



Are Many Cases of Autism Wrongly Diagnosed?

Q: In the school district where I used to teach, I attended many meetings concerning children with special needs. Many of the kids in question were said to be "on the [autism] spectrum." In fifteen years I witnessed the number of supposedly autistic children go from practically zero to enough to fill a special education class at almost every one of our 30-plus schools. A good number of these children were eventually mainstreamed into my class, and I felt then and even more strongly now that they were wrongly diagnosed. I can only think of two kids who in my estimation were classically autistic. Will you please clarify the difference between a legitimate autism diagnosis and one involving the so-called "spectrum"?

A: By risking an answer your excellent question, I'm likely to make a lot of people upset with me, but I long stopped worrying about that, so here goes:

Having done a good amount of reading on this issue over the past few years, I fail to see the usefulness, much less the validity, of saying that certain children, while not classically autistic, nonetheless qualify as "sort of" autistic - other than its usefulness as an income-generator for mental health professionals and public schools, that is. By the same standard, it could be argued that lots of functional, responsible but slightly odd folks are on the "schizophrenic spectrum."

Following the usual trend, the diagnostic parameters of autism have expanded over the past thirty years. The diagnosis of autism spectrum disorder - included in the 2013 version of the Diagnostic and Statistical Manual of Mental Disorders, replaces four previous diagnostic categories. The result has been obfuscation rather than clarification. Consistent with your classroom observations, I conclude that lots of kids who are nothing more than a tad peculiar (which, as you point out, often comes out in the proverbial "wash") are being saddled with a potentially counterproductive psychiatric diagnosis.

I do believe in classical autism of the sort portrayed by Dustin Hoffman in the movie "Rain Man." In my estimation, however, the classical version is not a mental disorder. It does not belong in the DSM. For one thing, the symptoms - including unresponsiveness to parental affection and a host of developmental, communication, and socialization problems - are present far too early in an autistic child's life to be considered a "mental" phenomenon.

I think that we are eventually - soon, hopefully - going to discover that classical autism involves brain-based issues yet-to-be discovered. When (and, of course, if) those issues are discovered, the idea of an autism "spectrum" will be superfluous. A child will either be autistic or he will simply be peculiar in certain ways (which describes lots of children and even a good number of otherwise functional adults).

But given those circumstances, I predict that the mental health industry will simply rename "autism spectrum disorder" and continue to peddle the spurious notion that being even slightly odd requires professional and perhaps even pharmaceutical "treatment." Speaking as a former peculiar child, I'd like to thank all those teachers who believed in the idea of children eventually "growing out of" their eccentricities (albeit in my case, the proposition is arguable).

Don't Tolerate Sassy Behavior

Q: Our 8-year-old has suddenly developed a very sassy mouth. She picked this up from a new neighborhood friend who speaks to her mother in a very disrespectful tone, like she's the girl's servant. There are no other girls this age in the neighborhood, so I hesitate to put a stop to the relationship but at the same time I want to nip this new skill in the bud before it becomes habit. Do you have any suggestions?

A: First, there are reasons to forbid a child a certain association, but this is not one of them. Assuming you make it perfectly clear that you will not tolerate similar behavior from her, there is great potential benefit to allowing your daughter to witness this other child disrespecting and disobeying her mother.

Second, understand that while part of this is explained as "monkey see, monkey do," your daughter is conducting an experiment. She has seen the mother's passive reaction to her daughter's back-talk and wants to find out what your reaction is going to be. In effect, she's asking, "Do all adults just 'take it' when children disrespect them?"

When my daughter Amy was around your daughter's age, she developed a friendship with a girl who talked to her mother, a single parent, like she was an underling. Thinking that her daughter was angry about the divorce or some such nonsense (following a divorce, it is not uncommon for parents to unwittingly extend some form of behavioral entitlement to children), the mother did nothing but occasionally complain. One day, Amy returned from playing with this friend and began acting like she was possessed by the child's demons. Determined to nip her sass in the bud, I took her to her room and told her she was staying there for at least an hour, during which time she was to "find the real Amy inside of you and let her come back out because so-and-so is not allowed to live here."

The next few times she came home from playing with this friend, either her mother or I asked, "Are you Amy or sassy so-and-so?" She would say, "I'm Amy," upon which we would say, "Then you may come in." It was a somewhat playful but completely serious way of sending her the intended message: to wit, you can play all you want with the sass-bucket who lives down the street, but you will not carry home any sass from the bucket.

That rather libertarian approach allowed Amy the freedom to see her friend's relationship with her mother with new eyes. She even began reporting to us, incredulously, incidents she had witnessed while at so-and-so's house. That simply confirmed that we had acted rightly by not prohibiting the relationship (thus increasing the likelihood of some form of rebellion). Eventually, Amy realized that she and this other child had little in common and she moved on.

One of the more popular parenting adages of bygone days was "Give a child enough rope and he will hang himself." That is sometimes the case, for sure. But it is also the case that giving a child a liberal amount of rope sometimes results in invaluable learning that might not have taken place otherwise.

