

## [“Window-watching Wendy”](#) and the history of ADHD: An interview with Matthew Smith

July 2, 2019

**Transcribed by Julie Ann Lee**

(Theme song – soft piano music)

**Anne:** Welcome to Noncompliant. I’m your host, Anne Borden King.

Matthew Smith is a professor of Health History within the Centre for Social History of Health Care. He is Vice-Dean Research for the Faculty of Humanities and Social Science at the University of Strathclyde. He has written many books about the history of medicine, including two about ADHD as well as co-editing the 2016 collection *Deinstitutionalization and After: Post War Psychiatry in the Western World*.

Hi Matt.

**Matt:** Hello, Anne. How are you?

**Anne:** I’m doing well, How about you?

**Matt:** I’m doing great, thanks.

**Anne:** Great. I wanted to ask you about ADHD as a diagnosis. ADHD was first being talked about or defined in the late 50s, is that right?

**Matt:** Yes, that’s correct.

**Anne:** Why do you suppose it came to be defined at that historical moment?

**Matt:** Well, there are two primary reasons why the late 1950s and 1957 in particular is really [important] for the history of ADHD. The first reason has to do with the coining of a new term: *Hyperkinetic Impulse Disorder*, which was coined in 1957 by a couple of Rhode Island psychiatrists- child psychiatrists. And, unlike other descriptions of so-called hyperactive behaviour which tended to focus on very disturbed children (children exhibiting really severe behavioural disorders), Hyperkinetic Impulse Disorder was something that could be diagnosed in a wide range of children. In fact, this was something that the researchers readily admitted, that you would be able to find these children in every North American classroom.

And now the other factor in 1957 has to do with the broader political context and that is because 1957 is the year in which the Soviet Union launched the Sputnik satellite, and this tells the Americans that they are definitely losing the space race. The Soviets are the first to get into

space, not the Americans. And this really sends the American political, educational and eventually psychiatric establishment into a bit of a tizzy. They're really concerned that they are losing out on this space race, on the science race with the Soviets because this is really important in the geo-political context of the Cold War, and so there's a huge shift in educational policy in the United States and we see this in 1958 with the pass of the National Defense Education Act, which puts subjects such as science, English, mathematics and foreign languages back at the heart of the American educational curriculum. And it also provides funding for guidance counsellors to pick out students that seem to be underachieving despite having high or average levels of intelligence.

These guidance counsellors are the ones that tend to identify children that have the characteristics that we now associate with ADHD, and they refer them on to psychiatrists, or physicians (pediatricians, for example) and that's when they get diagnosed with Hyperkinetic Impulse Disorder. 1957 is a really important year.

**Anne:** Wow, that's really interesting. So what happened at that time? How did it change in terms of the way that teachers were looking at the classroom and looking at kids?

**Matt:** The 1950s are a difficult decade for American schools. This is partly because it's the height of the baby-boom generation, so there are more children entering American schools than ever before. At the same time the school system has been suffering from lack of investment. So we have the Depression in the 1930s, and we have the war in the 1940s, and then the final factor is that actually there's not as many teachers available to teach these baby-boom generation children as before because many women actually leave the teaching profession and become mothers themselves.

There's a lot of pressure on the American educational establishment, and Sputnik really sticks in the eye of American educators. Now what- what happens is that the education system really switches its focus.

Prior to the 1950s, the predominant educational philosophy in the United States was progressive education. And this was a child-centred theory of education that was put forward by John Dewey. Now, unlike the system that would evolve after the 1950s this was very much learning by doing. So children would come to understand English and mathematics and science through working with their hands and working on different projects. One example of that would be for them to learn about science, English and mathematics by setting up a vegetable stand in their school. They would grow the vegetables in a garden outside the school, learning about science and botany, and then they would use English to come up with an advertising campaign and maybe art to draw pictures and that sort of thing, and then they would calculate how much they made on the vegetable stand when they sold vegetables to the parents and thereby learn arithmetic. It was very much learning by doing and child centred...the child was the focus of the education.

