cause of ADHD has been proven, and it remains an open topic for discussion.”

Recent research shows a high incidence of ADHD among parents of children who have been diagnosed with the same condition. This causes some researchers to speculate that ADHD is a learned behavior, following a pattern similar to child or spousal abuse. Other researchers suggest that ADHD is the result of poor dietary habits, which can also account for generational patterns of the condition. Some of the most popular scientific explanations for the condition come from studies that implicate neurotransmitter defects, genetics, and perinatal complications.⁴³

It was discovered by physicians, however, that some drugs could alter or reduce problematic behavior, and achieve conformity and discipline.⁴⁴ A social and cultural problem was transformed into a problem for medical intervention.⁴⁵

The diagnosis of ADHD has become more of the rule (or norm) than the exception. One scholar addressed an important question: On what basis we

⁴³ Sweeney, *supra* note 4 at 72.

⁴⁴ Chriss, *supra* note 23 at 172.

⁴⁵ *Id.*

can differentiate a "discovery" from an "invention"?⁴⁶ This scholar contended, under certain frameworks, that the trend towards over-medicalization led analysts to exaggerate the extent of medicalization in contemporary society.⁴⁷ Culture has changed overtime as formal and informal rules regulate and govern lives and help shape behaviors.⁴⁸ In the absence of discipline, researchers adopt new measures for correcting and, sometimes, even condemning deviance.⁴⁹ Scholars argue that mental illness is a myth.⁵⁰ "Therefore, rather than seeing medicalization as an either/or situation, it makes sense to view it in terms of degrees. Some conditions are almost fully medicalized (e.g. death, childbirth), others are partly medicalized (e.g. opiate addiction,

⁴⁶ M. R. Bury, *Social Constructionism and the Development of Medical Sociology*, 8 *SOCIOLOGY OF HEALTH & ILLNESS*, 137-69 (1986).

⁴⁷ *Id.*

⁴⁸ See Section II.

⁴⁹ *Id.*

⁵⁰ Thomas Szasz, *THE MYTH OF MENTAL ILLNESS: FOUNDATIONS OF A THEORY OF PERSONAL CONDUCT* (1961).

menopause), and still others are minimally medicalized (e.g. sexual addiction, spouse abuse).”⁵¹

III. RACE, CULTURE AND ADHD

A. ADHD Diagnosis: A Social and Cultural Phenomenon

The process of categorizing and diagnosing behaviors is as much a cultural trend as a social phenomenon.⁵² There is cultural bias with the diagnosis of ADHD and the related treatment that follows.⁵³ How bodies are made and re-made, monitored, governed, and maintained at different times reflect dominant discourses and hegemonic notions of race and class. Through the ways in which culture and power are displayed not only through practice but through race, class, and culture, researchers can recognize the highly diverse ways in which behaviors are deeply culturally infused.⁵⁴

⁵¹ Conrad, *supra* note 39 at 220.

⁵² See Section III.

⁵³ See, e.g., Morgan et al., *supra* note 32 at 91.

⁵⁴ See Section III.

Thus, people reflect on some of the ways in which power exists (and is so imbedded) within that domain.⁵⁵ For instance, Black families are less likely to accept the diagnosis of their children with ADHD than White, middle-income families.⁵⁶ “Researchers have shown that African American families prefer to manage ADHD within the family instead of seeking professional care. Smaller, more supportive social networks in African American communities have been correlated with a lower likelihood of receiving treatment for ADHD.”⁵⁷ This finding is not alarming because this reaction mirrors that for which racialized parents have towards therapy for a perceived mental illness. One study found that African American children are diagnosed with ADHD at “only two-thirds the rate of white children despite displaying greater ADHD symptomatology, and Hispanic children have also been reported to be

⁵⁵ *Id.*

⁵⁶ See Morgan, et al., *supra* note 32.

⁵⁷ S. dosReis, et al., *Attitudes about Stimulant Medication for Attention-Deficit/Hyperactivity Disorder among African American Families in Inner City Community*, 33 J. OF BEHAVIORAL HEALTH SERVICES & RESEARCH, 423, 424 (2006).

underdiagnosed.”⁵⁸ A study of the importance of neighborhood socioeconomic status (the “SES”) on ADHD medication found that “African American teachers and teachers in low SES areas were less favorable to medication use and tended to note personality change and medicalization as attitudes in opposition.”⁵⁹ The study also found that “white teachers and teachers in upper-class areas tended to support the use of medication for ADHD and highlighted behavioral and academic normalcy as potential attitudes.”⁶⁰ The above discussion supports the argument that ADHD is a cultural and social phenomenon.

