

## From Restlessness to Hyperactivity: Early Environmental Failures

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**Received:** August 01, 2019; **Published:** September 30, 2019

### Abstract

Attention-deficit hyperactivity disorder (ADHD) is currently considered to be the most common psychiatric diagnosis in childhood. Although specialized literature emphasizes the organic cause, we know that its etiology is multi-causal, where environmental failures also play an extremely important role. This work shows the results of a qualitative multi-case study involving 6 children (4 boys and 2 girls) between the ages of 8 and 11, as well as their respective parents and/or grandparents. These children had previously received the psychiatric diagnosis of ADHD, which was confirmed through a thorough diagnostic evaluation that included reviewing files, interviews with parents and children, Vanderbilt symptom questionnaire (parent-teacher version), projective graph tests, diagnostic game time and clinical session reports of psychoanalytic treatment. On this paper I will only review the information corresponding to the restless-hyperactivity element. Results provided evidence to support that the emergence and evolution of symptoms is associated with early environmental failures, i.e. the existence of an unsupportive environment, where a flaw in the maternal role of support is also involved, which as a whole affects a child's psychic structuring and their ability to regulate psychic arousal.

**Keywords:** ADHD; Etiology; Restlessness; Hyperactivity; Environmental Failures

According to the diagnostic classification of mental disorders in both their previous version and the current (American Psychiatric Association (APA), 2002 and 2013 [1,2], ADHD refers to a pattern of persistent behavior characterized by difficulties in attention and maintaining concentration, hyperactivity and impulsivity; to issue this diagnosis it is necessary that the symptoms be manifested in at least 2 environments, there must be clear evidence of development interference and functioning of the individual and usually appears before the age of 12.

According to DSM-5 [2], the disorder can occur in 3 modalities: predominantly inattentive, predominantly hyperactive-impulsive, and mixed. By the degree of intensity it is classified as mild, moderate and severe.

Already delving into the subject of this work, it emphasizes that of the 9 symptoms of the hyperactivity-impulsivity component, 6 allude to restlessness, both in its manifest and internal form:

Often (Frequently)

- Plays with or hits hands or feet or twists in seat.
- He gets up in situations where he is expected to remain seated.
- Runs or climbs in situations where it is not appropriate. (Note: In adolescents or adults, you may be limited to being restless).
- He is unable to play or engage quietly or noiselessly in recreational activities.
- He is "busy", acting as if "driven by an engine" (e.g., unable to be or uncomfortable while stilling for a long time...).

Excessive speech [2].

Beyond the criticisms that can be made of these claims and the difficulty that lies in place (as of) how frequent must the symptom be to be catalogued as such; it emphasizes that, among these symptoms, only one (c) and perhaps also (b) refer specifically to

over-movement. In the rest of the symptoms listed above, motor restlessness is mainly referred to as an external manifestation, being possible to identify the implicit presence of an internal state of unease or dismay, which leads us to consider that restlessness implies for the child a negative element: the lack of stillness.

On the other hand, restlessness and attention are interrelated aspects, since the state of unease or agitation is incompatible with the ability to meet the requirements of the external world. In this regard, it is interesting to note that DSM 5, in the differential diagnostic section, notes that restlessness is also present in anxiety disorder, but is distinguished because in ADHD, both restlessness and inattention, are not associated with either concerns or rumination, a claim that does not seem coherent, as it negates the possibility that children with ADHD may also have their own "concerns", which, because their psychic structure is in construction, they still don't have enough capacity to soothe these concerns, leaving as an alternative its expulsion through motor discharges without control or apparent meaning.

It requires to reflect on the conditions under which, this non-specific restlessness arises, unease that gradually becomes or accompanies the inability to regulate motor discharges, these being the aspect manifest of the concern, that is, the afore mentioned hyperactivity.

Already Winnicott [3] had claimed that unease is inherent to being a boy or a girl, however, when it is excessive it becomes an expression of anguish that by its magnitude the child is incapable of processing. In this way, agitation or unease expresses the imperative need to do something constantly, where anguish represents the effort to control excess internal excitement. According to Winnicott's position [4-6], the origin of restlessness, hyperkinesia and inability to concentrate, is at a very early stage of development and has to do with failure in maternal holding, which produces a break in the continuity of the "remain", and is accompanied by a constant feeling of unpredictability, a lack of meaning in the child's fledgling psychic structure, which interferes with the process of psychological integration.

