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The Chronicle Review

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About the Author



Marc Bousquet is an associate professor of cultural studies and writing with new media at Santa Clara University. His book *How the University Works: Higher Education and the Low-Wage Nation* has just been released by New York University Press with a foreword by Cary Nelson. He serves on the national council of the American Association of University Professors and was the founding editor of *Workplace: A Journal for Academic Labor*.

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MARC BOUSQUET

Oppositional and Defiant--Or Critical Thinker?

cross-posted from howtheuniversityworks.com

I'm working on a piece about undergraduate academic freedom that relates changes in campus culture to changes in the culture of schools. One area of particular interest is the medicalization of youth relations with authority. AlterNet's [Bruce Levine](#), a clinical psychologist, argues that "teenage rebellion has become a medical illness" with the 1980 introduction to the DSM IV of "Oppositional Defiant Disorder" (ODD):

Many talk-show hosts think I'm kidding when I mention oppositional defiant disorder. After I assure them that ODD is in fact an official mental illness—an increasingly popular diagnosis for children and teenagers—they often guess that ODD is simply a new term for juvenile delinquency. But that is not the case. Young people diagnosed with ODD, by definition, are doing nothing illegal (illegal behaviors are a symptom of another mental illness called conduct disorder). In 1980, the American Psychiatric Association (APA) created oppositional defiant disorder, defining it as "a pattern of negativistic, hostile and defiant behavior." The official symptoms of ODD include "often actively defies or refuses to comply with adult requests or rules" and "often argues with adults."

A diagnosis of ODD can result in medication with powerful tranquilizers

like Risperdal and Zyprexa. Numerous experts have worried about overdiagnosis and overmedication of young people, and critical educators frequently worry that the problem is not lack of compliance by American youth but its precise opposite, an epidemic of compliance.

[Norm Diamond](#), for instance, argues that many of the so-called defiant “symptoms” are in many cases “part of establishing independence and developing critical thinking. Equipping children to argue back is part of good parenting and good teaching.” Nonetheless a massive therapeutic industry of behavior modification, including pharmaceutical companies, now targets parents, promising cures for “defiant children.”

One of the most pervasive ad campaigns draws on the rhetoric of homeland security to label youth defiance “The War at Home,” urging a corrections mentality on the family: “The focus of treatment should be on compliance and coping skills, not on self-esteem or personality. ODD is not a self-esteem issue; it’s a problem-solving issue.”

Responding to Big Pharma ads for ODD medications targeting parents in his Portland media market, Diamond created a parody description of what he argues is the real social malaise, “Compliance Acquiescent Disorder,” which played locally in both radio and print versions. (An unexpected result of the parody was that outlets publishing them received calls from readers and listeners seeking treatment for their compliance disorder!)

Noting that “ODD-diagnosed young people are obnoxious with adults they don’t respect [but] can be a delight with adults they do respect,” Levine suggests that in many cases the symptoms of ODD are rational resistance to authoritarian abuses and “rebellion against an oppressive environment,” explanations rarely considered by educators or mental health professionals. Levine speculates that the willingness to medicate rebellion and nonconformity emerges in the social psychology of medical professionals, including a sense of shame for “their own excessive compliance”:

It is my experience that many mental-health professionals are unaware of how extremely obedient they are to authorities. Acceptance into medical school and graduate school and achieving a Ph.D. or M.D. means jumping through many meaningless hoops, all of which require much behavioral, attentional, and emotional compliance to authorities—even disrespected ones. When compliant M.D.’s and Ph.D.’s begin seeing noncompliant patients, many of these doctors become anxious, sometimes even ashamed of their own excessive compliance, and this anxiety and shame can be fuel for diseasing normal human reactions.

Of course, Levine’s observations would seem to hold for educators as well, many of whom welcome the diagnosis of ODD and other conduct-related disorders as “classroom management tools.” (On the other hand, the vast majority of teachers discussing “defiant” students on fora like

ProTeacher.com are exchanging non-medical tips, often involving massive extra-curricular, non-instructional effort and expense on their part, voluntarily taking on the role of therapist and parent as well as instructor.)

“Finally, a cure for the class struggle,” wryly observed one of the Alternet discussion threads in response to Levine’s piece. “Is there a pill for megalomania and warmongering?” wondered another.

Thanks to Joel Westheimer (U Ottawa, formerly NYU) and Wayne Ross (U British Columbia, formerly U Louisville) for alerting me to the growing enthusiasm of educators and parents for ODD diagnoses of young people.

(Image from Photobucket.com)

Posted at 08:42:41 AM on September 12, 2008 | All postings by [Marc Bousquet](#)

Comments

1. Delightful. I’m still waiting for someone to medicalize *The Authoritarian Personality* — perhaps we could fund some research into a pill that will lower dangerously high scores on the F-Scale.

— Roger · Sep 12, 10:38 AM · <#>

2. Just as a point of curiosity, does Bousquet’s defense of obstinate mavericks extend to those students who are openly scornful of some currently-fashionable watchwords, such as “diversity,” “multiculturalism,” and “affirmative action”? Or are such recalcitrant students properly consigned to the ministrations of “sensitivity trainers” and the like?

I await reply.

— Fossil · Sep 12, 12:58 PM · <#>

3. I loved when students disagreed with positions I took in class because it usually showed they were engaging with the class. So long as their disagreement was argued rationally or with some form of evidence, it was a fine ol’ time.

But the ones who just refused to adhere to assignment instructions just puzzled me. Why did they refuse to write a 3-page paper? Why do they refuse to study? I

I often referred to these students as “wasting good rebellion on stupid things.” Who is served by not doing assignments and refusing to adhere to deadlines?

I wonder if those sorts of students are the ones the diagnosis was designed to indicate.

— Anon E. Moose · Sep 12, 01:06 PM · <#>

4. Fossil, are you kidding? The idea that students thinking critically and disagreeing with the teacher are supposedly only okay when they come from the left has always struck me as the most