The Colt of a Booklet

TABLE OF CONTENTS

RECOGNITION

1. Selection
2. Selection Means Diagnosis Means Treatment
3. Treatment Means Drugs
4. Drugs Are Dangerous
5. Drugs Do Not Help
6. Adultism
7. Potential
8. Independence And Responsibility

REMEMBRANCE

1. Relax
2. True Nature Of Your Child
3. Importance of Movement and Physical Activity
4. Intention Of Biopsychiatry
5. Never Give Up
6. Keep Thinking
7. Eyes Of Delight

WHAT ELSE TO DO

1. Resistance
2. Support
3. Time
   * Down Time
   * Special Time
4. Attention
   * TADD
   * DADD
   * SADD
5. On Counseling Children:
   * Theory
   * Tips
   * On Seeking Professional Help
6. Four Gifts For Your Children:
   * Food
   * Light
   * Sound
   * Talk
7. A Special Note on TV
   * Freedom of Speech for the Wealthy
   * The Technology of Passivity
   * Acceleration of the Nervous System
8. Touch

REFERENCES
RESOURCES
Recognition

Recognize what is really going on.

Your child is being chosen as a subject in a massive unprecedented experiment in using powerful mood altering drugs to modify the behavior of young people. Several pieces of information are vitally important for you to know and understand.

Your Child Is Being Selected Out Because of "Unacceptable" Behavior

Institutional Psychiatry and Compulsory Age-Graded Competitive Education share many things in common. One of these is a primary value on SELECTION. You need to recognize that your child, along with hundreds of thousands of other youngsters, is being selected out based on a judgment that his or her behavior is unacceptable. Psychiatry and Education bear the brunt of a societal mandate to enforce sameness and conformity as evidenced by proper adjustment to institutional standards. There is precious little room for celebration of uniqueness and difference.

Selection Means Diagnosis Means Treatment

You need to recognize the illusion that underlies the entire process of labeling and diagnosing children. Your child is selected and you are referred to a "mental health professional" (a medical doctor psychiatrist or a university doctor psychologist) for an "evaluation" to determine a "diagnosis" and decide whether your child really does have a psychiatric disorder. The truth is that the whole process of psychiatric evaluation and diagnosis is, for the most part, a sham.(1) Once your child is selected, a thoroughly predictable process with thoroughly predictable results is set in motion. It is extremely rare for a child referred to a psychiatrist or psychologist for evaluation of a "disruptive behavior disorder" (DBD) to be given no diagnosis. These people are in the business of giving diagnoses. And DBD’s (including conduct disorders and so-called attention-deficit hyperactivity disorder (ADHD)) are one of those funny diseases where the subjective experience of the adults around the patient determine the presence of the disease. The main criteria for diagnosis have nothing to do with the state of the victim’s body or psyche.

Furthermore, you need to know that diagnosis really is not about describing your child in a way that will give useful information to help enhance development. Psychiatric diagnosis is not descriptive, but prescriptive. Just as referral almost inevitably leads to diagnosis, diagnosis means treatment. When your child is selected out as a behavior problem, he or she is being chosen for "treatment" and "special" services.

Treatmen Means Drugs

You need to know that Institutional Psychiatry operates from a very specific viewpoint called Biopsychiatry. Biopsychiatry is guided by very specific assumptions.

First, human distress is a result of "mental illness." Second, "Mental illness" consists of a tremendous (growing all the time) assortment of "diseases," classified together in the psychiatric bible, called the Diagnostic and Statistical Manual (DSM) of the American Psychiatric Association. By translating human behavior into medical diseases, this manual acts as a key to open the treasure chest of medical health insurance dollars. Incredibly enough, problems with school behavior have been translated into this system. "Treatment" of these disorders is now an extremely profitable and rapidly growing business for the pharmacology industry and psychiatric profession. The third assumption of Biopsychiatry, then, is that these "diseases" are caused by biological and genetic defects in the sick individual. The "treatment" of choice for your poor child is, of course, pharmacological (drugs).

These Drugs Are Dangerous

You are told that these drugs are benign. You need to recognize that this is self-serving misinformation. I will only mention Ritalin, which is by far most popular; an estimated 1,000,000 young people, mostly boys, are on this drug. You probably were not told that Ritalin is "speed," pharmacologically classified with amphetamines, having the same effects, side effects and risks. The FDA classifies Ritalin in a high addictive category, Schedule II, along with amphetamines, cocaine, morphine, opium, and barbiturates. This drug’s adverse reactions are described below.