B. Social Control in School Children: Power and Governance

Social control is a central and important concept in sociology, especially as it relates to law,

⁵⁸ Morgan et al., *supra* note 32 at 86.

⁵⁹ Z. R. Simoni, *Medicalization, Normalization, and Performance Edge: Teachers’ Attitudes about ADHD Medication Use and the Influence of Race and Social Class*, 61 *SOCIOLOGICAL PERSPECTIVES*, 642, 657 (2018).

⁶⁰ *Id.*

regulation, and governance.⁶¹ How power is associated and articulated through law and authority is important for this Article as it relates to how children are regulated and governed in particular ways.⁶² Law informs and opposes educators in the classroom for their decisions pertaining to children.⁶³ Because of a loss of liberalism (the “freedom” to discipline), educators are finding alternative ways to accommodate for this lack of power; some educators are choosing to “regulate” children through other means.⁶⁴ This shift in classroom social control practices reflects economic transformations.⁶⁵ Currently, we live “in a society where delaying personal gratification is favored and the efficient use of time and energy to attain positions of wealth and power is idealized, labeling and medicalizing children who are distractible, seemingly lack motivation, or are impulsive may simply be a way of

⁶¹ See Section III.

⁶² *Id.*

⁶³ *Id.*

⁶⁴ See Malacrida, *supra* note 37 at 63.

⁶⁵ Kiger, *supra* note 30.

protecting and reinforcing cherished social values.”⁶⁶ One commentator argued that in the process of medicalization, our day-to-day life is increasing under medical control.⁶⁷ Another study found that where schools have adequate and various forms of social control to use in classrooms, there is less medicalization of ADHD.⁶⁸ Based on her study of the United Kingdom, Claudia Malacrida posits that “medicalization is not simply a way of making a group of behaviors more easily labeled and managed: it is also a means by which medicalizing agents exercise social control over ‘patients’ (or, in the case of ADD/ADHD, over ‘students’).”⁶⁹

The alternative to medicalization for such behaviors is to give adequate disciplinary powers to parents and teachers.⁷⁰ Over time, the United States Supreme Court has upheld the rights of parents to

⁶⁶ Chriss, *supra* note 23 at 173.

⁶⁷ I. K. Zola, *SOCIO-MEDICAL INQUIRIES: RECOLLECTIONS, REFLECTIONS AND RECONSIDERATIONS*, 295 (1983).

⁶⁸ Malacrida, *supra* note 37 at 63.

⁶⁹ *Id.*

⁷⁰ Some scholars will support this assertion. *See for instance*, K. REYNOLDS-LEWIS, *THE GOOD NEWS ABOUT BAD BEHAVIOR: WHY KIDS ARE LESS DISCIPLINED THAN EVER AND WHAT TO DO ABOUT IT*, (2019).

make decisions regarding the rearing of their children. In *Troxel v. Granville*,⁷¹ for instance, the Supreme Court stated that;

The Fourteenth Amendment's Due Process Clause has a substantive component that 'provides heightened protection against government interference with certain fundamental rights and liberty interests,' *Washington v. Glucksberg*, 521 U.S. 702, 720, including parents' fundamental right to make decisions concerning the care, custody, and control of their children, see, e.g., *Stanley v. Illinois*, 405 U.S. 645, 651. Pp. 5-8.⁷²

The major problem is the state and local laws that tend to limit the powers of parents and teachers to discipline children.⁷³ The "child's best interests" approach is usually adopted by state courts in cases involving children.⁷⁴ The definition of the best interest of a child is subjective and has different interpretations based on the circumstances of the

⁷¹ *Troxel v. Granville*, 530 U.S. 57 (2000).

⁷² *Id.*

⁷³ Discussed in this Section.

⁷⁴ *Id.*

case.⁷⁵ Other researchers continue to explore the problems with the current state and local laws for how to discipline students.⁷⁶

But today principals lack the tools they used to have for dealing even with the unruliest kids. Formerly, they could expel such kids permanently or send them to special schools for the hard-to-discipline. The special schools have largely vanished, and state education laws usually don't allow for permanent expulsion. So at best a school might manage to transfer a student felon elsewhere in the same district. New York City principals sometimes engage in a black-humored game of exchanging these 'Fulbright Scholars,' as they jokingly call them: 'I'll take two of yours, if you take one of mine, and you'll owe me.'⁷⁷

Some children have less self-control.⁷⁸ Some children threaten to report their parents to Child

⁷⁵ *Id.*

⁷⁶ See for instance, K. S. Hymowitz, *Who Killed School Discipline?* City Journal (Spring 2000), available at <https://www.city-journal.org/html/who-killed-school-discipline-11749.html>.

