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Scattered Minds: A New Look At The Origins And Healing Of Attention Deficit Disorder

by Gabor Mate M.D.

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232 Highlights

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Neuroscience has established that the human brain is not programmed by biological heredity alone, that its circuits are shaped by what happens after the infant enters the world, and even while it is in the uterus.

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doctor in Ontario gave the father of a nine-year-old girl with attention deficit disorder a dramatically apt analogy. Imagine, he said, you're standing in the middle of a really crowded room. Everyone around you is talking. Suddenly someone asks, you, "What did so-and-so just say?" That's what it's like inside the ADD brain and how it is for your child.

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Medicine tells us as much about the meaningful performance of healing, suffering, and dying as chemical analysis tells us about the aesthetic value of pottery. —IVAN ILLICH, *Limits to Medicine*

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Never at rest, the mind of the ADD adult flits about like some deranged bird that can light here or there for a while but is perched nowhere long enough to make a home.

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The shock of self-recognition many adults experience on learning about ADD is both exhilarating and painful. It gives coherence, for the first time, to humiliations and failures, to plans unfulfilled and promises unkept, to gusts of manic enthusiasm that consume themselves in their own mad dance, leaving emotional debris in their wake, to the seemingly limitless disorganization of activities, of brain, car, desk, room.

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Beyond everything, recognition revealed the reason for my lifelong sense of somehow never approaching my potential in terms of self-expression and self-definition—the ADD adult's awareness that he has talents or insights or some undefinable positive quality he could perhaps connect with if the wires weren't crossed.

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life, like that of many an adult with ADD, resembled a juggling act from the old Ed Sullivan show: a man spins plates, each balanced on a stick. He keeps adding more and more sticks and plates, running back and forth frantically between them as each stick, increasingly unsteady, threatens to topple over. He could keep this up only for so long before the sticks tottered and the plates began to shatter, or he himself collapsed.

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Even if in many cases medications do help, the healing ADD calls for is not a process of recovery from some illness. It is a process of becoming whole—which, it so happens, is the original sense of the word healing.

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The DSM speaks the language of signs because the worldview of conventional medicine is unfamiliar with the language of the heart.

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ADD has much to do with pain, present in every one of the adults and children who have come to me for assessment. The deep emotional hurt they carry is telegraphed by the downcast, averted eyes, the rapid, discontinuous flow of speech, the tense body postures, the tapping feet and fidgety hands and by the nervous, self-deprecating humor.

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At times I have wished that the “experts” and media pundits who deny the existence of attention deficit disorder could meet only a few of the severely affected adults who have sought my help. These men and women, in their thirties, forties and fifties, have never been able to maintain any sort of a long-term job or profession.

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Their moods fly back and forth from lethargy and dejection to agitation. The creative talents they have been blessed with have not been pursued. They are intensely frustrated at what they perceive as their failures. Their self-esteem is lost in some deep well. Most often they are firm in the conviction that their problems are the result of a basic, incorrigible flaw in their personalities.

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This absence of mind is one cause of the distractibility and short attention spans that bedevil the adult or child with ADD, except around activities of high interest and motivation.

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You never feel you can master the confused mess of books, papers, magazines, pieces of clothing, compact disks, letters to be answered and sundry other objects—you only shift portions of the chaos from one place to another.

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Passive attention permits the mind to cruise on automatic without requiring the brain to expend effortful energy. Active attention, the mind fully engaged and the brain performing work, is mustered only in special circumstances of high motivation.

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What can be immobilizingly difficult is to arouse the brain's motivational apparatus in the absence of personal interest.

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ADD is situational: in the same individual its expression may vary greatly from one circumstance to another. There are certain classes, for example, in which the ADD child may perform remarkably well, while in others she is scattered, unproductive and perhaps disruptive.

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The adult or child with ADD can barely restrain himself from interrupting others, finds it a torture waiting his turn in all manner of activities and will often act or speak impulsively as if forethought did not exist.