In Freud's work [7] "Formulations on the two principles of psychic occurrence", we find that the agitation goes back in the child to the lack of satisfaction, which externalizes through motor discharges such as crying, screaming and incessant kicking; usually, it is the mother who, through her loving care, can contain that agitation and give comfort to the baby's frustration<sup>1</sup>. But when gratification takes too long, the child is imprisoned in despair, which

has to do with the emergence of restlessness and intolerance to frustration [8]. Thus, at this early time in life, it is the parents who are responsible for protecting the child against internal and external dangers; in this sense, the control of arousal, reaches the infant from outside. In the extent to which the psychic apparatus is strengthened, under the influence of the economic principle of energy saving, the child will acquire the ability to postpone discharge, an achievement that takes place from the activity of representation, that is, of thought.

As for the negativity of restlessness, denotation of the impossibility of being and/or feeling still, I consider that it embodies the presence of negative narcissism that, within the meanings given by Green [8], in *The Work of the Negative*, "refers us to what has been and is not more", or "something that never came into existence". In this sense, I suggest that the restlessness corresponds to a relentless search for satisfaction, a way to fulfill the lack of love, constant search where the child fails to find the lost and only contributes to further increase the feeling of unfulfillment, hindering the dominance of the excitements coming from both the outside world and the inner world.

In this way, the concern represents a huge expenditure of psychic energy that only achieves substituted, but inverted, the long-awaited gratification. This failure to achieve satisfaction keeps the child overwhelmed by psychic arousal, in a constant state of agitation, which prevents him from achieving control and regulation of his discharges, which to say of Rousillon [9], reflects the lack of a satisfactory underpinning relationship, thus interfering with the child's development.

The work presented here is the product of the information obtained from a qualitative research with multiple cases, in which 6 children between the ages of 8 and 11 participated, as well as their respective parents and/or grandparents; children previously diagnosed with ADHD in various health institutions of Mexico city, the disorder was verified for research purposes, through careful diagnostic evaluation. The data came from a variety of sources: interviews, review of clinical records, implementation of the Vanderbilt NICHQ (National Initiative for Children's Healthcare Quality, 2005) parent-teacher version, projective graph tests, game time and clinical sessions. The results provided evidence to support that the emergence and evolution of symptoms, is associated with an early failure in psychic structuring, which in turn is linked to the failures of an unflattering environment and which includes failure in the maternal function of "holding". On this occasion I will call for

<sup>1</sup>Mother refers to the person who primarily performs whether it's biological care or not.

analyzing the part corresponding to the restlessness-hyperactivity element.

In compliance with the ethical precepts of psychoanalysis, this investigation safeguarded always the dignity, physical and emotional integrity of its participants. Parents signed an agreement consenting to the participation of the children in this investigation, as

well as to the use of their data with scientific intent. This paper abides by the norm of confidentiality and anonymity of its participants. Names have been modified; so has any other information that might give indication of their identity.

**Results**

The following table shows the basic information of the participants:

(Name)	Age	(School Grade)	(School Scores)	Lives with	Position	Prescription.
Gabriel	10	5°	7.9	Mother, maternal Family	Only	No
Alina	8	3°	6 - 7	Parents	Younger (3)	No
Antonio	11	6°	5 - 6	Parents	Younger (2)	Yes (Valproato)
Mariana	10	5°	7 - 8	Parents	Elder (2)	No
Daniel	9	4°	7 - 8	Mother, maternal family	Elder (2)	No
Ariel	8	3°	9.2	Mother, maternal family	Elder (3)	Yes (methylphenida-te)

**Table 1**

I will immediately set out the cases, as a vignette, in relation to the subject before us, and then present some general reflections.

Regarding the reason for consultation, in the 6 cases there are mentioned among other complaints, motor restlessness, a symptom that began to manifest itself early in all children:

**Gabriel**

About Gabriel, his mother expressed "I would like him to be more calm in his behavior". As for the symptoms of agitation during his lactating stage, there is no reference since during the birth his mother was put into a coma induced by severe eclampsia, a state in which she remained for a month, she was subsequently hospitalized for two months for a suicide attempt, after which she went through depression, in this regard she mentions "at that time I abandoned my son a lot, his great-grandmother took care of him". Gabriel was narcissistically wounded as a result of maternal depression; a depressed mother, as Winnicott [5] and Green [10] say, is unable to lavish affection on the baby, does not teach to love because she is inaccessible to the child, who experiences maternal depression as abandonment.

