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Title of the extended essay: ADHD - Disease or Parental Deficit?

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The extended essay I am submitting is my own work (apart from guidance allowed by the International Baccalaureate).

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Date: 24/0/09

ADHD – Disease or Parental Deficit?

International Baccalaureate Program

August 2008
Word Count: 3,553

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ADHD-Disease or Parental Deficit?

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Abstract

Attention Deficit Hyperactivity Disorder (ADHD/ADD) is a mental illness characterized by inattentiveness, hyperactivity, and impulsivity. Controversy concerning the legitimacy of the disorder is widespread- some recognize it as a disorder, while others believe that ADHD is nothing more than the result of poor parenting. Scientific data, as well as my own personal experiences have proven that ADHD is, in fact, as legitimate a disorder as any. Those who are diagnosed are not written off as disciplinary problems when they are merely incapable of [continuous] self control. My own mother and brother have fallen into these terrible behavioral misunderstandings, yet they are two of the brightest people I know. This is not to say that every child diagnosed with ADHD/ADD is genuinely a case; there are those parents who are simply looking for excuses to their child's poor behavior. But for those who truly have fallen to the mercy of this disorder, the fault is not their own.

no RQ
no Scope
no Concl.

Introduction

Attention Deficit Hyperactivity Disorder/Attention Deficit Disorder

(ADHD/ADD) is a psychiatric disorder that supposedly impacts only three to five percent of children in the United States, which translates into approximately two million children. Over the last decade, though, children have been diagnosed with ADHD/ADD at alarming rates reaching an almost epidemic status. While there is more than sufficient scientific data supporting the diagnosis of ADHD/ADD as a true form of mental illness, many people – to include even psychiatrists and other health care providers in the mental health medical community – believe that the diagnosis is merely a myth. They believe the impulsive and/or inattentive behaviors of ADHD/ADD are actually caused by a lack of self-control and/or a manifestation of insufficient parenting. In my opinion, ADHD/ADD is absolutely a true and viable disease state. I derive my opinion simply by considering the fact that I have consulted some information of the enormous scientific body of evidence, but also from my first hand experience of living with two family members who have the disease. ✓

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Thoroughly disregarding the plethora of information discussing this psychiatric disorder, some firmly believe that ADHD/ADD is nothing more than a pathetic excuse, and a two-fold excuse at that. On one hand, the child could simply be acting out, for whatever reason, be it a self control difficulty or some other form of behavioral problem. This particular type of behavior is considered 'normal' for children in their earliest years of schooling. Even those in the medical field are confident in their beliefs that children are *supposed* to speak without first thinking, to be incapable of sitting still for extended periods of time, and to be inattentive at times. On the other hand, psychiatrists and ✓

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skeptics alike theorize that ADHD/ADD is only the result of a lack of discipline from parent to child in this new generation, viewing these cases from a “spare the rod, spoil the child” standpoint. Granted, some of these supposed ADHD/ADD cases can clearly be the manifestation of insufficient parenting, a need for boundaries, but those are not the particular cases to be addressed. ✓

NO RQ.

What is ADHD/ADD?

In 1845, a physician by the name of Dr. Heinrich Hoffman described ADHD. Also a medicine and psychology author, Dr. Hoffman became interested in children’s books when he could not find suitable reading material for his three year-old son. He then wrote a book of poems, illustrations included, about different characteristics of children. “The Story of Fidgety Philip” impeccably described a young boy with Attention Deficit Hyperactivity Disorder. Sir George F. Still published a series of lectures in 1902 depicting impulsive children with behavioral problems caused by a genetic dysfunction rather than poor child rearing. Several thousand scientific papers on the disorder have provided information on its nature, course, causes, impairments, and treatments since that time. (ADD Coach Academy, page 1-2) ✓

Basic Des

Attention Deficit Hyperactivity Disorder becomes apparent in children in the preschool- early school years; children have a difficult time controlling their behavior and/or paying attention. According to the Diagnostic and Statistical Manual, Fourth Edition (DSM IV), if a child has not been diagnosed with ADHD/ADD by age six, they cannot be diagnosed. There is no late onset for this particular psychiatric disorder. ✓

What does ADHD/ADD look like?