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Hyperactivity is the third salient characteristic of ADD. Classically, it is expressed by trouble keeping physically still, but it may also be present in forms not readily obvious to the observer. Some fidgetiness will likely be apparent—toes or fingers tapping, thighs pumping, nails being chewed, teeth biting the inside of the mouth. The hyperactivity may also take the form of excessive talking.

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The individual with ADD experiences the mind as a perpetual-motion machine. An intense aversion to boredom, an abhorrence of it, takes hold as soon as there is no ready focus of activity, distraction or attention. An unremitting lack of stillness is felt internally—a constant background static in the brain, a ceaseless “white noise,” as Dr. John Ratey, a Harvard psychiatrist, has put

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I, for one, have rarely had a moment's relaxation without the immediate and troubling feeling that I ought to be doing something else instead.

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The restlessness coexists with long periods of procrastination. The threat of failure or the promise of reward has to be immediate for the motivation apparatus to be turned on. Without the rousing adrenaline rush of racing against time, inertia prevails.

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An adult with ADD looks back on his life to see countless plans never fully realized and intentions unfulfilled. "I am a person of permanent potential," one patient said. Surges of initial enthusiasm quickly ebb.

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Social skills are also an issue. Something about ADD hinders the capacity to recognize interpersonal boundaries.

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Children with ADD frequently act the part of the class clown.

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The emotional states of adults with attention deficit disorder also go through rapid and unpredictable up and down swings. Good days and bad days alternate without apparent reason. The common theme on all days, good or bad, is a gnawing sense of having missed out on something important in life.

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self-pitying adults too immature to face life's demands.

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We are not helpless in the face of ADD, so on the personal level an attempt to shift the responsibility for negative behaviors onto brain circuits is unhelpful. It locks a person into victimhood. Regardless how sound neurophysiological explanations may be, no one's children, spouse, friends or co-workers should have to accept her right to disrespect or hurt them. Learning about the psychological and biological mechanisms of ADD gives a map to the self—but only a map, no more. Although people lacking it are left with little more than a discouraging sense of their failures, the map is not to be confused with the journey. It is still up to the individual to plot the course.

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Environment does not cause ADD any more than genes cause ADD. What happens is that if certain genetic material meets a certain environment, ADD may result. Without that genetic material, no ADD. Without that environment, no ADD. The formative environment is the family of origin.

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Children are a great incentive and impetus for parents to learn about themselves, about each other and about life itself. Unfortunately, much of the learning may occur at their expense.

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There was also what I call the “weekend despair” of the driven personality. On Saturday mornings, there would be a crash. I was enveloped in a kind of enervated lethargy, hiding behind a book or a newspaper or staring morosely out the window. I was not only fatigued from the whirlwind week, but I did not know what to do with myself. Without the weekday adrenaline rush, I felt a lack of focus, purpose, energy. I was depleted and irritable, neither active nor able to rest.

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ADD is not a problem of knowing what to do; it is a problem of doing what you know. —RUSSELL A. BARKLEY, PH.D., “Improved Delayed Responding”

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at 9:00 a.m., but as long as it is not yet nine, I fully believe I have time enough. I am scheduled to attend ward rounds with nurses and other physicians at Vancouver Hospital. At 8:50 I leap into the shower, still confident: there is space between the big hand of the watch and the hour marker, so I am not late.

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Every adult with ADD can relate such anecdotes—funny to tell, not so funny to experience and never so jolly for others inconvenienced by the tardiness and disorganization. The ADD mind is afflicted by a sort of time illiteracy, or what Dr. Russell Barkley has called “time blindness.” One is either hopelessly short of time, dashing about like a deaf bat, or else acts as if blessed with the gift of eternity. It’s as if one’s time sense never developed past a stage other people leave behind in early childhood.

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time sense of the ADD adult or child is warped in other ways. Ask people with ADD how long it will take to perform a particular task, and they will notoriously underestimate.

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With ADD we witness a delayed or permanently arrested maturation of the balanced time sense most people achieve by adulthood.

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Underdevelopment best explains another time-related malfunction of the ADD brain, the chronic incapacity to consider the future.

