

Unbagging Fidgety Philip

A Pedagogical Case Study Comparison Pertaining a Rethinking in Dealing with Syndromes of Attention Deficiency and Hyperactivity in Juveniles and Infants

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ABSTRACT. Much of what has ever been written about attention affecting syndromes is subject of debate. Attempts at an explanation have varied within scientific disciplines from the very beginning. After almost three decades of a principally drug-driven practice of treatment, in recent years, ethical, social, pedagogical, and—obviously—medical concerns, regarding such an alignment's adverse aspects, sharply regained in public as well as academic relevancy. In this paper, I am giving credit to the findings of Hüther et al., who, since 2009, investigated potential alternative ways of giving therapy to attention affecting syndromes by taking ADHD diagnosed children out into nature, discontinuing their medication for several months—and returned with results that were astonishing, showing that alternative ways of dealing with attention affecting syndromes generally existed. These findings altogether resonate with my own observations and long-standing experiences in working with adolescents in an experiential educational and Steiner/Waldorf pedagogical context, which I exemplify in order to endorse and make a reinforcing case for Hüther's preliminary findings and hypothesis.

Keywords: Attention Deficit Hyperactivity Disorder, ADHD, ADD, methylphenidate, Ritalin, alternative perspective, alternative treatment, educational approach, Steiner/Waldorf education, experiential education, alternative pedagogy, boy-specific education.

ZUSAMMENFASSUNG: Vieles von dem, was jemals über Aufmerksamkeitsstörungen und deren Hintergründe geschrieben worden ist, ist nach wie vor Gegenstand ausgiebiger akademischer Debatte. Von Anfang an wichen Erklärungsversuche innerhalb wissenschaftlicher Disziplinen voneinander ab. Nach fast drei Jahrzehnten einer vornehmlich Medikamenten orientierten Behandlungspraxis, haben ethische, soziale, pädagogische und – offensichtlich – medizinische Bedenken, in Bezug auf die negativen Auswirkungen einer derartigen Ausrichtung, in den letzten Jahren stark an öffentlicher, als auch akademischer Relevanz zugenommen. Der Artikel nimmt Bezug auf die von Hüther et al. seit dem Jahre 2009 gewonnenen empirischen Erkenntnisse in Sachen alternativer Therapiemöglichkeiten in der Behandlung von Syndromen des so genannten ADHS. In einem Feldversuch zog Hüther et al. mit einer Gruppe ADHS-diagnostizierter Kinder, unter Absetzung jeglicher Medikation, für mehrere Monate hinaus auf eine Berghütte in den Südtiroler Alpen und kehrte mit Ergebnissen zurück, die bemerkenswert sind: Sie zeigen, dass alternative Wege im Umgang mit Aufmerksamkeitsstörungen generell und faktisch existieren. Diese Befunde resonieren insgesamt mit meinen, langjährigen Erfahrungen und Beobachtungen in der Arbeit mit Jugendlichen in einem erlebnis-, und waldorfpädagogischen Kontext, welche ich Hüther et al. Erkenntnissen in einer konstruktiv-bereichernden Weise gegenüberstelle und diskutiere.

Stichwörter: Aufmerksamkeitsdefizit-Hyperaktivitätsstörung, ADHS, ADS, Ritalin, Methylphenidat, alternative Sichtweise, alternativer Behandlungsansatz, pädagogischer Ansatz, Waldorfpädagogik, alternative Pädagogik, Erlebnispädagogik, jungenspezifische Erziehung.

The phenomenon of attention deficiency—then and now

“Children nowadays are tyrants, [...] they contradict their parents [...] and tyrannise their teachers. They have execrable manners, flout authority, [and] have no respect [...]. What kind of awful creatures will they be when they grow up?” These concerns, as cited in Tapscott (2009, p. 305)—as contemporary as they may sound—are about 2400 years old and come from no other than the great Socrates¹. Similarly, Plato², the World’s most influential philosopher, at his time, expressed: “[O]f all animals the boy is the most unmanageable, inasmuch as he has the fountain of reason in him not yet regulated; he is the most insidious, sharp-witted, and insubordinate of animals” (Plato, 2009, p. 118). Specifically, from a historical viewpoint, there seems to be documentary proof that attention affecting syndromes are not a recent phenomenon: Aristotle³, for instance, states that youths, in their character “[...] are changeable and fickle in their desires, which are violent while they last, but quickly over: Their impulses are keen but not deep-rooted, and are like sick people’s attacks of hunger and thirst” (1941, p. 1403). Hippocrates⁴ specified patients with “[...] quickened responses to sensory experience, but also less tenaciousness [persistence] because the soul moves on quickly to the next impression” (as cited in Baumgaertel, 1999, p. 977) and named this condition an “[...] overbalance of fire over water” (as cited in Baumgaertel, 1999, p. 977). And justifiably so: Experts agree that restless children who cannot concentrate for a long time have been around as long as time itself and that nowadays numbers, in fact, do not exceed numbers of previous times (Lehmkuhl, as cited in C. Hoffmann & Schmelcher, 2012). Plato, then, explicitly pleaded for an indigenous, well-balanced, and holistic education, without coercion (Plato, 2006). Hippocrates (1891) suggested the classical Greek therapeutic approach of a dietetic treatment, aiming to restore mind and body integrity through particular physical, musical, and mental exercises as well as a specific diet, consisting of “[...] barley rather than wheat bread, fish rather than meat, water drinks, and many natural and diverse physical activities” (as cited in Baumgaertel, 1999, p. 977)—nowadays considered as ‘alternative’ methods of treatment.

The story of *Fidgety Philip*—a critical retrospect of the evolution of ‘ADHD’

In marked contrast to the example from ancient Greece evolved our modern-day per- and conception of attention deficient and/or hyperactive children. In fact, the entire history and discovery of attention affecting syndromes⁵, pre- and post-20th century, is an abstruse hotchpotch of doctrines itself: Determinations, such as *Minimal Brain Damage* (MBD), *Minimal Cerebral Dysfunction* (MCD), *Psycho-Organic Syndrome* (POS), *Organic Drivenness*, *Hyperactive Child Syndrome* (HCS), *Hyperkinetic Impulse Disorder* (HID), *Developmental Hyperactivity*, *Hyperkinetic Syndrome*, *Hyperkinetic Disorder* (HKD), and so on, had been defined over the past century (Barkley, 2003; Seidler, 2004), diagnosing and labelling inattentive and/or hyperactive children with disorders ranging from ‘naughtiness’, via ‘neuropathy’, ‘psychopathy’, to ‘neurasthenia’, turning into ‘child defect’, followed by ‘brain damage’, in between just a ‘neurosis’, after that being termed ‘disease’, ‘defect’, and ‘retardation’, and, for the time being, ends up with the genes and the neurotransmitter chemistry (Seidler, 2004). After the previous term *Attention-Deficit Disorder* (ADD) had expired with the latest revision of the DSM, version IV-TR (APA, 2000), the modern disease pattern of *Attention-Deficit/Hyperactivity Disorder* (ADHD) was born. What, during the times of Heinrich Hoffmann’s *Fidgety Philip* (1844/1917) was merely considered ‘naughtiness’, a hundred and fifty years later has been escalated into a ‘genetic brain disorder’, allegedly requiring medication with psychotropic drugs. However, Barkley, a widely cited proponent of ‘ADHD’, already proclaimed in 2008 that with the publication of DSM-5⁶ in 2013, the current understanding of ‘ADHD’ will be completely redefined and renamed. He even adumbrates it being a

1. Socrates of Athens (469 – 399 BCE), classical Greek philosopher

2. Plato of Athens (429 – 347 BCE), classical Greek philosopher and Socrates’ student

3. Aristotle of Stagira (384 – 322 BCE), classical Greek philosopher and Plato’s student

4. Hippocrates of Cos (ca. 460 – ca. 370 BCE), ancient Greek physician

5. Instead of using the pejoratively connoted label ‘ADHD’, within the scope of this paper, I am using the more phenomenologically descriptive and thus non-judgmental term attention affecting syndromes, accounting for what has typically been defined as ‘ADHD’ in particular, as well as any other type of behavioural conspicuity, to begin with.

6. *Die Geschichte vom Zappelphilipp* (‘The Story of Fidgety Philip’), written in 1844 by the German paediatrician Heinrich Hoffmann, is a trivially popular children’s story, describing a little boy and his undesirable behaviours which can be interpreted as an attention conspicuity/hyperactivity (cf. H. Hoffmann, 1844/1917; Seidler, 2004).

possible ‘maths disorder’ (Barkley, 2008). What the ancient Greeks had over us, I suppose, was that they had a holistic perception of things—a quality or capacity we nowadays have lost sight of, especially in the sciences.

On the dubious victory of a post-modern miracle pill

In addition to the above, and altogether contradictory to the Greeks, also manifests our modern-day understanding and approach to treatment of ‘misbehaving’ or, rather, ‘misfitting’ children: An estimated ten to twelve million children are undergoing permanent medication with *methylphenidate*⁷ (MPH) in the United States at the present (Stolzer, 2012)⁸. During the 1980s, when the phenomenon of ‘ADHD’ was being discovered and defined as a genetically caused brain defect, ‘a pill to fix it’ appeared to be a modern and convenient solution, at the time. Despite the questionable practice of putting children on a *Schedule II*⁹ categorised ‘psychotropic controlled substance’ (UN/INCB, 2003) as the remedy of choice—akin to a snort of cocaine¹⁰, by the way—medicine very publically and quite literally won out over the critics and those voicing misgivings—even though understandings and attempts at an explanation of the phenomenon of attention affecting syndromes have varied within scientific disciplines from the very beginning. Until today, certainty of the actual existence of an ‘ADH disorder’ never existed (Furman, 2008; National Institute for Health and Clinical Excellence (NICE), 2008). The so-considered ‘world-scale childhood and youth brain disorder of the new millennium’ (Acosta, Arcos-Burgos, & Muenke, 2009; National Institutes of Health, 1998), so far, has only been manifested in a catalogue of behavioural patterns, such as ‘inattention’, ‘impulsivity’, and, in some cases, ‘hyperactivity’ (ADHD Association, 2008).

