A Sociological View of the Increase in ADHD Diagnoses*

Along with learning disabilities, attention-deficit/hyperactivity disorder is the most common diagnosed "mental disorder" in children and adolescents. Prevalence estimates of ADHD range from 4-12% of school-aged children in the United States. And, studies indicate a significant increase in the use of prescribed medication in treating ADHD (e.g., up by 28% from 2007 to 2011). These rapidly escalating increases have led to concerns about false positive diagnoses. These concerns are fueled by those who approach the topic from a non-medical or psychological perspective.

Perspective Does Matter

Much of the literature focuses on ADHD as a biological and psychological problem. Federal agencies such as the Centers for Disease Control and Prevention (CDC) and the National Institutes of Mental Health (NIMH) describe the behavioral symptoms of ADHD as reflecting a neurodevelopmental disorder and biological inheritance. The widespread reliance on medication also contributes to the prevailing view that ADHD is a biological problem.

A different perspective, however, arises from the sociological literature. For example, in reviewing that literature two sociologists, Claudia Malacrida and Tiffani Semach, state the following:

> "A sociological approach to Attention Deficit/Hyperactivity Disorder (ADHD) begins from the position that social and historical contexts matter deeply in the ways that ADHD is understood, experienced, and managed. Thus, for example, intra-professional or parent-teacher discord over the correct way to deal with symptoms, shifts in economies and educational systems that provide services to families and children, gendered stereotypes and processes of racialization, or ways of framing children as risky to others or at-risk to themselves are important aspects of how ADHD exists in the social world." ...
>
> "Historians and theorists studying modern education, medicine, and childhood note that the Industrial Revolution produced an increasing need for trained, educated, and regulated workers; further, this congregation of children produced two outcomes. First, children were, for the first time, congregated in ways that made their differences easier to mark and track. Second, ... the advent of compulsory education, arising from the needs of capitalism, meant that schooling became a key vehicle for the production of children as potential workers and citizens. Further, this congregating of children in publicly run facilities like schools resulted in an increasingly narrow range of behaviors that were deemed normative, and this in turn gave rise to segregating and categorizing "abnormal" children so as to facilitate their management." ...
>
> Referencing a range of sociological and multicultural analyses, they stress "how the rise of medicine and psychiatry as professions and the eventual development of a non-addictive form of stimulant in Ritalin coincided to produce a climate of readiness for entering ADHD into the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders III (DSM III) in 1980. This was aided through efforts to legitimate ADHD as a diagnosis by parent lobby groups seeking to absolve their children (and themselves) from public blame, casting ADHD as a medical issue rather than a social problem. However, ... problems with ambiguity in the diagnostic process, the increasingly broad criteria that have been included in subsequent versions of the DSM, and ambivalence about medicating children have engendered considerable resistance and controversy."
> (http://www.oxfordbibliographies.com/view/document/obo-9780199791231/obo-9780199791231-0090.xml).

---

*The material in this document reflects work done by Sang Yon Yeum (Ashley) as part of her involvement with the national Center for Mental Health in Schools at UCLA.

The center is co-directed by Howard Adelman and Linda Taylor in the Dept. of Psychology, UCLA,
Email: smhp@ucla.edu Website: http://smhp.psych.ucla.edu Send comments to ltaylor@ucla.edu

Social constructivist theories offer a different lens for viewing ADHD – highlighting that social and cultural factors play a major role in what is seen as normative, socially acceptable behavior. A sociological perspective suggests that the increases in ADHD diagnosis are occurring in societies where medical boundaries are expanding and diagnostic classifications have become broader and more inclusive. The reasons for this are varied, including the finances engendered for researchers and practitioners (including schools) and the lobbying of professional and parent organizations. In such societies, it is more likely that medical labels will be assigned to individuals whose behavior is viewed as deviant and socially or morally undesirable. Thus, deviance comes to be equated with illness.

Analyses of how societies and institutions produce conformity and engender compliance among populations have relevance in understanding how behaviors come to be seen as symptoms. For example, students are seen as problematic when they do not live up to social expectations (e.g., the norms set by "model" peers) or do not willingly comply to the rules and regulations related to controlled space, time, and behavior at school. The presumption too often is that the primary cause of the behavior is internal pathology rather than environmental factors or the reciprocal interplay of the environment with a personal vulnerability. In the U.S.A., for example, compulsory schooling and the pressure for academic achievement have created rules and social norms where students often are placed in situations that are not a good fit for their temperament, motivation, and capabilities (e.g., passive learning situations, expectation of sitting still and quietly attending for long periods to tasks they have little interest in pursuing).

ADHD in France and South Korea

It has long been clear that definitions and treatment of ADHD differ across the cultures. The emphasis in the U.S. is on use of the American Psychiatric Association's *Diagnostic Statistical Manual (DSM),* which stresses symptoms that are generally viewed as manifestations of an underlying biological disorder. In France, use of the French Classification of Child and Adolescent Mental Disorders (referred to as the CFTMEA) encourages a holistic, child-oriented view of symptoms that considers social and psychological causes. In turn, this encourages interventions that focus on the social context and psychodynamic considerations. Studies suggest that youngsters in the U.S.A. are 90 times more likely to be treated with medications than French kids.