Now what changes after 1957 is that it's a return to a more subject-focussed learning, so the teacher is at the centre of the classroom, or at the head of the classroom, all eyes are on the teacher and there isn't as much of the learning by doing. So kids that are more active, kids that tend to be distractable, kids that are impulsive do not cope as well in that sort of environment as they do in a progressive education environment. Now, to be fair, progressive education was always great in theory and difficult to carry out in practice. It's not the easiest approach to doing education. It's much easier in fact to just tell the kids to sit down at their desks and get them to listen to you and punish them if they don't. Punish them if they step out of line. So, it marks a very distinct change in how American children are educated.

**Anne:** And what happened to the kids that had been thriving, or were doing well in this more active school environment? What were the consequences for those kids?

**Matt:** Well, many of these kids are the first hyperactive children, so to speak. These are the first kids that are diagnosed with what we'd now call ADHD. So the guidance counsellors that were hired would identify these children as being particularly problematic and many of these children would then be referred on to pediatricians and other physicians for diagnosis and treatment, and at the same time this is the dawn of the age of Psycho-Pharmacology in the United States and elsewhere. This is an era in which it's becoming increasingly common for psychiatrists and pediatricians to turn to drugs. Ritalin is approved for use in children in 1962, and after that point, many of these children would get prescribed Ritalin.

**Anne:** Wow, and what was the percentage... like were the numbers high in the beginning in terms of how many kids were being given Ritalin, or did it kind of move up successively through the 60s and 70s, and has it ever kind of tapered out ...or what's the trajectory of this?

**Matt:** There's a steady increase, but the increase is quite high initially, so once Ritalin starts being marketed to doctors for use in children, there's an increase and by the early 1970s Ritalin is the best-seller for Ciba which is the first manufacturer of it. And then we get slow, steady increases in the 1970s and into the 1980s. And then we get another big increase in the late 1980s and 1990s and onwards partly because there are changes in the way that ADHD is described.

We get the term *Attention Deficit Disorder* in 1980. That puts the focus on attention deficit as well as hyperactivity. And that's important because it picks up then on children who aren't causing a huge amount of trouble in the classrooms, so they're not running around disrupting other students, but they're just kind of looking out the window and not paying attention.

So during the late 1950s Kellogg's (the makers of breakfast cereals) comes up with the advertising campaign that focuses very much on the three types of ADHD children. There's the one who's **impulsive** and doing things like sticking little girl's pigtails in inkwells. There's the one that is very **hyper-active**, running around the class; and then there's **window-watching Wendy** and she's very much the inattentive type. Now Kellogg's isn't telling parents and teachers to

prescribe Ritalin or to get Ritalin for their kids. All they're saying is these kids need a decent breakfast.

**Anne:** Wow.... Window-watching Wendy.

**Matt:** Yes (laughing)

[10:00]

**Anne:** So would window-watching Wendy also then be...they would they start to be making that sort of more pathological and prescribing for that as well?

**Matt:** Yeah. With the third edition of the *Diagnostic and Statistical Manual of Mental Disorders*, the American Psychiatric bible, then we have ADD or Attention Deficit Disorder enter the psychiatric lexicon and that "attention deficit" bit is really important – you still have the hyperactive kids and impulsive kids being lumped in as well, but it includes the kids that aren't causing all the trouble. And it especially includes girls and it also includes adults.

**Anne:** Is there any relationship or correlation with standardized tests and testing performance as well... or academic performance scores and things like that?

**Matt:** What the guidance counsellors are really looking out for and I'm almost quoting verbatim – I'm not going to say I'm quoting but I'm *almost* quoting – they're on the lookout for the bright boy or girl whose achievements was not meeting the expectation that their aptitude and intelligence tests would suggest. So kids of average or above average intelligence that weren't the As and Bs student, that were struggling, when they identified the sort of behaviours associated with these kids, it tended to be things like impulsivity, hyperactivity and inattentiveness.

**Anne:** Just bringing it up to now-a-days, there was a great series by *The New York Times* and they continue to cover this. In one piece, they interview doctors who said very frankly that they were prescribing ADHD medications with the opinion that it would give their [patients]-- especially low-income patients--better academic opportunity. But then as one superintendent said, "it's scary to think this is what we've come to, how not funding public education to meet the needs of all kids has led to this."

It seems like there are big picture solutions to what's going on in the classroom. Namely making *changes in the classroom*. And then there's what we have now, which is trying to modify or *change the child* through medication. What are your thoughts about this in the present day how it's playing out?