Excerpt from the Physicians Desk Reference (PDR) on the potential adverse reactions caused by Ritalin:
Nervousness and insomnia are the most common adverse reactions but are usually controlled by reducing dosage and omitting the drug in the afternoon and the evening. Other reactions include hypersensitivity (including skin rash), urticaria [swollen, itching patches of skin], fever, arthralgia, exfoliative dermatitis [scaly patches of skin], erythema multiforme [an acute inflammatory skin disease], with histopathological findings of necrotizing vasculitis [destruction of the blood vessels], and thrombocytopenic purpura [a serious blood clotting disorder]; anorexia; nausea; dizziness; palpitations; headache; dyskinesia [impairment of voluntary muscle movement]; drowsiness; blood pressure and pulse changes, both up and down; tachycardia [rapid heartbeat]; angina [spasmodic attacks of intense heart pain]; cardiac arrhythmia [irregular heartbeat]; abdominal pain, weight loss during prolonged therapy.

There have been rare reports of Tourette’s syndrome, Toxic psychosis has been reported in patients taking this drug; luekopenia [reduction in white blood cells] and/or anemia; a few instances of scalp hair loss. In children, loss of appetite, abdominal pain, weight loss during prolonged therapy, insomnia, and tachycardia may occur more frequently; however, any of the other adverse reactions listed above may also occur.

"This is the kind of information about a drug that the manufacturer is compelled by law to share with the doctors who will prescribe it. Unfortunately, there is no law requiring that the doctors who prescribe the drug share the information about its potentially damaging or fatal effects with you. That is why I have provided so much information about Ritalin, which applies, as well, to its counterparts."

(Mendelsohn, 1984, pp. 203-4)

**These Drugs Do Not Help Your Child**

You are told that Ritalin really works, that it is proven effective. What this means is that some children "behave much better" when they’re on Ritalin. Proponents of the drug will tell you that the drug works because it corrects a biological neurological defect in the child. You need to know this is entirely a statement of faith on the order of a religious belief. There is no scientific evidence to show any consistent biological or genetic cause of any problem routinely seen by psychiatrists, most definitely including the so-called DBD’s of school children. Children diagnosed as ADHD do not respond to Ritalin because it corrects a biological defect; they respond because they’re taking an amphetamine. It is a long demonstrated effect of amphetamines that users experience a narrowed focus of attention, concentration on detail, and are less in touch with their real feelings. Any child becomes more docile, obedient and willing to concentrate on boring, repetitive tasks; all desirable qualities in a school setting.

You need to know also that Ritalin is addictive, that it interferes with development (including the brain), and that many children experience other serious effects, including permanent disfiguring tics. As a stimulant, Ritalin can cause the very things it is supposed to cure - inattention, hyperactivity and aggression. Withdrawal effects, like the child getting upset after missing a single dose, are mistakenly interpreted as a sign that the child needs to be put back on medication.

Research has failed to confirm any definitive improvement from drug treatment. They probably didn’t tell you that "years of research and clinical use have failed to confirm any positive long-term effects from Ritalin in behavior or academic performance" (Breggin & Breggin, p. 84)

**Recognize Adultism**

Adultism is the systematic mistreatment of children and young people simply because they are young, and it is the core oppression here. The pattern is one of massive disrespect; one key to knowing whether you are acting as an agent of this oppression is to query any action toward a young person with the following simple question: Would you treat another adult the same way?

Recognize the Code Word "Potential"

Focusing on a child’s "potential" is subtle adultism. When adults focus on a child’s "potential," they have lost sight of the child. Do not trust the thinking of anyone who keeps emphasizing the "potential" of your child; rather, put your trust in those who can celebrate and delight in who your child already is.

Independence and Responsibility
Perhaps the most frequent concerns I hear from parents are about their children’s responsibility (irresponsibility) and independence (dependence). I really think that much of the problem is that, as a society, we have abandoned our children and have copped out on our responsibility to fully provide what they need to develop well. What I want to offer here, however, is a way to think about these two crucial polarities of independence-dependence and responsibility-irresponsibility that I think will be helpful. I will borrow Jane Healy’s metaphor of the adult as a "scaffold." The idea is that our job as parent is to act as a scaffold for our children, and to avoid falling into false illusions about dependence and responsibility.