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The guiding assumption of the adult with attention deficit disorder, like that of the small child, seems to be that only the present exists and needs to be taken into account.

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The short-term goal is invariably chosen over the long-term, with the exception of activities or projects capable of arousing the sluggish motivation-reward nexus in the brain.

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“Often I feel like a complete child,” many adults with ADD have told me.

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may seem paradoxical to consider that hyperactivity of mind or body can be caused by an underactivity of the cortex. It would also seem odd to think of hyperactivity being stopped by a stimulant medication.

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The brain, flooded with multiple bits of sensory data, thoughts, feelings and impulses, cannot focus, and the mind or body cannot be still.

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It is the same with human beings. We do not have to look for diseases to explain why some people are not able to experience the full flowering of their potential.

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No matter how efficiently they are able to arouse the higher brain centers, medications offer only a partial solution to the problems posed by ADD.

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Fortunately, as we will see when we come to the chapters on the healing process in ADD, neurological and psychological maturation can take place at any time during the life cycle, even in late adulthood.

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True or not, narrow genetic explanations for ADD and every other condition of the mind do have their attractions. They are easy to grasp, socially conservative and psychologically soothing. They raise no uncomfortable questions about how a society and culture might erode the health of its members, or about how life in a family may have affected a person's physiology or emotional makeup.

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To put it differently, genes carry potentials inherent in the cells of a given organism. Which of multiple potentials become expressed biologically is a question of life circumstances.

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The family atmosphere in which the child spends the early formative years has a major impact on brain development. It is obvious that brain/mind problems such as ADD are far more likely to develop in families where the parents are struggling with dysfunction or psychological problems of their own.

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People with ADD are hypersensitive. That is not a fault or a weakness of theirs, it is how they were born. It is their inborn temperament. That, primarily, is what is hereditary about ADD.

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Sensitivity is the reason why allergies are more common among ADD children than in the rest of the population. It is well known, and borne out again and again in clinical practice, that children with ADD are more likely than their non-ADD counterparts to have a history of frequent colds, upper respiratory infections, ear infections, asthma, eczema and allergies, a fact interpreted by some as evidence that ADD is due to allergies.

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They both are expressions of the same underlying inborn trait: sensitivity.

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The emotionally sensitive person lives, as it were, with the nerve endings that send emotional stimuli to the brain centers very close to the surface. Like the exposed nerve endings in scalded skin, they are very easily irritated.

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The existence of sensitive people is an advantage for humankind because it is this group that best expresses humanity's creative urges and needs. Through their instinctual responses the world is best interpreted. Under normal circumstances, they are artists or artisans, seekers, inventors, shamans, poets, prophets.

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Attention deficit disorder results from the miswiring of brain circuits, in susceptible infants, during this crucial period of growth.

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Of all mammals, the human animal has the least mature brain at birth. Early in their infancy, other animals perform tasks far beyond the capabilities of humans for many months. A horse can walk on the first day of life; infant apes cling to mother's fur within a few weeks of birth. Human beings are able to coordinate the visual skills, muscle control, balance and orientation in space required for comparable activities only near the end of the first year.

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The bargain forced on our evolutionary ancestors was that the tremendously large human brain has to develop outside the relatively safe environment of the womb, highly vulnerable to potentially adverse circumstances.

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The anthropologist Ashley Montagu has called this phase exterogestation, gestation outside the maternal body.⁵ During this period, the security of the womb must be provided by the parenting environment.

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I believe that ADD originates in stresses that affect the mothering parent's emotional interactions with the infant.

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In the early months, the most important communications between mother and infant are unconscious ones. Incapable of deciphering the meaning of words, the infant receives messages that are purely emotional.

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Within minutes following birth, the mother's odors stimulate the branching of millions of nerve cells in the newborn's brain. A six-day-old infant can already distinguish the scent of his mother from that of other women.