**Matt:** Well, I think that's a really important issue. First of all, if you look at the United States for instance, there are big differences in ADHD diagnoses in different states and within different populations within states. States that tend to have large numbers of African American students whose families are at or below the poverty level tend to have higher rates of ADHD and that sort of mentality – "well let's give them some Ritalin to help them get along" is partly fuelling

that issue. And certainly in other parts of the world, in some communities in India, especially for middle class or aspiring middle class families, Ritalin is actually sought out in order to give children an added advantage so they can get into prestigious engineering schools and get those children up the social ladder. So we see Ritalin as a tool for social and educational success. In college and high school students as well, they don't necessarily have an ADHD diagnosis but they try to get a hold of Ritalin or Adderall to give them help in exams and that sort of thing.

And I think too a big point – it's a really important issue between neuro-enhancement and neuro-diversity. On the one hand, we have people saying, "well these drugs are...they can help everybody, why don't we all take them?" and that's the idea of neuro-enhancement – "let's make ourselves better through psycho-pharmacology," effectively. And then there's other people, and I would be in this later camp, or the second camp, that neurodiversity approach where we want to see people thrive no matter what their background or their neuro-ability is, rather than trying to necessarily *change* people, let's make society more accommodating of people that have different characteristics and capabilities.

**Anne:** I think that they're very different streams and it's very complicated when you look at a structure like the education system, certainly in North America where change happens so slowly to make in-roads and start to have different approaches to this. And then you have all of these kids caught in these gap years, gap-decades, gap-generations where there hasn't been the kind of change made to make the classroom more approachable or accessible for these kids and they're victims of the system around themselves and yet they're being told there is something the matter with them, which of course has a big psychological impact on the children, I think in especially very young children.

Here in Ontario I have friends whose kids are, I'm talking 4 or 5 years old, and the school meets with the parents and says "we need to put your child on Ritalin or they're not going to make it in our classroom". In order to attend school, they make the ADHD medication part of their \*IEP, but that's being imposed by the school. It's something that's going on with very young children and not without physical side effects and also not without the impact on the child of taking the medication and feeling somehow that they don't fit in or feeling not part of the broader system. There seems to be a really sort of hyper-focus on this idea of attention problems in young children and I'm wondering how much of it is just in the imagination of parents and teachers and whether we're just pathologizing really normal childhood behaviours.

**Matt:** There's interesting research that has come out in the last few years focussing on some really basic things such as how old are the kids within cohorts of school children that are diagnosed with ADHD. What happens is that you see the youngest children in the class, they're the ones that have the highest rates of diagnosis. So it could be that a good deal of our diagnosis of ADHD is simply diagnosing immaturity in children. And if you think of a kid that's 4 versus a kid that's 5, children go through an enormous amount of development in that year and

in every year. So we have to really unpack why we diagnose children with this disorder and think about some of the basic things.

Another area of research which has emerged is looking at the relationship between ADHD and kids that suffer from sleep apnea. So kids are waking up in the night because they're snoring, and they can't breathe and they have disruptive sleep patterns. Now, those children often have higher rates of ADHD. Why? Well, perhaps it's simply down to the fact that they're not getting enough sleep at night.

We could look at similar research connecting malnutrition and ADHD or another area that I've looked at which is food allergy and food additives and rates of ADHD.

I think what I find interesting is that the knee jerk reaction is to consider that it's the child that's wrong and is at fault for whatever reason. "Something in their brain is not firing correctly" and we turn to drugs. And I think one very simple change I would love to see is if we saw Ritalin as the *last* resort rather than the *first* resort.

**Anne:** Are there any schools or areas that you know where they're starting to take a different approach to ADHD or hyperactivity in kids as opposed to just treating them like you said first option across the board, with a drug? Do you know of any schools?

**Matt:** Yeah. I've been working with a school here in Scotland in a town called Musselburgh and what the head teacher or the principal of the school recognized is that they had high rates of referrals to psychiatric services and many of those kids ended up with an ADHD diagnosis. And she was concerned about this and the child psychiatrist associated with the school was also concerned about this. Rather than labelling these children, they wanted to see what the school could do to help to prevent these sort of behavioural problems from occurring.