If we fall into illusion about independence, we err on the side of providing no support for our child.

If we fall into illusion about dependence, we err by taking too much care and preventing development of a child’s own mastery.

If we fall into illusion about responsibility, we guilt and blame ourselves and/or our child, and forget that responsibility is a part of our inherent nature. Responsibility means "ability to respond." It is our nature to thoroughly enjoy responding to the best of our abilities. If we don’t it’s because we’re in distress, or don’t have the information or relevant skills.

Providing a "scaffold" for your child means that you encourage your child’s own thinking and action (independence), but you are there as support, as model, as coach, as ally (dependence). Isolation does not exist; responsibility is not a burden, but a rich shared experience. You and me, together. One for all and all for one.

Summary:

The bottom line is to recognize that you are being expected to unquestioningly accept a decision for your child that involves him or her being selected out for special treatment and given drugs. You are expected to believe that he or she has a disease and that this special treatment is for his or her own good. You are often made to question your own responsibility and worth as a parent if you choose to resist something that is so obviously necessary and good for your "special" child. The reality as you can see is very different than this Alice-in-Wonderland upside down distortion.

REMEMBRANCE

Remember to Relax

Let go of any sense of urgency, crisis and pressure. Remember that any urgency and pressure is about adult fear, and adult needs to avoid upsetting feelings of guilt, inadequacy, and loss of control. The atmosphere of urgency results from adult distress; it is not about your child.

Remember that you have all the time in the world. You are committed and involved with your child for the long haul. Remember the big picture even as you sometimes struggle to make it through one day at a time: You and your child, working it out together, forever.

Remember also that these DBD’s are "funny diseases." They often disappear at the end of a school day or a school year. Present with one teacher, they mysteriously go into remission with another teacher. You have many years to watch growth and change as your child develops and matures.

Remember the True Nature of Your Child

Children are neither small adults nor untrained animals needing to be disciplined and shaped. They are young human beings with enormous dependency needs. Completely dependent on adults for survival and proper development, children need abiding protection, nurturance and encouragement. Remember that the inherent nature of children is that they are exceedingly intelligent, zestful, loving, and cooperative. Children are born with an expectation that
caring adults will respond to their needs in a good loving thoughtful way. Please do not allow this trust to be violated!

**Remember the Importance of Movement and Physical Activity**

Remember the importance of movement and physical activity to your developing child. This is such an integral aspect of your child’s true nature that it deserves a section of its own. Our bodies are meant to move; this is especially important with children. Physiological and neurological development requires incredibly high levels of physical activity: from the infant’s needs to be carried in arms to the babies crawling, the toddler’s exploring and all the way through our development. Preschoolers and early school age children need to move, a lot.

I believe the facts are that movement and physical activity are vastly more important than academic and "so-called" intellectual development for children in the 4-8 year old age group. I say "so-called" intellectual development because I think it is absurd to correlate intellect with academics, to reduce the concept of intelligence to the "mental" domain of life. I really agree with Joseph Chilton Pearce (The Magical Child) that tasks involving abstract intellectual activity (the use of symbols as in academia) are meant to come in a bit later, after age 8 on the average, in terms of cognitive development. The task of 4-8 year olds is to fully develop their relationships with their bodies; and with the earth, with the natural world. Pearce describes the task as a transfer from the matrix of "mother" to that of "Earth." We are meant to experience ourselves as fully connected to the natural world. This connection is established by long uninterrupted experience of active physical interaction with the natural world. The alternative, so common in urban existence as to be the norm, is to go through life feeling like "strangers in a world we never made."

Perhaps the greatest tragedy of our education system is that we have instilled a sense of failure, and a self-image as failure, in extremely large numbers of children. In reality, these children are "canaries in the coal mine," indicators of a leaky poisonous gas that is affecting all of us. To violate the nature of children by forcing standards and behavior that are not suited to their developmental needs is cruel; to saddle them with blame and shame for the results is a tragedy.

Remember again to relax. Trust that your children are completely equipped to develop in astounding, wonderful ways. Give them the incredible gift of a relaxed, confident, unpressured environment in which to explore and grow. The result will be a young person who is relaxed, confident, and at ease, completely connected with you and with the world.

