

AND: Denouncing The ADHD Label, An Opinion Piece

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Attention neuro-divergence (AND) is a more appropriate alternative term to the long-standing psychiatric label “attention deficit hyperactivity disorder” (ADHD). The neurological condition is not a disability. Instead, it is a difference that does not require fixing. All humans have a right to their born brain chemistry and its natural development with age. (There are expectations to be deciphered in greater depth, including the character of different cognitive function groups and progressive scientific knowledge and advancements.) I would only support the loss of this entitlement in instances where mentality becomes an objective cause or danger of physical harm to the self or society. Even in this scenario, only a non-profit committee composed of qualified, unbiased legal professionals, psychiatrists, neurologists, and advisors who have ADHD could review the individual case and then consent by majority vote to a therapeutic plan that follows. Being diagnosed with ADHD myself, I testify with a personal account and the insight granted to me by multiple like-minded peers. *Reluctantly, I resolved to resume the practice of phrasing “AND” as “ADHD” in the following text for consistency and legibility of information.

In 2016, a national survey from the Centers for Disease Control and Prevention (CDC, 2019) found that 11 percent of the American population between 2 and 17 years of age, or 6.1 million people, were diagnosed with attention deficit hyperactivity disorder. It is a scientific fact that pharmaceutical drugs made for ADHD patients risk long-lasting side effects. Prescribing them to children and teens before they can maturely and independently assess the decision to do so as consenting adults is an attack on the equality of mental diversity. There is a reason age restriction laws exist for other substances. It is time this infrastructure extends to protect and embrace all youth as they are.

Out of the global population, approximately 193,076,000 adults have ADHD (ADHD Editorial Board, 2020), which is associated with a low density of gray matter in the brain. Grey matter consists mainly of neurotransmitter cells between the prefrontal cortical and basal ganglia areas. They control attention, learning, and memory (Dr. Liji, 2019). Popular

online resources describe ADHD with a limited perspective and negative connotation. The National Institute of Mental Health (NIH et al., 2016) claims that the related psychological symptoms, cognitive, behavioral, and emotional, “get in the way of functioning or development,” but I challenge this opinion.

Psychologists accredit measuring the ability of a patient to conform and function efficiently within transient and subjective social and societal standards as the mediator to justify prescribing mind-altering drugs. The total fiscal earnings from this cover for ADHD medications alone are presumed to “reach \$24.9 billion by 2025” in the global market (Modglin, 2022). The influence of financial gain on moral integrity is a historical and systematic cliché. To consider this redundancy corrupts the judgments of some psychologists and pharmaceutical typhoons alike is only sensible. (ADHD Editorial Board, 2020) notes that 62 percent of young people with ADHD take medication. This brain type alone does not increase susceptibility to endanger personal health or the safety of others. Comparatively, Table 1 (WebMD Medical Reference, 2019) clarifies how side effects of corresponding treatments risk both.

Table 1

Potential Side Effects of Drugs Given to ADHD Patients

Drug Group	Potential Side Effects
Non-stimulants	Suicidal thoughts, death by suicide, crankiness, behavioral problems, liver damage, and low blood pressure. Stopping this medicine can suddenly result in high blood pressure.
Stimulants	Heart disease, high blood pressure, seizure, irregular heartbeat, tics, abuse and

	addiction, weight loss, loss of appetite, sleep problems, and psychiatric problems.
Antidepressants	Anxiety, seizure, dizziness, higher heart rate, and risk of heart arrhythmias.

Mainstream online resources, which include a directory of pharmaceutical suggestions, degrade the nature of ADHD. They frame its tendencies with verbiage that insinuates social inferiority. Reactivity to a spontaneous or natural liking is being prone to “impulsive distraction” (NIH et al., 2016) from preordination. The Centers for Disease Control and Prevention (CDC, 2019) refers to the potential of insubordination, inconveniencing those who hold positions of authoritative hierarchy. One may “not follow through on instructions, fail to finish schoolwork, chores, or duties in the workplace, or start tasks but quickly lose focus and get easily sidetracked.” Many who have been diagnosed with ADHD agree that elongated concentration on tasks that cause attentive disinclination, regardless of practical cruciality, can be sustained only through conscious psychological ardor. If someone with ADHD and a neurotypical, common-brained person are both bored with the same job, the latter is disposed to a more efficient performance and competitive results.

Most people are strangers. They have yet to be personally introduced and simply coexist. Others, for one reason or another, are incompatible and choose to distance themselves. The reality of this generalization is what brings value to bonds shared between niche groups and couples. Relationships are consented to by the individual. However, personal preferences do not justify valuing another as lesser and maltreating them as such, especially with legalities. Anyone who pairs ADHD with “problem” (Angel, 2020) is ignorant, simply put. A person who misses social cues by “blurting out an answer before a question has been completed, finishing other people’s sentences, or speaking without waiting

for a turn in conversation” (CDC, 2019) may be a nuisance to most. Understandable. Perhaps this could be improved in time by providing further education about neurodiversity to parents, teachers, and the youth. What is most important to note is that social preference is a selfish desire. It is not a credible excuse to suppress the personality of an underage patient with drugs.

Lesser known are the acclaimed advantages that many affiliate with their ADHD brain. What the (NIH et al., 2016) would consider to be “unrelated thoughts or stimuli” are pursuable ideas or subjects of rumination to others. (Tonti, 2013) was diagnosed with ADHD as a youth; he explains, “ADHD as a difference in cognition, not a disorder...misunderstood as an inability to maintain attention.” Hyperfixation is the counterpart of ADHD. It amplifies the presence of a singularity and mutes all other stimuli, internal and environmental. (Nall, 2019). What originates as childhood “hyperactivity and impatience” (CDC, 2019) flowers into energy for the pursuit of passions. The stigma that young people must embody an ideal character is ludicrous. Boundless career paths are accessible or to be conceived with entrepreneurship.

These subliminal superpowers exemplify the structure of a theory I coined as *Neuro-Displacement*. Abilities evenly balance apparent disabilities. What has been “given” is often less ordinary and far more subtle than the “taken.” While the scale fluctuates, focusing on different psychological traits per individual, a set of commonalities shared by some minds deviate significantly from those of the masses. The smaller group can then identify with a label. Under this logic, people with ADHD have the power to denounce exploitative labels of deficit, disorder, and disability from association with their brain, thus clarifying their equality with the masses as an *attention neuro-divergent*.

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