The specific behaviors of children with ADHD/ADD of course vary; however, there are three principal characteristics of ADHD/ADD: inattention, hyperactivity, and impulsivity. The inattentive children get bored quickly, and cannot focus on one task. If the task at hand is one that the child enjoys, there will be no trouble focusing, but once organization, completion of tasks, and/or learning to things comes into play, difficulties arise. The DSM IV characterizes the inattentive student as one that is easily distracted by extraneous sights and sounds, does not pay attention to detail, and makes careless mistakes. The inattentive child is also said to skip from one unfinished task to the next, to rarely follow instructions carefully, to completely forget or lose things like toys, pencils, books, and tools needed for a task. For the inattentive child, homework is a particularly difficult task, for they tend to forget to write assignments down, or bring home a book [and the correct book at that]. Frustrating as it may be, the homework, if completed, is usually full of errors and erasures (Coach Academy "Signs", 1) ✓

The hyperactive children are those that are "on the go", moving relentlessly. These hyperactive, or hyper, children eagerly touch and/or play with anything in sight, or talk incessantly. Sitting still at the dinner table or throughout a school lesson/story can turn out to be tricky, fidgeting and squirming in their seats. Hyperactive teenagers and adults tend to feel restless when eating as they eat, and may feel the need to roam around the room, or wiggle their feet, touch everything, or tap noisily (Coach Academy "Signs", 2). ✓

According to the DSM IV, the three patterns of behavior that indicate ADHD (inattentive, hyperactivity, and impulsivity), give way to three "subtypes" of ADHD

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recognized by professionals [that is, if they so choose to recognize ADHD as a mental disorder]. These subtypes are the predominately hyperactive-impulsive type; the predominately inattentive type; and the combined type. The predominately hyperactive-impulsive type does not show significant inattention; the predominantly inattentive type does not show significant hyperactive-impulsive behavior, which is sometimes called ADD—an outdated term for this entire disorder; the combined type which displays both inattentive and hyperactive-impulsive symptoms (Coach Academy “Signs”, 2).

ADHD/ADD History

The earliest scientific reference to poorly behaved children is attributed to Sir George F. Still and his description of the child symptoms of aggression, resistance to discipline, poor self-control, hyperactivity, and poor attention in group activities in 1902. This depiction of these children is remarkably consistent with what we now call ADHD/ADD. Still believed the children exhibited a “defect in moral control” resulting from a biological predisposition or pre- or postnatal injury (Meaux, 2).

The encephalitis epidemic (encephalitis being an [acute] inflammation of the brain, commonly cause by a viral infection) of 1918 mounted support for the theory that brain damage caused poor behavioral control and hyperactivity. Children who recovered from acute encephalitis often displayed drastic personality changes, for example, hyperactivity, distractibility, antisocial behavior, and especially, a resistance to discipline. Clinicians noticed the similar symptoms in children who had suffered from other brain disorders, such as epilepsy, head injury, or anoxia. The apparent link then deemed the disorder as “minimal brain damage”. Controversy in the 1930s over the causes of the disorder began to relate different terms to the same pattern of behavioral symptoms.

Historical

info

“Restlessness” syndrome was the name applied to children who showed normal to superior intelligence with no signs of brain injury, but exhibited symptoms of hyperactivity, poor attention span, impulsivity, etc. Scientists believed the child’s symptoms derived from psychological etiology caused by either parental overindulgence or parental neglect. On the other hand, two scientists, Kahn and Cohen believed that “defective brainstem organization caused ‘organic drivenness,’ a term the two introduced to describe hyperactivity (Meaux, 3). ✓

In 1937, stimulant drugs began to be used to treat the behavioral problems with Dr. Charles Bradley. Dr. Bradley discovered, by accident, that hyperactive children responded well to the drugs. After taking Benzedrine, the children improved performance in school, were less disruptive, and were able to concentrate. Dr. Bradley results did not spark interest until the early 1960s (Meaux, 3). ✓

