

As a specialist in ADD for nearly thirty years, I, Ned, have seen many couples who were on the brink of divorce preserve their marriage through understanding and treating ADD. Untreated ADD can be devastating. But, with proper treatment, everything can change.

I have written books on ADD, which I will not recap here. If you want to learn more, I urge you to read Delivered from Distraction, my most recent book on ADD in adults (written with John Ratey). But to help you determine if it would be worthwhile for you to look into the possibility that you or your spouse might have ADD, here is a quick summary of the salient characteristics of the condition, *& everyone*

has a different Mix.

1. Unexplained underachievement. Adults who have ADD typically achieve inconsistently. Some days they are brilliant. Other days they are the opposite. Like Joel, they exasperate people because they seem to be wasting their talent for no good reason. The pattern leads bosses and spouses to believe they are not trying hard enough on those days when they perform poorly. But it is not a matter of effort. The inconsistency in performance results from inconsistency of mental focus, which in turns results from genetics, from how they are wired.
2. Easy distractibility, coupled with an ability to hyperfocus, like a laser beam, at times. This is the hallmark symptom of ADD. The person inadvertently, unintentionally tunes out in the middle of a page or a conversation. The mind does not go empty, it goes elsewhere. Attention deficit is a misnomer. It is attention wandering. The ADD mind is like a toddler on a picnic. It goes where curiosity leads it, regardless of danger, rules, or the expectations of other people. When it finds an object of interest, it focuses intently. It just may not be where it is "supposed" to focus.
3. Trouble with time management. People with ADD have a different sense of time from other people. In the world of ADD, there are only two times: *now* and *not now*. As a result, the person with ADD procrastinates, putting things off until the last minute. At the last minute, not now becomes now. Then, in a panic, the person swings into action. Inadvertently, he uses his panic as self-medication, because when you panic, you secrete

for "overwhelm" see ADD Friendly Ways
To Organize Your Life - Madman, R.

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adrenaline, which is chemically similar to the stimulant medications (such as Ritalin, Concerta, Adderall, Vyvanse, and Dexedrine) that we use to treat ADD. Adrenaline is like nature's own stimulant medication.

4. Tendency to be impulsive and creative. People with ADD often act first, think later. This can get them into all sorts of trouble. However, this impulsivity has an upside: creativity. You cannot be creative if you are not somewhat spontaneous and disinhibited, which is to say, impulsive. You cannot plan to have a creative idea and say to yourself, "It's ten a.m., time for my creative thought," then lay it like an egg. No, creative thoughts come unbidden. They are often intrusive and distracting. You can see why ADD and creativity go hand in hand.
5. Search for high stimulation. People with ADD *hate* to be bored. No one likes to be bored, but for a person with ADD, boredom is like an intense muscle cramp. It must immediately be relieved. So, people with ADD look for situations that are high on stimulation and low on routine. They tend to go into such fields as criminal law, surgery, car racing, acting, cowboy-ing, news reporting, entrepreneurial ventures, trading on the commodities exchanges, flying airplanes, sales, bull riding... anything that is highly engaging, leaves lots of room for independence, is unpredictable, includes a dash of danger, and allows the person to feel free.
6. An insistence on being free. Tendency to be resolutely independent.
7. Tendency to be impatient. Cut to the chase. Get to the bottom line. A romantic conversation with an adult who has ADD can go like this: "Okay, so you love me, now what's your next point?" People with ADD have a difficult time lingering over anything, even if the subject is something pleasant, such as being loved.
8. Tendency to be stubborn. Tendency to want to do whatever it is your way. When all else fails, the person with ADD *might* read the directions.
9. Problems with organization, planning, prioritizing, and acting

in a logical sequence of steps. The ADD person's desk, office, bedroom, or car often looks as if a tornado just passed through. Often the least important detail gets the most attention, while the most important task gets overlooked altogether (think of Joel leaving his car running). Plans get made but get changed in a heartbeat. To people with ADD a plan feels more like an encumbrance than an aid (even though when they follow a plan, they often feel greatly relieved). One of the many paradoxes in the world of ADD is that people with ADD do far better when they have structure, but they resist it as if it were going to imprison them.

10. Tendency to self-medicate with alcohol or other drugs, or with compulsive activities such as gambling, sex, spending, eating, or the newest addiction, electronics. A large percentage of people who have substance-abuse issues, or use other forms of self-medication, have untreated ADD. If they can get diagnosed and put on the right medication, i.e., a prescribed stimulant, then it becomes far easier for them to give up their drug or activity of abuse.