In South Korea, unlike the U.S.A., there is a strong negative connotation with respect to mental health concerns, and individual needs are less recognized by the society. This stems from the cultural value placed on Confucianism, which is deeply embedded throughout the cultural history of Korea. A commitment to Confucianism stresses social harmony, which is pursued by interdependent-self, strong self-control, and high achievements, which are seen as ways of gaining social status. Thus, ADHD and other psychiatric labels are negatively viewed in the society (e.g., as a potential threat to a student's chances in college admission or job application processes). All this has led people to attribute ADHD-like symptoms to environmental or situational factors, putting a strong emphasis on parenting and a strict education system as a mechanisms that trigger stressful environments, resulting in inattentive or hyperactive behaviors. At the same time, the influence of the U.S.A. is causing some South Korean practitioners to reconsider current views about mental health concerns and causes.

Appreciating Non-Biological Factors

Social, political, and economic analyses point to many home, school, and community factors that can cause behaviors that may be interpreted as ADHD symptoms. Here are some examples of such factors the Centers for Prevention and Disease Control (CDC) highlights to increase understanding of what makes people susceptible to problems:

- •Diminished economic opportunities
- •High concentrations of poor residents
- •High level of family disruption
- •Low emotional attachment to caregivers
- •Parental substance abuse or criminality
- •Poor monitoring and supervision of children
- •Authoritarian childrearing attitudes
- •History of violent victimization
- •Low commitment to school and school failure
- •Involvement in gangs
- •Social rejection by peers
- •Socially disorganized neighborhoods
- •High level of transiency
- •Low levels of community participation
- •Low parental education and income
- •Poor family functioning
- •Low parental involvement
- •Harsh, lax or inconsistent discipline
- •Poor academic performance
- •Association with delinquent peers

http://www.cdc.gov/ViolencePrevention/youthviolence/riskprotectivefactors.html

What Role Does Television and the New Technology Play?

Children in our culture are immersed in television, videos, movies, electronic games, and the internet. This raises important questions for all researchers concerned with learning, behavior, and emotional problems and for those concerned with the over-pathologizing and false positive diagnosing of children and adolescents. (There already has been decades of research on the effects of television on young people, but many facets remain to be clarified, especially with respect to brain development.) As Anderson and Pempek (2005) stress: "As a society, we are engaged in a vast and uncontrollable experiment with our infants and toddlers, plunging them into home environments that are saturated with electronic media." Certainly, we need to learn much more about the positive and negative effects.

Most of what is discussed currently tends to highlight negatives. Examples: Christakis (2008) worries that early television exposure during the critical period of synaptic development (age of 1-3) may shorten children's attention spans, contributing to attention problems by age 7. He stresses that the TV programs that young children watch contain rapidly changing images, scenery, and events and these overstimulate a child's brain. Lillard and Peterson (2011) also state that fast-paced shows like Spongebob Squarepants, where scenes change on an average of every 11 seconds, have immediate negative effects, such as less task persistence, compared to slow-paced episodes characteristic of Sesame Street. Other examples raise concerns about the impact on perceptual-motor, cognitive, language, social, and emotional development. And much of what is said about television is repeated with respect to other electronic media.

Commonly reported is that learning, behavior, and emotional problems are *associated* with too much exposure to electronic media, and the *correlational* findings often are inappropriately generalized to causal conclusions about ADHD and LD. This inappropriate jump from correlation to causation, of course, happens over and over and is not restricted to the matters discussed here. We need to move beyond simple correlational studies, and we need to interpret findings using diverse perspectives.

With specific reference to schools, the increase in ADHD diagnoses in the last part of the twentieth century was, in part, the result of various pressures from within schools and from outside organizational advocacy. However, when it became evident at the onset of this century that many students with "garden-variety" learning and behavior problems were being diagnosed as LD and ADHD, the federal government began to push back (e.g., emphasizing the role of Response to Intervention as a way to reduce inappropriate special education diagnoses). Recognition of the role school practices play in causing learning and behavior problems also has led to calls for smaller classes, use of technology to help personalize instruction, less reliance on social controlling and authoritarian practices, and more opportunities for school staff to interact with students in a positive interpersonal manner. All this fits with a shift toward more positive school climate and culture and reciprocal determinist views of the problems manifested by many students, especially those exposed to the factors highlighted by CDC.

Concluding Comments

A sociological perspective can help balance the tendency to over-pathologize commonplace learning, behavior, and emotional problems. An even broader perspective comes from applying a reciprocal determinist paradigm when evaluating the causes of such problems.

As Nicholas Hobbs stressed many years ago: "Society defines what is exceptional or deviant, and appropriate treatments are designed quite as much to protect society as they are to help the child . . . . 'To take care of them' can and should be read with two meanings: to give children help and to exclude them from the community.'" Clearly, the trend to over-pathologize students contributes more to the latter than the former.