Problematism of today’s ‘mainstream’ practice

Paradoxically, this modern perception and practice of ‘fixing children with a pill’ has now gotten out of control—at least in certain parts of the World¹¹. Between 1990 and 2013, Ritalin distribution will have risen by almost a fiftyfold: From an annual 1,768.00 kg in 1990 (Feussner, 1998), the US production quota of methylphenidate is going to skyrocket to an expected 80,750.00 kg in 2013 (DEA, 2012)—a rise by five thousand per cent. Those eighty tons of ‘legal speed’, approved for 2013, constitute about ninety per cent of the World’s methylphenidate production—most of which will also be consumed within the United States (UN/INCB, 1996). This precarious and certainly disputable contemporary situation raises the question: Why, apparently, are such enormous numbers of our children suddenly reported to be ‘distracted’, ‘restless’, ‘hyperactive’—in brief—‘abnormal’? And where does this large-scale ‘genetically evoked brain defect’, effectively redefined as ‘ADHD’, the ‘most common disorder of childhood’ (Acosta et al., 2009; National Institutes of Health, 1998), suddenly come from? And what if attention affecting syndromes are in fact of environmental (i.e. socio-cultural) origin and are therefore a psychologic-pedagogical problem that has meanwhile been heavily—yet wrongfully—medicalised?

Against the backdrop of a nearly unethical practice of diagnosing and medicating attention deficient/hyperactive children, Diller already remarked in 2001 that such an explosive increase in numbers (regarding diagnoses of ‘ADHD’, as well as prescriptions of Ritalin) should be “[...] warning us that we are not meeting the needs of all our children, not just those with AD[H]D” (Diller, 2001, para. 7). Following this, the individual physical and psychological damage (and sequelae), as well as the social disadvantages that come along with the labelling of affected persons and thereby throwing them into the maelstrom of a vast lobby’s

7. The next (fifth) edition of the American Psychiatric Association’s (APA) Diagnostic and Statistical Manual of Mental Disorders (DSM), commonly called DSM-5, is currently in consultation, planning and preparation. It is due for publication in May 2013 and will supersede the DSM-IV which was last revised in 2000 (Wikipedia, 2010).

8. (active substance, commonly known under the brand name *Ritalin*[®] as well as *Concerta*[®], *Metadate*[®], *Methylin*[®], *Focalin*[®], and *Daytrana*[®])

9. (in 2002, ten million children were estimated to be under medication with Ritalin worldwide (cf. Ditz, 2002))

10. (according to the *UN Convention on Psychotropic Substances* (United Nations, 1971))

11. The Brookhaven National Laboratory in Upton, NY, and the Department of Psychiatry of the State University of New York in Stony Brook, NY, have proven that pharmacological actions produced by therapeutic (oral) doses of Ritalin are comparable to those produced by doses of recreational (intranasal) cocaine (Volkow et al., 1998).

construct of assumptions of which the actual existence hitherto remains to be proven (Furman, 2008; National Institute for Health and Clinical Excellence (NICE), 2008). Now, almost three decades after its first distribution, the societal danger and damage which the medication-dominated approach—as well as the existence of an ‘ADHD’ in general—is causing, are becoming more and more evident (Asherson et al., 2012; Blech, 2012; Caci et al., 2011; Diller, 1996; Foreman, 2006; Haislip, 1996; Harpin, 2005; Hervas et al., 2011; Hüther, 2011; Kube, Petersen, & Palmer, 2002; Küpper et al., 2012; Leuzinger-Bohleber, Brandl, & Hüther, 2006; MTA Cooperative Group, 1999, 2004; Schmidt, 2010; Shaw et al., 2011a, 2011b; Shire plc., 2011; Staufenberg, 2011; von Lüpke, 2008, 2009) and pedagogical concerns, as well as socio-political scruples and misgivings—official levels included—are nowadays getting ever louder (Blau, 2009; Blech & Thimm, 2002; Breggin, 2000; DeGrandpre, 1999, 2001; Diller, 1999, 2001; Furman, 2008; Haislip, 1996; Hüther, 2010; Hüther & Beise, 2010; Hüther & Bonney, 2012; Hüther & Thimm, 2002; Leuzinger-Bohleber, Brandl, & Hüther, 2006; National Institute of Mental Health (NIMH), 2010; Traxl, 2012). What if the drug-driven mainstream approach, by itself, is a dead-end track?

Despite all efforts to prove the necessity and *raison d'être* of methylphenidate, this becomes fairly obvious if one realises the fact that MPH is not a ‘remedy’ that would cure anything, on the contrary, it is a psychotropic, mind-altering drug that temporarily suppresses a medical condition in order to enable those affected to function again in contemporary society—just as we use highly effective analgesics to suppress acute pain, but the medical condition (such as toothache, for instance) still needs appropriate attending to. Here, solely pain-killing treatment without taking care of the actual syndrome (i.e. caries), will naturally lead to a worsened and more and more problematic condition. And since we are talking about a problem relating to the psyche, heavy, potentially addictive, mind-altering drugs, while suppressing symptoms in the first instance, will only worsen the mental condition itself. This leads to the conclusion that Ritalin, by itself, can actually never constitute an appropriate solution to our societal problems (cf. Leuzinger-Bohleber, Brandl, & Hüther, 2006). Considering the explosively propagating practice of diagnosing of ‘ADHD’ and prescribing of MPH, this logical fact seems to have been widely misunderstood. Realistically, MPH constitutes a very convenient—yet radical—solution that is ruining the lives of millions of young people and thus devastating our societies. This kind of thinking and acting actually constitutes a regression.

A number of researchers argue that the education system—and thus society—is in serious peril due to a culture of careless praising, diagnosing, and blanket disseminating of Ritalin (Hüther, as cited in Blau, 2009; Breggin, 1998, 2000; DeGrandpre, 1999, 2001; Diller, 1999, 2001; Hüther, as cited in Hauser, 2009; Hüther, 2010; Hüther & Beise, 2010; Hüther & Bonney, 2012; Hüther & Thimm, 2002; Schmidt, 2010). In my opinion, medical treatment with Ritalin can only constitute an exception in a worst-case or emergency situation (and should never be applied without accompanying, non-medical therapies), not least because too little is known about the drug’s long-term effects on body and soul/mind (Hauser, 2009; Leuzinger-Bohleber, Brandl, & Hüther, 2006). Similarly, Hüther states: “The experience of children to be functioning only with a pill, should be made as seldom as possible” (as cited in Ditz, 2002, para. 1).

The problem is that society has meanwhile generated quite a number of serious worst-case patients (i.e. extreme cases) which, in fact, are going to be very hard to deal with and treat without the use of medication. It is beyond debate, one cannot generalise that drug-free treatment works in every case, but it should always be the ultimate objective. Therefore, in my opinion, further research in the fields of socio-cultural, cognitive, and behavioural neuroscience is going to generate valuable future insights that will lead us to a new concept of appropriate and sustainable contemporary ways of educating. In order to approach this difficult topic from another perspective, I exemplify the case study of Hüther et al., in the following.

An empirics-based counter example: *The Via Nova Alp Project (VNAP)*

In 2009, German brain researcher and initiator of several pedagogical initiatives, Gerald Hüther¹², accompanied by a team of scientists, medical doctors, and experiential educators, set off taking eleven 'ADHD' diagnosed children to a remote mountain chalet, 2400 metres high in the South Tyrolean Alps, for a period of eight weeks, investigating potential alternative ways of giving therapy to children with attention affecting syndromes (Hüther, Rauschenfels, & Tlach-Eickhoff, 2012; Hüther, Schmidt, Michl, Thünemann, Bonney, et al., 2009). The experiment is referred to as *The Via Nova Alp Project (VNAP)* (Hüther et al., 2012). The children, between eight and fourteen years of age, had been assigned to a naturalistic therapy: No media, no PC, no mobile, no sugar, and, of course, no medication from the first day (Hauser, 2009; Hüther, Schmidt, Michl, Thünemann, Opp, et al., 2009). Therefore: Farm life, a rhythmical daily schedule beginning with the feeding of the animals early in the morning and spending and working a fair amount of the day outdoors in alpine nature (Hauser, 2009; Zweites Deutsches Fernsehen (ZDF), 2010). With an emphasis on 'learning by doing', creative activities, constructive dialogue, individual devotion, and in making use of the power of psycho-social learning (i.e. mutual dependence in a self-catering group, for instance), the *VNA* project proved highly successful (Beiler-Raabe, 2010; Hauser, 2009, 2010; Hüther, Schmidt, Michl, Thünemann, Opp, et al., 2009; Rauschenfels, 2010; Sinn-Stiftung, 2010a) and was widely reported, publicised and discussed across German-speaking countries (3sat Fernsehen, 2010; Fasolin, 2010; Gaede, 2009; Hüther & Schaaf, 2009; Hüther & Tenzer, 2010a, 2010b; RTL Television, 2010; Sat.1 Fernsehen, 2010a, 2010b; ZDF, 2010). To the astonishment of many German families (Sinn-Stiftung, 2010a), the study showed that alternative ways of dealing with attention affecting syndromes (as opposed to pure medication) do generally and factually exist—if fundamental changes to common living environment and fields of activity are made (Hauser, 2009, 2010; Hüther & Tenzer, 2010b). Parents' observations and feedbacks, regarding the children's re-entry into family as well as school life, half a year after the project, have been very positive (cf. Beiler-Raabe, 2010; Bohdanský, 2010; Hauser, 2010; Iris B., 2010; Sinn-Stiftung, 2010a, 2010b; Susanne & Horst F., 2010). No family reported a worsening of the condition after the project was over. Au contraire: A follow-up report, published one year after the project, confirms that, except for one boy¹³, all children have since managed to get on without medication (Hauser, 2010). Based on parents' evaluation reports available (cf. Beiler-Raabe, 2010; Bohdanský, 2010; Hauser, 2010; Iris B., 2010; Sinn-Stiftung, 2010a, 2010b; Susanne & Horst F., 2010) as well as the above literature and documentaries on the project, I have summarised and generalised its more detailed outcomes¹⁴ as follows:

Physical condition

- a) Due to healthy diet and the amount of movement on the alp, all children were in a remarkable physical constitution and shape (those overweight had considerably lost weight and were very proud of that).
- b) The rustic, earthly, and adventurous way of living in the mountain cabin as well as working on the alp has been stated to have literally 're-invigorated' the children.
- c) The children's sleep behaviour has considerably improved since.

Emotional condition

- d) The children exposed a feeling of pride regarding their newly acquired technical skills (such as chopping wood, lighting a fire, milking the cows, making yoghurt, etc.)

12. The USA and Canada account for ninety-five per cent of the world's Ritalin consumption (DeGrandpre, 2001) although totalling less than five per cent of the World's population (The World Bank, 2012). More children in North America are diagnosed with 'ADHD' than in the rest of the World combined (DeGrandpre, 2001).

13. Prof. Dr. Dr. Gerald Hüther (born 1951) is a German neurobiologist and brain researcher, presiding over the Central Department for Neurobiological Prevention Research at the University of Göttingen, Germany (Psychiatric Clinic), as well as at the University of Mannheim/Heidelberg, Germany (Institute for Public Health). Apart from that, he is the academic head and chairman of the foundation council of *The SINN-STIFTUNG* in München, Germany (Purps, 2012).