11. Mood instability. People with ADD have labile moods, which is to say their moods can change rapidly and without apparent cause. This is different from the oceanic, cycling mood shifts seen in bipolar disorder.

12. Tendency to worry needlessly. People with ADD often search for something to worry about. It is never hard to find something to worry about in any person's life. Once the target of worry is found, the person with ADD hyperfocuses on it and can't let go of it. It becomes an organizing principle. What the person is really looking for is focus. Nothing is more riveting than pain, and worry is mental pain. Unwittingly, the individual is using worry as a painful form of self-medication.

13. Problems with self-esteem. By the time the person with ADD becomes an adult, he or she has usually dealt with so many disappointments, so much inconsistent performance, so many reprimands and lectures to do better, that he or she feels defective, less than, and fundamentally flawed. This is one of the most tenacious and difficult to reverse of all the symptoms of

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- adult ADD. However, with treatment, most such adults can begin to cobble together a more positive sense of who they are.
14. High energy. Most adults with ADD have a lot of energy. They may not be hyperactive, physically, at all. But they usually have a great deal of mental, if not physical, energy.
 15. Intuitive. People with ADD seem to have a sixth sense, an uncanny ability to see into problems and people. They have a knack for solving problems in business, science, interpersonal relations, or any other domain in which intuition can play a prominent role.
 16. Sensitive. Goes along with intuitive. Adults with ADD tend to feel what others are feeling (when they are focused!). They can also easily be hurt, so they tend to cover their sensitivity.
 17. Generous and bighearted. Often they are so generous, they have trouble looking out for their self-interest.
 18. Trouble listening and following sequential instructions.
 19. Tendency to have many projects going simultaneously, trouble with follow-through. Adults with ADD love beginnings. Middle tend to get boring.
 20. Often a family history of ADD or genetically related conditions such as depression, bipolar disorder, substance abuse, disorders of impulse control, or anxiety disorders.
 21. Coexisting conditions. Depression, anxiety, learning problems such as dyslexia, substance abuse, post-traumatic stress disorder, and other conditions often coexist with adult ADD. More often than not, treating the ADD greatly reduces, if not eliminates, these other conditions.
 22. Life problems. Until the ADD gets diagnosed and treated, these adults tend to have trouble holding on to a job, staying in a marriage or other relationship, keeping up with friends, and following through on obligations. They are also accident-prone and have many more automobile accidents than the average person.
 23. Various incidental findings. These are more common in adults with ADD than in the general population, but none may be present in a given adult with ADD. They include left-handedness or mixed dominance (which means you do some

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tasks with one hand, other tasks with the other hand); childhood history of bed-wetting; thyroid dysfunction; childhood history of many ear infections; migraine; allergies.

If you or your spouse see yourself in the traits listed above, then run, don't walk, to get help. This diagnosis could save your marriage, save your career, literally even save your life.

Read *Delivered from Distraction*, or some other book that teaches you about ADD in adults. Learn all you can about adult ADD. Get treatment from a professional who understands the condition and won't just give you a medication, as if that were all that was needed. The treatment should include education, identification of your talents and strengths, counseling to help you make sense of the diagnosis and explore the many emotions the diagnosis brings up, lifestyle changes, coaching to help you get organized and develop a new game plan for your marriage and career, and other interventions all tailored to bring out the best in you.

For couples, often simply seeing the marriage and its problems through the lens of ADD provides major relief. Let's say Joel, in the example above, gets diagnosed with ADD. Once both Mary and Joel learn about ADD, their dialogue could go like this:

MARY: This is so hard to believe. Why didn't someone tell us about this sooner?

JOEL: I know. I've had this undiagnosed condition all my life. It's cost me jobs, and it almost cost me you.

MARY: It's just amazing. I feel so guilty.

JOEL: It's not your fault. I don't blame you at all.

MARY: But the misery we've gone through, just because no one made the right diagnosis.

JOEL: I know. But now we know what's going on. Life ought to improve a lot. I feel a lot better just knowing I'm not, you know, a bad person.

MARY: You're a wonderful person. And now the wonderfulness can come out.

JOEL: And I won't leave the car running in the driveway.

MARY: (Laughing) I know, can you believe that?