From his time at daycare he was reported, when he was 2 years old, for presenting the first symptoms: he did not speak, refused to control sphincters and did not take naps like the other children. Already in pre-school, his "unease" is reported: he did not remain

seated, nor did he follow instructions, complaints that persisted when he entered primary school. By the time he turns 8, school complaints intensify because of his behavior, as to the saying of the teacher "stands up constantly, is restless, performs the activities reluctantly"; he also sucks his clothes and bites the toys.

Gabriel's psychic structuring, from the beginning of his life, was marked by the sign of fragility arising from narcissistic deficiencies, in the sense of "something that never came into existence". Its unease and hyperactivity mean the necessity of discharging or expelling something that could not be psychically processed: the absence of the maternal holding and the discontinuity in care. In this way, the symptoms represent a substitute satisfaction of the desire to be in the maternal gaze, to be present and to recognize oneself as an object of love.

**Alina**

From the first interview, her mother commented: "she's very restless", school reports state that she is "hyperactive, irritable, aggressive, constantly standing". In the initial interview with her, she highlights her unease: she twists the thread of a toy phone that hangs around her neck, puts it in her mouth and nibbling at it, bites her nails, expressions of anguish that overflows her.

To the saying of her mother, the agitation manifested itself since babyhood: "she was very squeaky, she squealed day and night, I

could not calm her"; however, hyperactivity appears until she entered primary school.

Alina's pregnancy caught parents off guard, her mother narrates that when she was born she was "very concerned about the financial situation", "I wondered why I got pregnant, why was she born?", after the birth the mother was diagnosed with postpartum depression "all the time I felt very weird, like", with a deep concern that did not abandon her: "I was crying all the time while breastfeeding or caring for her". We note that Alina's mother offers her all the necessary care, but not narcissistically endow her, only impregnates her with her bitter tears of concern, lavishes a care I call "distortion of primary maternal concern". Since she is absent, immersed in their own concerns, without being able to libidinize the motherhood, without assuming in the auxiliary, protective, sustaining self of Alina; she responds by crying day and night without finding calm.

Eventually the mother recovered and was able to repair in some way the relationship, trying to avoid any frustration or experience of dissatisfaction in Alina. Subsequently a debacle occurred that put the family in a very precarious economic situation, the mother falls back into deep concerns, which break the girl's fragile psychic stability. After the economic collapse, the mother must be employed; Alina was left under the care of her older sister, who was 13 years old. She narrates "I could not control her, she did not obey me, so she better let her do what she wanted"; when Alina was a baby she wept uncontrollably, in the same sense, her subsequent unease tells us of her internal and external uncontrollability, which in turn represents the chaos in which the whole family dived. Especially that she re-experiences the loss of protection of her love object, as the mother is engrossed in her own bereavement and perplexity and cannot sustain it.

In addition to the above, Alina lives the experience of rejection in school, which influences the reappearing of unease: feeling that she cannot be anywhere. The school reports her for her behavior and restlessness, she loses concentration; does not finish tasks, her work is dirty, she constantly gets out of place, bites her nails; they can't control her. She is changed from one classroom to another, and ultimately being allowed to stay in school only if medicated.

In Alina we see the effect of the anguish of the collapse, where everything was apparently well and one day no longer happened. This affected the integration of the destructive impulses with the loving impulses, which hinders the self-control, thus, hyperactivity means a mere discharge of arousal, something that remains unbound.

## Antonio

Antonio's inner agitation was palpable from our first encounter, with his runaway gaze, constantly moving, stereotypically moving feet and hands, giving the impression of clapping forward and above his head. He didn't stop stirring in the chair, his father rebuked him and commented "he's very restless". School reports state that he presents, among other things: "excessive motor restlessness, restlessness, always moving".

According to the parents, Antonio's agitation has been present since his first days of birth, because his birth was hypoxic and then, at 2 months of age, he suffered from fever seizures. Her mother recounts that from then on, she has been constantly concerned about him, because after his difficult encounter with the world, she had to return to work and at the same time take care of the child, going back and forth to the hospital and to early stimulation. In this sense, Antonio's agitation resonates with a family environment tinged with over-maternal concern and parental disappointment, because he was not the wonderful child expected.