14. (whose single mother did not manage to support him any longer due to prevailing personal problems of her own)

- e) The children's self-esteem has since been strengthened and has considerably risen.

Progress regarding emotion-regulating coping

- f) The children have acquired techniques in observing and dealing with their feelings in situations of conflict. They improved in dealing with and controlling of their aggressions by remembering those techniques. The children have since been more even-tempered, calm, and relaxed.
- g) The children have learned to listen and expose a better understanding towards others and have become much more approachable than before.
- h) They have considerably improved in carrying out the things they are asked to do. Some have kept up helping out in the household since.

Learning progress at school

- i) The children have meanwhile had positive experiences at school (such as being admitted into a new school, being accepted by their class, teachers, etc.).
- j) The children have made considerable progress as regards concentrated/attentive study both in school and at home.
- k) The children have since been more successful in terms of their academic achievement at school. Some have meanwhile been rated to have become 'good' students.
- l) The children have since made several friends within their surroundings by themselves and are making an effort in maintaining those friendships.

Summarising and final statements

- m) Having to deal with 'ADHD' within the family and other environments remains a demanding challenge for most families. However, families reported to have rediscovered their humour and/or having been able to re-establish a positive family atmosphere, besides having to deal with 'ADHD'.
- n) The transition from life on a nature playground on the alp back to inner-city and family life has occasionally been stated as challenging. Guided group adventures in nature have been requested by parents to be pursued further on a regular basis.
- o) The team's enormous engagement, enthusiasm and ministrations have been remarked throughout and found crucial in relation to the success of the project.
- p) In sum, the children have gone through a remarkable intellectual and physical development, and emotional well-being has found its way into the children's lives.
- q) One parental couple concludes their review with the words: "[...] up there [in the mountains], they were allowed to 'be' children and not just to 'function' [orig. emph., own lit. transl.]" (Leyla S. as cited in Sinn-Stiftung, 2010b, p. 2).

Project evaluation and discussion

The empirical findings of the *VNA* project have been derived from individual case analyses within a bigger case study (the *VNA* project itself). The cases have been discussed and analysed within a team of medical, psychological, neurological, and pedagogical experts and also involved the family and environment of the child. Uniting multi-perspectival expert opinion, the individual approach can be considered a holistic family-integrated, child-centred, qualitative case study. The results have been published in a number of

research articles and research interviews. Additionally, the project has been comprehensively documented and reported by accompanying media.

The researchers and facilitators of the *VNA* project came to the conclusion that lack of attention was not the problem (Hüther & Tenzer, 2010b). Much rather were the children not able to direct their attention to a common focus or object of interest. This lack of so-called *shared attention*—prerequisite for the development of individualised societies—is an experience of socialisation which is not innate but has to be learned in early years (Hüther & Tenzer, 2010b). The reason for this, as the researchers identified, was that some of the children were still stuck in the dual mother-child relationship, a strong and important bond among mammalia during rearing. This ‘clinging dyad relationship’ had never been elevated into a triad relationship, *id est*, a third, common, outer object or person of focus, as should naturally happen once children start to interact and socialise with others (Hüther & Tenzer, 2010a). Here, this maternal relationship has been maintained due to various reasons. Therefore, the children never learned to experience in common or to ‘share’ experiences (Hüther & Tenzer, 2010b). Starting in kindergarten, almost everything in our society operates on the principle of *shared attention*. That is why, once in direct contact with others in kindergarten or school, these children try to draw others’ attention to themselves (Hüther & Tenzer, 2010b).

Hüther et al.’s attachment hypothesis is scientifically known as the field of *attachment research*¹⁵. The *dyad/triad theory* goes back to the work of the German sociologist Georg Simmel at the end of the nineteenth century. However, though mentioned by Freud in relation to his theory of the *Oedipus complex*, the *triad theory* has only been investigated in recent decades (cf. Metzger, 2000). In their latest, comprehensive publication, a multi-perspectival case analysis on the causes of ADHD, Neraal and Wildermuth (2008) establish significant interconnections between affected infantile attachment capabilities and later behavioural disorders (Neraal, 2008). Neraal shows that, in a dyadic mother-child relationship, loss of differentiation, amalgamation, and developmental stagnation can eventuate (2008). In attachment studies on six-month-old babies, Carlson, Jacobvitz, and Sroufe (1995), as well as Sroufe (1997) were able to generate reliable prognoses regarding future development of ADHD (as cited in Neraal, 2008). According to Sperling, Massing, Reich, Georgi, & Wöbbe-Mönks’ *Theory of the Multi-Generation Perspective* (1982), attachment patterns are being transferred subconsciously from generation to generation. The quality of attachment, which we receive as little children, we will hand on to our own children in the same manner (Sperling et al., 1982, as cited in Neraal, 2008). In other words, during the child’s first year of life, the primary caregiver’s ‘delicacy of feeling’ decides whether the attachment of the child will be successful (i.e. qualitative) or not (Sperling et al., 1982). If it is unsuccessful, one of several forms of deficient attachment will be the case (Neraal, 2008). Studies indicate that deficient attachment patterns, acquired in the first year of life, in up to 90% of the cases, remain highly stable over the next five years of life (Main & Cassidy, 1988; Wartner, Grossmann, Fremmer-Bombik, & Suess, 1994, as cited in Neraal, 2008). In the case of safely attached children, effectively, the patterns remain stable in 100% of the cases (Main & Cassidy, 1988; Wartner et al., 1994, as cited in Neraal, 2008). However, Mentzos (1984), as cited in Neraal (2008), has shown that the child’s urge to play and explore its environment will only be lived out if its need for safe attachment has been satisfied. It has further been found that the quality of attachment as well as the successful transition to triadic structures are closely linked to the process of mentalisation as well as the capacity to symbolise (including one’s motility)—all aspects are crucial in the process of developing a stable, reflective, and autonomous individuality (cf. Haubl & Liebsch, 2008; Kummert, 2007; Neraal, 2008; von Lüpke, 2005).

Recently, the *Frankfurt Prevention Study*, a two-year non-medical, psychoanalytic prevention and intervention programme in kindergartens, showed a significant decrease in ADHD symptoms among children (Läzer, Neubert, & Leuzinger-Bohleber, 2010; Leuzinger-Bohleber, Brandl, Hau, et al., 2006; Leuzinger-Bohleber, Fischmann, Göppel, Läzer, & Waldung, 2008). All that is to say that Hüther et al.’s hypothesis exists in a specific psychoanalytical and family-therapeutic variant. Hüther et al.’s hypothesis

15. (as the project has helped all children ‘in some way or other’, most reports focus on the positive outcomes of the project which is reflected in this review/summary being less critical than it possibly could. However, given that the pedagogic-therapeutic chalet stays have since been run on a regular basis and reports cited cover an entire series of VNA projects, certainly supports the results’ sustainability.

complements and is endorsed by current psychoanalytic and medico-sociological state of research.

The underlying cause, which Hüther's statements indicate to, is that the processes of enculturation and socialisation can nowadays not be taken for granted any longer due to an increasing individualisation—and/or alienation—of parents' lifestyles. Not least because the focus of family life has shifted from formerly common experiencing, discussing, reading, crafting, playing, or dining (i.e. social interaction) towards a culture of each family member enjoying their media of choice by themselves (i.e. mute and unprocessed consumption) (cf. Hüther & Tenzer, 2010b). Quite the opposite: "The human brain is a social organ. It develops by relational experiences [own lit. transl.]" (Hüther as cited in Hauser, 2009, p. 64). Experiencing of relations and emotions, but also stress, negligence, and violence during the first years of one's life characterise one's brain, including the maturation of the dopaminergic system (Hüther, Schmidt, Michl, Thünemann, Opp, et al., 2009; Hüther & Tenzer, 2010b). So-called *cross-fostering* experiments with rats have shown that already minimal differences in maternal rearing behaviour considerably influenced the offsprings' brain development and later behaviour (Hüther & Tenzer, 2010b). Röhl (2009) put it this way: "If one permanently chooses the wrong pathways in one's brain [whether deliberately or inadvertently], they become broader [own lit. transl.]" (p. 15). And young children, being perfect in imitating—or, rather, incorporating—their usual and especially social environment with their whole being, nowadays, are highly vulnerable to absorb and assimilate both 'abnormal' or 'incomplete', in short, 'adverse' patterns of behaviour and will be embedding those within the synaptic network structure of their brains (Hüther & Tenzer, 2010b). Following this, children's behaviour is expression of what socialisation has taught them and how their (social) environment has shaped their brains. In this respect, Seitz-Stroh (2004) refers to *biopsychosocial conditionalities*. Freud once said: "Children are completely egoistic; they feel their [adopted] needs intensely and strive ruthlessly to satisfy them" (Freud, 1900/1971, p. 250). Indeed, children strive to learn and socialise, but "[t]he foremost experience that has burned itself into the minds of these children is 'loneliness' [emph. added, own lit. transl.]" (Hüther as cited in Hauser, 2009, para. 60). They are actually longing for attention, for social experiences, for friendships, for interaction with the World, hoping to be noticed but, since they never learned how to interact properly, they try to draw all attention to themselves by disrupting others—which usually ends in rejection, repudiation, punishment, flogging, or simply numbing with Ritalin (Hüther & Tenzer, 2010b). These children are actually ruling themselves and others out. *Fight-or-flight* is what the lacking experience of socialisation has taught them (Hauser, 2009). This behaviour is merely a coping mechanism in order to deal with their pain and distress (Hüther & Tenzer, 2010b). Their brain is neither wrongly wired nor defective: These children are using it differently than other children, simply because they have different problems. Therefore, their brain is getting structured in a different way (Hüther & Tenzer, 2010b). Following this, states Hüther, attention and hyperactivity related syndromes are foremost a relational, and thus an emotional, disturbance (as cited in Hauser, 2009).

This modern understanding which Hüther et al. established since 2001 (Föller-Mancini, 2001, 2002a), most widely conforms with what Rudolf Steiner indicated regarding young children's brain development, around one hundred years ago, as well: He pointed out that the shaping of the brain was one of the most important tasks of the first septennial (as cited in Föller-Mancini, 2002b). Based on the principle that the child's individual activity forms the basis for its physical foundation, the cultivation and use of imagination, so Steiner, was particularly significant in relation to the shaping of the inner organs, especially the brain (as cited in Föller-Mancini, 2002b).

Hüther et al.'s empirically founded hypothesis challenges predominating assumptions and offers a new explanatory model concerning the mechanisms of action of Ritalin (Föller-Mancini, 2001, 2002a).

After the success of the *VNA* project in 2009, the pedagogic-therapeutic chalet stays have since been taking place on a regular basis¹⁶—sometimes several at the same time—either in the German, Austrian, or Swiss Alps (cf. Fasolin, 2010; Hüther et al., 2012).