And we worked with them over the course of a year and developed this whole series of about 10 different interventions that the school could take on and they ranged from using things like puppets at the early years – so they had a nursery affiliated or a child care centre affiliated with the school. So they used puppets for the nursery children and for the grade 1 and 2 children and that really helped in terms of communication and also empathy with other kids. You didn't see as much aggressive behaviour in these particular classrooms.

[20:04]

**Matt:** But also using things like [for] the older kids...getting the grade 6 and 7 students to work on a podcast – a bit like what we're doing now, - so more the Window Watching Wendy type kids, the kids that weren't really engaged but they weren't really causing a problem either. They trained these kids to use the equipment and they ended up being very assertive and bold in terms of interviewing people from their community. I brought them here to Strathclyde. They interviewed the principal of the entire university and I was really impressed with what they were able to do, and [the school] saw not only a reduction in referrals for psychiatric services but they also saw academic improvements in many of the core subject areas.

I think there are solutions out there, but with this school what the head teacher really iterated was that it needed *a change in the ethos of the school*, and one of the real fundamental things was we weren't going to exclude anybody and kind of brand people as being different or somehow unable to cope with the school environment. They wanted to keep everyone in the school and find solutions within the school.

Now what was really encouraging about the initiatives that were taken up was that none of them really cost all that much money, they required some training and that cost a little bit of money, but most of them were sustainable. They could carry on doing these things. It wasn't a whole bunch of really intensive interventions either. These were actually quite simple things that this school took on board to make a considerable difference.

**Anne:** Wow. I'm curious, were there modifications to recess time or free play or anything like that?

**Matt:** Yeah. One of the things that is becoming popular in Scottish schools despite the rainy weather is something called the "Daily Mile". So you're in a classroom, maybe it's 1:30, the kids are starting to get antsy. You're not really getting anything done, so you say, "okay, stop what you're doing, we're going to go outside and we're going to run around for 15 minutes." And they do that. And the kids get to burn off some steam, they get their blood flowing though their body a little quicker and it just gives everyone a break. It also reduces sort of that tension that you recognize in a classroom setting when the teacher isn't getting what they want, the student isn't getting what they want. It's recognizing that, you know, sometimes you just need a break... and that's what the daily mile is all about.

**Anne:** That's so interesting and it is... it seems to require a shift, like you said a shift in the ethos of the school, a desire to shift that requires some creativity, or certainly inquiry into best practices elsewhere. And that's really what it takes more than a big financial investment from what you've seen.

**Matt:** Yeah, certainly. I mean there are things you can do if you have the money, I think, to improve what's going on. ... You know another example that they use at the school...some of the classrooms had teaching assistants. And often before the change, what the teaching assistants would do was they'd basically be in the classroom putting out fires. They didn't particularly enjoy what they were doing and they were always dealing with kind of negative situations. So when the kids are getting out of hand, teaching assistants go in there to try to fix the problem. Well what they did is that they took the teaching assistant *out* of the classroom and got kids to work one-on-one with her and you know, they were basically in a little broom closet working on various things and it created a bit of a bond between the teaching assistant and the students. It meant that the teaching assistants felt that they were doing something much more productive and useful.

And they also saw that there were increases in achievement in these students as well. And it

created a bond, like I said, between the students and the teaching assistant. So rather than the teaching assistant coming over when there's a problem, it was always a positive thing. "Okay, I get to go work one-on-one with the teaching assistant." This did not cost the school anything extra, it was just simply changing the way that existing resources were utilized.

**Anne:** Did they continue to take the standardized tests? Or do you have standardized testing in Scotland? Like, I know in the U.S. it's very rigorized; Not so much in Canada where I live. But I think that the problem with teaching to the test is that the teachers also have so much pressure on them and it's probably going back to that Sputnik era, certainly with kind of getting whipped up about STEM, but yet still using standardized tests. And it seems like teachers feel incredible pressure to teach to get kids to perform to the tests for the incentives for the school, even for the funding in some districts in the US. So to break out of that mold, I think feels very challenging for them. I'm wondering what it's like in Scotland.