**Remember That the Intention of Biopsychiatry is to Drug Your Child**

The effect of this so-called treatment is to absolve the adults on whom your child depends from responsibility. Once your child is labeled as defective and placed on drugs, then a STOP sign is placed on the need to figure out what might really be going on. The problem is defined as a sick child needing medicine; no need to look further. Remember to Never Give Up

Labeling and drugging your child is a clear signal that adults have given up. Perhaps the most important thing you can ever do for a young person is to demonstrate again and again and again that you will never give up on him or her.

**Remember to Keep Thinking**

Related to never give up is to never stop thinking about the needs of your child; a parent’s job never ends. Another of the most important things for young people to know is that you care enough to keep thinking as well about them as you possibly can. Mistakes are inevitable. Children have no need for perfect parents; they need really good imperfect parents who keep thinking and never give up.

**Remember to View Your Child Through the Eyes of Delight**

To see your child through the Eyes of Delight is the greatest gift in the world you can give to your child and to yourself. As with the feeling of urgency and pressure, viewing a child with anything other than delight really says more about the viewer than the child. Obviously children do experience distress and they do act this out; it means
they need good attention to work something out. They are still inherently delightful. Adult responses of judgment and shame are not about the child; these responses are projections of feelings the adult carries inside him or herself.

Remember NOT to trust the thinking of anyone who sees your child through anything other than the eyes of delight. There really are no "bad" children. Your child is completely good and delightful.

**WHAT ELSE TO DO**

**Resistance**

"The Secret of Joy is Resistance"(2)

Resist. Make it clear that you will not put your child on psychiatric drugs. Let school and mental health professionals know that you have ruled out this option. You are involved, you will participate, you will consider alternatives, but no more discussion of drugs. The drugs are toxic, dangerous to your child’s brain, body, and soul.

**Support**

Get SUPPORT for yourself. I’m not talking here about support for your child, but for you. Parenting is an incredibly demanding job, and our society offers precious little by way of support. Figure out ways to get practical support, child care, time off, help. Get emotional support for yourself. Raising a child inevitably and without fail triggers your own distress. It is the law that your stuff will come up in dealing with your children.

Get support in handling the incredible stress placed on you in this current situation. Explore and express thoughts and feelings coming up for you now. The best thing you can do for your child is to get help for yourself around where it gets hard and you get emotionally activated.

Get support specifically with the experience of parenting. Parents listening to each other talk about parenting is incredibly valuable. Find other parents and talk and listen. The best support and thinking I know of around children and parenting is through a grassroots peer counseling organization called Re-Evaluation Counseling (RC). This and other resources are listed at the end of this booklet.

**Time**

It has been said that Slowing Down, the ultimate speed bump, is the greatest act of civil disobedience one can commit in our society. It is crucial that you do, for your sake and your child’s. Much has been written about The Hurried Child (a book by David Elkind). It is so important to create a relaxed atmosphere, free of pressure.

Slow Down and take time for your child. Quality time is good, but much more important is just time. Young people need time to be nurtured and supported and loved and involved with you; they need enough time without pressure to show you their distress. If they can’t get it out with you, then where?

**Down Time**

This is an extremely useful concept, related to slowing down. The idea is that children in our society are over-stimulated (see The Endangered Mind by Jane Healy). Constant activity and stimulation, radio, TV, video, computer, etc. No quiet, no stillness, no room for inner seedlings to grow. It is so important to allow children to have down time. It is phenomenon called:

- (Child) I want to watch TV.
  - (Parent) No.
- (Child) I’m bored. What are we going to do now?
  - (Parent) Nothing.
- (Child) I’m bored (restless, banging around, complaining...)
  - (Parent) I’m sure you’ll think of something to do..., etc.
One of two things will probably happen. Most of the time he or she will eventually pick something up or start drawing or reading, or go outside and play. However, be prepared because sometimes it gets worse before it improves. If he or she is not used to down time, he or she will show withdrawal symptoms of irritability and crankiness. Be prepared and know that it will get better. You are preparing fertile ground for your child’s development. One other thing can happen that may look like withdrawal symptoms. Your child will use you as a counselor. I say more about this in the next section.

**Special Time**

The concept of special time is a very good one for all young people, and especially for one who’s having a hard time. It means that you, as loving parent, care enough to set time aside (15 minutes, 30 minutes, 2 hours, 4 hours,... every night or once a week, whatever you can do) out of your busy life especially for your child. Just you and he or she, no one else. **You do exactly what he or she wants** (it is OK to set limits on spending money according to your resources), **and you are delightfully involved.** (You later counsel on anything that gets in the way of your delightful involvement with your child). He or she’s the boss.

