

Case histories

Attention deficit hyperactivity disorder

Think of all the names we have for children who cause trouble in classrooms: difficult, disruptive, naughty, attention-seeking, badly brought up, just plain bad. After the end of World War 2, American psychiatrists, pharmaceutical companies, and educationalists added a new term to this list, and a potent new frame for bad behaviour. Children who could not keep themselves in a chair or concentrate on a blackboard were not difficult or bad but hyperactive. They were suffering, so the new argument ran, from “a genetic, neurological glitch”, in the words of the historian Matthew Smith, and their condition could be managed with regular doses of stimulants.

Hyperactivity has become a controversial term in the history of modern childhood, not least because interventions in childhood can have such a profound effect on the course of a life. What counts as good evidence for action, and should it come from parents, teachers, physicians, counsellors, or children themselves? If education is about guiding children towards a happy, productive adulthood, should we try to do this with welfare programmes, therapeutic relationships, parenting classes, additive-free diets, drugs, or some combination of these approaches? More radically, should we stigmatise and medicate children who may just have a different way of engaging with the world? Should we mould them to our notions of education, or adapt our classrooms to them? And how do we balance these powerful critiques with the experienced reality of so many sufferers, and the relief they find in drugs like methylphenidate (Ritalin)?

As Smith has noted, the histories of hyperactivity found in clinical textbooks and papers throw little light on these questions. Most authors have contented themselves with picking out a small number of isolated descriptions—often beginning with “Fidgety Philip” in Heinrich Hoffman’s terrifying *Struwwelpeter* (1844)—and diagnosing historical and literary figures from Oliver Cromwell to Dennis the Menace. Instead, Smith argues, we should ask why hyperactivity, a widespread and culturally various human trait, compelled so much psychiatric concern, pharmaceutical investment, and cultural anxiety in the second half of the 20th century—and why first in the USA?

Historians like Smith, Edward Shorter, and Andrew Scull have found three answers to this conundrum. The first lies in the “post-Sputnik panic” of the late 1950s, as American schools, already under strain from the population spike of the baby boom, struggled with the demand for a technologically capable workforce to maintain the USA’s standing in the Cold War. In an era of paranoia and pressure, disruptive underachievers could look like a threat to national security. Second is what Shorter called “the second biological psychiatry”: the wave of potent new

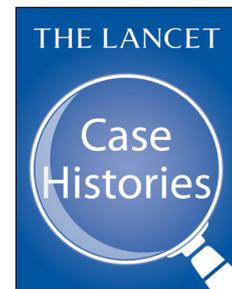
tranquillisers and antipsychotics mass-produced in the USA from the 1950s, and marketed directly to consumers through magazine adverts. Baby boomers grew accustomed to medicating their moods, and their children’s moods. Finally, the “neo-Kraepelinian approach” identified by Scull in late-20th-century American psychiatry provoked a move away from psychodynamic categories and aetiologies, and towards diagnoses rooted in checklists of symptoms.

Ritalin—the drug most associated in the popular mind with hyperactivity—was first synthesised during World War 2 by the CIBA research scientist Leandro Panizzon. After it received approval from the US Food and Drug Administration in 1955, CIBA poured resources into marketing both Ritalin and the concept of hyperactivity, producing pamphlets for patients and teachers, and arranging community meetings in schools. The first major study of Ritalin and hyperactivity, published in *The American Journal of Psychiatry* in 1963, has often been taken as a blanket endorsement, but its conclusions were more nuanced: the study focused on severely disturbed children, and noted major side-effects in many.

A subtle but important change to the framing of hyperactivity came in 1980, when the *Diagnostic and Statistical Manual of Mental Disorders-III* included the diagnosis of “attention deficit disorder with or without hyperactivity”. By including inattention, this broadened the diagnosis to include many more children (and many more girls). A revision to DSM-III in 1987 introduced “attention deficit hyperactivity disorder”, and it is this name which has become associated with global anxieties over hyperactivity. When the writers of *The Simpsons* ended a 1999 episode with Bart Simpson singing “When I can’t stop fiddlin’ I just takes my Ritalin/ I’m poppin’ and sailin’, man!”, they could be sure of a big, knowing, and uneasy laugh from audiences around the world.

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Further reading

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Scull A. Madness and civilisation. London: Thames & Hudson, 2015

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