

RITALIN
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According to the Washington Post, American schoolchildren consume over 90% of the world's supply of Ritalin, a drug for treating Attention Deficit Hyperactivity Disorder, or ADHD. 10-12% of American boys are prescribed Ritalin.

Ritalin is a stimulant. It's addictive. It helps many children quiet their fidgety, giggly, and sometimes even criminal behaviors and concentrate in the classroom. We don't want criminal behaviors in our classrooms. We want concentration.

Still, that's a lot of addictive medicine going into a lot of young brains. It's time to ask some questions. Like: "What are we medicating, anyway?"

Doctors talk about ADHD as a neurological condition. MRIs of children diagnosed with ADHD typically show diminished activity in the circuitry of the brain associated with impulse control. It's difficult to tell, however: Is the circuitry "cool" because not much impulse control can happen there? Or is it cool because not much does happen there?

ADHD appears to run in families, so doctors call it genetic. Still: Do children inherit it from parents? Or do they learn problem behaviors in their families?

Troublesome boys often respond well to a "let's just try it" prescription of Ritalin and then get diagnosed with ADHD by virtue of the Ritalin working. Well: Caffeine is an addictive stimulant that helps me concentrate and calm down. My doctors have never suggested that I have ADHD. But then I'm not a child. And I'm not a boy.

I don't mean to trivialize ADHD. An out-of-control child can tear a Family—and a school—apart. Children who do not get good help sometimes turn violent, and we all fear the consequences of that. If Ritalin helps, I'm all for Ritalin.

As long as we understand that Ritalin may be only part of the answer and that the term ADHD may say more about us (the caregivers) than about the problem kids.

I say this with the work of two researchers, Alexander Thomas and Stella Chess, in mind. In 1956 Thomas and Chess identified in a group of toddlers some traits—like distractibility and irritability—that seemed stable. Grouping traits, they identified stable temperaments and they gave them common-sense names: Difficult, Easy, and Slow-To-Warm-Up. Most toddlers fell into one of those groups. Thomas and Chess found that parents, too, had identifiable temperaments and traits.

The researchers wanted to see whether a child's temperament predicted anything about that child's mental health once the child had reached adulthood. After over 20 years of checking in with their initial group of children and parents, Thomas and Chess came to a resounding “no.” Temperament alone doesn't predict a thing—but a child's temperament in combination with a parent's temperament does!

Thomas and Chess's landmark contribution was a term that they called “goodness of fit.” A parent's temperament and a child's temperament must fit well if the growing child is to do well. Stubborn, violent children whose parents are also stubborn and violent are an example of a “bad fit”—everybody's “Difficult” and a potentially catastrophic outcome is at hand. On the other hand, stubborn, violent children whose parents are patient, inventive, and accommodating do much better.

Thomas and Chess's work puts me in mind of a conversation I once had with Steve Suomi, a scientist doing anxiety research for the National Institutes of Mental Health. Dr. Suomi breeds free-ranging monkeys, some to be anxious and some to be calm. He told me that leaving a monkey bred to be anxious with its highly anxious mother can spell disaster for the growing monkey. Giving a genetically anxious newborn to a calm, adoptive mother can create a monkey that is considerably calmer.

I am not suggesting that we arrange human families the way scientists rearrange monkey families. Neither am I suggesting that all children who are diagnosed with ADHD are poorly parented. But we have a problem. 10-12% of our boys are medicated with psychotropic, addictive drugs so that they'll fit better into mainstream school life. In the short term we may need Ritalin. In the long term we need to give all families good parenting support. And we need to help schools provide "goodness of fit" between them and high-strung kids. Because, really, what would we rather change? Institutional structures and policies? Or fundamental brain chemistry in children who might be perfectly normal but also temperamentally difficult?

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