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emotional response to their infant's bid for attunement."4 Why were the infants distressed despite the sight of their mothers' happy and friendly faces? Because happy and friendly are not enough. What they needed were signals that the mother is aligned with, responsive to and participating in their mental states from moment to moment.

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This sharing of emotional spaces is called attunement.

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As we all know, there are differences between a real smile and a staged smile. The muscles of smiling are exactly the same in each case, but the signals that set the smile muscles to work do not come from the same centers in the brain.

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Attachment is simply our need to be close to somebody. It represents the absolute need of the utterly and helplessly vulnerable human infant for secure closeness with at least one nourishing, protective and constantly available parenting figure.

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is at the center of the brain's reward and motivation apparatus and contains more of the reward chemicals associated with pleasure and joy—dopamine and endorphins—than almost any other area of the cortex. Via its connections with the vision centers of the cortex, the OFC plays a role in visual-spatial orientation, the locating of objects in space. When visual-spatial orientation is impaired, a person tends to bump his head a lot or run into people unseeingly and have difficulty following physical directions—

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relatively minor stimulus, being cut off in traffic, for example, triggers

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Each time we scream at someone in traffic, we are telling a story from the earliest part of our life.

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Attention deficit is thought to be due in part to an undersupply of dopamine, one of the brain's most important neurotransmitters, crucial to attention and to experiencing reward states.

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I N A PHOTOGRAPH OF ME at age four months, a dark, intense face with a look that belongs to one much older stares directly toward the camera. The infant is tense, even fearful. The eyes appear to look through the observer to some reality

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With ADD or not, many mothers and especially fathers are not infrequently described as having a short fuse and an unpredictable temper.

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The most heartrending cases are adults in their midlife or beyond who simply have not been able to make much sense of their world or their lives, despite obvious warm qualities, intelligence and creative potential.

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Stefan is a thirty-year-old who at his first visit said, “I’m here because I’m not getting anywhere except older and grayer.” He spoke with a sardonic wit, which I felt was a way of distancing himself from some deeply distressing feelings.

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He believed his intelligence should have been able to prevent him from making careless mistakes, from being so forgetful and disorganized. “I feel,” he said, “as if my impulsiveness and hyperactivity run the show; I can’t trust myself for decisions.”

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Although the trauma of sexual abuse can reinforce ADD traits such as tuning out,

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The psychological atmosphere in such families will have been disturbed prior to the child’s birth, because the parents themselves carry the psychic scars of abuse. Only people abused in their youth will go on to abuse their own children—and they will do so almost inevitably unless they have recognized the facts of their own childhood histories and have taken up the task of healing.

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Like many adults with ADD, Anthony has very few recollections of childhood events before the age of eight or nine,

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As we shall see in a later chapter, human beings can tune out entire periods of their lives that were characterized by emotional pain.

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I have often seen patients who do not know just how down their moods had been until medications or some other mode of therapy lifts the weight of depression from their shoulders.

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When I first took an antidepressant in my midforties, I was amazed at the difference.

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Curiously, I felt much more like myself. It was as if a fog had evaporated and I saw that for years previously I'd had only periodic glimpses of a life not burdened by negative feelings.

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Stressed or depressed mothers are found to be more short-tempered, more controlling and more angry with their children.

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Parents of ADD children, in other words, seem to be relatively alienated from their own families of origin.

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Marilyn was right. The seeds of her own troubled childhood were sown long before she was born, in her mother's troubled childhood, and even long before her mother was born.

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A related theory says that today's ADD population are the descendants of yesterday's hunters: fast on their feet and quick-witted, restless and individualistic, in contrast to the non-ADD population whose ancestors were farming people: stolid, patient, hardworking traditionalists.

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We have seen that the individual's brain circuits are decisively influenced by the emotional states of the parents,

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The human brain is a product of society and culture just as it is a product of nature.

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The most recent insights of developmental psychology and direct research both indicate that even with all the goodwill in the world, it is difficult for a non-relative to meet an individual young child's attunement needs, especially if several other infants or toddlers are vying for that caregiver's attention.