For Antonio the beginning of life was characterized by insufficiency. There was a lack of oxygen, but also a narcissistic insufficiency; lovingly speaking, the nutrient parents were missing. On the other hand, due to work his mother was absent too long, and when she was present her concern prevailed; on the other hand, the father did not commit himself to raising his son; in this way, there was no one who could give him the comfort necessary to soothe his suffering, which resulted in his lack of ability to regulate excess internal arousal, an aspect that would be evident when he entered kindergarten, where they began to recording the first reports of his motor restlessness, to the words of his father, "let him do what he wanted" because they could not control him.

This situation was aggravated during the basic school, where they could not control it either, in addition to their internal feeling of disassembly, the motor restlessness intensified, the parents commented:

"They labeled him lazy, someone who didn't want to work, crawled under the tables, let him do what he wanted, and approved schoolyear whether he knew or not". "Now he's restless, but at least he doesn't crawl around the room anymore".

In Antonio's saying, his concern is because "I get bored easily", he doesn't like to do school activities and is distracted thinking of different trivialities, "even a teacher labeled me an astronaut, because she says I'm always in the outer space". His narration suggests-

ts that there is no interest placed in the outside world, but a retreat into his own inner world, trying to find there the lack of narcissistic satisfaction suffered from his first days of birth.

Green [8] suggests that when both parents are involved in the narcissistic wound, the child's psychic structure is made more vulnerable, from which it is very difficult to recover; this vulnerability makes it difficult to properly regulate motor skills, appearing the meaningless motor discharge so characteristic of hyperactivity.

### Mariana

From the first contacts with Mariana, I observe her restlessness, she speaks quickly and jumps from one topic to another, she laughs constantly; while I apply the tools to gather information she rolls on the floor, flips and constantly interrupts the activity to play with the objects that are under the table or repeatedly throws rubber and pencil upwards, to then catch them; in this fashion, a drawing that is usually done in a maximum of 10 minutes, took an entire session.

About Mariana her mother said: "she was very restless since she was little, at 4 months she no longer slept during the day", "with her everything is frustrating, I despair a lot"; in the first few months, when her dad carried her "she cried loudly".

After a very complicated pregnancy and delivery, the mother narrates that at her birth, "more than joy, I was very worried..., I was sad that I could not touch or see her..., everything was very stressful...; but then, when I was already allowed to see her, she wouldn't see me, she turned around the other way, I think since then we can't get along".

The childcare of the child represented a thorny task

"I suffered a severe postpartum depression, I don't think I ever healed, was diagnosed with chronic depression and I took several antidepressants..., I was barely discharged about 3 years ago. All that time I was very aggressive with the girl, yelled at her a lot and said things".

We note in this case, that in addition to vulnerability in the biological aspect, Mariana faced homelessness practically from birth, anguish arising from maternal depression. Since cold, delightless physical care was provided, devoid of pleasure, resulting in a narcissistic wound that hindered the integration of the psychic structure [10].

Later in her development, Mariana failed to gain control of the sphincter when her mother tried to establish it, as a result, in addition

to the yelling, she beat her. A condition of abuse that will continue all the time; during preschool she also begins to be harassed by her peers. Besides, at that time, she becomes a forgotten girl, her mother comments that she was very depressed due to the death of her father (maternal grandfather), so much so that "I sidestepped Mariana, I avoided her". Soon after she was pregnant again: "It was very stressful, I forgot my daughter, and I neglected her a lot and I pulled emotionally away from her". Faced with such experiences, Mariana first responds with enuresis, and then the difficulties appear in the school field, with continuous reports that she did not work, frequently stood up, did not finish tasks and had a very bad relationship with her peers. At first, her mother helped her with the tasks, but as she became too frustrated, the insults, beatings and punishments intensified.

In this case, we can observe the harmful effect of maternal depression [10], where the girl is not in the interest of the mother. Mariana cannot make sense of what has occurred, generating a deep narcissistic wound that threatens psychic integration. The failure of maternal and environmental function, Winnicott tells us [4,5] hinders the integration process, undermines the feeling of self-confidence (in oneself) and in the environment, aspects that interfere with the ability to develop self-control, compromise relating with others and promote the emergence of symptoms such as hyperactivity, apathy, difficulty in attending.

