

"Attention Deficit Hyperactivity Disorder" (ADHD) is Actually Correlated with Creativity and Achievement

By <u>Washington's Blog</u> Global Research, October 31, 2014 <u>Washington's Blog</u> Theme: <u>History</u>, <u>Science and Medicine</u>

Albert Einstein and Steve Jobs Would Be Diagnosed with ADHD If They Were Born In This Decade

Scott Barry Kaufman (PhD in cognitive psychology from Yale) <u>writes</u> in Scientific American:

Research ... has supported the notion that under certain conditions, people with ADHD characteristics are more likely to reach higher levels of creative thought and achievement than people without ADHD (see <u>here</u>, <u>here</u>,

Recent work in cognitive neuroscience also suggests a connection between ADHD and creativity (see <u>here</u> and <u>here</u>). Both creative thinkers and people with ADHD show difficulty suppressing brain activity coming from the "<u>Imagination Network</u>."

Consider the case of John, who in 1949 attended Eton College and dreamed of becoming a scientist. However, last in his class, he received the following comment on his report card:

His work has been far from satisfactory ... he will not listen, but will insist on doing his work in his own way ... I believe he has ideas about becoming a Scientist; on his present showing this is quite ridiculous, if he can't learn simple Biological facts he would have no chance of doing the work of a Specialist, and it would be a sheer waste of time on his part, and of those who have to teach him.

This was <u>Sir John B. Gurdon</u>, winner of the 2012 Nobel Prize in Physiology or Medicine for his revolutionary research on stem cells. Like so many other highly creative, competent individuals, he might have been referred for testing and given the label "attention deficit hyperactive disorder."

Indeed, a teacher told young Albert Einstein that "<u>never will he get anywhere</u>," because young Einstein resented his authoritarian teaching style.

As a pediatrician put it:

If Einstein and Steve Jobs were born in this decade, I am sure they would have been classified as something and maybe started on meds, and then the world would not have seen their genius.

Overdiagnosed

Many experts think that ADHS is overdiagnosed (especially among boys.)

Why?

There may be several reasons.

MinnPost <u>reports</u> that money might be partly to blame:

Widening the definition of <u>attention deficit hyperactivity disorder</u> (ADHD) has led to an overdiagnosis of the condition, causing many people, especially children, to receive needless and potentially harmful medical treatment, according to <u>a research analysis</u> published online Wednesday in the journal <u>BMJ</u> (British Medical Journal).

Some 78 percent of the medical experts who participated in developing the DSM-5 guidelines for ADHD and other disruptive behavior disorders had financial conflicts of interest through ties to the pharmaceutical industry, report the authors of the BMJ paper.

It's been estimated that between \$320 and \$500 million is spent annually in the U.S. on medications for people inappropriately diagnosed with ADHD.

Salon notes that *standardized testing* might be another factor:

Now comes a book that, finally, offers a data-based analysis that could begin to account for an increase on this scale. "<u>The ADHD Explosion</u>," by Stephen Hinshaw and Richard Scheffler, considers all kinds of factors that may contribute to the surge, from diagnosis by undertrained and harried pediatricians to pharmaceutical advertising. But the eye-opening insight from Hinshaw, a clinical psychologist, and Schleffler, a health economist, who are colleagues at University of California, Berkeley, is the correlation between educational policies and the prevalence of ADHD diagnoses.

Using <u>Centers for Disease Control surveys</u>, Hinshaw and Sheffler found that when rates of ADHD diagnoses are broken down by state, it turns out that there are dramatic discrepancies. Based on the most recent survey, from 2011, a child in Kentucky is three times as likely to be diagnosed with ADHD as a child in Nevada. And a child in Louisiana is five times as likely to take medication for ADHD as a child in Nevada.

And these states aren't just outliers. The five states that have the highest rate of diagnoses — Kentucky, Arkansas, Louisiana, Indiana and North Carolina are all over 10 percent of school age children. The five states with the lowest percent diagnosed — Nevada, New Jersey, Colorado, Utah and California — are all under 5 percent. The disparity is even greater for kids prescribed ADHD medication. The same five states are at the top of the list, all of them with over 8 percent of kids getting medication. The states at the bottom of the list for medication — Nevada, Hawaii, California, Alaska and New Jersey — are all under 3.1 percent.

What the team found was that high rates of ADHD diagnoses correlated closely with state laws that penalize schools when students fail. Nationally, this approach to education was enacted into law in 2001 with No Child Left Behind, which makes funding contingent on the number of students who pass standardized tests. In more recent years, similar testing-based strategies have been championed by education reformers such as Michelle Rhee. But many states passed these accountability laws as early as the 1980s, and within a few years of passage, ADHD diagnoses started going up in those states, the authors found, especially for kids near the poverty line.

ADHD diagnoses of public school students within 200 percent of the federal poverty level jumped 59 percent after accountability legislation passed, Hinshaw reports, compared with less than 10 percent for middle- and high-income children. They saw no comparable trend in private schools, which are not subject to legislation like this.

How do ADHD diagnoses help schools at risk of losing their funding? First, Hinshaw notes, for kids who do have ADHD, it should improve their performance in school, including their test scores. Second, it may help kids who are disruptive in class settle down, which could improve scores for the whole class. Finally, in many areas, the test scores of student with ADHD diagnoses aren't counted. So even it if it doesn't help the child, it might help the school.

And as MedScape points out, there are other factors at work, as well:

A nurse practitioner cited regrettable practicalities rather than overt corruption:

It is easier to medicate kids than to have small classes, lots of playground time, and lots of classroom structure. Unfortunately, I think we are doing a disservice to kids when we medicate them instead of keeping them active enough to take the edge off their behavior and then teaching them how to behave in school and at home.

A pediatrician drew from valuable, nonprofessional experience:

As the mother of a young man with ADD (and Asperger's), [I agree that] it is our society that in many ways has created this epidemic. Where were these boys 50 or 100 or 1000 years ago? They were outside, they were busy doing things, they lived in societies and cultures that had a place where they could develop their talents; and their behavior, for the most part, was tolerated. In our modern society, a premium is placed on being mostly sedentary and quiet.

One nurse <u>asks</u>:

Do we really want to force everyone to be equally boring through medications?

The original source of this article is <u>Washington's Blog</u> Copyright © <u>Washington's Blog</u>, <u>Washington's Blog</u>, 2014

Comment on Global Research Articles on our Facebook page

Become a Member of Global Research

Articles by: Washington's Blog

Disclaimer: The contents of this article are of sole responsibility of the author(s). The Centre for Research on Globalization will not be responsible for any inaccurate or incorrect statement in this article. The Centre of Research on Globalization grants permission to cross-post Global Research articles on community internet sites as long the source and copyright are acknowledged together with a hyperlink to the original Global Research article. For publication of Global Research articles in print or other forms including commercial internet sites, contact: publications@globalresearch.ca

www.globalresearch.ca contains copyrighted material the use of which has not always been specifically authorized by the copyright owner. We are making such material available to our readers under the provisions of "fair use" in an effort to advance a better understanding of political, economic and social issues. The material on this site is distributed without profit to those who have expressed a prior interest in receiving it for research and educational purposes. If you wish to use copyrighted material for purposes other than "fair use" you must request permission from the copyright owner.

For media inquiries: publications@globalresearch.ca