



Attention Deficit Disorder and Other School Quackeries

The purpose of drugging kids with Ritalin, Adderall, and other similar medications is to relieve the disruptive hyperactive behavior these children exhibit in school as their brains are gradually being injured by their educators. Most children who enter first grade in public schools are taught to read by a method that actually prevents them from learning to read. This insidious teaching technique is known as the sight, look-say, psycholinguistic, or balanced method. It was developed to actually dumb down these healthy young brains that are dynamos of language learning and to cripple them so that they cannot perform with their normal intense facility.



This teaching method abruptly stops the child's natural learning process and prepares him or her for the equivalence of a non-surgical prefrontal lobotomy. The ability to impair a child's brain is now so easily done, that parents have no idea why their once happy, eager child has become morose, despondent, and a learning cripple. But the children undergoing this process, like guinea pigs in a laboratory, unlike dogs or cats, know that something bad is being done to them, but they have no way of knowing how and why this is happening. And so their natural response is to act up in class and/or resist what is being taught, or block out what is being taught to defend the brain's integrity.

The educators can control the situation by claiming that the child is the victim of a condition called Attention Deficit Disorder (ADD) or Attention Deficit Hyperactive Disorder (ADHD) and that the condition can be controlled by medication: Ritalin or Adderall, or other such drugs. Ritalin has been described as a chemical straitjacket to control a child's behavior.

According to the *Diagnostic and Statistical Manual of Mental Disorders*, published by the American Psychiatric Association, "Attention-deficit Hyperactivity Disorder" is a mental illness characterized by the following behavioral symptoms:

1. Often fidgets with hands or feet or squirms in seat (in adolescents, may be limited to subjective feelings of restlessness).
2. Has difficulty remaining seated when required to do so.
3. Is easily distracted by extraneous stimuli.
4. Has difficulty awaiting turn in games or group activities.
5. Often blurts out answers to questions before they have been completed.
6. Has difficulty following through on instructions from others (not due to oppositional behavior or failure of comprehension), e.g., fails to finish chores.
7. Has difficulty sustaining attention in tasks or play activities.



Written by [Sam Blumenfeld](#) on July 9, 2012

8. Often shifts from one uncompleted activity to another.
9. Has difficulty playing quietly.
10. Often talks excessively.
11. Often interrupts or intrudes on others, e.g., butts into other children's games.
12. Often does not seem to listen to what is being said to him or her.
13. Often loses things necessary for tasks or activities at school or at home (e.g., toys, pencils, books, assignments).
14. Often engages in physically dangerous activities without considering possible consequences (not for the purpose of thrill seeking), e.g., runs into street without looking.

If a child exhibits at least eight of the above symptoms over a period of six months, then, according to the psychiatrists, that child is mentally ill. It would be much more interesting if any of these psychiatrists would try to find out how anyone would react if their brain was being deliberately impaired without their knowledge. In fact, what these symptoms show are the reactions of normal children who are trying to defend themselves against injuries to their brains in a closed classroom where they have no power to stop the process other than by rebelling against what is taking place.

But the job of the psychologist and educator is to get the parents to buy the "diagnosis" of "mental illness." Once that is done, the child is put on a drug and can remain in the classroom as a little zombie or is put in Special Ed where the "treatment" continues.

Usually Ritalin is prescribed, although Adderall, which is advertised in parents' magazines, is now also prescribed. The number of school children now on these drugs is in the millions. The pharmaceutical companies are making money, the psychiatrists are making money, and the educators can continue injuring the brains of children without even knowing what they are doing.

Ritalin is known generically as methylphenidate hydrochloride and classified as an amphetamine-like substance. In children it acts as a depressant and supposedly works by stimulating inhibitory nerve centers in the brain. It can produce such unpleasant side effects as insomnia, loss of appetite, irritability, headaches, tics, vomiting, hallucinations, and stunted growth. And because it constricts blood flow to the heart, it can also cause sudden death.

One parent in Glendale, California, whose son was put on Ritalin at the urging of the school, filed a \$5-million lawsuit against Glendale school officials, the principal of the school, and the child psychiatrist who prescribed the drug. According to this parent, her 7-year-old son was a normal, healthy boy who was put on Ritalin at the insistence of the school. The consequences were disastrous. The boy stopped eating, lost weight, complained of stomachaches, was unable to sleep, and had hallucinations in which he saw "somebody cutting up a baby."

