

Boys Will Be Medicated Boys

Marty Wolt, the teenager in the "Male Order" article on boys (page one, May 2), says he tries to be different: "Otherwise how is someone going to know it's me?" He speaks for a generation trying to distinguish themselves in megaschools, where students are numbers, not names. They enter a world of rapid changes, governed, as Alvin Toffler says, by the "innovative imperative."

Our children will brave an accelerated workplace that offers no assurance of a lifetime job. They need the very qualities we pathologize in them: high energy and fierce independence. Rapid-fire attention is their talent; they need it to multitask easily, and not get bogged down in detail. They must be strong-willed and self-determined, so they can control technology and not let technology control them.

We move so fast today that our vocabulary has not yet caught up. We use pathogenic language because we do not have healthful, wholesome words to describe and appreciate this cultural adaptation. We say "Attention Deficit Disorder," instead of "shifts attention too quickly" or "mismanages active imagination."

Many professionals like myself advocate new, positive terms to describe the Marty Wolt of today. For example, we might say he is Edisonian in his thinking or that he has the "Edison trait," a profile of inventive, headstrong, misunderstood qualities. This alternative depathologizes our view of children.

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A historical perspective on Attention Deficit Hyperactivity Disorder is badly needed. As a family physician for 23 years, I have treated, and sometimes refused to treat, ADHD kids with Ritalin; and as the founder of a private school, now flagrantly successful after 17 years, I have witnessed firsthand the challenges and disruptions those kids offer classroom teachers. I am persuaded that there has been no genetic drift pushing young boys into the ADHD category. However, we have experienced a cultural drift toward absentee parenting and general permissiveness, which, by paralyzing effective parental discipline and structure has unmasked problems that lay dormant in previous generations.

All of us can remember boys in our elementary years who either terrorized our classrooms or mentally vacated the premises. We may not remember other boys whose dedicated parents rode them like rodeo bulls—threatening, encouraging, punishing, tutoring, and always supporting the classroom teacher, whose word and judgment was law—until they emerged from high schools as semi-civilized and potentially productive citizens. I don't see many bull-riders any more. Even in a private school with intelligent kids and involved parents, I have been stunned by the degree of indulgence, excusing and downright pandering that goes on.

Into this breach stride pediatricians and family physicians. Make no mistake: properly used, Ritalin is a wonder drug. Physicians know that better parenting could reduce or eliminate the need for Ritalin in many cases. Teachers know that, too. Most professionals are surprised and delighted when parents resolve to replace the need for drugs, and give them our full support. Often, however, those drug-averse parents are demanding tutorial attention for their darling in a classroom with 24 other darlings. It won't work.

My advice to parents: Be all that you can be for your kids. Hug them, read to them, discipline them. If they aren't making it in the classroom, give the teacher your full respect and support. If that isn't enough, thank God every night for Ritalin. Someday, your successful kids will too.

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Our 11-year-old son asked why girls at his school are allowed to wear T-shirts emblazoned with remarks like "Jack and Jill race up the hill—Jill won, Girls Dominate." What would happen to him, he wondered aloud, if he wore a shirt with a similar expression in favor of boys? This led to an observation that we have succeeded in bolstering the self esteem of young girls at the expense of young boys—now viewed as individuals whose every action is suspect and whose high level of physical activity, once seen as normal, now is perceived as deviant.

Many boys spend their days in classrooms taught by young women who came of age in universities where feminist issues were in the forefront of education. These young women casually toss out a variety of anti-male comments in front of their impressionable students—delighting

the girls and leaving the boys frustrated and confused by the often unrealistic behavioral expectations set for them. At the same time, those boys who do exhibit rowdy, non-"risk averse" behavior (formerly called boyishness) often are labeled ADD, ADHD or whatever will enable the school or the "stressed-out" parent/s to obtain medication in search of a more obedient child.

Fearful of lawsuits, schools and playgrounds have removed much of the equipment that encourages strenuous play, while day-care and after-school programs allow scant opportunities for boys to run off the normal steam of boyhood. Television and videos have replaced pick-up basketball and bicycling as latch-key children usually are required to stay indoors to allay their parents' fears about crime.

In another era, teachers of young children usually adored their girl students because they behaved so well. Yet they tolerated many of the boyish pranks because it was generally accepted that these "pranks" were the precursors to boys becoming men who would, if asked, defend their country with their lives and, in general, assume the physically risky role that their gender required of them.

In today's society, however, where gender lines have been blurred and a more sensitive, feminine boy is politically desired, one might conclude that the old saying "boys will be boys" has evolved into "boys will be medicated."

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