The last normal child: multi-level and multi-angle diagnosis of parental and behaviour problems

Open college lecture by Rik Prenen (Vrij CLB-Limburg and senior lecture in the short courses of the Problem Based Learning program), March 27th 2012, Department Social work, University Dublin & University College Waterford Ireland.

When I told my grandma (some decades ago) that I tried to make a living as a social worker, specialized in parenting and behavioural problems, she looked at me and frowned. "Are you sure you can really make a living out of that?", she said. From her point of view, parental or behaviour problems simply didn't exist at all. OK, maybe they did, but that kind of problems only occurred in "certain backwater – and let's face it, rather unsavoury - families". Decent families knew very well how to raise their kids and they certainly didn't need some kind of parental intruder. During World War Two, grandma raised six adolescents all by herself, not knowing if my grandfather was still alive. And even when he was around the house, bringing up the offspring wasn't high on his to do list. He showed up every now and then to cuff someone's ears and that was that. The hell yeah… my grandpa was alive and kickin'. Even my mom (she's 79) doesn't understand why hundreds of parents today gather in theatres to listen to lectures about a never ending range of disorders and problems, often explained in a foggy language that only a few insiders seem to understand.

Where did it all go wrong? What is up with all these parents and kids queuing patiently, hoping some therapist will show them the way to a happier life? Coaching families is big business in Flanders. (Hey grandma, how about that? I'm sitting on top of a goldmine!) Is it true that our generation is the first to acknowledge that raising kids is no walk in the park? Or are kids nowadays more obstinate, difficult, depressed, and vulnerable than former generations used to be?

There is a growing belief, encouraged by some would-be human resource managers and life-coaches that everyone can be another Bill Gates. "Living up to your abilities", "economic-class mobility" and "opportunity" seem to be the buzzwords in the rat race for happiness. Our culture seems to be the least accepting of pain and sadness as part of a normal life. Mourning and loss are rephrased as depression and thus subjected to medical treatment. Variations in childhood temperament and talent are viewed as early markers of potential diseases - pre-morbid, psychiatric or learning disorders - and in the middle and upper class, they call for evaluation and treatment.

In his essays on the intersection of kids, culture and psychiatric drugs, Lawrence H. Diller ("The last normal child") acknowledges the relentless pressure for performance and success on children. Struggles that were once within the realm of normal are now considered abnormal. It is both surprising and ironic that in the name of preserving children's self-esteem, we became more intolerant of minor differences in children's behaviour and performance. The shy or fearful child is labelled with generalized anxiety, social anxiety or obsessive-compulsive disorder. Children who test their limits have oppositional defiant disorder, and those who really act up are quickly suspected of having bipolar disorder, the current "rage" that easily overrules the famous ADHD diagnosis. Children's talents and personalities are round pegs, but they must fit, one way or another, into fairly rigid square educational holes, sometimes called "inclusive education"! Kids follow therapy to protect their self-image and self-esteem and to fit in the square hole. Ironically, in the end, and in its most stripped down form, we decree our normal children to be abnormal in order for them to be happy. Labels became an excuse.

But the times, they are changing. Supported by YouTube videos and carefully selected quotes – Abraham Maslow's "to a man with a hammer, everything starts to look like a nail" at the top of the list -, a new crusade is on the move. Diagnoses and labels discriminate and stigmatize and are therefore inferior to a warm, unconditional loving, careful, consistent and focused attention. The only one who benefits from labels is the multi-billion-dollar-a-year industry of psychiatric drugs, so the antagonists shout. But what about the disastrous consequences caused by denying the legitimacy of certain approaches to understanding the serious difficulties that some kids face in attempting to deal with certain social and learning situations?