The final straw came for the parent when she visited the boy's classroom and found her son in a "dazed stupor." California at that time was using one of the worst whole-language reading programs, resulting in millions of children being unable to read and thousands being drugged.

In suburban Atlanta, Georgia, a parent complained that her 10-year-old son began hallucinating and attempted suicide after taking the drug.

Apparently, most children on Ritalin do not experience the worst of the side effects. Indeed, I once encountered a parent at one of my lectures who told me that her daughter benefited greatly from



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Ritalin. For educators, Ritalin has become the “quick fix” for the mounting number of children who have become behavioral problems in their classrooms.

Back in 1988, Ritalin became the subject of interest in Massachusetts during the trial of 15-year-old Rod Matthews who murdered his friend Shaun Ouillette, 14, because he “wanted to know what it was like to kill somebody.” Matthews planned the killing for a month, lured his victim to a secluded wood, then stalked him from behind, hitting him repeatedly with a baseball bat.

His friends testified that Matthews told them of his plans, then showed them the body on two separate occasions. The body lay in the snowy woods for three weeks before one of the friends told the story to the police.

During the course of the trial it was revealed that both Matthews and Ouillette had been on Ritalin. Matthews’ mother testified that her son’s behavior had become a problem in the 3rd grade and that he was placed on Ritalin. Psychiatrist Bernard Yudowitz testified that if a child with mental illness is misdiagnosed and given Ritalin, “impulsivity and abnormal behavior increase and their ability to act appropriately in a given setting decreases.” Matthews’ attorney argued that Ritalin contributed to the boy’s homicidal intent.

Other drugs, beside Ritalin, given to children include Cylert, Dexedrine, Mellaril, Tofranil, Haldol, and Thorazine. When Thorazine came into use in the 1950s, it was known as the “chemical lobotomy,” because psychiatrists in mental hospitals could not tell the difference between a person with a lobotomy and a person on Thorazine.

For those readers who don’t know what a prefrontal lobotomy is, it is an operation performed with an icepicklike instrument which is inserted behind the eyeball, through the socket, forced through the thin bone behind the eye and swiped back and forth tearing up the frontal lobe of the brain. It was popular in the 1940s and ‘50s, but drugs have replaced it as a means of altering aggressive behavior.

Drugging children will no doubt remain an important criminal component of deliberate educational malpractice in the public schools for the foreseeable future. An important point to consider is the fact that psychiatrists now derive more income from treating children than from treating adults. The growth of the Learning Disabilities and Special Education industries has given psychiatrists and pharmaceutical firms a lucrative market for their services and drugs. A week doesn’t go by that a psychiatrist hasn’t found a new cause of dyslexia and a new cure to go with it. Quackery in the field has reached new heights of idiocy and ingenuity.

What we do know is that the whole-word method of teaching reading causes the learning disorders which in turn create the attention-deficit hyperactivity syndrome. And we know that school subjects in the affective domain, such as death education, cause child depression and suicidal tendencies. All of this is grist for the psychiatrist’s mill. In fact, it is accurate to say that the public school has now become the nation’s most efficient factory for the manufacture of mental disorders. In short, they are driving the kids crazy!

Indeed, a school-sponsored program in Crescent City, California, to determine whether learning disabilities can be corrected by squeezing students’ skulls or pressing fingers in their eye sockets drew parents’ lawsuits, a state investigation, and criminal charges.

Some students reportedly improved after the treatments, and the Del Norte Unified School District declined to withdraw its sponsorship of the program. But the *San Francisco Examiner* reported that some students screamed when chiropractors shoved thumbs into the roofs of their mouths, squeezed



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their skulls and pressed fingers into their eye sockets. Some kids fought or soiled themselves during the treatments. One girl vomited.

“No pain, no gain,” said Michael Corwin, a Berkeley chiropractor who administered the treatment. Of course, it would have been much saner to teach all of these children to read with intensive, systematic phonics. A civil complaint was filed against the three chiropractors for alleged false representations. That all happened back in 1988. But quackery in the public schools has now become so institutionalized that it takes an expert to even recognize it.



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