

Victimhood Is a Disease: Why Labels and Bans Harm Children



By *Jamie Wells, M.D.* — December 20, 2018



Credit: Pixabay [1]

It might be time for a pendulum shift if we hope to embolden today's children with resilience. There doesn't seem to be a week that goes by where the headlines don't cry out for immediate escalation like banning any item or occurrence deemed even marginally unpleasant (eg [Disney Princesses](#) [2], [calling police on kids for selling cookies](#) [3]). The word *trauma* is spewed so readily by the most minor of experiences, not even actual offenses, that its meaning is morphing to be a badge of honor - like a club most want to join.

What's the big deal? There is a dilutional effect on those sustaining actual trauma which diminishes and diverts resources, marginalizes profound suffering and protracts healing. And victimhood is becoming a systemic disease. When children never fall, let alone don't learn how to rise after a fall, solve their own problems, become self-reliant, garner confidence and belief in themselves or face the messy, they struggle in adulthood. It is then that the stakes get much higher (e.g. depression, substance abuse, suicide).

When I was a child, society was on the opposite end of the spectrum where any label whatsoever was considered a sign of weakness and could adversely impact a child - in school, sports etc. There was even a rampant notion a diagnosis from asthma to anxiety written on a school form could follow someone for life in some negative way. Parents were reticent to have such things documented. For obvious reasons, this extreme could do meaningful harm as secrets are just as shaming and riddled with untoward effects.

Fortunately, the need for change was identified. But, like many well-intended movements we have arrived at the overcorrection stage when more harm than good is being amplified.

Throughout my many years in pediatric practice in New York City, schools generated form after form that required a “doctor’s signature.” No doctor, as far I as I am aware, ever played any role in the creation of these label and excuse documents. Their existence is a malady in itself intent on merely shifting liability. Because, in reality, the prescription pad is enough.

Those most at the source of unnecessary drama and strife were the ones that permitted unlimited time for educational testing. This is not something that can often be readily ascertained in a single, brief office visit anyway. In our ever competitive world, these were highly coveted and seen as an opportunity to give a child a leg up throughout their entire academic career and any diagnosis would do. Requests just to make up something were not uncommon. Like most well-meaning policies, these were not intended for giving a student an edge over another student. But, there will always be those who try to game the system. And the word “no” along with explanations for *why* merely suck up more office time - yet again diverting resources away from more pressing issues. All the while the children in this mix learn very poor lessons in coping, get short-changed and mimic parental behavior.

You see, those who really require unlimited time during standardized tests and the like are rarely if ever the ones who ask for such a form. The children with significant conditions demonstrate their needs throughout the year, not just the hour before the big exam. And those with more subtle but substantive learning issues who genuinely require such assistance tend either not to want to be singled out or actively desire to perform important neuropsychological testing that may be lengthy so they can more accurately assess their individual challenges and optimize necessary modifications. The parents with authentic concerns have no resistance to a comprehensive assessment or the gathering of supportive materials to determine if their child truly could benefit from such an accommodation.

Where these policies, thankfully, buoy those they were meant to protect, they also cripple those endeavoring to exploit them.

Examples are everywhere. Camps won’t accept care packages because they don’t want kids to have more than other kids depriving them of invaluable life lessons in managing rejection and disappointment. Early intervention programs that provide physical, occupational and speech therapy services for free were originally intended for extreme premature infants to help them catch up with peers or those with medical consequences of a traumatic birth, for example. There are many who attempt to find loopholes in this arena so their child can clap or jump better, when this inability to clap perfectly might be why they develop other extraordinary talents.

Our current addiction to labeling and banning is a misguided approach that gives power to the wrong traits. Those that won’t encourage inevitably becoming a well-adjusted, adaptable adult who can weather the various storms to come.

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[1] <https://pixabay.com/en/road-start-children-s-future-world-3491349/>

[2] <https://www.acsh.org/news/2018/10/19/sanitizing-childhood-adversity-chips-away-resilience-13534>

[3] <https://www.acsh.org/news/2018/08/07/neighbors-calling-cops-kid-selling-cookies-speaks-bigger-societal-ail-13282>