The scientific community began questioning the theory of brain damage causing behavioral disorders throughout the 1950s and 1960s. Research began to grow, and focus was transferred from brain damage notion to the hyperactive symptom itself. Scientists then substituted the term “hyperkinetic syndrome” in place of the previous “minimal brain damage.” Scientists felt this change would better describe the broad range of behavior and learning disorders. The next shift of scientific focus occurred in the 1970s, caused by the steadily growing body of literature about the disorder. Other symptoms of ADHD/ADD (examples: poor attention span, impulsivity control issues, etc) began to receive more concentration than the hyperactivity. The diagnostic criteria were then established, as was an official name: Attention-Deficit Disorder, and later Attention-

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Deficit Hyperactivity Disorder. During this time, the use of stimulant medications for hyper children same period increased exponentially (Meaux, 3).

In spite of the evidentiary support of stimulant medicines for hyperactive children, public and professional “drugging [of] schoolchildren” soon became a dilemma. Additional theories speculating causes of hyperactivity began surfacing quickly during the 1970s, such as diet, rapid cultural changes, and poor parenting; however support of these theories was inconsequential. The 1980s reallocated research, as it continued through the 1990s, due to the foible of finding the key deficits in children with ADHD/ADD (Meaux, 4). ✓

ADHD/ADD Disbelief

“ADHD has received more scientific scrutiny than any other childhood psychiatric disorder,” and yet there are still those that remain undaunted by the legitimacy of this [child] behavioral disorder (Fritz, 1). Now ordinary in America, millions of children are prescribed numerous addictive, hazardous medicines to control typical child behaviors, for which no cure is needed. Scientists have questioned the ADHD happening and why has it not been documented over time? Or in different cultures? Or even in animals? Although there is not scientific evidence supporting this hypothesis, ADHD disease model supporters wholly believe that ADHD is nothing more than the manifestation of a chemical imbalance in the brain. Scientists question the validity of the disorder, inquiring why, if ADHD is, in fact, a neurological disorder, the sudden change of the neurological system of the typical American boy over the last decade? (Stolzer, 113) ✓

ADD/ADHD has frequently claimed patients that did not have the inattentive disorder, for there are a number of other conditions displaying similar symptoms, both mental and genetic. A few of the majorly mistaken symptoms are: learning and language disorders, disorderly conduct, depression, and anxiety (Rappley 1). The concept of the illegitimacy of the diagnosis allows room for question; if the disease cannot stand strong alone as a diagnosis, how could it possibly be admissible as a serious disorder? Other?

not related

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ADHD/ADD Cause and Effect

The public, predominately parents of diagnosed children, tends to question the etiology [cause] for the disorder, wondering what has happened to the child to make them ADHD children. The majority of authentic diagnoses were indeed said to have been caused by some neurological or genetic defect, although this is not to disregard the role of environmental factors in the severity of the disorder. The degree of affliction and impairment the child may have may be due to environmental factors, but these factors alone do not seem to cause the disorder (Child Developments Institute, 1). ✓

One agent that is potentially associated with a higher risk of ADHD/ADD is lead, finding high levels of lead in preschool children. Lead is no longer allowed in paint, and is often found in older buildings, toxic exposure to elevated lead levels is not as recurrent as it once was. Earlier suggestions as to the cause state that some children who have suffered brain damaging accidents behave similar to children diagnosed with ADHD/ADD; however, minute percentages of children with ADHD/ADD were found to have suffered traumatic brain damage (Child Developments Institute, 1). ✓

LEAD

Attention disorders have, in addition, suggested to be caused by refined sugar or food additives, or that the symptoms of ADHD/ADD worsen by refined sugar or food additives. In 1982, the National Institutes of Health held a conference to discuss the subject, and found that five percent of children with ADHD/ADD improved with diet restrictions. [This five percent consists of children with food allergies.] (Child Developments Institute, 2) ✓

The last and perhaps the most probable suggestion, is that attention disorders have genetic influences. Studies show that twenty five percent of the relatives in families of a(n) ADHD/ADD child(ren) also have ADHD/ADD; however, in the general population, the rate is only five percent. Researchers continue to study this genetic role in ADHD/ADD in an attempt to identify the genes that cause a person to be inclined to have ADHD/ADD (Child Development Institute, 2). Technically speaking, ADD/ADHD does not affect the body as much as it does the interpersonal skills necessary for a fulfilling and successful lifestyle. ✓

