

Psychologically Speaking (Understanding ADD/ADHD)

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Understanding ADD/ADHD or The Facts You Never Read In The Popular Press

To really understand what ADD/ADHD (Attention-Deficit Disorder/Attention-Deficit Hyperactivity Disorder) are, parents must have the following facts.

(1) ADD and ADHD are descriptions of behavior, like stating that a child tends to walk fast--which some clinicians believe are metabolic or neurological in nature but there is no hard evidence for either belief.

(2) Both schools and clinicians use the same terms (ADD/ADHD) to describe some problematic youth but a child who fits into the school's classification does not necessarily fit into that of the clinician, who uses the Diagnostic and Statistical Manual IV, this leading to confusion.

(3) All people have basic psychological abilities which enable them to function in the world. These include the ability to control thinking and behavior, deal with feelings, modulate mood, develop a sense of who they are, distinguish reality from fantasy, and others. These capacities develop in the first three years of life.

(4) If a child experiences too great stress during their first three years of life, weakness of one or more of these basic psychological abilities can occur. This can lead to such later problems as the child having difficulty concentrating in school and others. These difficulties have been well understood for the past fifty years and are described, using professional theoretical terms, as reflecting elements of a borderline psychotic psychostructural organization or, in layman's terms, the weakness of basic psychological abilities because of faulty early developmental experiences. Despite the use of the term "psychotic," the phrase does not mean that the child is psychotic and these difficulties can vary greatly in severity: from being so mild as to be barely visible to parents who interact with the child daily, to being so severe as to cause a child to be unable to function in a normal school setting.

(5) These difficulties may be healed through individual psychotherapy with the child in which his deficient psychological abilities become replaced with more mature ones (so enabling, for example, the child to come to have a better ability to control their thinking and so be able to concentrate in school). As with any treatment, no guarantee of success can be made and, all other factors being equal, the earlier treatment is begun, the better the prognosis.

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