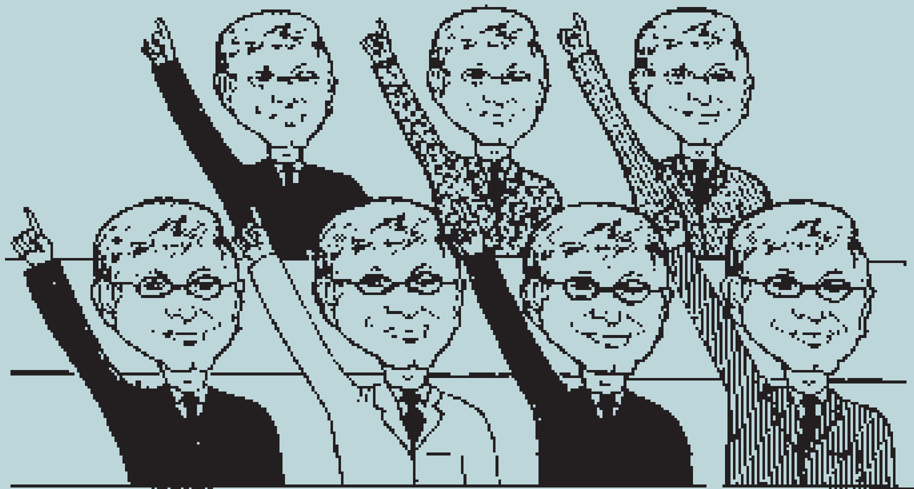
Moving the debate forward.

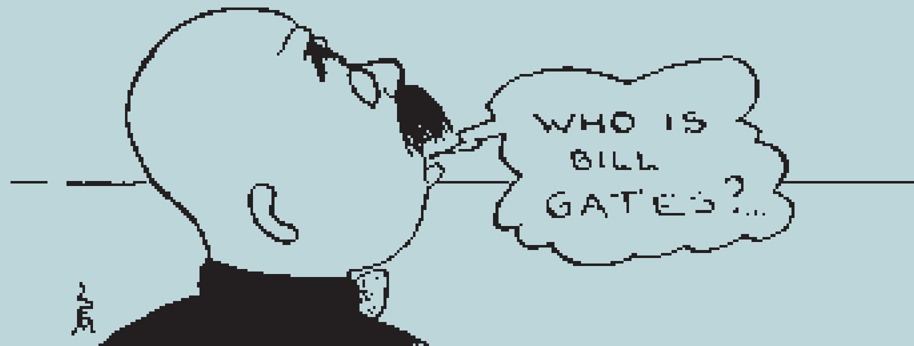
Unfortunately, one of the consequences of widespread poor quality interdisciplinary communication is a tendency for views to be polarized. A key underpinning of the construct of educational engagement is a bio-psycho-social perspective that recognizes that there is a wide range of human diversity, which when properly understood, enables society to make accommodations. Furthermore it is argued that when we develop such understandings we learn things about human functioning in general that enable us to improve learning environments in ways that benefit all children. An informed understanding of ADHD, for example, raises awareness of the mechanisms of human self-regulation and the environmental factors which can help or hinder the efficient functioning of these mechanisms. Thus, well understood educational engagement rejects the view that diagnostic categories are necessarily discriminatory and stigmatizing.

[i]Amidst the enormous complexity of social, emotional and behaviour problems and disorders, therapists, educationalists, caregivers, and psychologists, are building a tower of Babel in order to attain a comprehensive understanding of this phenomenon. But as in the book of Genesis, the confusion of tongues is almost as serious and complex as the phenomenon itself. Different disciplines that are confronted with social, emotional and behaviour problems struggle for their own distinctive contribution to prevention or remediation. Some of the major difficulties encountered by clients, professionals, caregivers and students are the differences in perspective which are a source of fundamental disagreement and ideological dispute. Different professions use different terms of reference and have different ways of construing issues. But professionals also have conflicting expectations about one another's roles or the relevance and efficacy of interventions.

Instead of arguing who is wrong and who is right, it is time to adopt a trans-disciplinary approach characterized by an openness of perspective and a shared willingness to respect other viewpoints. In such circumstances we learn to listen to one another and are enabled to incorporate new insights into our existing ways of thinking. As my grandma used to say: "It takes a few candles to lighten up a dark room."

[i] The author calls for an immediate shift in focus from the destructive paradigm toward a more inclusive theoretical approach, one that favours research-based knowledge about what actually works, avoiding the ideological barriers that often cloud our judgement.





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