References and Resources Used in Preparing this Information Resource

Adelman, H., & Taylor, L. (2010). *Mental health in schools: Engaging learners, preventing problems, and improving schools.* Thousand Oaks, CA: Corwin Press.

Ahn, D.H., Kang, H., Kim, B., Kim, J., Shin, D., Yang, S., et al. (2007). The Korean practice parameter for the treatment of attention-deficit hyperactivity disorder. *Journal of Korean Academy of Child and Adolescent Psychiatry, 18,* 9-19.

Anderson, D., & Pempek T. (2005). Television and very young children. *American Behavioral Scientist, 48,* 505-522.

Bauermeister, J.J, Canino,G., Polanczyk, G. & Rohde, L.A. (2010). ADHD across cultures: Is there evidence for bidimensional organization of symptoms? *Journal of Clinical Child & Adolescent Psychology, 39,* 362-372.

Batstra, L., & Frances, A. (2011). Holding the line against diagnostic inflation in psychiatry. *Psychotherapy and psychosomatics, 81,* 5-10.

Christakis, D. (2008). The effects of infant media usage: What do we know and what should we learn? *Acta Paediatrica, 98,* 8-16. doi:10.1111/j.1651-2227.2008.01027.x

Conrad, P. (2007). *The medicalization of society: On the transformation of human conditions into treatable disorders*. Baltimore: Johns Hopkins University Press.

Evans, W.N., Morrill, M.S., & Parente, S.T. (2010). Measuring inappropriate medical diagnosis and treatment in survey data: The case of ADHD among school-age children. *Journal of Health Economics, 29*, 657-679.

Finn, J., Pannozzo, G., & Achilles, C. (2003). The "why's" of class size: Student behavior in small classes. *Review of Educational Research, 73*, 321-368.

Green, J. G., Gruber, M. J., Kessler, R. C., Lin, J. Y., Mclaughlin, K. A., Sampson, N. A., Zaslavsky, A. M. and Alegria, M. (2012). Diagnostic validity across racial and ethnic groupsin the assessment of adolescent DSM-IV disorders. *International Journal of Methods in Psychiatric Research, 21*, 311–320. doi: 10.1002/mpr.1371

Harrison, A.G., Edwards, M.J., & Parker, K.C. (2007). Identifying students faking ADHD: Preliminary findings and strategies for detection. *Archives of Clinical Neuropsychology, 22*, 577-588.

Hinshaw, S. P., & Scheffler, R. M. (2014). *The ADHD explosion: Myths, medication, money, and today's push for performance.* Oxford University Press.

LeFever, G.B., Arcona, A.P.& Antonuccia, D.O. (2003). ADHD among American school children: Evidence of overdiagnosis and overuse of medication. *The Scientific Review of Mental Health Practice, 2*, 1-21. Http://www.srmhp.org/0201/adhd.html

Lillard, A., & Peterson, J. (2011). The immediate impact of different types of television on young children's executive function. *Pediatrics*, 644-649. doi:10.1542/peds.2010-1919.

Moon, S. (2011). Cultural perspectives on attention deficit hyperactivity disorder: A comparison between Korea and the U.S. *Journal of International Business and Cultural Studies, 6*, 1-11.

Morgan, P. L., Staff, J., Hillemeier, M. M., Farkas, G., & Maczuga, S. (2013). Racial and ethnic disparities in ADHD diagnosis from kindergarten to eighth grade. *Pediatrics, 132*, 85-93.

Polanczyk, G., de Lima, M., Horta, B., Biederman, J., & Rohde, L. (2007). The worldwide prevalence of ADHD: A systematic review and metaregression analysis. *American Journal of Psychiatry*, *164*, 942-948.

Schwarz, A, Cohen, S. (2013, March 31). A.D.H.D. seen in 11% of U.S. children as diagnoses rise. *The New York Times*. http://www.nytimes.com/2013/04/01/health/morediagnoses-of-hyperactivity-causing-concern.html?pagewanted=all&_r=0

Scull, A. (2014). Attention deficit hyperactivity disorder (ADHD). In *Cultural sociology of mental illness: An A-to-Z guide* (Vol. 2, p. 57). Sage Publications.

Stankov, L. (2010). Unforgiving Confucian culture: A breeding ground for high academic achievement, test anxiety and self-doubt? *Learning and Individual Differences, 20*, 561-561. doi:555-563

Wright, G. (2012). ADHD Perspectives: Medicalization and ADHD Connectivity. Paper presented at the Joint Australian Association for Research in Education and Asia-Pacific Educational Research Association Conference (AARE-APERA 2012) World Education Research Association (WERA) Focal Meeting (Sydney, New South Wales, Dec 2-6, 2012). http://files.eric.ed.gov/fulltext/ED542257.pdf

In addition, for an updated perspective on cultural aspects of ADHD in South Korea, Sang Yon Yeum conducted email interviews with Dr. Ahn and Dr. Hwang.