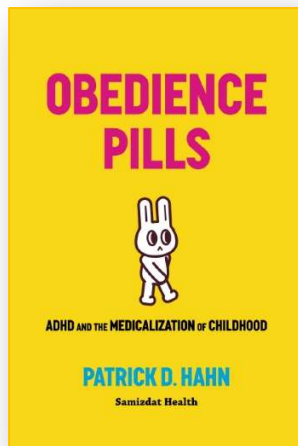


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Obedience Pills:

ADHD and the Medicalization of Childhood

Patrick Hahn

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Review by Kathryn Burrows, followed by the author's response.

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The first thing to see on a copy of *Obedience Pills* by Patrick Hahn is the name of its publisher, Samizdat Health. Unlike its namesake, "samizdat" does not secretly copy and distribute its writings in defiance of State censorship and repression. Samizdat Health is a writers' cooperative focusing on health and seems to be mostly, but not all, anti-psychiatry; the collective includes such luminaries as David Healy. Their website states,

"The new Health is totalitarian, a cradle to grave worldview, full of the passion that once drove politics and religion. The debates are vigorous—if the orthodoxy that lays down Guidelines lets them happen. All sides can turn staggeringly nasty when threatened."

The website continues,

"Publishing has also lost its soul. Increasingly a business, focused on a bottom line, publishers

can see how to sell good news about drugs, devices and services, or claims that all is evil, a conspiracy. But they shun complexity—where's the market in that?"

These statements imply that in some lost Golden Age publishing was not a business, but rather a holy institution with neither agenda nor a mission. Hahn, who has to date published three books under their imprint, is someone with both a mission and an agenda.

To Hahn's credit, he does not hide this. Writing about a 4-year-old girl killed by an overdose of ADHD medications, he writes, "I have not attempted to write a balanced book [...] you already know everything the drug companies want you to know." He argues that his "unbalanced book" will contribute to a "balanced discussion" because the information about Attention Deficit Hyperactivity Disorder (ADHD) that is in the public domain is already skewed toward over-diagnosis, over-medication, and medicalization of

normal childhood behavior. Unfortunately, Hahn's book is not the answer to that unbalanced discussion.

The book starts in a very logical place—the invention of ADHD as a medical diagnosis. Hahn provides a nice account of the medicalization of childhood deviance, and clearly traces the development of the ADHD diagnosis as we know it today, from a concept that was limited to only a small number of children with very severe symptoms, to the “epidemic” of ADHD that we see today in children and adults.

Throughout the book, he comes back to this point, emphasizing that ADHD (and other psychiatric disorders) are social constructions that are only as good as the man-made diagnoses that which created them. He describes the stories behind the men who first classified what we now call ADHD in institutionalized children. Hahn makes the argument that much of what we see today as ADHD used to be called “childhood.” He also makes the point that what we now call ADHD used to be reserved for the most troubled children, and now it is a label applied widely and indiscriminately.

He traces the trajectory of the diagnosis from a “lack of moral control” to “organic drivenness”, “hyperkinetic impulse disorder”, and “minimal brain function” to ADD (Attention Deficit Disorder) and now finally ADHD as we know it. The concept of “lack of moral control” is interesting because, unlike the other diagnostic categories such as “minimal brain function” and ADHD, it is not a medicalized concept—instead it places the responsibility for disruptive behaviors squarely on the child (and maybe their parents).

Hahn discusses the fact that the rise of the ADHD diagnosis is partially a result of parents and children not wanting to take responsibility for their own behavior and instead blaming it on a biological, chemical, brain structure, or genetic malady that is “out of their hands.” With this attribution to a biological cause, no blame can be assessed—it is simply how you are born, and no amount of “nurture” can change the “nature.”

“Lack of moral control,” on the other hand, has other implications, and implies a social fault in the moral development of these children, which certainly can be attributed to social and environmental factors and not solely on personal responsibility. Hahn does a great job throughout the book of citing actual scientific papers

from the era he is discussing, using the author's own words, and lending credibility and authenticity to his otherwise very biased viewpoint. He backs up his bias, sometimes sarcastically, with evidence from the doctors and “experts” who created the diagnoses.

One of the great strengths of the book is his focus on the socially constructed nature of the DSM (Diagnostic and Statistical Manual) and emphasizes that it does not represent “real reality”. In this case, he blames the school system for forcing kids to sit through boring lectures all day long without enough unstructured time as the systemic societal cause of ADHD, not a chemical imbalance. While a refreshing viewpoint, is that all there is?

