

ADD or Hunters?
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If a man does not keep pace with his companions, perhaps it is because he hears a different drummer. Let him step to the music which he hears, however measured or far away.

– Henry David Thoreau, *Walden*

Attention Deficit Disorder (ADD) has a broad range of characteristics attributed to it. These are so broad, from poorly sustained attention to difficulty adhering to rules, that at times it does not seem like they can just be describing one condition. If the basis of ADD and its characteristics are traced back through time, they almost seem like attractive traits, and if the physiology of the behavior is analyzed a little further, there can be other explanations for the distinctions. What if ADD does not really exist, but is a manifestation of the human race (mostly American) (Hartmann, 1996) due to a discomfort with those that do not conform to the norm?

Most of the research on ADD has been drawn from adults/children who have failed in some way: those in jail, special education, institutional settings, mental hospitals, and patients of psychiatrists or psychologists (Hartmann, 1996). As a result, there is a biased view regarding people with ADD, since all findings report the negative conditions in the sufferers' lives and their usual circumstance of note is disrupting a classroom. When the characteristics of ADD are considered from the symptoms existing in the lives of successful people with ADD, quite a different light can be shed on this disorder.

Members of prehistoric societies were hunters and gatherers whose existence depended on their survival skills. They possessed three component behaviors necessary, even attractive, to their daily lives. They needed to be distractible in order to constantly be alert while hunting (or being hunted). They had to make split second impulsive decisions, for example, to keep tracking the rabbit, or go after the deer that just crossed their path. Additionally, they had to be restless

and carry on in a highly stimulated state, being comfortable with the daily risk for life and limb (Hartmann, 1996). The Agricultural Revolution made these same component behaviors despicable and the traits of a farmer, dependability, predictability, and perseverance, attractive. Imagine if a farmer could not stay focused on a chore long enough to complete it, decided on a whim to plant cotton in Minnesota, or took risks without carefully weighing out the consequences. They would starve. These three traits are the elemental behaviors of ADD. People with ADD are distractible, impulsive, and risk takers, characteristics unattractive to today's society, but perfectly acceptable in a society of hunters. When people are made to conform to behavior that goes against their character, they may become depressed, or cause others angst. In the rural areas of Samoa and New Guinea, where hunting and gathering societies still exist, there are virtually no accounts of depression or anxiety. No one is thought to be unusual or pushed to conform to unnatural behavior (Hartmann, 1996). Today's culture expects its members to sit when told to sit, work until the bell rings, play by the rules, and cross every "t" and dot every "i." The Hundredth Monkey phenomenon, where behavior actually seems to be inherited or knowledge is passed universally, leads to the conclusion that this hunter mentality can be a behavior that has been passed down or learned through the generations, not a disorder (Keyes, 2006). Hartmann (1996) leads to the conclusion that:

If ADD is part of our genetic heritage, it cannot be seen as an excuse for a person's failings. It's merely an explanation of behavior, one that then provides the first steps toward overcoming those obstacles which, in the past, so often caused failure. (p. 64)

Perhaps the sensible approach would be to make environments where hunters seem the most disruptive, (e.g. classrooms, workplaces) more hunter-friendly.

American classrooms are typically designed around a structured lesson plan formulated usually by a female teacher (24.9% being male) (National Education Association, 2006). Students with ADD are two to three times more likely to be male (Children's Health Encyclopedia, 2006). This formula brings up a scenario where there usually is a boy acting up in a classroom facilitated by a female. The basic difference between genders causes some of the problems for this young male who may or may not have a disorder. Some of the divergence between the thinking styles of the sexes involves spatial thought patterns, memory patterns, and perceptions of emotions. Most notable are the distinctions in memory and perceptions. Female verbal memory is superior to the male memory which is an advantage to the female in our school systems still presenting material orally. In addition, females possess a more developed portion of the brain that interprets symbolic emotional expression leaving men with an inability that makes them look "oppositional, defiant, or thoughtless" (Hartmann, 1996, p. 160). The truth is that males are not physiologically capable of picking up on the emotional cues of others (Hartmann, 1996). The sensitivity of the situation with the female teacher and male student can be compounded just by the differences in how conditions are observed by being on different ends of the gender spectrum. Add a diagnosis of ADD to the young man's record and the teacher feels justified in identifying her male student as a behavior problem. Looking at the situation from the male student's view may reveal that the teacher is the one who needs to present her material in a fashion that meets his gender needs. The possibility exists that this situation could be rectified and the student's opportunity for success more probable by designing schools with gender differences in mind, including adding activity to instructional methods, supplementing lessons with kinesthetic activities, having shorter class sessions, smaller class sizes, and opportunities for exercise between classes whenever possible (Hartmann, 1996).