⁷⁷ *Id.*

⁷⁸ Reynolds-Lewis, *supra* note 70.

Protective Services because their parents corrected their bad behaviors.⁷⁹ Many school districts in the United States have adopted a “non-punitive approach” for dealing with unruly students.⁸⁰ “[These] liberal discipline policies are making schools less safe.”⁸¹ “[The] Chicago Teachers Union complained the city’s revised student-discipline code has left teachers struggling to control unruly kids.”⁸² The current state and local laws limiting the ways parents and teachers can discipline children has led to the continuing rise in ADHD diagnoses.

IV. MEDICALIZING YOUTH BEHAVIORS

Are we medicalizing youthful behaviors?⁸³ Certain normal behaviors typically found and expected in some children have been medicalized, especially boys’ behaviors.⁸⁴ Hence, unsurprisingly,

⁷⁹ Personal correspondence (2019).

⁸⁰ P. Sperry, *How Liberal Discipline Policies are Making Schools Less Safe*, N.Y. POST, March 14, 2015.

⁸¹ *Id.*

⁸² *Id.*

⁸³ See Section IV.

⁸⁴ *Id.*

more boys are diagnosed with ADHD than girls.⁸⁵ More boys are diagnosed with ADHD than girls because “school teachers, pediatricians and school psychologists are all more likely to be female” and that “girl behavior has become the standard by which we judge all kids”⁸⁶ One study comparing Canada and Britain found that, in Canada, there are fewer “alternative forms of social control” available to teachers, while, in Britain, “medicalization remains incomplete, and where teachers and special educators have more stringent alternative forms of social control available to them.”⁸⁷ The study found that, in Britain, educators may “refuse the label or to administer medication.”⁸⁸ Though differences exist in how teachers and educators handle “ADHD” type conduct, certain types of behavior more commonly contribute to a structure whereby professionals could

⁸⁵ Chriss, *supra* note 23 at 172.

⁸⁶ K. Lunau, *Is ADHD a Mental Health Crisis, or a Cultural One? The Reasons Behind the Rapid Rise in Diagnosis Rate*, available at <https://www.macleans.ca/society/health/is-adha-a-mental-health-crisis-or-a-cultural-one/>.

⁸⁷ Malacrida, *supra* note 37 at 61.

⁸⁸ *Id.*

identify, diagnose, and treat disorderly children.⁸⁹ Reiterating this contingent relation of alternate forms of social control with diagnoses of ADHD dismantles the naturalness, genuineness, and seriousness of the actual disorder. Yet, forms of social control implemented in the classroom and the labeling of disorderly behavior are not necessarily free-floating references exempt from body-regulating or school-governing principles.

Arguably, boys and girls tend to be socialized differently. Therefore, boys are more likely to be diagnosed with ADHD than girls.⁹⁰ Twelve percent of American male schoolchildren are prescribed Ritalin for their ADHD symptoms.⁹¹ Educators, teachers, and school psychologists are adopting the roles and responsibilities for making children more manageable and docile by medicalizing their behaviors and habits.⁹² In a study involving British parents, Malacrida noted that British teachers

⁸⁹ Kiger, *supra* note 30.

⁹⁰ Chriss, *supra* note 23 at 172.

⁹¹ *Id.*

⁹² See for instance, Malacrida, *supra* note 37 at 70.

strongly discouraged diagnosing a child with ADHD, contrasting Canadian parents, arguing that “ADHD is just a label to excuse bad [behavior], and it won’t be doing him any [favors] if we just slap a label on him.”⁹³ Hence, there is cultural and social bias with the diagnosis and construction of ADHD.

V. CONCLUSION

ADHD is over-diagnosed, partly because teachers and parents are using these diagnoses as social control.⁹⁴ This behavior is unjustified because teachers and parents have alternatives and better ways of social control.⁹⁵ We must separate convenience from efficacy. ADHD diagnosis and the consequent treatment is convenient for parents and teachers; is it beneficial for the patients? Researchers must consider: Who benefits, and who is suffering from these diagnoses and treatments? More often than not, all agents and agencies of social control fail.

⁹³ *Id.*

⁹⁴ *See supra* Section III.

⁹⁵ *Id.*

Informal social control breaks down. For instance, drugs, passion, ambition and insanity can hamper and abridge personal controls. Sometimes, formal social control agents, including medical and legal institutions, are absent or ineffective. We must revise current laws that have placed extreme limits on how and which ways parents and teachers can discipline children.⁹⁶ Most of the behaviors currently being diagnosed as ADHD symptoms are just normal behaviors.

⁹⁶ *Id.*