**Attention**

It is useful to remember here that "attention deficit disorder" is an extremely funny disease in which the primary subjective symptoms reside not in the patient but in the surrounding adults. It is useful to follow this awareness a bit further to propose the following maladies.

**TADD - Teacher Attention Deficit Disorder(3)**

Teaching is an incredibly difficult and undersupported job. A stressed teacher who lacks good free attention is more likely to have difficulty being fluid and flexible and creative enough to deal with demanding children.

As a parent, one thing you can do if you want is to see yourself as a counselor for your child’s teacher. Let them unload their complaints and difficulties, sympathize and give them all the support you can.

A teacher who really buys the delusion of a BioPsychiatric interpretation of children’s behavior can be dangerous. Be firm and stand strong in your own decisions.

**DADD - Dad Attention Deficit Disorder**

Our society is such that fathers are often absent; our society makes it extremely difficult for a man to make time for his children. I can only emphasize what an incredible difference it makes to a youngster to have his or her father actively interested, involved, engaged and close. Do everything you can to make this happen.

**SADD - School/Societal Attention Deficit Disorder**

Matthew Fox said that "We are a nation that hates its enemies more than we love our young people." It is extremely sad, indeed, to give up on our children and drug them by the hundreds of thousands. No easy solutions here. As the Breggins pointed out in *War Against Children*, in raising children there are many times for responsible adults when it comes down to this decision: EITHER SUPPRESS THE CHILD OR TRANSFORM THE WAY YOU DO YOUR LIFE.

**On Counseling Children**

There is so much that is important to know; I offer the following brief bit of guidance from the theory of Re-Evaluation Counseling.

**Theory**

1. Human Beings are inherently zestful, intelligent, loving, and cooperative.
2. When hurt physically or emotionally, distress is experienced and recorded in the body and the emotions. This distress interferes with all the above qualities of our inherent nature (i.e. we become less intelligent and cooperative).

3. Fortunately, human beings have a natural built-in mechanism for healing from the effects of having been hurt. This mechanism can be called emotional discharge, getting your feelings out.

4. Children will use their parents as a primary resource to do this if it is safe and they are supported to do so.

Tips

1. Know that children are not "reasonable" when upset. They generally don’t "talk it out."

2. Your attention is the key. Counsel your child when you feel pretty awake and aware. Don’t try to counsel your child when you are emotionally upset.

3. Remember that emotional expression (crying, shaking from fear, angry talk) is not the hurt; "The Tears are the Healing." We are so often taught to confuse the hurt with the release of the hurt. When a child cries (unless they are in acute response to pain such as a diaper pin sticking them), he or she is releasing a hurt; it was already in there before he or she cried. No need to stop it; relax, stay close, encourage the tears.

4. Stay close. Keep reaching in. Know that your child wants to be completely close. It is only the distress that pushes you away.

5. Remember when a child shows anger that he or she really doesn’t want to hurt anyone or anything. Protect your child from doing harm, and be confident that he or she is doing what he or she can to get some really hard feelings out.

6. Few in our parents’ generation had this information, so few of us were supported to express emotionally. Doing this for your child will not be easy. Counsel your child, but get help where it is really hard.

A Note on Seeking Professional Help

If you get professional help, however, be sure and find out the approach and perspective of those you consider. Ask them tough questions about how they see children and families. Make sure they whole-heartedly support your decision to avoid drugging your child. Make sure that they think about young people in a way that really makes sense and is consistent with what you are doing as a parent. Expect complete respect for you and your child.

Four Very Special Gifts for Your Children

It is true that I am strongly challenging the illusion of Biopsychiatry which attempts to reduce the incredible nature of your children and the tremendous difficulties associated with school performance to biological and genetic abnormalities. To say it again specifically, I think it is a tragic mistake to act as if academic, behavioral and social challenges are a result of biological or genetic defects, and to drug children with stimulants for "treatment."

At the same time, it is extremely important to know that behavior (including attention) cannot be without its physiological, neurological and biochemical correlates. Emotional distress greatly affects all these factors and I have written above about ways to help children with emotional distress. Now I want to briefly mention four very specific, common sense areas to examine in exploring ways to affect the biochemistry of your children in a positive way.