**Matt:** Well, we have the same pressures, the tests that come in are very important in terms of not only what happens to the students when they go on in their scholastic career, but also in terms of how schools are judged and compared. And we have what we call League Tables. So all the schools are kind of being tested just as much as the students and I think in the case of St. Peter's School in Musselburgh. The teacher basically said, "you know what, I have faith that these changes are going to be to the benefit of everybody. Maybe not immediately, but in the long run." And she just decided to take the bold step of going for it. And she's not the type of person who would have been overly worried about the tests anyways, but my guess is that they probably did just fine, and they had all sorts of other benefits as well, so.

But I totally agree, there is so much teaching to the test, and I remember from when I was a high school student in Alberta. You know we spent all sorts of time just trying to anticipate what was going to be on the diploma exam at the end of the year, and you know it worked in the sense that we ended up doing well on the exams but do I remember much of what I actually learned during those three years? Well, not really.

I would love to see schools judged on where are their kids in 10 years? You know, let's forget about what happens the next year. Where are those kids in 10 years? Has the school actually prepared them for life? Or has it prepared them to write a test? And I'd much rather see those schools prepare students to do well in life, rather than just write another test, because I don't know about you, Anne, I don't have to write tests anymore (laughter). We're not writing tests out in the real world. We're dealing with real life problems and that requires innovative thinking, creativity, imagination, boldness, ambition – all those sort of things that I think the test taking drives right out of kids.

**Anne:** That's very true. Very true, and I think it can get internalized as well. Certainly it is within systems, and like that school principal that you talked about, in your region, where she just said I'm going to have faith, and she decided to be bold. She decided to be creative. She was actually modelling a lot of the *skills and problem solving* that people need as adults, and that the kids

will need as adults, and that are really fundamental, especially it seems in the early years, through free play and problem solving...some of the things that have been shunted aside in many of our school systems. Those are really fundamental to our success as an adult. I'm guessing that those kids in a few years will be doing really well.

**Matt:** Ye, we've already seen some of the students who started out in some of the initiatives doing better when they've gone on to secondary school. I'm equally confident that they'll continue to do well. I think the other thing is, it just makes it a nicer place to work as a teacher, you know, that's the other thing in education, like back in the 1950s who wants to be a teacher if you have all these expectations made of you? You kind of feel powerless to meet all the expectations whereas if you flip it over, and you kind of say "well, we're not teaching to the test, we're preparing these kids for life," I think that actually allows teachers to be creative themselves.

And you bring in better people into the profession if that's the case. People that can think outside of the box and really encourage children to thrive, rather than just kind of tick the boxes that they're meant to tick.

**Anne:** Right, right. It's better for the teachers. The teachers bring that in, and it changes like you said the whole ethos of the community of the school, and the student experience which is really... it should be enjoyable to go to school. Everyone should be able to enjoy going to school and not dread going to school or feel like they're causing a problem at school or the kind of pressure that kids feel, especially kids that are neurodivergent and trying to make it in that classroom.

And there certainly have, even since the 1970s with the progressive schools movement [been] wonderful alternatives where the teachers can look forward to going to work, and the kids can look forward to going to school and it's more of a community and there's still a ton of learning going on. In fact, there's *more* learning going on and a certain kind of learning that really is learning for life. It's very exciting to hear about these kind of programs and especially this resurgence in these kind of programs which seem to have died away after the 1970s and 80s when there was a little glimmer of progressive schools and now we're seeing that glimmer come back in again and hopefully be taken up by a lot of institutions.

**Matt:** Ye, absolutely.

**Anne:** That's great. Well, Matt, I really enjoyed speaking with you and I thank you very much for coming and talking to us. I think that looking at something like ADHD from a medical history perspective, like you have, sheds a whole new light on how that we are looking at children and treating children and how we educate and parent. Thank you very much for coming in.

**Matt:** You're most welcome. Thanks for inviting me.

**Anne:** Thanks a lot Matt.

(Theme song – soft piano music)

**Anne:** I was just speaking with Professor Matthew Smith of the University of Strathclyde, an expert on the history of the ADHD diagnosis.

You've been listening to Noncompliant. I'm your host, **Anne Borden King**. Noncompliant was recorded at MCS Recording Studios. Episodes were engineered by Nathan Gravette, and TJ Liebgott. Thanks to our engineers and thanks for listening.

\* IEP – Individualized Education Plan