Hahn makes a compelling case for the social construction of ADHD diagnoses by comparing rates of the diagnosis between the US and other countries. He chooses to highlight countries that have embraced the ADHD diagnosis and those that have not. If ADHD were a biological disease, one could assume that every country would have similar rates, but because he is making the argument that it is socially constructed, showing how different countries have different rates is a very effective argument in favor of this. For example, he shows how the diagnostic criteria for ADHD in France are much more restrictive than they are in the US, which limits the number of children who receive the diagnosis. Again, this shows how ADHD diagnostic criteria are man-made, and it is these man-made criteria that dictate who is and who is not diagnosed and given medication.

Hahn starts by looking at brain tomographies and finds that there is no difference between ADHD-diagnosed brains and normal controls. No test shows a difference between normal controls and ADHD-diagnosed brains. But then Hahn talks about studies showing that ADHD is in fact a brain disorder and not an “impact of poor parenting.” This is an important point. One of the reasons people like to medicalize things, especially childhood, is that it resolves people of guilt. Parents are afraid, and teachers are afraid, that ADHD is caused by them, and having it viewed as a brain disorder relieves them of this guilt. So there is a compelling reason for these stakeholders to find out, once and for all, if ADHD is a brain disorder. Hahn takes complicated medical and genetic information and distills it into information that is digestible for everyone. But “digestible” is not necessarily logical, especially in the face of

contradictions.

One of the continuing themes throughout the book is that the diagnostic criteria of ADHD, including those of these very early diagnostic categories, try to explain almost every kind of behavior of a child, including hyperactivity, passivity, bed wetting, theft and violence. He makes the valid argument that many of these behaviors are not only contradictory, but also occur in a wide range of people, and as such, do not necessarily represent pathology, but instead represent normal human development and variation. Behaviors, "good" or "bad," are not necessarily symptoms.

Throughout the book, Hahn emphasizes that a lot of these children with problems, even the ones with the most severe symptoms, may be dealing with social factors that are causing their problems. These social factors include everything from stress at home to not being interested in classroom material. As a sociologist, I certainly appreciate his wide view here, and putting these children's problems into context really matters. That is what this book does best: pulling ADHD out of a medicalized context and putting it back into a social context.

He ends Chapter 1 with a question: is hyperactivity a true problem? This is one of Hahn's central arguments, that "hyperactivity" is a normal part of childhood, and it can be exacerbated by societal issues (such as large class sizes and "teaching to the test") and social issues such as family dysfunction.

In the first chapter, Hahn also introduces us to the main drugs used in the treatment of ADHD, and traces the history of using amphetamines for these very troubled children. One truly impressive aspect of this book is Hahn's facility with interpreting scientific data and distilling it in a fashion that the lay reader can understand. As we have learned from *How to Lie with Statistics* (Huff 1993), some researchers skew their data by hiding numbers and doing double-crossing with their statistics. How does the average reader know Hahn is not doing the same thing? He reinterprets figures and statistics and tells the reader what the statistical tests are hiding. However, without reading the papers myself, I can't suspend disbelief long enough to have confidence that Hahn is not misinterpreting or hiding important data to benefit his own agenda. Statistics are manipulable, and just as socially constructed as ADHD diagnoses, and are not as black and white as people would like to think. While

Hahn does an admirable job of emphasizing that, how does the reader know that his interpretation of the data is any more complete or truthful than that of the original authors? As he stated in the beginning of the book, his monograph is not meant to be unbiased, so how can the reader trust that any of his statistical interpretations are not also biased?

Hahn does an admirable job of tracing the development of ADHD medications and asserts that researchers are often in the pockets of the big pharmaceutical companies. However, he makes problematic assumptions about why kids are having the problems they have on ADHD drugs. For example, he cites examples of children who have experienced serious side effects, or even died, after consuming ADHD drugs, but doesn't make a strong enough case, in some of his examples, that the side effect or death was unequivocally caused by the drug itself. Indeed, he seems to fall into the same trap as the scientists he is critiquing – picking and choosing cases that further his cause. While he states at the outset of the book that this is what he intends to do, it leaves me as the reader feeling suspicious.

As he notes, millions upon millions of children are on these drugs, and most do not die or have severe side effects. Just because most do not, does not mean that there is not a problem with prescribing these drugs to children, or that children are over-medicated, but a statistic or two about how many medicated children suffer side effects, how many suffer serious side effects, and how many suffer no side-effects (serious or otherwise) would have been useful to put the horror stories into context. Not knowing how rare or common these side effects are makes it hard to evaluate his claims. Although he does not explicitly say so in the book, it is clear that he is making an argument that people need to read between the lines of what the drug companies tell us, and examine the statistics ourselves and ask "what is missing?" When I do that same exercise with Hahn's book, I come up with the answer, "a lot" and I feel a bit cheated.