There is a simple law about being in a human body: "What Goes In Must Come Out." "The Quality of What Comes Out is Related to the Quality of What Goes In." (Corollary: "Garbage in garbage out.")

This simple truth has profound implications. Once understood, it imparts great responsibility. I encourage you as parents to think of this responsibility as an opportunity to provide four very special gifts for yourselves and for your children. These gifts are quality Food, Light, Sound, and Talk.

Food

The place we have the greatest control and influence in the quality of our child’s health, attention and behavior has to do with nutrition. The evidence is very clear that food affects health, mood and behavior. A lot has been written about the specific link between food and hyperactivity.
The amount of junk food that children in the United States eat is appalling. As a parent, you can go a long way in helping the biochemistry of your child by keeping the following two items at a minimum:

1. Sugar (in all its disguises)- white sugar, brown sugar, sucrose, fructose, corn syrup, etc. (Please note that substitutes such as Nutrasweet are also toxic and have been linked directly to problems with children!)
2. Chemical Additives and Preservatives - Read the labels and be selective.

You should be aware that some children have specific food allergies. These are often related to sugar and/or chemical additives, but can definitely include other foods. Dairy, in particular, has been shown to be a major negative factor in many children’s health and behavior. Always consider this where there are recurrent congestive problems or ear infections. (See Oski’s book in reference section)

Encourage fresh fruit. Fresh is best with any food. Organic, free of pesticides and other chemicals, is best. Go for as little processing of the food as possible. The closer the food to its whole, natural state, the more nutritious and healthy it is for your child. I know from personal experience that it is extremely difficult to feed children well in a society that is so out-of-balance with food. Do the best you can. It’s worth the effort.

Light

Along with the rising incidence of so-called "attention disorders," you may have noticed that more and more Americans are wearing glasses (I’ve heard estimates of 70%), and more and more children are experiencing vision problems.

Not long ago we humans spent 90% of our time out-of-doors. The average citizens of the United States now spends 97% of their time indoors.

Some research has been done which indicates that the quality of light in a classroom directly affects attention and behavior. We clearly know it affects the eyes. The recommendation is to keep TV and video watching at a minimum; and realize that a computer screen has a similar effect on the eyes. The greatest gift is to make sure your children spend as much time outdoors as possible. Give them the gift of full-spectrum light!

Sound

How often has your child experienced the gift of quiet, of silence? How often has he or she sat in a place free of man-made noise and listened to the wind and the waters, and other sounds in nature? I realize many of us in the cities cannot easily provide this gift, but it is so important.

Research and experience have clearly demonstrated the effects of sound on mood, behaviour, health, thinking and learning. Please do the best you can to provide your child as much time as possible in an environment where the quality of sound is calm, quiet, soothing, peaceful.

A major problem related to the topic of this booklet is stimulation. Our children are massively over-stimulated. This over-stimulation interferes with ability to be self-directed. It interferes with the quality of awareness and attention. It interferes with physiology, neurology, Biochemistry. An over-stimulated mind and body cannot rest, does not know calm. It’s true children love excitement; give them that. You can do your child great service, however, by providing time in an environment with good food, good light, good sound. Healthy stimulation.

Talk

Jane Healy puts it very directly in the Endangered Minds. Talk is "the magic formula." Conversation builds the "executive brain." In order to sustain attention and concentration, young people must have experienced the "Rich Broth of Language and Reflection." This experience of "inner speech" is necessary to develop a capacity for personal thought and problem solving.

It is really quite simple. You must talk with your child - a lot! Help your children talk and think their way through a problem. Adults must act as coaches to show children how to internalize speech; this act teaches strategies for thinking. Personal thought and problem solving result.
There are at least three prerequisites for the development of inner speech and the executive brain. First is quiet; a child must have time in an environment free of over-stimulating background noise and programming. Second is competent and caring adults to act as coaches; you provide a model of reflective thought and you coach your child, asking questions, drawing out his or her thinking the way through problems. Third, you talk and listen.

This domain of conversation is a place where you act as a "scaffold" for your child, meeting dependency needs by providing support, encouraging independence by listening to and drawing out your child’s own thinking. This mutually shared responsibility is a great gift and is optimal for your child’s development.

I’ll conclude this section by quoting Kenneth Klivington, editor of The Brain, Cognition and Education. When asked how he would advise parents, he immediately responded:

"I continue to place the emphasis on the need to generate language and thought, not just listen and watch. If we consider the brain as an organ of thought, it has to be structured to work right. If you don’t wire your computer right, it isn’t going to work right."

