|  |
| --- |
| **Isn't Behavior Part of Personality?**  The debate about medication for the ADD individuals is a popular topic among mental health specialists and parents. ADD is defined as a case in which the child has behavior problems. Couldn't this suggest that the parents, teachers, friends, etc. do not approve of the child's personality?  In the United States, there are 2 to 3 times more cases of ADD in boys than in girls. Ironically, disciplinary problems have always been greater in boys than in girls. Boys are more likely to have discipline problems at school, are more likely to end up in jail, commit more violent crimes, go through with suicide, and become alcoholics. They are more likely to be diagnosed with ADD than are girls, not because they truly have ADD, but because they are more physically active and aggressive. Their behaviors are partly due to the higher levels of testosterone and the lower levels of the neurotransmitter seratonin. Seratonin helps to minimize aggression and impulsivity, and levels of testosterone are especially high while boys are going through puberty (which is when most of them are "diagnosed" with ADD). Some researchers feel that ADD is more a biological imbalance in neurotransmitter secretion than a psychological/ emotional dysfunction.  Before the term ADD came about children with the same characteristics of those who take medication for ADD were thought of as rotten, bratty, unruly, inattentive, underachievers, but overall, normal kids. Unlike now- a- days in which they are rushed to the doctors and given a drug to fix their problems. Society has come to favor "quick fixes" instead of dealing with the problem, and as far as ADD goes, they have created another label to throw around and to associate each other with. According to Dr. Thomas Armstrong in his book The Myth of the ADD Child,  "The ADD label is the product of a short- attention- span culture," "a bad fit between parent and child," "a boring classroom," or "the result of an individual's need for a different way of learning."  Perhaps using medication but in smaller doses and over a longer period of time would not be as bad. This way the drug can be better monitored and not used as a "quick fix." It would also remove the idea of curing a disease but rather help an individual grow mentally. Stanley Turecki, a family psychiatrist, suggests,  "We shouldn't be looking as ADD as a medical illness or a condition that you have or don't have. We should be looking at it as a spectrum involving issues of compatibility and fitting in for the child. Obviously, the more you look at it as a medical illness, the more you think of it in terms of using medication to treat it."    ([Intro1](http://docs.google.com/introduction.html))([Intro2](http://docs.google.com/intro2.html))([Intro3](http://docs.google.com/intro3.html))([Intro4](http://docs.google.com/intro4.html))  [[Home](http://docs.google.com/home.html)][[Introduction](http://docs.google.com/introduction.html)][[Hypothesis](http://docs.google.com/hypothesis.html)][[Procedure](http://docs.google.com/procedure.html)][[Data](http://docs.google.com/data.html)][[Conclusions](http://docs.google.com/conclusions.html)][[Bilio/Links](http://docs.google.com/biblio.html)]  [[2002 Projects](http://docs.google.com/AP2002/index.html)][[2001 Projects](http://docs.google.com/index.html)][[2000 Projects](http://docs.google.com/AP2000/index.html)][[1999 Projects](http://docs.google.com/AP99/index.html)][[1998 Projects](http://docs.google.com/AP98/index.html)] |