He spends a fair amount of time on the structure of school today and how it is not conducive to helping children learn. Children are not meant to sit still for hours upon hours, and he talks about model schools in which students have ample play time and time for creative work. He calls the symptoms of ADHD a symptom of schools that force kids to sit still for too

many hours and not give them an outlet for their normal childhood energy. Yet Hahn does not address the fact that most children being taught under similar conditions, with the same lack of outlets for energy, are not diagnosed with ADHD.

One strange thing about the book is that it seems to be partially a vehicle for Dr. David Healy, also a member of the Samizdat collective, to espouse his views. Hahn quotes Healy extensively. This collaboration between the two men is commendable on one hand because Healy's name has some household resonance among those who study medicalization and the psychiatrization of normality, but on the other hand, I feel like Hahn over-uses Healy's words as if he is too weak or unsure to say it himself. It's almost as if affixing Healy's name to a passage gives it more credence and weight than if Hahn himself said it. Most readers are probably not as familiar with Healy's work, but it still strikes me as odd.

Hahn does a great job talking about the pharmaceutical industry's role in the rise of ADHD diagnoses without appearing too paranoid or conspiratorial. It's not a conspiracy. It's latent capitalism, and anyone who can be exploited for money, including children and their parents, are prime targets. He does a good job of painting these families as victims of the pharmaceutical and psychiatric professions. He talks about how ADHD researchers are being in the back pockets of Big Pharma; it was very revealing to see exactly who the big names in ADHD science are aligned with, financially. Hahn consistently targets premier ADHD researcher Joseph Biederman as the enemy. While Biederman is certainly at the forefront of ADHD medications and ADHD research, Hahn's focus on one researcher seems misguided.

Especially interesting is the chapter concerning the convergence of ADHD and pediatric bipolar disorder (PBD) (I have written a currently unpublished article about the medicalization of childhood as it relates to PBD, and have a forthcoming article about prepubertal bipolar disorder). I have also published about bipolar "epidemics" (Burrows 2010), and was happy to see Hahn lead off the chapter with a discussion of the socially constructed nature of PBD. However, he makes an interesting leap here, equating ADHD medications with the emergence of PBD. He argues that ADHD medications cause PBD, which reifies the category of PBD in a way that he does not do with ADHD. PBD is

just as socially constructed as ADHD: it is a way to classify, explain, and define childhood deviance. Do ADHD meds cause some children to have psychotic breaks or manic episodes? Perhaps. But that does not mean that ADHD drugs cause PBD—it causes those symptoms which have been classified by humans as PBD.

The reification of PBD in this section was troubling. Hahn discusses the convergence of the amount of prescribed ADHD meds as being correlated with a staggering increase in PBD diagnoses. However, these two issues are not necessarily related. I would suggest instead that, at the same time that there was a rise in ADHD drug prescriptions (Hahn gives this as 1994 to 2002), concurrently there was a move to diagnose more children with PBD, to sell antipsychotic medications. It is much the same argument as he makes about ADHD. These two movements to medicalize childhood occurred simultaneously—one was not necessarily the cause or result of the other.

Chapters 6 and 7 are strange entities, as they appear in the middle of the book as case studies of children prescribed ADHD medication which has gone terribly wrong. Hahn makes the fundamental attribution error of assuming that the children's problems were linked to ADHD medication, even though the proximity of taking the drugs to the problems experienced by the children is not always clear. These chapters might have been better at the beginning of the book. As it is, these two short chapters felt out of place and weakened Hahn's overall argument, simply because he attributes the children's problems to ADHD medication; this is exactly the same mistake that doctors make when they attribute a child's problems to ADHD or PBD. We do not always know the origins of children's problems, but Hahn points to several social factors such as abuse and neglect, and stifling classroom environments. In these chapters, he makes the same mistake which he accuses doctors of making when attributing children's problems to ADHD.

Along the same lines, Hahn adds a chapter about two families whose children experienced adverse reactions from ADHD medication. But again, his argument feels suspicious, because the adverse effects do not appear to be unequivocally ADHD medication reactions. For example, he admits that one of the teenagers whose story he relates was also suffering from sleep deprivation and the abuse of a "cornucopia" of other

drugs. For Hahn to blame this teenager's problems solely on ADHD medications seems misguided. Hahn calls ADHD medications the "gateway" drug for this teenager. His sister is quoted as saying "His Adderall abuse is what sparked the fire." Whether or not these medications work at all, and whether or not they have real side effects, is something that Hahn does not really explore. Instead, he spends time talking about these horror stories and his assertion that the origin of the horror is rooted in ADHD drugs, but he does not have me convinced.

