

A.D.D.

Wandering Minds
and Wired Bodies

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P U B L I S H I N G

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“So *that’s* the problem!”

That may have been your reaction when you first heard a description of attention deficit disorder (ADD). Perhaps you thought, “That’s my problem,” or “That’s my *child’s* problem.” At least you could think of *someone* who fit the description: the nephew who drives you crazy, the friend who has great ideas but little follow-through, the person who goes from one job to another, or that class clown from elementary school. In fact, upon reflection, you might think of so many people who fit the description that it would seem downright un-American not to show some signs of the problem.

Of course, not everyone fits the description. Some would suggest that only the colorful characters among us do. But you *can* find it in every church and school in the United States. Given the sheer numbers associated with the label, and given that it intersects with important biblical teaching, ADD deserves our careful consideration as Christians.

What Is It?

The meaning of ADD has evolved over the last few decades. Its official definition, from *Diagnostic Criteria from DSM-IV* (the manual listing and describing psychiatric disorders recognized by the American Psychiatric Association¹), highlights three behaviors: inattention, impulsivity, and hyperactivity. ADD emphasizes inattention, while ADHD (attention deficit/hyperactivity disorder) includes all three categories. Manifestations of the condition include the following:

Inattention

- (a) often . . . makes careless mistakes in schoolwork, work, or other activities
- (b) often has difficulty sustaining attention in tasks or play activities
- (c) often does not seem to listen when spoken to directly
- (d) often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the work-

¹ *Diagnostic Criteria from DSM-IV*, Washington, D.C.: The American Psychiatric Association, 1994.

- place (not due to oppositional behavior or failure to understand instructions)
- (e) often has difficulty organizing tasks and activities
 - (f) often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework)
 - (g) often loses things necessary for tasks or activities (e.g., toys, school assignments, pencils, books, or tools)
 - (h) is often easily distracted by extraneous stimuli
 - (i) is often forgetful in daily activities
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Hyperactivity

- (a) often fidgets with hands or feet or squirms in seat
- (b) often leaves seat in classroom or in other situations in which remaining seated is expected
- (c) often runs about or climbs excessively in situations in which it is inappropriate (in adolescents or adults, may be limited to subjective feelings of restlessness)

- (d) often has difficulty playing or engaging in leisure activities quietly
- (e) is often “on the go” or often acts as if “driven by a motor”
- (f) often talks excessively

Impulsivity

- (g) often blurts out answers before questions have been completed
- (h) often has difficulty awaiting turn
- (i) often interrupts or intrudes on others (e.g., butts into conversations or games)

One of the first things you notice about this profile is that there is no clear distinction between the “haves” and the “have nots.” You don’t use blood tests and X-rays to check for ADD. The ever-present “often” in the diagnostic criteria betrays the loose boundaries of the term, and it explains why Americans use it so frequently. Almost anyone can squeeze into these parameters—at least on certain days. Given such imprecision, it would be more accurate to see ADD behaviors on a continuum where everyone can be found somewhere on the spectrum, but some people consistently live at the extremes.

Here is a sampling of those extremes.

Some children, boys especially, seem to have mouths, arms, hands, and legs that run ahead of their thinking. Their parents feel as if they are spinning a dozen plates in the air, and often manage the problem by withdrawing their children from situations where they will embarrass them or be too rough with other children. What about girls? They tend to be less noticeable because, while they may be highly distractible, they are less likely to be hyperactive. Instead, they stare out the school windows, don't disturb their classmates, and generally go unnoticed.

Older children who fit the ADD pattern can be maddening: they can be fixated on the TV for hours, but they can't concentrate on their homework for more than ten seconds. (TV and Nintendo give them a fast pace and excitement; homework does not.) In other words, their attention is *inconsistent* rather than universally poor. For these children, boredom is death. They might provoke Mom or engage in some physically dangerous activity just to make life more interesting.

Adults with the ADD label have lives that are often characterized by frequent job

changes, impulsive decisions, chronic difficulties meeting deadlines, inaccurate insights into personal strengths and weaknesses, and inaccurate perceptions of the ways others respond to them.