ADHD/ADD Personally

The children involved with the ADD/ADHD cases seem typical, just much more "busy-bodied." For example, as stated in an article by Marsha Rappley:

A mother brings in her eight-year-old son for evaluation after he is suspended from riding the school bus for jumping out of his seat, teasing other children, and not following directions. He spends two to three hours a night with homework that he never successfully completes. His mother wants to know whether he has attention deficit-hyperactivity disorder. ✓

FOOD

GEN

↑ each only mentioned & not elaborated

Most children, especially males, have symptoms similar to these-not necessarily bad children, yet random and constantly distracted (example: the boy tries, daily, to complete his homework, but struggles nonetheless, etc). Rappley, utilizing diagnostic criterion tables from the DSM IV, indeed recognizes that this boy has ADD/ADHD; not that he is a bad child, or that he is suffering from some past traumatic experience, but that he is solely incapable of self control and attentiveness. ✓

As previously stated, I was exposed to ADHD/ADD at a young age, matter-of-factly, it was all I knew. I grew up (and still reside in) a home with two individuals that have been diagnosed with Attention Deficit Hyperactivity Disorder/ Attention Deficit Disorder. Those two people, my mother (Kimberly) and my brother (George), have more than proven to me that ADHD/ADD is indeed a mental illness. They do not physically *try* to do the things they do, these things just happen: the absentmindedness, the random outbursts of energy, the speaking on impulse, the daydreaming at the most inopportune times possible. ✓

Because I grew up without ADHD/ADD in a home with two individuals who did have the disorder put me in a position to be the most consistent. I would keep up with keys, purses, wallets, homework assignments, money, everything, not because I was forced or told to, but because I was the only one that could do it consistently. My mother would walk outside in the mornings to go to work, get in her car, and wonder what is missing, and have no idea that she had left her purse and keys inside. It got to the point where I would be standing at the door with the two in hand when she came dashing through the door in search of them, and it became routine for me, which ending up working for everyone. ✓

Personal
exp.

anecdotal

My mother's ADHD/ADD put her into quite a bit of trouble as a child, and even more as an adolescent/teenager; she was always disciplined for forgetting things, for being a "busy body". Because my mother has ADHD/ADD, I am led to believe that this psychiatric disorder most certainly is genetic rather than perhaps a brain injury because my mother and brother are two of the most brilliant people one could ever hope to meet.

Raised in the olden days of "children are to be seen and not heard", my mother was disciplined for impulsively jumping into adult conversations, singing, and dancing at the most inopportune times. When questioned, she would respond, "I couldn't help it," and that is honestly what she felt. As a child [in school], my mother was constantly chastised for running around energetically, impulsively speaking out of turn, for which her punishment was the dreaded "time-out". Time out for my mother was indescribably difficult. Although she was supposed to sit still and quietly, the silent secluded area compelled her to play with the chair she sat on, to tap and sing happily to herself. Seeming disobedient, she would again be told to sit still. She always tried to sit still, but she felt as though she had to move, fidget, and squirm. Constantly sent to time out or the principal's office, my mother was written off as a disciplinary problem child, but when her academics were called into question, she was exceptional.

As an adult, the ADHD/ADD still got my mother into a bit of trouble, but it was occasionally more serious. Because she had her absentminded moments, she would be "spacing," as we call it at home, and driving, which of course means my mother got into countless car accidents. But my mother is not deaf, dumb, or stupid.