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With attention deficit disorder, the question is not how we develop a capacity to shut out certain aspects of reality, but how this normal capacity becomes distorted into a mind dysfunction severe enough to interfere with daily experience of the world.

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In the language of psychology, mental absence, tuning out, is an example of a mind state known as dissociation. It is employed in clinical psychiatry to refer to specific syndromes such as multiple personality disorder, but I use the term in its general sense. Dissociation, including the tuning-out of ADD, originates in a defensive need—it is a form of psychological defense.

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The original purpose of dissociation is to separate conscious awareness from some emotional pain we are experiencing, to dis-associate one from the other. We may think of dissociation as a psychological anesthetic.

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The first condition is severe distress. One does not have to tune out the hurt of a stubbed toe. The second condition is helplessness. If help is available, it is safer to feel the pain and scream for assistance than to tune it out. In her book *Betrayal Trauma* Jennifer J. Freyd, professor of psychology at the University of Oregon, gives an illuminating analogy:

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For a person with ADD, tuning out is an automatic brain activity that originated during the period of rapid brain development in infancy when there was emotional hurt combined with helplessness.

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First, it is too overwhelming for his fragile nervous system. He simply cannot exist in what we might call a state of chronic negative arousal, with adrenaline and other stress hormones pumping through his veins all the time.

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The problem with unconscious psychological defenses is that they cannot be shed at will. They were induced without our conscious will in the first place, indeed before we had any will at all.

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Once a circuit is established, signals will travel along it much more easily than along alternative routes, in a manner analogous to the ease of walking along a beaten path rather than through grass or bush on either side of it, or water flowing in a channel instead of across flat ground. If we want the stream to run in a different direction, we will have to create new courses for it.

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The brain's level of arousal is a major factor in determining our capacity to give attention, as the neuroscientist Joseph LeDoux explains:

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Because of insufficient self-regulation, children with ADD are often underaroused or overaroused. In the first state, they cannot get going on a task; in the second, they cannot focus on

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Many people with ADD have noticed that a strange drowsiness may come over them in the midst of some emotionally charged situations, as, for example, during a conflict with a spouse. All of a sudden, they start yawning and their eyelids grow heavy.

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Another reaction to fear or anxiety can be overarousal, due to the activity of the brain center where those emotions are generated, the amygdala. Once the amygdala is activated, it magnifies arousal and floods the cells in the cortex with messages of danger. The cortex now becomes hyperfocused on the perceived source of the anxiety, initiating a cycle: anxiety—arousal—more anxiety—more arousal, in the midst of which all other information is blocked out.

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Although we think of attention as a function of the intellect, its deepest roots are in the subsoil of emotion. From the evolutionary point of view, this could not have been otherwise. Imagine a nutritionally challenged saber-tooth tiger charging us: to motivate us in that situation, we don't need intellect but raw fear.

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The skill of attention that begins during the initial stages of brain growth and mental development goes through several important phases, but the central buttress of them all is the secure attachment/attunement relationship with the primary caregiver.

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transformed into focused attention.⁶ Attention and emotional security remain intertwined throughout childhood. What looks like a deficit of attention may be a preoccupation with something important to the child but hidden to the observing adult: the child's emotional anxieties. The classroom behavior of ADD children, to give a common

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woman in her thirties whose ADD was never noticed because she was not hyperactive, only a day-dreamer, told me that she spent entire school days staring out the window, lost in fanciful adventures with imaginary friends.

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Her brain unconsciously assigned greater value to a self-created internal universe than to anything or anyone in the classroom.

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ALWAYS HAD THIS feeling like getting up and doing something else," says Andrew, an eighteen-year-old with attention deficit disorder.

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Hyperactivity is experienced in a number of ways. The person with ADD feels discomfort at having to keep still for even short periods of time.

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Always, one is caught in a mental whirlwind. A seventy-two-year-old man, a geologist, called it "newsreel thinking," by which he meant the rapid shifting of his thoughts from one subject to another.

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YOU would have difficulty focusing your thoughts, and your mind might feel like a squirrel on a treadmill: racing but not going anywhere. Sitting still would be a chore.