The differences presented by gender are not the only misread signals for ADD. Children are often misdiagnosed as having ADD that are gifted. Hartmann (1996, p. 29) lists the behavioral characteristics for giftedness and Attention Deficit Hyperactivity Disorder as:

Giftedness	Attention Deficit Hyperactivity Disorder
Poor attention, boredom, daydreaming in specific situations	Poorly sustained attention in almost all situations
Low tolerance for persistence on tasks that seem irrelevant	Diminished persistence on tasks not having immediate consequences.
Judgment lags behind development of intellect	Impulsivity, poor delay of gratification
Intensity may lead to power struggles with authorities	Impaired adherence to commands to regulate or inhibit behavior in social contexts
High activity level; may need less sleep	More active, restless than normal children
Questions rules, customs and traditions	Difficulty adhering to rules and regulations

The results of these parallels in characteristics more often than not do not end up with equitable analyses. Misdiagnoses typically will result in gifted children being labeled ADD or as having Attention Deficit Hyperactivity Disorder (ADHD) and not the reverse. Students who are both gifted and ADD almost always are only diagnosed as ADD (Hartmann, 1996; Webb, 2000). Children who are gifted will exhibit intensity, high motor activity, sensitivity, and impatience similar to those diagnosed with ADHD. The question that needs to be addressed is whether or not the behaviors are present in all situations, or just in some. If they only occur situationally, the child is probably not ADHD (Webb, 2000). When a child's behavior becomes a problem, the environment should be evaluated and other causes considered. Many times the child will be bored since they have already mastered the content and are waiting for their peers with nothing to stimulate their curiosity. Hartmann (1996) also points out that the professional involved in an ADHD evaluation many times does not have competent training in recognizing the traits of gifted/talented children.

If it is possible that ADD and ADHD do not really exist, but are character traits, jumping to put a gifted child (or other misdiagnosed child) on a prescription drug such as Ritalin will

result in the child receiving a central nervous system stimulant that will produce a calming and focusing effect on their system (National Institute on Drug Abuse, 2006). While putting a child on a drug such as this does not seem tragic, the short term side effects of the drug include an increase or decrease in heart rate, an increase in blood pressure, decreased appetite, insomnia if taken too late in the day, depression upon withdrawal, and rebounding that will produce higher activity levels as the drug wears off (Diller, 2005). The long term side effects are more worrisome including “loss of appetite (may cause serious malnutrition), tremors and muscle twitching, fevers, convulsions, and headaches (may be severe), irregular heartbeat and respirations (may be profound and life threatening), anxiety, restlessness, paranoia, hallucinations, and delusions, excessive repetition of movements and meaningless tasks, and formication (sensation of bugs or worms crawling under the skin)” (Partnership for a Drug-Free America, 2006). If the long term side effects can be ignored and just the issue of a child taking a drug that is not necessary is examined, that child is being forced to perform under circumstances that are divergent to their natural tendencies, and a situation has been created where the child’s learning environment has been unjustly altered.

The subject regarding why these children are hypersensitive or hyperactive, if it is not genetic or an actual disorder, can be explained further by the role vitamins, minerals, and other physiological problems play in the human body. Serotonin facilitates our “ability to think, pay attention and engage in higher mental functions” (Hartmann, 1996, p. 126). Serotonin levels depend on vitamins E, C, B6, and the minerals Lithium, Chromium, Zinc, Manganese, Copper, and Iron for maintenance (Hartmann, 1996). The complexity involved in maintaining acceptable serotonin levels deserves scrutiny before a child is prescribed any drug since serotonin levels affect behaviors related to ADD diagnoses. Further studies have found a link in thyroid

disorders that can mimic many diseases, including ADD. Low thyroid function can result in hyperactivity, sluggishness, shortened attention spans, fluctuating emotional states, changes in short-term memory, and changes in the body's ability to fight off infection (Awad, 2000). Even the adjustment of the spinal column has been questioned lately as a source for relief of the same symptoms associated with ADD diagnoses. Subjects appear to have a misalignment of the spinal vertebrae in the upper neck area (Hartmann, 1996). This misalignment can put "direct pressure on the brain stem and spinal cord, which will disrupt signals from the brain being sent to the rest of the body via the brain stem and spinal cord" (Hartmann, 1996, p. 151) irritating the brain and leading to behaviors that mimic ADD. Finally, a child's intake of sugar needs to be evaluated when contemplating labeling a child with a dysfunctional brain. Sugar (or the brain's presumption of sugar) will trigger an increase in the production of epinephrine, producing nervous and hyperactive behavior and will decrease the production of norepinephrine, which when produced at normal levels produces a calming behavior. If a child has a physiological condition which already mimics what has been termed ADD behaviors, or possesses the mentality of a hunter, and then ingests sugar, their bodies respond with a higher fluctuation of epinephrine and norepinephrine as compared to "normal" children (Hartmann, 1996).

There is a changing trend in today's workplace which makes the characteristics of a hunter once more desirable. Typically, individuals with hunter characteristics will not stay with the same task or employer as long as those categorized as farmers. In the past, employers only deemed those who had proven long term work records reliable for employment. The new perception is that those who have been at a job for two to four years are now attractive because they will bring with them knowledge of different corporate structures, strategies and insights, and will have seen a wider variety of things accomplished successfully and unsuccessfully

(Hartmann, 1996). “In this context, a touch of the wanderlust associated with ADD would be a good thing” (Hartmann, 1996, p. 193).

While the characteristics attributed to ADD are identifiable and measurable, they are not necessarily undesirable, or a brain malfunction. The physiologies that can be responsible for the same traits of ADD need to be considered prior to any diagnoses. The benefits of individuals displaying the phenomenon of ADD need to be considered. Being that decisions sometimes need to be made at a second’s notice, risks need to be taken, and considerations for other perceptions are appropriate and attractive in many situations, society just might need to make accommodations to preserve these behaviors and not stifle them.

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