### Daniel

Daniel represents a case where the attention deficit predominates, he is not a child who expresses motor concern, it remains internally as unease. In the interview her mother mentions that as a baby, "the hardest part was sleep, he slept by day and stayed up all night", "he suffered to leave the bottle, cried a lot"; neither did he "want to leave the diaper", and he achieved sphincter control after the age of 4.

Since she returned to work very soon, she only cared for him at night, by day it was the maternal grandmother who took care of the upbringing; she became pregnant again when Daniel was 5 months old, which is why Grandma assumed the entire upbringing of the child, being her who he recognized as a mother.

It is possible to identify that the first symptom of the restlessness has to do with the disturbance of sleep, manifestation of a stirring, of an helplessness that seems to respond to the maternal impossibility to perform the function of protection and para excitation.

On the other hand, since the mother's delivering of the child to the grandmother, she cares for him as "His majesty the baby", nothing should frustrate or disturb him, everything was given to him, even before the baby requested it. Hence for Daniel, resignation was a very complicated aspect of achieving, remaining fixed to the constant pursuit of pleasure. So, while he had to resign himself and acquire control of sphincters, Daniel himself comments that he constantly wants to go to the bathroom "I feel like cravings", in which form he refers to his feeling of constant disaffection.

His mother acknowledges that both she and his father did not assume their role as parents "it was as if we were playing the little household, we did not take responsibility as it should have been". The father left the house, the grandparents became the parents of the child and she became a diffuse image between sister, mother and provider father. As to the saying of Castoriadis-Aulagnier [11] and Green [8], the lack of commitment and parental interest, generates a great risk in the autonomy of the child. Here we see that Daniel persists in a childish pre-oedipal attachment bond to the figure of the grandmother. In such a way that one of the most disadvantaged aspects has been the ability to take an interest in the outside world, which explains his disinterest and consequent inattention in school matters, since as Janin [12] suggests, attending involves the decentralizing of oneself, the renunciation of an egocentric state.

### Ariel

In the plea expressed by his grandmother, it's found: "the child is very restless both at school and at home", in addition, he often has dreams of anguish, constantly rises from his place and moves his legs incessantly. He has been medicated for over a year, but restlessness and anxiety are reported to persist.

For her part, the mother reported "from a young age he was very restless, I thought he was clumsy because he fell so much".

Grandma says the reports about his difficulties began when he entered the nursery, "he didn't adapt, he cried a lot and didn't want to go", when he was in preschool, complaints were issued because he constantly got out of place, did what he wanted, walked out of the room. His motor concern problems continued in grade school.

From the perspective of his grandmother, his birth was only a happy event for the grandparents. His mother "did not receive him with emotion, since she received him as a burden, she was not very demonstrative of affection, she loves him if you will, but she has not been very demonstrative". When he was born, the grandpa-

rents supported Ariel's mother in his upbringing, but little by little all the responsibility fell to them, she says:

- She [the mother] was very cold with the child, she was neither patient nor affectionate, he was very weeping, he slept by day and at night cried, she was very desperate and angry because the child cried, then she asked me for help, I carried him on the shawl and took him out for a walk... Her care was not good.

From an early age, as Freud [13] pointed out, Ariel expresses his lack of satisfaction through motor discharges of crying, we notice that he suffers lovelessness since the first days of birth, protection comes from Grandma's hand, while his mother is rejecting and unprotective. On his mother's side there is no adequate response to the infant's demands, Ariel's crying and agitation tell his mother of a body that does not go into calm, yet she responds with despair and anger, a scene that reflects the lack of mutual pleasure, between the mother's psyche and the baby's body, disengagement takes place, where the mother fails in her role as an "auxiliary self" promoter of integration.

- While the mother did breastfeed the child for a while, it gives the impression that her care was an "ice-cold care", a cold breastfeeding where the primordial bath of words and looks was absent. So, we have that Ariel continues to cry until he entered the nursery, agitation that became motor restlessness once he found himself in preschool.
- It happened that at the age of 2 his mother went physically absent and when she returned home, two years later, she was pregnant with the child of another man. At that time, Ariel remained under the care of the grandparents, but the separation of the mother and then her returned triggered or rather relived, the anguish of helplessness, which intervenes in that since then he presents anguished dreams where some "zombies" appear.