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The “trying to catch something that isn’t there” is a neural memory of the way, as an anxious infant,

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Shame, like anxiety, is an attachment emotion. “Whenever someone becomes significant to us, whenever another’s caring, respect or valuing matters, the possibility for generating shame emerges,” writes the psychologist Gershen Kaufman.² The origin of shame is the feeling of having been cut off from the parent, of having lost the connection, if only momentarily. It cannot be helped, it occurs unavoidably as part of maturing.

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Each time this happens, shame is evoked in the child, especially as the parent usually believes—and makes the child believe—that whatever his (the parent’s) reaction is, the child is responsible for it. The deep feelings of shame associated with attention deficit disorder are usually explained by the obvious fact that the ADD individual gets many things wrong.

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He carries memories of having failed at many tasks, of being deservedly criticized—so he thinks—for many shortcomings. Such events, however, can only reinforce shame or provoke it—they cannot cause it. Its origins have nothing to do with bad deeds, failures or hurting anyone. Like its opposite number, hyperactivity, shame began as a normal physiological state that escaped regulation by the cortex. It becomes wound tightly into the self-identity of the individual.

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John Ratey has aptly observed that “I’m sorry” is the most common phrase in the vocabulary of attention deficit disorder.

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In ADD, hyperactivity and a low-arousal state have become entrenched, inappropriate to the individual’s age or to events in the immediate present. They are triggered too easily, and once triggered, they tend to go out of control. The cortex is not able to regulate either division of the autonomic nervous system. Physiologically and emotionally, the child or adult with ADD swings back and forth between over-the-top, purposeless excitement and a nonrestful vegetative state in which the predominant emotion is shame.

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The mind then lapses into helpless lethargy, or races away, looking for something to attach to: some idea, some fantasy, some memory, conversation, music, reading—anything. When it cannot do so, there is intense unease—or the aversion to one’s own mind, which we call boredom.

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PEOPLE OFTEN ASK IF ONE CAN “grow out” of attention deficit disorder—a good question, for healing is a matter of growth. And the answer is yes. It is not curing that ADD children need: they need to be helped to grow.

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The adult with attention deficit disorder needs also to gain a deeper understanding of herself, to undertake the task we will later describe as self-parenting.

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All the behaviors and mental patterns of attention deficit disorder are external signs of the wound, or inefficient defenses against feeling the pain of it. If development is to take place, energy has to be liberated for growth that now is consumed in protecting the self from further hurt. The key factor is cementing the attachment relationship.

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So the first thing is to create some space in the child’s heart of hearts for the certainty that she is precisely the person the parents want and love.

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Ways have to be found to let the child know that certain behaviors are unacceptable, without making the child herself feel not accepted.

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In “time out” the small child is sent to his room or otherwise banished from contact with the parent for varying periods of time, and is supposed thereby to learn the difference between good and bad behavior. That is not what they learn. Time out requires raising as a threat the worst nightmare a young child can have—being cut off from the parent.

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the ADD child who is slow as a sloth getting up and ready in the morning.

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The parent does not judge the child
Technique: Avoid pointing out faults, mistakes, shortcomings
Goal: To increase security, reduce shame

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Parents of an ADD child will often say that their son or daughter has a “powerful” personality. Far from being powerful, the child is weak and vulnerable.

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Children swim in their parents’ unconscious like fish in the sea, in the succinct phrase of the Vancouver psychotherapist Andrew Feldmar. To create safety for their children, parents need to devote energy and commitment to processing their own “unfinished business.”

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Individuation—becoming a self-motivating, self-accepting person, a true individual—is the ultimate goal of development. As individuation unfolds, children are able to move more and more independently into the world, impelled by their own interests and needs. Less and less do they require that another person see exactly what they see in order to feel validated, or that another person feel exactly what they feel.

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As long as parents are willing to look into themselves, they will stay on a learning curve, and their child will have the safety that encourages development. If this challenge is taken up, the diagnosis of attention deficit disorder can be the beginning of a healing process for the child and for the whole family; otherwise, it may become a trap.