ADHD medications can be addictive substances and some people do in fact abuse them. Hahn asks whether the use of ADHD medications in early life opens children to the abuse of other substances later in life, as he asserts earlier in the book. He cites a study which found that the rate of cocaine dependence by young adults who had been medicated for ADHD for a year or more was almost twice that of ADHD-diagnosed subjects who were never medicated. That is certainly interesting data.

I like the heading, "Follow the Money" and with ADHD, that is complicated, because not only do we need to follow the money of the drug companies, but also the researchers who are making dividends on these pro-ADHD medication studies (funded by drug companies). Is Biederman motivated by his drug-money funding to show that ADHD is a brain disease? Certainly that is what Hahn proposes.

Hahn spends a whole chapter following the money trail, focusing especially on Biederman and other researchers, and where their money is coming from. No surprise: it all comes from the drug companies. Strangely, in this chapter, he talks about the benefits for children with the ADHD label, such as being given extra time to take tests, including the LSAT and MCAT. It's not clear why this information, as well as information on patient advocacy groups such as CHADD (Children and Adults with ADHD) is included in a chapter called "Follow the Money."

I was pleased to see the chapter called "Expanding the Market: Adult ADHD." ADHD was originally a diagnosis that children grew out of (as Hahn so gracefully says, "This used to be called growing up"), but now many people have ADHD diagnoses as adults. In fact, many people are not even diagnosed until adulthood. Hahn does a good job throughout the book, both in the childhood and adult sections, in emphasizing that there

is not a lot of evidence that ADHD medications actually prevent or ameliorate any of the negative effects of so-called ADHD. Adults with ADHD diagnoses who have suffered from self-destructive behavior are quoted as being miraculously cured by their medication, with their spouses saying it is like night and day. Hahn provides a great quote from a doctor who says: "We are not sedating or tranquilizing people...we're making them normal. It's like giving insulin to diabetics."

The diabetes analogy is given frequently throughout the book by doctors who promote the use of ADHD medications, as an excuse for why these medications should be used liberally and without bias. I especially appreciated this section, as illnesses are not reified in Hahn's book (although I don't believe he uses this technical term, signaling that this book is meant for a general audience, although possibly a biased audience who will be reading Samizdat books). Illnesses as categories are created by people, who create diagnostic criteria. Forgetfulness, the inability to get work done, and job-hopping; all of these characteristics used to be considered the mark of poor behavior, laziness, or just plain shiftlessness, but now are often considered an illness. But should they be?

Hahn answers this question unequivocally: absolutely not. He does not, however, give a lot of alternatives for adults suffering from these symptoms. For children, he suggests that the cure is "growing up" —whatever that means. But what about the adults who never do so? What then? Hahn does not have an easy answer for this.

In the chapter "Inspiring Kids" Hahn talks about programs that are meant to inspire and activate kids without medicating them. This was a great chapter because it actually provides some practical advice about how to decrease the number of children given an ADHD diagnosis. Most importantly, it backs up his assertions that the solution to the ADHD "epidemic" is to "let kids be kids." This is one of the strongest arguments in the book, and it is unfortunate that he only dedicates three pages to it.

Hahn ends the book with some nostalgia about his own childhood, and how he and his contemporaries used up their excess energy out by running around and simply being children. He said that, although they were expected to sit still during class, they were allowed ample running-around time. He also says that parents were not expected to be perfect. He writes about the fact that everyone ate dinner as a family, and that

family time was prioritized. This is all fine. But then he pokes fun at schools teaching children “mental health awareness” which, according to Hahn, is teaching them that they are fragile creatures who need help from pills. His closing argument is that we are a society hooked on mental health drugs, and they are not helping our children, who are profoundly troubled.

In this chapter, Hahn calls the rates of ADHD a national disaster. He ends the book with an extensive quote. The quote is a good one, but I would have liked to have seen him come to his own conclusion and not rely on someone more famous to end the book. He ends his own prose with a dire warning that these medications—and mental health medication in general—are killing our children and causing abuse, suicide, and even Parkinson’s Disease.