Change of scene. Having been a year-long high school teacher at a Steiner/Waldorf school in Germany,

16. (which is based on the pioneering work of John Bowlby (1958, 1969, 1988) and Mary Ainsworth (1969, 1989; Ainsworth, Bell, & Stayton, 1974) in the 1960s, 70s, and 80s (Bretherton, 1992))

allowing me ample scope to pedagogically shape and create, Hüther et al.'s above findings very much resonate with my own observations and long-standing personal experiences in working with adolescents (cf. D. M. Steiner, 2007a; 2007b, 2010) which I am going to refer to in the following in order to endorse and make a reinforcing case for Hüther et al.'s preliminary findings and hypothesis from a similar perspective.

Empirics-based counter example II: *The Summer Hiking Experience Project (SHXP)*

It has been for a number of years now that I have been initiating tri-weekly experience hiking trips during summer holidays, for students of year nine¹⁷ upwards. The trips involve some eight hours of—sometimes tough but also adventurous—daily hiking through a remote and beautiful mountainous area of a European country, which the entire group had chosen, worked out, and prepared for, beforehand. Participants carry their personal baggage as well as part of the communal equipment, such as tents, cooking gear, guitars, first aid sets, or food on their back; approximately 12-14 kg altogether. Since our tours are designed in a 'nomadic' type of hike (making use of *freedom camping*), every afternoon we need to find a new, appropriate spot to set up our camp—which was often tricky. Then followed a regular routine: The putting up of the tents, collecting firewood, sending out of teams to organise drinking water or buy supplies, but also time to relax and go for a swim, play guitar, write diary, play games, wash clothes, take care of one's little aches and pains, or explore the surroundings, and so on, followed by collectively cooking dinner on the fire, recollecting of the day's experiences and planning of the next day, as well as some frolicsome singing in the evening.

The overall hiking party is divided into groups of 6-8 participants each, as many as do fit into each tent, similar to Baden-Powell's *principle of the small group*, as laid out in *Scouting for Boys* (1908). We make use of the *Kohle*, a traditional Lapp tent, already borrowed by the German *Wandervogel Bewegung* (lit. 'Wayfaring-Bird Movement') of the 20th century. These duck-made tents have no ground sheet and allow for a fire to be made inside—hence they constitute a perfect social space. They can also be taken apart, which is perfect in terms of spreading the carrying of the tent on as many shoulders as possible.

Individual groups meet every couple of days at previously arranged meeting points in order to spend the night together with the entire hiking party. These nights always have a sort of festive character as the singing with the big group is much more overwhelming and each group has lots of experiences to share (or perform) from the last couple of days. We discourage competition between the groups so that every group can choose the route, pace, and level of difficulty they want without having to justify anything. The big get-togethers are fun evenings; however the most intense experiences happen in the small group. Each group's success is dependent on every single member. If somebody hurts their ankle for instance, everyone else has to carry a few more things in order to relieve the injured member, and so on. This social interdependence necessarily caters for sympathetic social interaction and an insightful getting on with each other, adults included.

Once accomplished with my own class and storiated back home in the term after, from then on, up to fifty high school students would register interest to join the *SHX* trips each year. In other words: Half of the high school wants to spend half of their summer holidays¹⁸ with their fellow students and teachers! To this day, we happen to have mastered adventurous *SHX* trips in most European countries (cf. D. M. Steiner, 2003, 2005a, 2005b; D. M. Steiner & Busch-Geertsema, 2004, 2006a, 2006b, 2006c; D. M. Steiner, Busch-Geertsema, & Nermerich, 2007; D. M. Steiner, Busch-Geertsema, & Stief, 2003a, 2003b).

Pedagogical evaluation of *The Summer Hiking Experience Project (SHXP)*

The point I am instancing this on-going project is the following: Surprisingly, the trips were quite popular with girls, but also boys of all 'calibres'—at least as experienced 'inside' the classroom—were decidedly keen to join the hiking party. In fact, quite a few of them (I'm thinking of a group of ninth graders in this

17. The project is subsidised by The *SINN-STIFTUNG* (lit. 'Foundation of Meaningfulness'), a charitable private foundation, based in München, Germany (Hüther et al., 2012).

18. (approx. age fourteen/fifteen)

case) had major difficulties to motivate themselves and direct their attention onto school matters at all; and single ones were even on medication with Ritalin. To put it another way: At school, by means of academic performance, these boys were obvious underachievers—if not failures—and their contribution and interest in learning (indeed even at a Steiner/Waldorf school¹⁹) was pretty humble; at least as regards ‘academic’ subjects.

Bewilderingly, during the hiking trips—which those boys would join on a regular basis—these youth automatically took on a leading role with regard to the whole undertaking, simply convincing the group by employing their outdoor skills and knowledge as well as their hands-on approach (cf. Tenzer, 2012). Once their strengths were accepted by the group, they enjoyed living out to the fullest, whether it was about leading the group cross country via map and compass, or supporting one after the other traversing a swift flowing stream by jumping from rock to rock. At night they would take care of collecting and chopping firewood and getting the fire started in order for dinner to be cooked. In pouring rain, they would be the ones outside the tents, digging ditches or trying to support and improve the (teepee-like) tents from the inside. Such—and many more—situations were communal group experiences. The accompanying ‘guide’, often older high school students that had already participated in several trips before, rather had an accompanying or initiating than a leading function.

The level of interdependency is high; everyone is literally eating from the same pot, sleeps under the same (thin) roof, drinks the same water, and is warmed by the same fire. Behaving anti-social is at the expense of the entire group and it will usually not take long until this fact is naturally going to be reflected back to the actuator. The necessity to household with one’s capacities (in every respect) is also the reason that one needs to refocus on very elementary things. During such trips, nothing is without consequence. And there are not many options to escape the situation; one simply has to face it—in a physical sense (i.e. by means of the challenges of the daily journey), as well as in a social sense. Meeting, communication, and collaboration must take place; otherwise the undertaking is going to fail.

I remember a situation with a group where, after a full day of hiking, soaking wet by the steady downpour, we were in real need of a warm meal. This meant: Kneeling in the mud for hours, sheltered by a few ponchos, alternately blowing to keep the heavily smoking fire somehow going until our dinner was cooked. We succeeded. No matter the wet clothes, the taste of our meal, and the sand and grass in it, it was an absolute experience of success, of group achievement—and, since we had a real common problem to solve, we were all ‘in the same boat’. I had never experienced such a power of endurance (or, pedagogically: *Resilience*) in those boys in the classroom before. Out there, it was simply there. And it was obviously real; as if they had been waiting to be challenged by such ‘real’ adventures. In the classroom, they appeared to be either absent or disturbing what the teacher considered to be task and topic of the hour. This got them into a role of becoming a sort of ‘second class students’—those that did not matter for the class’ success—as often uttered by their fellow students.

Returning to the trips, although they would often still want to go separate ways, and thus needed to be assigned personal tasks to accomplish and grow on, suddenly they had a say in what mattered and suddenly they (re-)gained the others’ respect. This change of roles—certainly as surprising for me as it was for their fellow (female) classmates—really did them good and truly raised everyone’s mutual understanding and appreciation of the other.

In other words: I got to observe and experience what difference a drastic change of living (and learning) environment does evoke: If these students had not been joining the trips, I would have never gotten to experience their personalities in this very positive way (just as little as they might have, themselves). It is likely, they would have spent some further years sitting in school (more or less on sufferance), and not be gaining much from it. And this, in my opinion, is true for so many stages in child development: The urge to explore and learn is there, but as long as this natural aptitude of children is not being seized upon by educators—in the sense of what Socrates termed being ‘a midwife in the service of learning’²⁰—and simply

19. (summer school holidays in Germany last six weeks)

20. (However, I am referring to single cases, especially those receiving psychotropic drugs.)

does such things with young people, this gift just oozes away and desiccates and the opportunity to, in Hüther's terms, cultivate and nurture sound synaptic bonds, has been squandered and will have its fallouts (such as attention affecting syndromes and academic resignation).

I imagine that such long-term *SHX* trips or expeditions are even of a greater pedagogical and educative value than the stationary camps already are, especially for adolescents from around fourteen years of age and over. This insofar, as these trips constitute and generate a very authentic situation: Nothing is enacted, simulated, or planned, and arranged 'entertainment' does not even exist. Their main content: A natural dose of risk and adventure, brought along by the journey itself²¹.

In summary, the combination of the following factors I see as crucial (therapeutic) elements for the overall success of an *SHX* project:

- a) the fact of an (inescapable) real-life condition,
- b) set in (technologically disconnected) natural wilderness,
- c) a pedagogically guided, interdependent, social peer cohort constellation,
- d) scope for self-proving as well as reflective engagement with oneself,
- e) mixed with the elements of movement (nomadic backpacking),
- f) adventure (exploration, risk, and fun),
- g) simplest living (self-subsistence and camping), as well as
- h) aesthetics (natural beauty, music, performing arts, etc.).

Therefore, granting 'natural risk' some space (again), is what makes these summer hiking experiences so real. In other words, the driving and curative force in these undertakings can simply be called 'genuine encounter with the other and with the forces of nature', or, in short: A dose of reality.

The empirical findings reported here are the summarised observations and consensuses of the leadership team's pedagogical discussions over the years as well as my own reflections on the matter. This data has been collected unsystematically. The observed results indicate that comprehensive social learning processes as well as potential post-maturing processes are taking place and are helping single participants to overcome deficient childhood structures. As these observations concern individuals, they can be seen as individual pedagogical case studies of qualitative character within a greater case study (the entire project). In terms of validity, these findings, though observed over a number of years/trips, are only first indications and should not be generalised. However, it can be concluded that the *SHXP* appears to be a promising way in dealing with attention deficient and hyperactive youth and should be investigated further by use of additional scientific methods.

Pedagogical conclusion

Both of the projects instanced, demonstrate that the children are literally 'getting into motion'. They realise that they are neither as helpless, nor incalculable, nor as unbearable as they are usually told and gradually they get an idea that things can actually work differently (Hauser, 2009). In authentically interacting with others, they (re-)gain access to themselves and their emotions and thus find new purchase within themselves. Educator Rudolf Steiner describes this as the urge for "[...] collision with the outside World [...]" (1975, para. 3); a sort of reflective resistance or bouncing back by the World, which children need to experience, in order to know that it and they exist (R. Steiner, 1975). This takes place through play, nature, as well as social interaction. In short: Children need to actively experience themselves within their natural and social environment in order to develop a healthy relationship to it.