A Special Note on TV

By now you have no doubt realized that I see television as, for the most part, a harmful technology and passive activity. It would be a grave disservice were I not to place just a little more emphasis on TV since it is so ubiquitous; since the average person in our society spends 5 hours daily in front of the TV. It is no exaggeration to say that the main activity of life for Americans, besides work and sleep, is TV. TV is probably the most massive single input into the lives of our country’s young people today. The number of minutes per week that the average child watches TV is 1,680. In contrast, the number of minutes per week that parents spend in meaningful conversation with their children is 38.5 What a shame.

In this brief section, I want to emphasize that I am not talking about the content; much has been said about TV violence and TV sex and TV advertising and TV insanity and TV values. PBS or MTV, sports or drama, sex or sitcom, no matter. I am talking about the very act of watching any TV. In a similar view, I am not talking about the insidious and conscienceless manipulation of young people’s minds by a corporate world whose primary guiding value is and always will be a profit motive.

My purpose here is to draw your attention to the fundamental nature of the technology and how it acts on the minds of children. I will use three of the subtitles from Jerry Mander’s chapter on TV as audiovisual training in his book, In the Absence of the Sacred.

Freedom of Speech for the Wealthy

This point is quite simple. Only the largest corporations in the world dominate the broadcast signals for the obvious reason that only they can afford it. TV is a private system in the hands of the largest corporations. Freedom of speech could not be further from the truth. Mander shares the most shocking statistic:

*The average American who watches five hours of television per day sees approximately 21,000 commercials per year.*

21,000 identical messages about life, all aggressively saying "Buy something - do it now!"

The Technology of Passivity

This is about how TV affects human beings. Just the fact that TV is on for an average of 8 hours a day in American homes is de facto proof of its hypnotic quality. The term "Zombie" has been used by many parents to describe TV’s effects on their children. Scientists have studied this phenomena and found that the brain slips into an "alpha" brainwave mode after watching some TV. This is a noncognitive mode, meaning no thinking, no filtering. Information can be placed directly into the mind, without viewer participation.
Mander mentions three factors about why the brain slips into this mode with TV. One is the lack of eye movement. When an image does not have to be sought, a key aspect of mental stimulation is lost. The second factor, according to psychologists who use hypnotism, is that TV very effectively induces a hypnotic trance. Looking at a flickery TV screen (60x/second) is just like staring at a hypnotist’s candle.

Mander considers his third factor most important. Images come from the TV screen at their own speed as an image "stream," outside the viewer’s control. No pulling out images. No contemplation. No active participation. If you attempt to do so, you fall behind.

In order to watch TV, you have to surrender to the images; you must allow the images to enter at their speed. The only other choice is to withdraw from the experience.

Comparing television-viewing to drug experience, Mander concludes that TV has many of the characteristics of Valium and other tranquilizers. He goes on to say that is only half the story, however. If TV is a drug, says Mander, it is not really valium, it is speed. For our purposes, the equation goes like this:

- TV is speed
- Ritalin is speed
- Therefore, TV is Ritalin

Next, I conclude this section on TV by quoting two paragraphs from Jerry Mander which show how TV directly promotes hyperactivity.

**Acceleration of the Nervous System**

"In their famous study of the effects of television, researchers at Australian National University predicted that as television became more popular in Australia, there would be a corresponding increase in hyperactivity among children. I found this prediction alarming because many parents of hyperactive children place their kids in front of the television set, where they seem to calm down. Apparently, the opposite effect is what finally results.

Here’s how it works: While sitting quietly in front of the TV, the child sees people punching each other on the screen. There is the impulse to react -- the fight-or-flight instinct is activated -- but since it would be absurd to react to a television fight, the child suppresses the emotion. As the fighting continues, so does the cycle of impulse and suppression. Throughout the television-viewing experience, the child is drawn back and forth on this see-saw of action and suppression, all the while appearing zapped and inactive. When the set goes off, this stored-up energy bursts forth in the disorganized, frantic behavior that we associate with hyperactivity. Often, the only calming act is to again put the set on, which starts the cycle anew. But there are also more subtle ways that television speeds humans up."

Please consider that TV trains children for drug dependency and for commodity dependency. I very highly recommend that you read Mander’s work (see references) and allow yourself to think the unthinkable: What about the Elimination of Television?