One important aspect to note when discussing children’s emotional or psychiatric problems—which Hahn does not do very well—is that children, their parents, and even their teachers, are suffering. Whether this suffering is caused by strict classroom environments, abusive family homes, or any other cause, there is real pain occurring. People need help. Medication is not always, or even usually, the answer, but there are some seriously troubled children out there: children who take knives to their siblings and parents, children who kill animals, and children who spend nights without sleep and become sexually promiscuous in prepuberty. These children need help. Medicine and diagnoses—whether that be of ADHD or PBD—are not necessary, but help is. I would like to have seen Hahn focus on this point more. At several points in the book, he mentions that the behaviors labeled as ADHD used to be called “being a kid,” but there is a line between “being a kid” and “being a troubled kid.” Whether these problems have a biological or social root is rather a moot point, Hahn goes into great detail about the biological determinism argument, which seems somewhat unnecessary, because the impetus here is that children get the help they need. In our medicalized society, a diagnosis and medication make parents and teachers feel that something is being done for or about the troubled child, and perhaps—as Hahn argues—it is making it worse. But he stops short of making recommendations about what should actually be done with these truly troubled children. He needed to do better here.

In conclusion, Patrick Hahn's *Obedience Pills* presents a compelling, thought-provoking contribution, in this intentionally biased critique of the ADHD diagnosis and medication paradigm. The book’s strengths lie in its thorough historical account of ADHD’s evolution as a diagnosis, its exploration of the social construction of mental health categories, and its critical examination of the pharmaceutical industry’s influence on ADHD research and treatment.

However, the book has several limitations. Hahn's reliance on anecdotal evidence and potential cherry-picking of data weakens some of his arguments. His attribution of various problems solely to ADHD medications sometimes feels oversimplified, neglecting other potential contributing factors. Additionally, while Hahn critiques the current paradigm, he falls short in providing comprehensive alternative solutions for children and adults struggling with attention and behavior issues. Readers should therefore approach the book with a critical eye, using it as a starting point for further exploration and discussion rather than as a definitive text on the subject.

Kathryn Burrows (PhD in Sociology) researches medical and mental health sociology and the intersection between health, mental health, and ability and technology. She published the edited volume “Medical Technology and the Social: How Medical Technology is Impacting Social relations, Institutions, and Beliefs about what is Normal” and is currently writing a monograph about the technologically-enabled surveillance and monitoring of psychiatric patients, culminating in the recent development of Bluetooth-enabled “smart pills” and AI/LLM predictive modeling and preventative treatment for algorithmic-determined psychiatric crises. She is also interested in diagnostic creep and nosology, especially as it relates to Pediatric Bipolar Disorder. In addition to this work in medicine and the sociology of knowledge and technology, her work crosses interdisciplinary boundaries and also works in the area of the sociology of religion, and studies sermon discourse and its impact on the political process and other social action. <https://kateburrowsphd.com/>

AUTHOR'S RESPONSE

I thank Dr. Burrows for her close reading of my book. As I noted in the Preface, the debate over the safety and effectiveness of these drugs seems largely to have died down, and I am heartened to whatever extent I have succeeded in my stated goal or re-igniting that debate.

There are two points I would like to address specifically. Regarding the "cure" for the "symptoms" of "ADHD," Dr. Burrows notes:

He does not, however, give a lot of alternatives for adults suffering from these symptoms. For children, he suggests that the cure is "growing up" —whatever that means. But what about the adults who never do so? What then? Hahn does not have an easy answer for this.

Well, I plead guilty to that one. But perhaps that's the point. Perhaps part of the answer is recognizing there are no "easy answers" to this messy, complicated, frustrating business we call "life."

Elsewhere, she writes:

He stops short of making recommendations about what should actually be done with these truly troubled children.

In this case, I plead innocent. In the last chapter, I discuss in great detail a residential program for "truly troubled children" that had great success in treating these cases with order, structure, discipline, and kindness, along with lots and lots of physical exercise. This program was described in a paper published all the back in 1935 – two years before Charles Bradley published the first study of the effects of amphetamine on troubled children.

Every history of the diagnostic category which came to be known as "ADHD" mentions Dr. Bradley and his work giving amphetamines to these kids, but a point that has been all but forgotten is the reason he began giving this drug to them in the first place – to try to counteract the brain-damaging effects of the pneumoencephalographic brain-imaging studies he carried out on his hapless charges.

Eighty years of brain-imaging studies, as well as over one hundred years of psychiatric genetics studies, have failed to yield one cure, or treatment, or even a diagnostic test, not just for "ADHD" but for any of the five hundred or so "functional disorders" described in the *DSM*. Forty-five years of randomized controlled trials have yet to demonstrate any long-term benefits from drugging children or adults diagnosed with "ADHD." The MTA was far and away the longest and far and away the largest such trial, carried out by eminently credentialed researchers, probably every single one of whom was pro-med, and the only long-term effect they were able to demonstrate – the only one – was that the drugs stunted the kids' growth. And no, they didn't "catch up."

What's that definition of insanity again? It's time to say enough is enough.

Patrick Hahn