With these descriptions, it is easy to understand why there is so much interest in ADD. Parents, as well as adults who loosely fit the profile, are looking for anything that will help.

ADD Is a Description, Not an Explanation

One helpful guiding principle is this: ADD is a *description* of behavior, not an *explanation*. By it we describe behaviors rather than explain their causes. We answer the question, “*What* is this child doing?” but not, “*Why* is this child doing it?”

As a description, the ADD list can be helpful in that it brings certain behaviors to our attention. But isn't it true that when someone is said to *have* ADD, it sounds like a medical explanation? It implies that the problem has everything to do with genetics rather than character.

There are a number of problems with hinting at such an explanation. One is that there is

no readily apparent medical cause for ADD. Although there are dozens of biological theories to explain ADD, there are presently no physical markers for it; there are no medical tests that detect its presence. But there is an even more important reason for remembering that ADD is a description of behaviors rather than an explanation. If a behavior is already explained, we don't have to study it any further. We know its cause; now we just move to find a cure. The reality, however, is that if we apply the ADD label to someone, it should mean, "I want to know this person better." "I want to study his strengths and weaknesses, and become more alert to the inclination of his heart." If we use this label, we are just getting started understanding the problem.

ADD Is a Spiritual Problem

There are two areas we must investigate: the spiritual and the physical. Both must be taken seriously. If you ignore the spiritual aspects of ADD, then repentance, faith, and obedience will no longer be central in the person's life. Sinful behavior will be excused. The power of the gospel to change us will be ig-

nored. On the other hand, if you ignore physical or brain-related strengths and weaknesses, you will frustrate your child with unrealistic expectations.

Physical problems—let's refer to them as strengths (gifts, talents, abilities) or weaknesses—certainly influence behavior. In a child labeled ADD, these physical strengths might include a high energy level, unusual creativity, a willingness to take risks, and an outgoing personality. Physical weaknesses might include a poor memory for the spoken or written word, difficulty sequencing behavior or devising steps to complete a task, difficulty establishing priorities, difficulty with sustained attention when tasks are not intrinsically interesting, difficulty screening out irrelevant stimuli, difficulty processing information when frustrated, and difficulty changing from one way of thinking to another. An example of this last weakness is the child who is allowed to be loud and active at home and then carries that same behavior (inappropriately) into the classroom. Such children have difficulties when the rules change. They might be spiritually teachable but still have a hard time switching gears from one context to another.

These are just some of the strengths and weaknesses you might discover. If you are a careful student of another person, you will always be learning more. But a careful student will also realize that even an exhaustive knowledge of someone's strengths and weaknesses doesn't tell us everything about that person. In fact, if your focus is simply on strengths and weaknesses, you will miss what is most important: the spiritual center of the person's life. The truth is that ADD sits at the intersection where physical and spiritual meet. The root cause may be physical or spiritual; it is typically both.

The *spiritual* is the very essence of who we are, but it is too often forgotten in discussions about ADD. What does spiritual mean? It means that we are people who live before God in all aspects of our lives, and we are always making choices as to whether we will trust and obey our God or follow our own desires. This is true of every heart, of those who are distractible or focused, active or passive.

Spiritual problems can be distinguished from intellectual strengths and weaknesses by asking the question, "Am I certain that this behavior transgresses God's law?" If behavior

clearly violates what Scripture says, then the behavior is a spiritual problem.

Say, for example, that your child is hitting another child because the other child is playing with his toy. This is clearly a spiritual problem. Even though your child might *also* struggle with inattention and hyperactivity-impulsivity, these cannot be excuses for such behavior. Physical problems do not force a child to sin. Of course, it is not always easy to determine the relative contribution of the spiritual and the physical. That is why we must be careful students of those who fit the ADD description. But the basic principle is that we just take Scripture for what it says. If we find that either our behavior or that of our children violates what God says in Scripture, then “the treatment” is to grow in faith and obedience, knowing that the Holy Spirit can give the grace to change.

One word of caution, though. Sometimes children disobey parental commands and there might *not* be a spiritual problem. Scripture clearly instructs children to obey their parents, so disobeying would seem like an obvious infraction of God's law—a spiritual problem. But it is possible that a child did not understand or