**The Hamburger Syndrome  
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A few weeks ago, I participated in a fascinating panel discussion in midtown Manhattan called “Breakthroughs in Child Psychology.” Joining me was child psychologist [Anthony Rao, Ph.D.](http://anthonyrao.com/) and [Lois Holzman, Ph.D](http://www.eastsideinstitute.org/)., director of the East Side Institute for Group and Short-Term Psychotherapy, who interviewed both of us on how we work with children and families.

Dr. Rao is a cognitive behavioral therapist who works with young boys experiencing learning and emotional problems. He is a strong challenger of traditional approaches in the field, as am I. Although our approaches are quite different, we share a humanistic outlook and a belief in the innate capacity of children to develop if put in environments (in this case therapeutic) that are nurturing, loving, and challenging – *without*first resorting to medication.  Dr. Rao has just published an excellent book about his work with boys, entitled [*The Way of Boys: Raising Healthy Boys in a Challenging and Complex World*](http://anthonyrao.com/). It’s a great read by a caring (and daring) clinician, one that I can’t recommend highly enough to parents and colleagues alike.

The growing trend of diagnosing and medicating our children is of great concern to me as a therapist. I think it’s outrageous that drugs have become the first line of response to kids in trouble. The standard protocol is to see a child for a one-hour consult, to decide on treatment. Most of the time, medication is offered immediately. To make matters worse, parents are typically told that if they wait before giving their child the meds, they will be harming the child. Any other possibilities — of getting to know the child over time, of making an assessment of what kind of support the child and their family need — are few and far between. I regularly speak with parents who are in a panic — worried that their children are being given a label that will stay with them for the rest of their lives and bewildered to discover that agreeing to a diagnostic label seems to be the only way to get the resources and help they need.

Here are some alarming facts:

* Between 1987 and 1997 there was a 4000% increase in diagnosing young boys with ADHD (attention deficit disorder with hyperactivity).
* In the last ten years, there was a 600% increase in prescriptions for behavior medication in children under 12 years old.
* And perhaps the most astonishing:  between 1994 and 2003 there was a 2000% increase in diagnosing four-year-olds with bipolar disorder.

Is anyone really getting helped by all this diagnosing and medicating? Isn’t there another way to go?

As a social therapist, I’m sure there is.

Social Therapy, founded by my mentor and colleague [Dr. Fred Newman](http://www.frednewmanphd.com/) some 40 years ago, is a grouptherapy that doesn’t rely on prescriptions and labels and coercion. What we do rely on is human creativity and the joyful activity of play.

Let me show you what I mean. Here’s an excerpt from a transcript of a multi-family Social Therapy group session composed of children ages 8-12 and their parents. (I’ve changed the identities of the participants to protect their privacy.) You’ll see that we don’t relate to children as problems to be solved but as active participants in figuring out how to relate to their diagnoses, their emotional pain, their lives, their parents and (hint: this next part is the key) to *each other*. I’ll call this particular session “The Hamburger Syndrome.” You’ll see why.

**Therapist** *(me!)*: How are you all?

**Group** *(answers at the same time)*: Fine, pretty good, OK.

**Therapist**: I received several calls this week from parents and schools. I had conversations with school psychologists, teachers, and some of the moms in this room. As you all know, I don’t keep these conversations secret. I think you need to know about them, including what I’m saying about you.

**Mary***(Larry’s mom)*: I called Christine, Larry, because of what happened at school. I told Christine that the school psychologist is saying that you have Attention Deficit Disorder with Hyperactivity. The school said you should be evaluated and maybe take some medication to help you focus. (*Turning to me.*) Christine, do you think it’s okay to have this conversation in group?

**All the children at once, very loud**: We’re Larry’s friends and group-mates and we want to know what’s happening!

**Mary**: Well, I’m not sure that Larry can handle it.

**Larry**:   I can handle it, mom.

**Therapist**:  Mary, I think it’s very important for all of us to be involved in what you’re raising; you can get support and feedback here from everyone. What does the group think?

**Emily:** I don’t know, Christine. Our family has always handled this sort of privately.

**Therapist**: Emily, I think the group needs to be a part of deciding and creating whether to address this here and if so, how. We’ve never discussed the issue of diagnosis, but it’s a part of everyone’s life. Each person in the group knows of a family member or friend who is dealing with some kind of label. I agree with you — it’s usually kept secret. But I think it can be growthful to speak openly about it. No secrets here! What do others think?

**Alan** *(age 10*): What’s attention deficit disorder with hyperactivity?

**Tameka** *(age 9***):** It has something to do with having difficulty paying attention and focusing.

**Larry** *(yells)*: I DON’T CARE WHAT IT IS! I DON’T HAVE IT! I DON’T WANT A DISORDER!

**Ely** *(age 9*): I’m not sure what that is but I have something called Asperger’s syndrome.

**Larry**: Is that a disorder?

**Ely**: I don’t know about disorder — maybe. It’s a diagnosis. It means that you sometimes don’t have feelings about other people and that you’re kind of smart and you’re a little bit weird.

*The group is taken aback by Ely’s comments. He is relaxed and matter of fact.  Parents and kids alike say that the description kind of fits Ely. He is a little weird — and they love him. Ely responds by saying that if they were really being honest, they would admit that they are all a little weird.  Everyone cracks up. I add that, of course, that includes me, the therapist.*

**Larry** (*laughing*): Yeah, definitely you, too!

*Everyone laughs.*

**Therapist***:*Larry, do you have trouble paying attention?

**Larry:** I kind of do. I can’t focus and I am always daydreaming. Maybe I’m bored. It feels confusing to me. I can’t always tell if I am paying attention. Sometimes I think I am. I get spaced out.

*Larry has become increasingly upset realizing there are some things that are not going well for him. He now screams.*

**Larry:** I DON’T HAVE IT! DON’T TELL ME THAT I HAVE IT. NO ONE GETS TO TELL ME ANYTHING!

**Ely** *(interrupting Larry)*: I don’t know if you have this attention deficit thing but I do know something about what you do have. You have “Mr. Know-It-All Syndrome.” It makes it really hard to be your friend and play games or have fun because YOU are always telling people what to do!!!

*The group nods and begins to explore how Larry “knows” everything, and then it’s really hard to be close to him.*

**Ely**:  I liked the group today and I have decided I want to change the name of my diagnosis. I want to call it Hamburger Syndrome because I love hamburgers and so do all the other kids. *(Everyone laughs and applauds Ely.)* And Larry, you need to think about how you are doing this whole thing and the impact on your friends and even your mom. Maybe we can help you focus better or something.

**Larry**: Maybe. Thanks Ely.

**Ely**: Yeah. Think about it Larry.

*End of session*

It’s true — in [Social Therapy](http://www.socialtherapygroup.com/), we even play with serious diagnosis to help children overcome the onslaught of changes in how people (even well-meaning ones) relate to them when the labeling activity begins, when they are related to according to their diagnosis. At the Social Therapy Group, we are playing and performing our way to a growthful and developmental life.