But does genuine, authentic encounter still take place? The World has become highly diversified, pluralistic,

21. Ipsissima verba: "[...] I am the son of a midwife and have myself a midwife's gifts [...]" (as cited in Plato, 1921, sect. 151b-c).

and therefore individualistic on the one hand, but also rushed and distracted—arguably ‘hyperactive’ and ‘attention deficient’ (cf. Hüther & Tenzer, 2010b)—if not ‘egoistic’, on the other hand. In this respect, one really needs to pose the question: Are now the children sick—or the circumstances? (cf. Hauser, 2009). Or are our hyperactive and attention deficient lifestyles making them sick? I acknowledge that parenting, and none more so than single-parenting a child with ‘ADHD’, can be tough sometimes, especially if life is tough, too. I also know how relieving it feels to have an external authority confirm that it is not one’s fault, that it is the child’s transmitter chemistry and thus the genes that are defect; but are we not deceiving ourselves in believing so? ‘ADHD’, I argue, is a home-made societal²² problem; an attention deficiency on the part of society as a whole. The culture and lifestyles we have created do obviously not work well for children. The syndromes, these children suffer from, could actually be called ‘socialisation deficit syndrome’. In other words, children’s proper socialisation is becoming more and more difficult for contemporary parents to ensure (cf. Neraal, 2008). If parents and families alone cannot manage to cope with their children, society has to help out. Attention affecting syndromes in children are an accurate reminder that something is wrong with our current culture and therefore society, that is, ways of parenting, ways of spending leisure time, ways of educating, etc., need to adapt to modern society’s social changes and challenges. I thus argue that aspects of socialisation and enculturation nowadays need to be addressed pedagogically and be specifically practised at school.

Further, these young people’s polar oppositeness in behaviour during the *SHX* trips gives reason for concern, concern regarding what we are doing wrong in the way we school children. School cannot always be fun, but eight hours of hiking are also tough physical work and not just fun. And so is cooking, collecting and chopping wood, washing up, doing one’s laundry by hand etc. and yet everyone likes it and does it. These trips are physically highly challenging²³, but the social aspect always prevails and transforms them into a success. During those *SHX* trips, I experienced usually highly difficult boys to be calm, listening, ahead-thinking, communicative, reflective, full of ideas; simply normal, awake, and on the task—the very characteristics that they were said to be lacking. Arguably, some of these boys might have learned more and flourished more during these tri-weekly trips than they did learn—and foremost: remember—all school year long. Sadly, our education systems are less and less suitable for children because our performance-driven thinking has laid all weight onto abstract and foremost materialistic (i.e. measureable) aspects with very little room left for artistic and aesthetic education. In my opinion, this example makes it obvious that at school, all too often, we are actually educating ‘past’ the needs of our children.

In the age of pluralisation and individualisation, children need not be given finished facts or ready-made knowledge to swallow and digest. Nor do they need a constant streaming of meaningless entertainment and, even less do they need to be narcotised when they are turning difficult because of that (cf. Hauser, 2009). What they need are opportunities to explore the World and interact with real people; in short: They need to genuinely experience (cf. Hüther & Obländer-Garlichs, 2008). Extrinsically actuated transfer and memorisation of abstract intellectual knowledge, followed by measures of testing whether it has ‘arrived’, is an educational concept of the 19th century that simply leaves the learner ‘out in the cloud’. In doing so, we are emotionally dulling our succeeding generations. In the economy, calls for proper social skills are getting ever louder (Birnthaler, 2008). Therefore, the phenomenon and problem of attention affecting syndromes urgently needs to be addressed pedagogically: In order to meet the needs of the present, we need to develop a new, much more humane understanding of learning, teaching, and schooling in general. 21st century education, in my opinion, needs to be comprised of ‘authentic social discovery learning’ and ‘experience-orientated self-discovery learning’ as part of socialisation; as opposed to dashing and testing of fixed concepts. Learning must be intrinsically enlivening. Students have to find meaning in it.

Meandering back to the topic, in *Last Child in the Woods: Saving our Children from Nature-Deficit Disorder*, Louv (2008) lays out the benefits of nature experience and outdoor education, especially with regard to

22. (as opposed to commercial, adrenalin-driven experiential ‘education’, such as white water rafting, downhill mountain biking, or bungee jumping, for instance)

23. (caused by socio-cultural/environmental factors, such as the quality of upbringing/parenting (i.e. opportunity to an untouched childhood/free play, quality of nutrition, exposition to media, contact with nature, etc.), the quality of socialisation and enculturation, the quality of friendships, the quality of school education, etc.)

attention affecting syndromes. This is supported by Taylor, Kuo, & Sullivan's (2001) study, demonstrating that activities in natural settings leave 'ADHD' diagnosed children better able to focus and concentrate. Lately, Dudley (2012) as well as Traxl (2012) support and further elaborate on this approach as regards treatment of attention affecting syndromes. What if daily social play in nature was prescribed instead of Ritalin? Hüther et al. presuppose that fundamental changes to common living environment and fields of activity be made (Hauser, 2009, 2010; Hüther & Tenzer, 2010b) if the *VNA* camp therapy shall have any prospects of success. And if we cannot send all our children on the alp; the alp, the forest, or the sea has to be brought (back) into the cities and the schools and adventurous, socio-experiential learning opportunities in natural settings (as also requested by parents of the *VNA* project/cf. bullet point 'n') should be pursued on a regular basis as part of the school curriculum; not only but particularly in (heavily) urbanised areas.

Another interesting example may be the trips of the itinerant experiential educator Andreas Schier who undertakes biking trips with groups of students of up to half a year's duration, cycling all across the United States, for instance (cf. Schier, 2012). Even more iconographic as regards 'being in the same boat', may be the classical sailing trips of traditional experiential education. Alternative pedagogies and therapies with an emphasis on student-centred, experience-orientated, as well as social learning in a media-voided environment—such as the concepts of Steiner/Waldorf and Montessori education, for instance—in my opinion, seem to be appropriate counter-balancing developments in the right direction.

References

- 3sat Fernsehen. (2010). *Alm-Therapie statt Tabletten. Elf Kinder, mit der Diagnose ADHS, haben an einer ungewöhnlichen Behandlung teilgenommen* [Broadcast]. Germany: 3sat Fernsehen.
- Acosta, M. T., Arcos-Burgos, M., & Muenke, M. (2009). Attention-deficit/hyperactivity disorder. In G. G. Berntson & J. T. Cacioppo (Eds.), *Handbook of neuroscience for the behavioural sciences* (Vol. 2, pp. 1020-1042). Hoboken, NJ: John Wiley & Sons, Inc.
- ADHD Association. (2008). *What is ADHD?* [Online publication]. Retrieved September 14, 2010, from <http://www.adhd.org.nz>
- Ainsworth, M. D. S. (1969). Object relations, dependency, and attachment: A theoretical review of the infant-mother relationship. *Child Development*, *40*(4), 969-1025.
- Ainsworth, M. D. S. (1989). Attachments beyond infancy. *American Psychologist*, *44*(4), 709-716. doi:10.1037/0003-066X.44.4.709
- Ainsworth, M. D. S., Bell, S. M., & Stayton, D. (1974). Infant-mother attachment and social development. In M. P. Richards (Ed.), *The introduction of the child into a social world* (pp. 99-135). Cambridge, United Kingdom: Cambridge University Press.
- American Psychiatric Association (APA). (2000). *Diagnostic and statistical manual of mental disorders (DSM-IV-TR)* (4th text rev. ed.). Washington, DC: American Psychiatric Association.
- Aristotle. (1941). *Rhetorica* (W. Rhys Roberts, Trans.). In R. P. McKeon (Ed.), *The basic works of Aristotle*. New York, NY: Random House, Inc.
- Asherson, P., Caci, H., Doepfner, M., Donfrancesco, R., Faraone, S. V., & Fitzgerald, M. (2012). The negative impact of attention-deficit/hyperactivity disorder on adult daily life: Results of the european lifetime impairment survey. *European Psychiatry*, *27*(1), 1. doi:10.1016/S0924-9338(12)74424-3
- Baden-Powell, R. S. S. (1908). *Scouting for boys*. London, United Kingdom: C. Arthur Pearson Ltd.
- Barkley, R. A. (2003). Attention-deficit/hyperactivity disorder: Nature, course, outcomes, and comorbidity. In E. J. Mash & R. A. Barkley (Eds.), *Child psychopathology* (2nd ed.). New York, NY: Guilford Publications.
- Barkley, R. A. (2008, October 18, 2010). Advances in the understanding and management of ADHD. UC Davis M.I.N.D. Institute lecture series on neurodevelopmental disorders (11/2008) [Online broadcast]. Retrieved from <http://www.uctv.tv/search-details.aspx?showID=14660>
- Baumgaertel, A. (1999). Alternative and controversial treatments for attention-deficit/hyperactivity disorder. *Pediatric Clinics of North America*, *46*(5), 977-992. doi:10.1016/s0031-3955(05)70167-x
- Beiler-Raabe, K. (2010). *ADHS aus neurobiologischer Sicht am Beispiel des 'Almprojekts' von Prof. Gerald Hüther*. München, Germany: GRIN – Verlag für akademische Texte GmbH. doi:10.3239/9783640960408
- Birnthaler, M. (2008). *Erlebnispädagogik und Waldorfschulen*. Stuttgart, Germany: Verlag Freies Geistesleben.
- Blau, W. (2009). Ich bin ein Zombie, und ich lerne wie eine Maschine. Ritalin macht leistungsfähig. Experten sagen, das Medikament sei eine Gefahr für die Gesundheit und unser Bildungssystem. Ein Selbstversuch. *ZEIT Campus* (February 18, 2009). Retrieved from <http://www.zeit.de/campus/2009/02/ritalin>
- Blech, J. (2012). *Gene sind kein Schicksal: Wie wir unsere Erbanlagen und unser Leben steuern können* (2nd ed.). Frankfurt am Main, Germany: S. Fischer Taschenbuch Verlag GmbH.
- Blech, J., & Thimm, K. (2002). Kinder mit Knacks. Keine psychische Störung wird bei Kindern häufiger diagnostiziert als die Hyperaktivität: Die Betroffenen sind leicht erregbar, unkonzentriert und nerven Eltern und Lehrer. Immer mehr Zappelphilippe werden mit Pillen ruhig gestellt. Werden so nur Erziehungsmängel überdeckt? *Der Spiegel*, *2002* (29), 122-131.

