

**New York City College of Technology**  
**English Department**  
**ENG 1101 Final Examination: Form A**

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Oct. 31, 2014

The New York Times

**A Natural Fix for A.D.H.D.**

By Richard A. Friedman

ATTENTION deficit hyperactivity disorder is now the most prevalent psychiatric illness of young people in America, affecting 11 percent of them at some point between the ages of 4 and 17. The rates of both diagnosis and treatment have increased so much in the past decade that you may wonder whether something that affects so many people can really be a disease.

And for a good reason. Recent neuroscience research shows that people with A.D.H.D. are actually hard-wired for novelty-seeking — a trait that had, until relatively recently, a distinct evolutionary advantage. Compared with the rest of us, they have sluggish and underfed brain reward circuits, so much of everyday life feels routine and understimulating.

To compensate, they are drawn to new and exciting experiences and get famously impatient and restless with the regimented structure that characterizes our modern world. In short, people with A.D.H.D. may not have a disease, so much as a set of behavioral traits that don't match the expectations of our contemporary culture.

One of my patients, a young woman in her early 20s, is prototypical. "I've been on Adderall for years to help me focus," she told me at our first meeting. Before taking Adderall, she found sitting in lectures unendurable and would lose her concentration within minutes. But when something was new and stimulating, she had laserlike focus. I knew that she loved painting and asked her how long she could maintain her interest in her art. "No problem. I can paint for hours at a stretch."

Another patient of mine, a 28-year-old man, was having a lot of trouble at his desk job in an advertising firm. Having to sit at a desk for long hours and focus his attention on one task was nearly impossible. He would multitask, listening to music and texting, while "working" to prevent activities from becoming routine.

Eventually he quit his job and threw himself into a start-up company, which has him on the road in constantly changing environments. He is much happier and — little surprise — has lost his symptoms of A.D.H.D.

My patient "treated" his A.D.H.D simply by changing the conditions of his work environment from one that was highly routine to one that was varied and unpredictable. All of a sudden, his greatest liabilities — his impatience, short attention span and restlessness — became assets. And this, I think, gets to the heart of what is happening in A.D.H.D.

You may wonder what accounts for the recent explosive increase in the rates of A.D.H.D. diagnosis and its treatment through medication. The lifetime prevalence in children has increased to 11 percent in 2011 from

7.8 percent in 2003 — a whopping 41 percent increase — according to the Centers for Disease Control and Prevention.

Some of the rising prevalence of A.D.H.D. is doubtless driven by the pharmaceutical industry, whose profitable drugs are the mainstay of treatment.

I think another social factor that, in part, may be driving the “epidemic” of A.D.H.D. has gone unnoticed: the increasingly stark contrast between the regimented and demanding school environment and the highly stimulating digital world, where young people spend their time outside school. Digital life, with its vivid gaming and exciting social media, is a world of immediate gratification where practically any desire or fantasy can be realized in the blink of an eye. By comparison, school would seem even duller to a novelty-seeking kid living in the early 21st century than in previous decades, and the comparatively boring school environment might accentuate students’ inattentive behavior, making their teachers more likely to see it and driving up the number of diagnoses.

Not all the news is so bad. Curiously, the prevalence of adult A.D.H.D. is only 3 to 5 percent, a fraction of what it is in young people. This suggests that a substantial number of people simply “grow out” of it. How does that happen?

One explanation is that adults have far more freedom to choose the environment in which they live and the kind of work they do so that it better matches their cognitive style and reward preferences. If you were a restless kid who couldn’t sit still in school, you might choose to be an entrepreneur or carpenter, but you would be unlikely to become an accountant.

Perhaps we can leverage the experience of adults who grew out of their symptoms to help kids with A.D.H.D. First, we should do everything we can to help young people with A.D.H.D. select situations — whether schools now or professions later on — that are a better fit for their novelty-seeking behavior, just the way adults seem to self-select jobs in which they are more likely to succeed.

In school, these curious, experience-seeking kids would most likely do better in small classes that emphasize hands-on-learning, self-paced computer assignments and tasks that build specific skills.

This will not eliminate the need for many kids with A.D.H.D. to take psychostimulants. But let’s not rush to medicalize their curiosity, energy and novelty-seeking; in the right environment, these traits are not a disability, and can be a real asset.

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Richard A. Friedman is a professor of clinical psychiatry and the director of the psychopharmacology clinic at the Weill Cornell Medical College.

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**Choose A or B and write a well-developed essay of about five paragraphs.**

- A. In the article “A Natural Fix for A.D.H.D.,” Richard A. Friedman takes a look at the “explosive increase in the rates of A.D.H.D. diagnosis,” and asks the reader to consider the condition in a different way. Friedman offers the idea that “in the right environment” a person may actually *flourish* because of his or her A.D.H.D. (attention deficit hyperactivity disorder) instead of being *restricted* by it. Write an essay in which you explore this shift in perspective. Do you agree or disagree with the idea that by altering one’s environment, a perceived weakness (such as having A.D.H.D.) may become a strength? Use examples from your own life (or from someone close to you) to make your argument and support your thesis. You may also use examples from literature or film to illustrate your point. In the course of writing your essay, you must refer to the article “A Natural Fix for A.D.H.D.” and its ideas.
- B. In the article “A Natural Fix for A.D.H.D.,” Richard A. Friedman points out an overlooked “social factor” that may help to explain the recent upsurge in A.D.H.D. diagnoses among young people. Friedman talks about the stark contrast between the super-fast digital world and the traditionally slow pace of school. He writes that “the comparatively boring school environment might accentuate students’ inattentive behavior” (behavior that teachers are likely to notice and report), thereby boosting the number of A.D.H.D. diagnoses. Write an essay in which you discuss the state of schools today when viewed through a 21<sup>st</sup> century lens. If the experience of being in school were more like “the highly stimulating digital world,” do you think students would experience more academic success? Use examples from your own life (or from someone close to you) to support your thesis. You may also use examples from something you’ve read or viewed to illustrate your ideas. In the course of writing your essay, you must refer to the article “A Natural Fix for A.D.H.D.” and its ideas.