



CHC EPISODE 5: PRODUCING SELF-REGULATING SUBJECTS

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Interview with Gregory Bowden is available [online](#)

CHILDHOOD: History and Critique (CHC) is a series of interviews, commentary, and happenings in historical studies of childhood presented by Dr. Patrick J. Ryan, Kings University College at Western University, Canada.

The U.S. Department of Health – Center for Disease Control (CDC) [reported in 2010](#) that boys (12%) were more than twice as likely as girls (5%) to have been diagnosed with ADHD; and kids living in households without a mother or a father (15%) were twice as likely to suffer from the disorder than those living with both parents (7.5%). The CDC's 2007 [National Survey of Children's Health](#) reported very significant regional differences too. In the old American south ADHD was assigned to one child (4-17 years) in seven to ten, while from California to Texas it was used for perhaps one in fifteen or twenty children.

This is big business. During the 1990s sales of Ritalin increased more than 7 fold in the U.S., and more than 5 fold in Canada. By 2002 the top ten pharmaceutical companies in the U.S. posted a profit of 36 billion USD and held an average profitability margin of 18.5% of sales (the Fortune 500 average is 3.3%).¹ According the CDC, [by 2012](#) about 1 in 5 high-school-aged American boys had been diagnosed with ADHD, and among them about 2 out of 3 were prescribed medications such as Ritalin and Adderall. The *New York Times* [reported](#) that total annual sales of drugs to treat ADHD had more than doubled (from 4 to 9 billion USD) between 2007 to 2012.

**How might we grasp the startling history of ADHD?
What does it tell us about childhood?**

Thomas Szasz (1920-2012) [addressed](#) the question in 2008 when he told the watchdog organization he helped found, [Citizens Commission on Human Rights](#), that ADHD should no more be confused with a medical condition than “spring fever” should be confused with typhoid fever. Common phrases such as – “he has a [chemical imbalance](#) in the brain” – are part of an ideology that serves the interests of the psychiatric profession by extending the domain of the somatic into the social. In Szasz's view, such

falsehoods are general to psychiatric thought and the stakes could not be higher: “I have long maintained that the child psychiatrist is one of the most dangerous enemies not only of children, but of adults, of all of us who care to the most precious and most vulnerable things in life. And these things are children and liberty.”²

A mirror image of Szasz's claims against psychiatry appears in the parent-centered magazine [ADDitude](#). In “[Silencing the Skeptics](#),” Debra Carpenter says the medical authorities are in consensus that ADHD is “real.” Repeatedly, *ADDitude* tells its readers not to blame themselves or others: “If your ADD son could exert the control necessary to conform, he would.” Free yourself from guilt by helping your child with [brain training games](#) and by [optimizing the meds](#). Rather than Szasz's picture of the isolated mother duped by the concealed interests of the psychiatric profession, the assumed reader of *ADDitude* is a competent agent, an active parent who attacks the disorder and all its possible outcomes. ADHD is not something one can outgrow and its boundaries spill into every part of ordinary life. It presents challenges in matters of [money](#), [career](#), and [love](#). But there is hope. A drop-down menu provides a way to “join the community” with [“ADDconnect.”](#)



A common theme found in the magazine “ADDitude.”



At least two positions are necessary conditions for the polar responses to ADHD. (1) Anti-psychiatry rejects the somatic basis of ADHD, while organizations like *ADDitude* support it. The debate requires a sharp distinction between ‘real’ phenomena and cultural constructions. Sometimes this is translated into the distinction between a material world external to the mind and a representational one that is produced by the mind. (2) Anti-psychiatry presents ADHD as a fraudulent diagnosis which robs children of childhood and all of us of meaningful freedom. Those who embrace the diagnosis see its treatment as necessary to allow people to master themselves, to establish the self-control necessary to live well at liberty. Both parties place childhood in a particularly important place within the development of competent agents.

I discussed these issues in a recent conversation with MacEwan University’s [Gregory Bowden](#), who has published two excellent articles on ADHD in the past year.³ Bowden explained that similar diagnoses are nearly a half-century old, and that psychiatric attempts to categorize a lack of impulse control were present in the late-19th-century.⁴ The current debate often ignores this history, just as it assumes (incorrectly in Bowden’s view) that “real” science is apolitical and asocial. Bowden emphasized that the debate over ADHD has reinforced discursive practices that treat childhood as a site for intervention. He urges us to see the expansion pharmacological treatments for children on a continuum of disciplinary practices that include checklists, systems of reward-punishment, and other forms of behaviour modification.

Taking this perspective, Bowden see ADHD as project to “produce responsible subjects” through childhood. In his articles, he argued persuasively that the diagnosis and treatment of the disorder exists on the edge of a paradox. One is freed from ADHD by becoming bound to the terms of responsibility. Yet, the very idea of responsibility rests upon the assumption that conduct is determined by the will. What is a child diagnosed with ADHD, if not a person whose conduct is beyond the will? This does not mean that ADHD makes no sense (nor is it an attack upon disciplinary technologies more broadly). Instead, recognizing this tension might help us understand what the ADHD debate produces on the landscape of modern childhood.

¹Susan McBride, “Pharmaceutical Industry Practices and the Medicalization of Childhood: Is Pathology for Sale?” *Windsor Review of Legal & Social Issues* no. 23 (2007): 55-83.

²As quoted in the clip posted by the Citizens Commission on Human Rights (<https://www.youtube.com/watch?v=zQeqsqYhuZE>). Szasz’s reading of psychiatry was established in many publications over decades. See *The Myth of Mental Illness: foundations of a theory of personal conduct* (New York: Hoeber-Harper, 1961); *Ideology and Insanity: essays on the psychiatric dehumanization of Man* (Garden City, NY: Anchor Books, 1970); *The Therapeutic State: psychiatry in the mirror of current events* (Buffalo, NY: Prometheus Books, 1984).

³Gregory Bowden, “Disorders of inattention and hyperactivity: The production of responsible subjects,” *History of the Human Sciences* vol. 27 (2014) 88–107; “The Merit of Sociological Accounts of Disorder: The Attention-Deficit Hyperactivity Disorder case,” *Health* vol. 18 (Jul 2014): 422-438.

⁴Rick Mayes and Adam Rafalovich, “Suffer the restless children: The Evolution of ADHD and paediatric stimulate use, 1900-1980,” *History of Psychiatry* vol. 18, no. 4 (Dec 2007): 435-457.



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