- Bohdansky, B. (2010). *Statement zum Almaufenthalt* [Statement of Nikola & Robin's father]. Retrieved October 26, 2012, from <http://www.win-future.de/downloads/statement-zum-almaufenthalt-von-boris-bohdansk.pdf>
- Bowlby, J. (1958). The nature of the child's tie to his mother. *International Journal of Psycho-Analysis*, 1958 (39), 350-373.
- Bowlby, J. (1969). *Attachment and loss. Volume 1: Attachment*. New York, NY: Basic Books.
- Bowlby, J. (1988). *A secure base: Parent-child attachment and healthy human development*. New York, NY: Basic Books.
- Breggin, P. R. (1998). *Talking back to Ritalin: What doctors aren't telling you about stimulants for children*. Monroe, ME: Common Courage Press.
- Breggin, P. R. (2000). *A scientific basis for rejecting the use of stimulants for the treatment of ADHD* [Testimony before the US House of Representatives]. Retrieved October 13, 2010, from http://www.breggin.com/index.php?option=com_content&task=view&id=80
- Bretherton, I. (1992). The origins of attachment theory: John Bowlby and Mary Ainsworth. *Developmental Psychology*, 28(5), 759-775. doi:10.1037/0012-1649.28.5.759
- Caci, H., Asherson, P., Doepfner, M., Donfrancesco, R., Faraone, S. V., Fitzgerald, M., ... Woods, A. (2011). Attention-deficit/hyperactivity disorder is associated with impairment in everyday life as reported by parents of affected children: Results of the European lifetime impairment survey. *ADHD Attention Deficit and Hyperactivity Disorders*, 3(2), 197. doi:10.1007/s12402-011-0058-y
- Carlson, E. A., Jacobvitz, D., & Sroufe, L. A. (1995). A developmental investigation of inattentiveness and hyperactivity. *Child Development*, 66(1), 37-54.
- DeGrandpre, R. (1999). *Ritalin nation: Rapid fire culture and the transformation of human consciousness*. New York, NY: W. W. Norton & Company, Inc.
- DeGrandpre, R. (2001). A dose of reality. The truth about North America's greatest drug problem: Ritalin. *Adbusters Magazine*, 36(7/8). Retrieved from <http://85.18.251.150/10d/dose.htm>
- Diller, L. H. (1996). The run on Ritalin: Attention deficit disorder and stimulant treatment in the 1990s. *The Hastings Center Report*, 26(2), 12-18.
- Diller, L. H. (1999). *Running on Ritalin: A physician reflects on children, society and performance in a pill* (1st ed.). New York, NY: Bantam Books.
- Diller, L. H. (2001). A nation of kids running on Ritalin. *docDiller.com* (January 7, 2001). Retrieved from <http://www.docdiller.com/oped/56-a-nation-of-kids-running-on-ritalin.html>
- Ditz, R. (2002). Göttinger Hirnforscher warnt vor Parkinson-Symptomen als Folge von Ritalin. *Der Spiegel*, 2002 (11). Retrieved from <http://www.spiegel.de/spiegel/vorab/a-186355.html>
- Drug Enforcement Administration (DEA) / US Department of Justice. (2012). Quotas – 2012: Established aggregate production quotas for schedule I and II controlled substances and established assessment of annual needs for the list I chemicals ephedrine, pseudoephedrine, and phenylpropanolamine for 2013. *Federal Register*, 77(190), 59980-59983.
- Dudley, M. A. (2012). *The need for nature: Exploring youth leadership development through outdoor activities* (Master's thesis). SIT Graduate Institute, Brattleboro, VT. Retrieved from <http://digitalcollections.sit.edu/capstones/2559> (Capstone Collection. Paper 2559)
- Fasolin, S. (2010). Alp der Hoffnung. Im Tal besuchen sie Therapien, schlucken Tabletten und gelten als schwierige Jungs. Ihre Diagnose: ADHS, das Zappelphilipp-Syndrom. Auf der Alp soll alles besser werden. Dank einer Hütte, zwei Pädagogen, drei Ziegen und viel Natur. *SonntagsBlick Magazin*, 2010 (September 12), 19-25. Retrieved from <http://www.arbeitskreis.ch/downloads/newsletter/Sonntagsblick.pdf>
- Feussner, G. (1998, November 16-18). *Diversion, trafficking, and abuse of methylphenidate*. Academic paper

- presented at the meeting of the NIH Consensus Development Conference on Diagnosis and Treatment of Attention-Deficit/Hyperactivity Disorder, William H. Natcher Conference Center, Bethesda, MD.
- Föllner-Mancini, A. (2001). Wer ist aufmerksamkeitsgestört? Der Streit um ADS als Spiegel unserer Gesellschaft. *Zeitschrift Info3*, 2001 (10), 32-34.
- Föllner-Mancini, A. (2002a). ADS – Ansichten aus dem Inneren eines Theoriegebäudes. *Zeitschrift Info3*, 2002 (11), 20-21.
- Föllner-Mancini, A. (2002b). Mehr als Ritalin-Kritik. Das Buch „Neues vom Zappelphilipp“ plädiert für ein ganzheitliches Verständnis von ADS. *Zeitschrift Info3*, 2002 (6), 22-23.
- Foreman, D. M. (2006). Attention-deficit/hyperactivity disorder: Legal and ethical aspects. *Archives of Disease in Childhood*, 91(2), 192-194. doi:10.1136/adc.2004.064576
- Freud, S. (1971). *The interpretation of dreams* (J. Strachey, Trans.). London, United Kingdom: George Allen & Unwin Ltd. (1900)
- Furman, L. M. (2008). Attention-deficit/hyperactivity disorder (ADHD): Does new research support old concepts? *Journal of Child Neurology*, 23(7), 775-784. doi:10.1177/0883073808318059
- Gaede, P.-M. (2009). Alm statt Ritalin. Kinder mit Aufmerksamkeitsstörung (ADHS) brauchen keine Medikamente, sagt der Göttinger Neurobiologe Gerald Hüther [Interview]. *GEO Magazin*, 2009 (11), 154-155. Retrieved from <http://www.geo.de/GEO/reisen/reiseideen/interview-alm-statt-ritalin-62250.html>
- Haislip, G. R. (1996, December 10-12). *Conference report by the Drug Enforcement Administration (DEA)*. Academic paper presented at the meeting of the Conference on Stimulant Use in the Treatment of ADHD, San Antonio, TX, December 10-12, 1996. Retrieved from <http://www.add-adhd.org/textonly/ritalin.html>
- Harpin, V. A. (2005). The effect of ADHD on the life of an individual, their family, and community from preschool to adult life. *Archives of Disease in Childhood*, 2005(90), i2-i7. doi:10.1136/adc.2004.059006
- Haubl, R., & Liebsch, K. (2008). Mit Ritalin leben. Zur Bedeutung der AD(H)S-Medikation für die betroffenen Kinder. *Psyche — Z Psychoanal*, 62(7), 673-692.
- Hauser, U. (2009). Zeit des Erwachens. In diesem Sommer fand auf einer Südtiroler Alm in knapp 2400 Meter Höhe ein einzigartiges Experiment statt: Elf Jungs mit der Diagnose ADHS, im Alltag ruhig gestellt durch Ritalin, sollten acht Wochen lang lernen, ohne die Tablette zu leben. *Stern*, 2009 (45), 50-68. Retrieved from [http://reporter-forum.de/index.php?id=117&tx_rfartikel_pi1\[showUid\]=437&cHash=95ac165af8804f4c6407cf504483a56f](http://reporter-forum.de/index.php?id=117&tx_rfartikel_pi1[showUid]=437&cHash=95ac165af8804f4c6407cf504483a56f)
- Hauser, U. (2010). Adrians neues Leben. Sie sollten lernen ohne Tabletten klarzukommen. Dazu verbrachten elf Jungen mit ADHS den Sommer 2009 auf einer Südtiroler Alm. Der *Stern*, der über das Projekt berichtete, hat einige der Eltern und Kinder erneut befragt: Wie kommen die Jungs heute in ihrem Alltag zurecht? *Stern*, 2010 (10), 97-100. Retrieved from <http://www.ads-kritik.de/Alm.pdf>
- Hervas, A., Asherson, P., Caci, H., Doepfner, M., Donfrancesco, R., Faraone, S. V., ... Woods, A. (2011, May 28). *Parental experiences of diagnosis and treatment of attention-deficit/hyperactivity disorder in children: Results from the European lifetime impairment survey*. Scientific paper presented at the meeting of the 3rd International Congress on ADHD 'From Childhood to Adult Disease', May 26-29, 2011, International Congress Center Berlin (ICCB), Berlin, Germany.
- Hippocrates of Cos. (1891). In F. Adams (Ed.), *The genuine works of Hippocrates*. New York, NY: William Wood & Co.
- Hoffmann, C., & Schmelcher, A. (2012, February 16). Ritalin gegen ADHS. Wo die wilden Kerle wohnten. Ritalin ist eine Pille gegen eine erfundene Krankheit, gegen die Krankheit, ein schwieriger Junge zu sein. Immer mehr Jungs bekommen die Diagnose. Die Pille macht sie glatt, gefügig, still und abhängig. *Frankfurter Allgemeine Zeitung (FAZ)*. Retrieved from <http://www.faz.net/aktuell/politik/inland/>