### Conclusion

While it is not possible to generalize the findings of this research, they do inform that the symptomatology of children diagnosed with ADHD, begins very early in their life; first manifested in symptoms of agitation or unease, which then evolves into other symptoms, for later, either in preschool or early years of primary school, to develop through hyperactivity.

In all cases involved and by various circumstances, environmental failures, where an environment of both material and emotional deficiencies prevailed. It is observed in all cases a failure in the function of propping up or breast maternal support, so that the child did not find sufficient protection in the maternal image, aspect that involves an experience of affective disengagement, which jeopardizes the child's psychic structure. Some children were rescued by surrogate figures such as grandparents, uncles or great grandparents, but as Green points out [10], the negative of the object is more real than the positive of any substitute.

In this regard, Gabriel and Mariana resented the destructive effects of the relationship with a depressed mother. Daniel and Ariel correspond to the resignation of the mother, the first delivered to the grandmother who overstimulated him and placed him at the center of her life. In Ariel's case the flaw derives from the care of a "cold core" mother, dispenser of an icy love that opposes care where affective warmth should prevail [8,9].

In the cases of Alina and Antonio, what I call a "distortion of primary maternal concern" occurred, mothers who, being absorbed in their own concerns, provide care devoid of pleasure.

Maternal failure either from care lavished by a depressed and therefore emotionally absent mother, or from a "distortion of primary maternal concern", basically leads to disinterest in the child, lack of responses to the child spontaneous gesture, where the baby's needs are not understood and its rhythms are not respected. In the face of this loss of meaning, the infant unsuccessfully defends himself with responses of weeping and agitation, which these mothers could not contain, conditions that later evolved into the disorganized, meaningless movement.

In the event of this lack of containment and initial response, children are devoid of the ability to regulate the discharge of arousal and postpone the satisfaction of their desires. To paraphrase Rousillon [9], I would say that hyperactivity, as an act of unloading, is intended to "make the other feel" or "make live", that which the child cannot represent, but which was printed on his body. In this way, the hyperactivity and impulsivity are acts in search of meaning, and point towards the "reliving of childhood experiences marked by the absence of maternal responses and the disqualification of their needs" (p.195). The whole set of symptoms suggests a picture where uncontrolled motor skills expresses attempt to craft the eruption of excess psychic arousal, debate of psychism amongst containing – unloading [8].

It emphasizes that hyperactivity intensifies in the early years of primary school and then fades to give way to impulsivity and signs of internal restlessness, of unease, which seems to represent a circle where it returns to the origin. This situation manifests itself mainly at this stage, partly because school is a stage of repetition where the child, as at home, is a forgotten, helpless and stigmatized character. The needs of the child are also met with indifference or with violence.

I wanted to draw attention to the relationship between restlessness and failures in the environment that includes maternal function, because within the psychiatric posture, it is denied that there is an etiological relationship between these two aspects; of course it is not the only etiological factor, we know that it is a multiterminated disorder, but this is a factor of utmost relevance, that on this occasion, due to space constraints, I have only analyzed this component.

I consider it necessary to emphasize the commitment to raising and educating children, I mean the family, school and social context, since, from the psychiatric stance, psychoanalysis was criticized for "exaggerating parental responsibility for the emergence of pathologies". Eisenberg [14] commented that by establishing the diagnosis of ADHD they helped parents feel liberated from responsibility, and because of this, the drug became so accepted; in this way a psychosocial problem, i.e. with responsibilities in the environment, became a disorder conditioned inside the child, where biology is solely responsible.

In account of this situation, there was intense controversy over the existence or not of ADHD, where children have no voice, becoming invisible characters again. The stories of these 6 children have shown us that ADHD is a very complex problem, which requires interdisciplinary intervention on a larger scale where the medicine is adjuvant but cannot be the only treatment viable for ADHD.

Far from any controversy excluding the child, the best treatment will not be one that disdains its future and the role it plays within the social and family scene. Of course, there are cases that by their severity impose the prescription of medicines, but it is necessary to leave behind the ideological and economic interests, to work for the benefit of the mental health of minors; establish appropriate diagnostic procedures, which might allow us to understand the child's suffering, as well as generate prevention and treatment programs from various alternatives, involving both the child and the parents and the school, this is the ideal way to break the circle of stigmatization, to which these children are subjected.

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**Volume 2 Issue 10 October 2019**

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