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If the child is to heal, the family system must heal.

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The child who seeks constant attention is, of necessity, an unhappy child. He feels that unless he gets attention he is worthless, has no place. He seeks constant reassurance that he is important. Since he doubts this, no amount of reassurance will ever impress him. —RUDOLF DREIKURS, M.D., *Children: the Challenge*

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Counterwill is an automatic resistance put up by a human being with an incompletely developed sense of self, a reflexive and unthinking opposition to the will of the other. It is a natural but immature resistance arising from the fear of being controlled.

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This passivity, what people may call laziness, can signal a strong internal resistance.

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“Rewards may increase the likelihood of behaviors,” Dr. Deci remarks, “but only so long as the rewards keep coming ... Stop the pay, stop the play.”

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PARENTS UNAWARE OF HOW COUNTERWILL works may see oppositionality as originating in the child, as a deliberate challenge to their authority or a testing of limits. A power struggle ensues. When such conflicts are frequent, counterwill becomes established as the child’s automatic response to any sort of parental expectation.

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The truth is that there are no techniques that will motivate people or make them autonomous. Motivation must come from within, not from techniques. It comes from their deciding they are ready to take responsibility for managing themselves. —EDWARD L. DECI, PH.D., *Why We Do What We Do*

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Although not all unmotivated children have ADD, all ADD children are unmotivated.

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A lack of inner-directed purpose also typifies a large number of ADD adults.

Highlight (Yellow) | Page 203

The problem is that our parenting styles and teaching methods in many cases fail to support the child’s natural drive for discovery and mastery.

Highlight (Yellow) | Page 205

He cannot develop his own true motivation when he is too busy fending off the pressures coming from his parents and, simultaneously, working overtime to gain the acceptance of his peers.

Highlight (Yellow) | Page 205

Children thus motivated will sooner or later learn to get by with the least amount of effort necessary to earn the praise or the reward.

Highlight (Yellow) | Page 213

I now see that I instinctively resonated with the suppressed energy of these kids, recognized that it needed expression.

Highlight (Yellow) | Page 226

Every criticism they hear, every blaming word—anything they interpret as at all judgmental—activates in them feelings of shame, which they try to defend themselves against with all their might.

Highlight (Yellow) | Page 235

If you persist in throttling your impulses you end by becoming a clot of phlegm. You finally spit out a gob which completely drains you and which you only realize years later was not a gob of spit but your inmost self. If you lose that you will always race through dark streets like a madman pursued by phantoms. You will be able to say with perfect sincerity: “I don’t know what I want in life.” —HENRY MILLER, *Sexus*

Highlight (Yellow) | Page 236

Guilt, shame and self-judgment are commonly heard in interviews of adults with attention deficit disorder.

Highlight (Yellow) | Page 236

Many people with attention deficit disorder retain that fragility into adulthood.

Highlight (Yellow) | Page 236

People who have a grandiose and inflated view of themselves on the conscious level are lacking true self-esteem at the core of their psyche. Their exaggerated self-evaluation is a defense against their deepest feelings of worthlessness.

Highlight (Yellow) | Page 238

Characteristically, what this man did not think to write was I want to learn to accept myself.

Highlight (Yellow) | Page 238

Self-esteem based on achievement has been called contingent self-esteem or acquired self-esteem. Unlike contingent self-esteem, true self-esteem has nothing to do with a self-evaluation on the basis of achievement or the lack of it. A person truly comfortable in his own skin doesn’t say, “I am a worthy human being because I can do such and such,” but says, “I am a worthy human being whether or not I can do such and such.” Contingent self-esteem evaluates; true self-esteem accepts.

Highlight (Yellow) | Page 239

Acquired self-esteem is a false imitation of true self-esteem: however good it makes one feel in the moment, it does not esteem the self.

Highlight (Yellow) | Page 239

ADD adults don't have low self-esteem because they are poor achievers, but it is due to their low self-esteem that they judge themselves and their achievements harshly.