ritalin-gegen-adhs-wo-die-wilden-kerle-wohnten-11645933.html

- Hoffmann, H. (1917). Die Geschichte vom Zappel-Philipp. In *Der Struwwelpeter oder: Lustige Geschichten und drollige Bilder für Kinder von 3 – 6 Jahren* (400th ed.). Frankfurt am Main, Germany: Literarische Anstalt Rütten & Loening. (1844)
- Hüther, G. (2010, May 6). *Neurobiologische Hintergründe der Entstehung von ADHS und der Wirkung von Psychostimulanzien*. Conference paper presented at the meeting of the ADHS und Sucht. Auswirkungen und mögliche Alternativen der ADHS-Behandlung, Hannover, Germany.
- Hüther, G. (2011). Generation Ritalin. Die Ursachen von Lern- und Verhaltensproblemen und die Wirkung von Psychostimulanzien bei Schülern mit ADS-Symptomatik. *Praxis Schule — Zeitschrift für die Sekundarstufe 1 des Schulwesens*, 2011 (4), 4-8.
- Hüther, G., & Beise, U. (2010). Erfahrung gemeinsamen Erlebens ist entscheidend: ADHS ist keine Krankheit! [Interview]. *Pädiatrie*, 2010 (2), 7-10.
- Hüther, G., & Bonney, H. (2012). *Neues vom Zappelphilipp. ADS verstehen, vorbeugen und behandeln*. Weinheim, Germany: Verlagsgruppe Beltz / Julius Beltz GmbH & Co. KG.
- Hüther, G., & Obländer-Garlichs, F. (2008). Kinder brauchen Gelegenheiten, ihr Verhalten selbst steuern zu lernen [Interview]. *JAKO-O Familienmagazin 2008* (3). Retrieved from http://www.jako-o.lu/Artikel.wv_article+M5b5401765be.0.html
- Hüther, G., Rauschenfels, C., & Tlach-Eickhoff, A. (2012). *Via Nova. Neue Wege im Umgang mit AD(H) S Symptomatik und angrenzenden Ausdrucksformen*. Retrieved October 14, 2012, from http://www.sinn-stiftung.eu/downloads/expose_vianova_31.07.12.pdf
- Hüther, G., & Schaaf, J. (2009, November 1). Supermans Irrweg. Der Hirnforscher Gerald Hüther fordert bessere Vorbilder für Jungs. Dafür aber müssten Männer umdenken [Interview]. *Frankfurter Allgemeine Sonntagszeitung (FAZ)*, p. 51. Retrieved from <http://www.adz-netzwerk.de/Supermans-Irrweg.php>
- Hüther, G., Schmidt, G., Michl, W., Thünemann, K., Bonney, H., Opp, G., ... Schuster, M. (2009). *Via Nova – Neue Wege im Umgang mit ADHS. Das pädagogisch-therapeutische Konzept*. Retrieved June 14, 2010, from http://www.sinn-stiftung.eu/downloads/via-nova_konzept.pdf
- Hüther, G., Schmidt, G., Michl, W., Thünemann, K., Opp, G., Merten, R., ... Rauschenfels, C. (2009). *Das Potential-Entfaltungs-Programm „Via nova“ der SINN-STIFTUNG stärkt Kinder mit AD(H) S-Symptomatik und ermöglicht Heilung*. Retrieved October 23, 2012, from <http://www.win-future.de/downloads/das-potential-entfaltungs-programm-via-nova.pdf>
- Hüther, G., & Tenzer, E. (2010a). ADHS ist die Folge veränderter Sozialerfahrungen. Der Hirnforscher Gerald Hüther entwickelt eine neue Sicht auf die häufigste psychiatrische Erkrankung von Kindern [Interview]. *Psychologie Heute*, 37(3), 12-13.
- Hüther, G., & Tenzer, E. (2010b). ADS ist Folge veränderter sozialer Erfahrungen in modernen Gesellschaften. Der Hirnforscher Gerald Hüther entwickelt eine neue Sicht auf die häufigste psychiatrische Erkrankung von Kindern [Interview]. *Psychologie Heute*, 37(1).
- Hüther, G., & Thimm, K. (2002). Funkstille im Frontalhirn. Der Göttinger Neurologe Gerald Hüther über hyperaktive Kinder, die Verknüpfung von Nerven im Babyhirn und mögliche Langzeitschäden durch das Medikament Ritalin [Interview]. *Der Spiegel*, 2002 (11), 220-222.
- Iris B. (2010). *Unser Leben nach der Alm* [Statement of Florian's mother]. Retrieved October 26, 2012, from <http://www.win-future.de/downloads/unser-leben-nach-der-alm.pdf>
- Kube, D. A., Petersen, M. C., & Palmer, F. B. (2002). Attention-deficit/hyperactivity disorder: Comorbidity and medication use. *Clinical Pediatrics*, 2002 (41), 461-469. doi:10.1177/000992280204100702
- Kummetat, V. (2007). *Bindung und ADHS. Kindliche und elterliche Bindungsrepräsentanzen bei*

- Aufmerksamkeitsdefizit-Hyperaktivitätsstörung* (Doctoral thesis). Universität zu Köln, Köln, Germany. Retrieved from <http://kups.ub.uni-koeln.de/2269/>
- Küpper, T., Haavik, J., Drexler, H., Ramos-Quiroga, J. A., Wermelskirchen, D., Prutz, C., & Schauble, B. (2012). The negative impact of attention-deficit/hyperactivity disorder on occupational health in adults and adolescents. *International Archives of Occupational and Environmental Health*, 85(8), 837-847. doi:10.1007/s00420-012-0794-0
- Läzer, K. L., Neubert, V., & Leuzinger-Bohleber, M. (2010). Wachsen sich ADH-Symptome mit der Zeit aus? Ergebnisse der Nacherhebung der unbehandelten Kontrollgruppe der Frankfurter Präventionsstudie. *Analytische Kinder- und Jugendlichen-Psychotherapie*, 41(4), 558-578.
- Leuzinger-Bohleber, M., Brandl, Y., Hau, S., Aulbach, L., Caruso, B., Einert, K.-M., ... Hüther, G. (2006). Die Frankfurter Präventionsstudie. Zur psychischen und psychosozialen Integration von verhaltensauffälligen Kindern (insbesondere von ADHS) im Kindergartenalter — Ein Arbeitsbericht. In M. Leuzinger-Bohleber, Y. Brandl, & G. Hüther (Eds.), *ADHS - Frühprävention statt Medikalisierung. Theorie, Forschung, Kontroversen* (pp. 238-269). Göttingen, Germany: Vandenhoeck & Ruprecht.
- Leuzinger-Bohleber, M., Brandl, Y., & Hüther, G. (Eds.). (2006). *ADHS — Frühprävention statt Medikalisierung. Theorie, Forschung, Kontroversen* (2nd ed.). Göttingen, Germany: Vandenhoeck & Ruprecht.
- Leuzinger-Bohleber, M., Fischmann, T., Göppel, G., Läzer, K. L., & Waldung, C. (2008). Störungen der frühen Affektregulation: Klinische und extraklinische Annäherungen an ADHS. *Psyche — Z Psychoanal*, 62(7), 621-653.
- Louv, R. (2008). *Last child in the woods: Saving our children from nature-deficit disorder* (2nd updated and expanded ed.). Chapel Hill, NC: Algonquin Books / New York, NY: Workman Publishing Co., Inc.
- Main, M., & Cassidy, J. (1988). Categories of response to reunion with the parent at age 6: Predictable from infant attachment classifications and stable over a 1-month period. *Developmental Psychology*, 24(3), 415-426. doi:10.1037/0012-1649.24.3.415
- Mentzos, S. (1984). *Neurotische Konfliktverarbeitung. Einführung in die psychoanalytische Neurosenlehre unter Berücksichtigung neuer Perspektiven*. Frankfurt am Main, Germany: Fischer Taschenbuch Verlag.
- Metzger, H. G. (2000). *Zwischen Dyade und Triade. Psychoanalytische Familienbeobachtung zur Bedeutung des Vaters im Triangulierungsprozess*. Tübingen, Germany: Edition Diskord.
- MTA Cooperative Group. (1999). A 14-month randomized clinical trial of treatment strategies for attention-deficit/hyperactivity disorder. *Archives of General Psychiatry*, 56(12), 1073-1086. doi:10.1001/archpsyc.56.12.1073
- MTA Cooperative Group. (2004). National Institute of Mental Health multimodal treatment study of ADHD follow-up: 24-month outcomes of treatment strategies for attention-deficit/hyperactivity disorder. *Pediatrics*, 113(4), 754-761.
- National Institute for Health and Clinical Excellence (NICE). (2008). *Attention-deficit/hyperactivity disorder. Diagnosis and management of ADHD in children, young people and adults (NICE clinical guideline 72)*. London, United Kingdom: National Institute for Health and Clinical Excellence (NICE) / National Health Service (NHS). Retrieved from <http://www.nice.org.uk/nicemedia/pdf/CG72NiceGuidelinev3.pdf>
- National Institute of Mental Health (NIMH). (2010, September 23). *Attention-deficit/hyperactivity disorder (ADHD) – medications*. Retrieved October 12, 2010, from <http://www.nimh.nih.gov/health/publications/attention-deficit-hyperactivity-disorder/medications.shtml>
- National Institutes of Health (NIH). (1998). Diagnosis and treatment of attention-deficit/hyperactivity disorder. NIH consensus statement online. (1998, November 16-18). 16(2), 1-37. Retrieved from <http://consensus.nih.gov/1998/1998AttentionDeficitHyperactivityDisorder110html.htm>

- Neraal, T. (2008). Derzeitige Theoriekonzepte. In T. Neraal & M. Wildermuth (Eds.), *ADHS. Symptome verstehen – Beziehungen verändern* (pp. 39-93). Gießen, Germany: Psychosozial-Verlag.
- Neraal, T., & Wildermuth, M. (Eds.). (2008). *ADHS. Symptome verstehen - Beziehungen verändern*. Gießen, Germany: Psychosozial-Verlag.
- Plato. (1921). *Plato in twelve volumes: Theaetetus* (H. N. Fowler, Trans., Vol. XII). London, United Kingdom: William Heinemann, Ltd. & Cambridge, MA: Harvard University Press.
- Plato. (2006). *The republic* (B. Jowett, Trans.). Teddington, United Kingdom: The Echo Library.
- Plato. (2009). *The laws* (B. Jowett, Trans.). Lawrence, KS: Digireads Publishing.
- Purps, S. (2012). *Tabellarischer Lebenslauf: Prof. Dr. Dr. Gerald Hüther*. Retrieved October 21, 2012, from <http://www.gerald-huether.de/wissenschaftlich/lebenslauf-von-prof-dr-gerald-huether/tabellarischer-lebenslauf-von-prof-dr-gerald-huether/index.php>
- Rauschenfels, C. (2010). *Sinn-Stiftung: Medikamente können die Beziehungsebene nicht herstellen. Projekt Via Nova gewährleistet nachhaltige und ganzheitliche Unterstützung bei AD(H)S*. Retrieved October 23, 2012, from http://www.win-future.de/downloads/alm_projekt_presseinfo.pdf
- Röhl, A. (2009, November 19). Nur noch schlucken. Wählt man im Hirn immer die falschen Straßen, werden sie breiter: Eine Polemik gegen den massenhaften Ritalin-Konsum. *junge Welt – Die Tageszeitung*, p. 15. Retrieved from <http://www.jungewelt.de/2009/11-19/003.php>
- RTL Television. (2010). *Nie mehr Zappelphilipp – Therapie in den Alpen* [Broadcast]. Germany: RTL Television.
- Sat.1 Fernsehen. (2010a). *Wie ADHS-Kinder lernen ohne Pillen zu leben (Teil 1)* [Broadcast]. Germany: Pro Sieben / Sat.1 Media Group.
- Sat.1 Fernsehen. (2010b). *Wie ADHS-Kinder lernen ohne Pillen zu leben (Teil 2)* [Broadcast]. Germany: Pro Sieben / Sat.1 Media Group.
- Schier, A. (2012). *Schule unterwegs* [Project website 1996-2012]. Retrieved October 24, 2012, from <http://www.schuleunterwegs.de/>
- Schmidt, H. R. (2010). *Ich lerne wie ein Zombie: Plädoyer für das Abschaffen von ADHS* (2nd ed.). Freiburg, Germany: Centaurus Verlag & Media KG.
- Seidler, E. (2004). „Zappelphilip“ und ADHS. Von der Unart zur Krankheit. *Deutsches Ärzteblatt*, 101(5), 239-243.
- Seitz-Stroh, H. (2004). Unruhe und Ablenkbarkeit durch Beunruhigung? Hyperkinetisches Syndrom (ADHD) und Zeitgeist. *Psychoanalytische Familientherapie*, 5(2), 103-108.
- Shaw, M., Caci, H., Hodgkins, P., Kahle, J., Callamaras, N., & Woods, A. (2011a). Long-term outcomes of ADHD: Global and regional study publication trends. *European Psychiatry*, 2011 (26), 578. doi:10.1016/S0924-9338(11)72285-4
- Shaw, M., Caci, H., Hodgkins, P., Kahle, J., Callamaras, N., & Woods, A. (2011b). Review of studies of ADHD: Long-term outcomes with and without treatment. *European Psychiatry*, 2011 (26), 579. doi:10.1016/S0924-9338(11)72286-6
- Shire plc. (2011). First results of European survey show significant impact of ADHD at school and home, yet parents wait over two years for an ADHD diagnosis [Press release]. Retrieved from http://www.shire.com/shireplc/uploads/press/Shire_LISPressRelease_May2011.pdf
- Sinn-Stiftung. (2010a). Stellungnahme der Sinn-Stiftung zu Via Nova Alm Projekt. *Newsletter*, 2010 (3). Retrieved from <http://www.ads-hilfe.org/zdf-37grad>
- Sinn-Stiftung. (2010b). *Stimmen der Eltern* [Summary of parents' voices]. Retrieved October 26, 2012, from http://www.win-future.de/downloads/via-nova_die-eltern.pdf