I had a client recently whose presenting problem was a struggle with her husband over a gun when she threatened to shoot their TV. When presented with a similar dilemma, Swami Beyondananda (Steve Bhaerman, New Texas Magazine) recommended that they go ahead and shoot the TV. His advice was to substitute each evening two hours of Tell-A-Vision in which family members take turns sharing their dreams and visions for life. What a Gift!

I want to end this section with a quote from the conclusion of Jane Healy’s (1990) chapter called "Sesame Street and the Death of Reading."

"Children immersed from birth in the spicy sensory bouillabaisse of visual immediacy will not become readers unless they have also soaked up the Rich Broth of Language and Reflection. Preschoolers who have been sold gimmicks in the name of learning and school-age children whose needs are habituated to the easy pleasures of viewing may well find the culture of school an alien one. Their brains, shaped by visual novelty, may gradually lose the ability to bend themselves intelligently around the written word." (P. 234)
Touch

Jean Liedloff, in *The Continuum Concept*, coined a phrase that puts a name on something which deeply affects most of us parents. It’s called "In-Arms-Deprivation." What this means is that we are deeply affected by an unmet need to be held in arms as a baby. Babies need to be held constantly in the first 6 months of life, and a great deal of the time thereafter. Fortunately we have recovered some from the professional advice that our own parents received which was to leave babies in their cribs, let them cry themselves to sleep, feed them on schedule, etc. However, this fact of our own upbringing, together with the busyness and demands of life, still makes it very difficult for us to wholeheartedly meet the needs of our children. The way to spoil children is by neglecting their needs. Always remember that meeting a child’s needs is all to the good.

Touch, hold, embrace, squeeze, cuddle, snuggle, wrestle with your child. Keep reaching for closeness. This is especially crucial for boys. Male oppression sets in very early and causes boys to push you away and isolate in their distress. Let them push and show their hurts, but don’t ever believe that they really don’t want to be close. They do, desperately! Keep reaching in. Tell them it’s your need, but you just can’t help it!

We must not abandon our children to the distressful patterns of isolation that they will show us. Remember to see your child through the Eyes of Delight. Know that deep inside they really do want to be completely close with you. Have fun with it. Keep reaching in for your sweet child.

REFERENCES


Chapters 12 and 13 of this devastating critique speak right to the heart of abandoning responsibility for our children by labeling them with psychiatric "disorders" like ADHD and giving them drugs.


Chapter 4 of this powerful expose is called "Born to be Disruptive." Highly recommended


An MD provides some good, clear guidance in dealing with nutritional and environmental factors in attention and behavior.


Still the classic on the bad news of sugar consumption.


An impressive, carefully argued book about how electronic media, fast-paced life styles, environmental hazards and current educational practices affect our children’s thinking. Really drives the point home about overstimulation.


Macrobiotic viewpoint on food and children’s health and behavior.

On the importance of sunlight and full-spectrum lighting.


I love this book for its poignant reminder of how we’ve lost our way from the natural continuum of life in which we hold babies continuously "in-arms."


Chapter 5 and 6 confirm Mander’s great work on television. His explanation of TV’s "Acceleration of the Nervous System" is crucial to the problem of children’s attention. I am also grateful for his great reminder of the importance of "downtime." (Pp. 83-4)


This is a wonderful book which clearly shows the fallacies of a "hyperactive syndrome." A thorough research review shows that "Essentially nothing has been found," and that "stimulant drugs have failed in all cases to effect any improvement in academic ability."


This is a fantastic book on how to think about and counsel young children. Most highly recommended.
What Is A Cult? Was Jimmy Swag-gart, the Christian televangelist, the head of a cult? Surely this reading audience remembers what he was accused of? He was reportedly caught at least twice with a prostitute. How to Make a Booklet. Making a booklet can be a fun, craft activity for a rainy day, or it can be an important part of your professional experience. Either way, there are several methods for making booklets, whether you're doing it on the... 1 Making a Booklet By Hand. 2 Making a Booklet in Microsoft Word. 3 Professionalizing Your Booklet. Other Sections. Booklet definition: A booklet is a small, thin book that has a paper cover and that gives you information | Meaning, pronunciation, translations and examples. A booklet is a small, thin book that has a paper cover and that gives you information about something. Synonyms: brochure, leaflet, hand-out, pamphlet More Synonyms of booklet. COBUILD Advanced English Dictionary.