Granted my mother did undergo some stressful times in her childhood: to be given up by your biological mother is hard. Thankfully, my mother's aunt (her mother's

sister), a school teacher, took her in. Soon after, in her early teenage years, my mother was bounced around to numerous relatives, to whoever was willing to take her. After in a home for so long, her 'disciplinary problems' became her enemy, for the relatives she lived with did not know how to handle her behavior, and would give her up to the next willing relative. Although trauma is suggested to be one of the underlying causes of ADHD/ADD, I do not believe her trauma contributed to her behavior because the trauma came after the disciplinary problems. ✓

My older brother, George, was much more of a handful than my mother, who has had years to adapt and learn from her ADHD/ADD. George was a loveable child, however loquacious he may have, and perhaps the busiest child around at the time. He would be sleepy beyond words, and he would run around in circles, screaming with laughter, and all of a sudden he would fall to the ground, fast asleep. George was notably destructive and absentminded as an adolescent, as well as absentmindedly destructive. My mother refused to put George on drugs like Ritalin, "calming" drugs used to "treat" ADHD/ADD, recognizing that if he was put on the drug, he would be on it for an extended period of time. ✓

George loves the game of baseball, and played as a child. Well, George was on the baseball team. He did not get much playing time because when he did, he would be absentmindedly picking flowers rather than focusing, paying attention to the game. But when children play recreational sports, everyone plays, so George got his chance. He would be called up to bat, and would be so excited that he would get to hit; but he would strike out because he impulsively swung before the ball reached him. George loved the game, but could not control his actions. ✓

Even as a teenager, a young man, George still finds himself blurting out answers in class before he even thinks to raise his hand, spontaneously bursting into song for no apparent reason, and even impulsively pulling chairs out from under his classmates. But because he was a male, George's destructive nature was [unfairly] perceived much differently than my mother's. Although George practically lived in time out, silent lunch, detention, etc, he was by chance one the most gifted individuals throughout his schooling. George was also [slightly] traumatized by the divorce of our parent at age seven, as was I, but he, like my mother, behaved impulsively and absentmindedly before the divorce. Why does he do the things he does? When asked, George will stop, genuinely think about it, and still be unsure as to motive behind his actions. But is that his fault?

Summary

The people who refuse to acknowledge the existence of behavioral and attention disorders have yet to experience it firsthand, for a loved one to be written off as a mere derelict. I have two prime examples, and they are the greatest people in my life. They mean absolutely no harm, and they do not enjoy receiving the repercussions of their actions. They despise feeling like "problems" or burdens, but simply cannot control their behavior as someone like me could. Often times, they do not understand why they move incessantly, just that it happens without warning. I firmly believe that Attention Deficit Hyperactivity Disorder is a genetic mental disorder. Unreflective of character, I am certain that if those with ADHD/ADD could stop and think things all the way through, keep up with things on their own, or pay attention to important details, they would. Unfortunately, that option has yet to be presented to them. I've seen the looks of

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wonderment at how I can manage to sit still for a movie in its entirety, how I can keep up with all my belongings, how I remember everything. The ADHD/ADD is not something easily controlled.

Likewise, I believe that there are diagnosed (and “treated”) cases of ADHD/ADD that are not true; I believe that some parents who did not do a marvelous job of child-rearing look for excuses to their child’s ridiculous behavior, and pass it off as ADHD/ADD. However, I refuse to believe that all cases are as such.

I cringe at the notion that drugs like Ritalin or Dexedrine are the solution to ADHD/ADD. There is nothing ‘wrong’ with the physical composition of those diagnosed, so why is medicine implemented to ‘fix’ them? These drugs used to treat the disorder are used until the symptoms decrease, until control is attainable. But is it honestly worth it, to put a loved one on drugs for the rest of their lives just to make them settle down? No, it is not, and yet nowadays, parents are willing to drug their children for them to be “normal”. From someone who knows, being normal is vastly overrated.

✓
No conclusion
as no RQ.

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Assessment form (for examiner use only)

Candidate session number	0	0						
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Assessment criteria		Achievement level		
		First examiner	maximum	Second examiner
A	research question	0	2	0
B	introduction	1	2	1
C	investigation	1	4	1
D	knowledge and understanding	2	4	2
E	reasoned argument	0	4	0
F	analysis and evaluation	1	4	1
G	use of subject language	1	4	1
H	conclusion	0	2	0
I	formal presentation	2	4	2
J	abstract	0	2	0
K	holistic judgment	2	4	2
Total out of 36		10		10

Name of first examiner:
(CAPITAL letters)

Examiner number: ..

Name of second examiner:
(CAPITAL letters)

Examiner number: ..