- Sperling, E., Massing, A., Reich, G., Georgi, H., & Wöbbe-Mönks, E. (1982). *Die Mehrgenerationen-Familientherapie*. Göttingen, Germany: Vandenhoeck & Ruprecht.
- Sroufe, L. A. (1997). Psychopathology as an outcome of development. *Development and Psychopathology*, 9(2), 251-268. doi:10.1017/S0954579497002046
- Staufenberg, A. M. (2011). *Zur Psychoanalyse der ADHS. Manual und Katamnese*. Frankfurt am Main, Germany: Brandes & Apsel Verlag.
- Steiner, D. M. (2003). Durch einen tiefen Stein: Fahrt durch die ‚Gorges du Verdon‘ in der Provence. *Der Eisbrecher*, 2003 (4), 8-13.
- Steiner, D. M. (2005a, October 5). *Die Baskenlandfahrt — Zu Fuß durch die navarrisch-baskischen Berge der Pyrenées Atlantiques: Spaniens ‚Picos de Europa‘. Die Dokumentation zur Fahrt*. Documentary slide lecture presented at the RSS Mittelrhein, Neuwied am Rhein, Germany [Lecture manuscript, 30 pages].
- Steiner, D. M. (2005b, July 8-10). *Hajk Eireann — Eine dreiwöchige Rucksackwanderung durch Südwest-Irland (1. Preisträger)*. Final project report presented at the meeting of the 2nd DWJ Bundeswettbewerb ‚Junges Wandern‘ 2004 (Preisverleihung), Bad Homburg, Germany. Retrieved from <http://www.jugendwandert.de/wettbewerbsbeitraege/07.htm>
- Steiner, D. M. (2007a). Junge, Junge! Gerade noch mal gut gegangen! Ein Plädoyer für die Jungenarbeit. *Apropos – Pädagogische Zeitschrift*, 2007 (22), 16-17.
- Steiner, D. M. (2007b, April 17). *Zappelphilipp und Quasselliese. Brauchen Jungen eine andere Erziehung als Mädchen?* Public lecture presented at the RSS Mittelrhein, Neuwied am Rhein, Germany. [Lecture manuscript, 23 pages].
- Steiner, D. M. (2010, September 24). *The fidget syndrome. Alternative perspective on attention affecting syndromes*. Academic paper presented at the meeting of the Auckland University of Technology 4th Annual University Postgraduate Symposium 2010, Auckland, Aotearoa New Zealand.
- Steiner, D. M., & Busch-Geertsema, B. (2004). *Hajk Eireann — Zu Fuß durch Irlands Südwesten. Der Film zur Fahrt* [Documentary film]. Germany
- Steiner, D. M., & Busch-Geertsema, B. (2006a, September 10). *Bella Abruzzo — Wanderfahrt der Jugend 2006. Eine kleine Kostprobe unseres sibillinischen Sommers in den italienischen Abruzzen. Die Dokumentation zur Fahrt*. Documentary slide lecture presented at the RSS Mittelrhein, Neuwied am Rhein, Germany [Lecture manuscript, 30 pages].
- Steiner, D. M., & Busch-Geertsema, B. (2006b). *Bella Abruzzo — Wanderfahrt der Jugend 2006. Zu Fuß durch einen sibillinischen Sommer. Teil 2* [Documentary film]. Germany. Retrieved from <http://youtu.be/kFjug8TgFMs>
- Steiner, D. M., & Busch-Geertsema, B. (2006c). *Bella Abruzzo — Wanderfahrt der Jugend 2006. Zu Fuß durch eines der schönsten Gebirge Italiens. Teil 1* [Documentary film]. Germany. Retrieved from <http://youtu.be/hXGCUFarqrs>
- Steiner, D. M., Busch-Geertsema, B., & Nermerich, D. (2007, October 1). *Sommerhajk Åsgård — Zu Fuß durch Norwegens Jotunheimen. Die Dokumentation zur Fahrt*. Documentary slide lecture presented at the RSS Mittelrhein, Neuwied am Rhein, Germany [Lecture manuscript, 30 pages].
- Steiner, D. M., Busch-Geertsema, B., & Stief, L. (2003a, September 25). *Auf Jugendtrek durch Wales — Wanderfahrt durch die Cambrian Mountains. Die Dokumentation zur Fahrt*. Documentary slide lecture presented at the BdP Bipontina e.V., Zweibrücken/Pfalz, Germany [Lecture manuscript, 30 pages].
- Steiner, D. M., Busch-Geertsema, B., & Stief, L. (2003b, November 20). *Wanderfahrt Provence — Zu Fuß durch Südfrankreichs ‚Gorge du Verdon‘. Die Dokumentation zur Fahrt*. Documentary slide lecture presented at the BdP Bipontina e.V., Zweibrücken/Pfalz, Germany [Lecture manuscript, 30 pages].
- Steiner, R. (1975). Between death and rebirth — Lecture two. Given in Berlin, Germany on November

- 20, 1912. (E. H. Goddard & D. S. Osmond, Trans.). In *Between death and rebirth — Ten lectures given in Berlin, Germany between 5th November 1912 and 1st April 1913* (2nd ed.) [GA 141]
- Stolzer, J. M. (2012). The risks associated with stimulant medication use in child and adolescent populations diagnosed with attention-deficit/hyperactivity disorder. *Ethical Human Psychology and Psychiatry*, 14(1), 5-14. doi:10.1891/1559-4343.14.1.5
- Susanne & Horst F. (2010). *Malte nach der Alm* [Statement of Malte's parents]. Retrieved October 26, 2012, from <http://www.ads-hilfe.org/zdf-37grad>
- Tapscott, D. (2009). *Grown up digital. How the net generation is changing your world*. New York, NY: McGraw-Hill Publishing.
- Taylor, A. F., Kuo, F. E., & Sullivan, W. C. (2001). Coping with ADD: The surprising connection to green play settings. *Environment & Behavior*, 33(1), 54-77. doi:10.1177/00139160121972864
- Tenzer, A. (2012). *ADS* [Essay]. Retrieved from <http://www.konzentrationlernen.de/ads>
- The World Bank. (2012). *Population 2011*. Retrieved October 18, 2012, from <http://databank.worldbank.org/databank/download/POP.pdf>
- Traxl, B. (2012, July 17). Modediagnose ADHS und fehlende Beziehungserfahrungen. Beim Verschreiben von Psychostimulantien an Kinder sind mehr Zurückhaltung und Vorsicht geboten [Gastkommentar]. *Der Standard*. Retrieved from <http://derstandard.at/1342139272509/Modediagnose-ADHS-und-fehlende-Beziehungserfahrungen>
- United Nations. (1971). *Convention on psychotropic substances*. Vienna, Austria: United Nations Publications.
- United Nations International Narcotics Control Board. (1996). *Report of the international narcotics control board for 1996* [U.N. Doc. E/INCB/1996/1]. New York, NY: United Nations Publications. Retrieved from http://www.incb.org/incb/annual_report_1996.html
- United Nations International Narcotics Control Board. (2003). *Green list. List of psychotropic substances under international control. Annex to the annual statistical report on psychotropic substances (23rd ed.)* [U.N. Doc. V.03-84569E]. Vienna, Austria: United Nations Publications. Retrieved from <http://www.incb.org/pdf/e/list/green.pdf>
- Volkow, N. D., Wang, G.-J., Fowler, J. S., Gatley, S. J., Logan, J., Ding, Y.-S., ... Pappas, N. (1998). Dopamine transporter occupancies in the human brain induced by therapeutic doses of oral methylphenidate. *American Journal of Psychiatry*, 155(10), 1325-1331.
- von Lüpke, H. (2005). AD(H)S als medizinisches Modell: Auf der Suche nach Halt. In O. Appel & G. Zeitlinger-Brückmann (Eds.), *So geht's! AD(H)S in der Schule* (pp. 21-26). Speyer, Germany: Institut für Schulische Fortbildung und Schulpsychologische Beratung des Landes Rheinland-Pfalz (IFB).
- von Lüpke, H. (2008). Die ADHS-Problematik hat eine lange Geschichte. *International Journal of Prenatal and Perinatal Psychology and Medicine*, 20(1/2), 102-112.
- von Lüpke, H. (2009). AD(H)S und Ritalin. Polarisierung und Positionierung in der pädagogischen Arbeit. *Theorie und Praxis der Sozialpädagogik*, 2009 (9), 31-33.
- Wartner, U. G., Grossmann, K., Fremmer-Bombik, E., & Suess, G. (1994). Attachment patterns at age six in South Germany: Predictability from infancy and implications for preschool behavior. *Child Development*, 65(4), 1014-1027. doi:10.1111/j.1467-8624.1994.tb00799.x
- Wikipedia. (2010). 'DSM-5'. Retrieved October 18, 2010 <http://en.wikipedia.org/wiki/DSM-5>
- Zweites Deutsches Fernsehen. (2010). *Wo die starken Kerle wohnen. Kinder versuchen einen Neuanfang* [Broadcast]. Germany: Zweites Deutsches Fernsehen (ZDF). Retrieved from <http://www.zdf.de/ZDFmediathek/beitrag/video/990790/Wo-die-starken-Kerle-wohnen>