Children Need Unconditional Love and Unequivocal Authority, Not Respect

I was fresh out of grad school when psychologists and other mental health types began recommending that when speaking to a child, an adult should squat down to eye level with said child. Supposedly, this submissive posture is a means of demonstrating respect for the child while, at the same time, avoiding any implication that the child must

pay attention and obey because the adult is bigger.

Was this recommendation based on evidence that when adults spoke to children from an upright position, said children felt disrespected, humiliated, and intimidated? Of course not! Has said research since been done? Of course not! As is typical of professional parenting advice, this recommendation was snatched out of thin air. Do mental health types continue to recommend the equal-opportunity squat? Of course!

Around this same time, the most influential parenting pundits in the mental health professions were promoting the democratic family - a family in which there is no effective distinction between parents and children, no clear source of authority. In this utopian family, children are given an equal voice when it comes to family decisions (restaurants, vacations, thermostat settings, and so on), and disagreement between parent and child is negotiated until a win-win outcome is achieved. Oh grand! The only problem with this postmodern scheme, which no one seemed to notice, is that the person who determines when a win-win outcome is achieved is the child. If parents end the discussion, the outcome is not democratic.

The democratic family hasn't quite worked out. You may have noticed that in many families where parents do the equal-opportunity squat and negotiate with children, the result is tyranny. Need I identify the tyrant? In said families, the parents are afraid of upsetting the tyrants because they want the tyrants to like them. One can readily identify parents who value their children's approval; to wit, they do not tell their children to do anything. They merely suggest, as evidenced by the fact that every "instruction" ends with the question, "Okay?"

Circling back to the supposed need for parents to respect their children, the begging question becomes, "What proof exists of a child's need for adult respect?" The answer: Not a shred. Sixty years ago, before parents began listening to mental health types tell them how to properly raise children, parents did not claim to respect their children, yet child mental health was far, far better than it is today. Children need unconditional love and unequivocal authority. They do not need, nor have they earned, respect. This is a new idea, and as is the case with most of the new ideas concerning children that have emanated from the mental health professional community over the past fifty years, this new idea is yet another wrong and worthless idea.

But ideas, right and wrong, have consequences. In the case of wrong and worthless childrearing ideas, the consequence is a plethora of parents who are confused, anxious, stressed, and guilt-ridden. They

squat, negotiate, make only suggestions that end in "Okay?" and try their best to demonstrate their respect for their children.

Unfortunately, their children do not return the courtesy.

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**My Views on ADHD
Reflect the Facts**

An interesting, and telling, tale: As part of a recent speaking engagement sponsored by a regional medical center in the west, I was scheduled to address a gathering of local pediatricians. Two weeks prior to the address, my contact called to inform me that the medical center's behavioral health unit had put up such a fuss over my talk to the pediatricians that the center had decided to cancel it.

"Apparently," she said, by way of explanation, "your views on ADHD and other childhood behavior disorders are fairly controversial."

Yes, that's true. But I contend that my views on said subjects reflect the facts, which I further contend are being withheld from both the public and children's health care providers - withheld by individuals and groups that have a vested economic interest in those facts not being exposed. Those facts include that ADHD, oppositional defiant disorder (ODD), and bipolar disorder of childhood are not realities; rather, they are constructs.

If a physician tells a patient that he has a tumor growing in his left lung, that can be verified with data obtained from body scans, biopsies, and other medical means. The same cannot be done with the behavior disorders in question. A therapist who diagnoses ADHD cannot provide any evidence that the child in question "has" anything. The child's behavior is unquestionably problematic in certain ways and contexts, but that is all that can be factually ascertained.

Therapists who make such diagnoses often tell parents that ADHD, etc. are genetically transmitted from parent to child. Has the gene or genes in question been conclusively identified? No. Do these therapists order genetic testing before making such claims? No. Does the genetic hypothesis make sense? Not in light of the fact that according to reliable reports from now-retired educators, these fantasy genes did not exist in pre-1960s school-age populations. The begging question, therefore: Where did these genes come from?

These same therapists explain ADHD, etc. in terms of something they call a "biochemical imbalance." Has said imbalance ever been quantified? No. Can it be quantified? No, for the simple reason that there is no such thing as "biochemical balance." As a leading psychiatrist has admitted, the term biochemical imbalance is "nothing but a useful metaphor."

In other words, the biochemical imbalance explanation is not truthful; but it is indeed useful. It is useful in persuading parents to give their children drugs that have not reliably outperformed placebos but, unlike placebos, contain the very real potential of dangerous side effects.

Not agreeing with me is one thing. Not wanting my views to be heard is quite another (but a sign of the times). The demand on the part of said hospital's behavioral health division that my talk to area pediatricians be cancelled was intellectually dishonest, but I expect nothing less from people who don't have a scientific leg to stand on.

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Do you agree that there is nothing new under the sun when it comes to parenting?

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