Highlight (Yellow) | Page 239

It is also, in part, due to low self-esteem that people do not reach their full potential, do not strive to locate within themselves fonts of creativity and self-expression, do not venture to embark on activities and projects where success is in doubt. They feel safer not trying, because their poor self-regard is terrified at the risk of failure.

Highlight (Yellow) | Page 240

Absolutely universal in the stories of all adults with ADD is the memory of never being comfortable about expressing their emotions.

Highlight (Yellow) | Page 240

The sensitive child, writes the Swiss psychotherapist Alice Miller, has "an amazing capacity to perceive and respond intuitively, that is unconsciously, to this need of the mother, or of both parents."

Highlight (Yellow) | Page 240

In the majority of adults I have interviewed, it was evident that the inability to accept themselves was heavily reinforced throughout childhood by their parents' expectations of better performance, and by their disappointment and disapproval at the absence of it.

Highlight (Yellow) | Page 241

At our second session, I asked Andrea, the fifty-year-old self-confessed failure at the game of existence justification, if she had truly never done anything worthwhile in her life. She was silent for a while. "I have tried to be kind to people," she finally replied. "I have tried not to hurt people. I am creative in crafts. I teach people. I do a bit of gardening. But to me those things come easily. That's just who I am. I didn't have to work at them much. I mean, I'm not an accountant or a lawyer." "Would you want to be an accountant or a lawyer?" "It's not that I feel like doing those things," Andrea said, again after a moment's pause. "It's that I think I should feel like doing them. I am still trying to get my father's approval."

Highlight (Yellow) | Page 241

As far as I could see, they were working to convince themselves of their own self-worth by striving to achieve something completely contrary to their nature.

Highlight (Yellow) | Page 241

Debra, a woman in her early thirties with a bachelor of science degree in zoology, wanted help with her difficulties remembering and concentrating. “I feel so dumb,” she said. “I can never keep up with discussions. People talk about politics and current affairs and I have no head for those things. I try hard to remember facts and names and dates from the newspaper, but it doesn’t stick. I tune out.”

Highlight (Yellow) | Page 242

What Debra does have a mind for is seeking the emotional truth in people’s lives, what their existence is like underneath the surface of social niceties.

Highlight (Yellow) | Page 242

When they look inside themselves, they discover a frightening emptiness, a vacuum, an absence of a true self or of intrinsic motivation. Many a time I have heard ADD adults say, “I don’t know who I am,” or, “I don’t know what I want to do in my life.”

Highlight (Yellow) | Page 244

The driven and hyperfunctioning workaholic tries to delude himself that he must be very important, since so many people want him. His frenetic activity numbs him to emotional pain

Highlight (Yellow) | Page 246

It is ironic, but despite her poor impulse control, the ADD adult has persistently throttled her impulses, to use Henry Miller’s phrase. Submerged beneath a surface rippling with superficial and childish impulses are truer impulses for meaningful activity, the assertion of her autonomy, the pursuit of her own truth and human connectedness. The deeper these have sunk, the less one knows who she is or in which direction her path lies. Attaining self-esteem begins with finding our true impulses and raising them to the light of day.

Highlight (Yellow) | Page 248

The stories of Elsa and David speak of something more painful than empathy and something less effective, too: they speak of identification.

Highlight (Yellow) | Page 251

The episodes involving Elsa and David are implicit memories. Their emotional and physical reactions to witnessing the humiliation and rough handling of another human being are the reactivation of sensations first encoded during a much earlier time of their lives when they themselves were helpless and felt shame and humiliation.

Highlight (Yellow) | Page 251

There does not have to be severe trauma for neurological circuits to be encoded with emotions of exclusion, injustice and humiliation. It can happen in loving families, if a sensitive child has unconscious or even preverbal experiences of feeling alone and cut off, misunderstood and shamed.

Highlight (Yellow) | Page 252

The goal for the ADD adult is to move from the helplessness of identification to the empowered state of empathy.

Highlight (Yellow) | Page 252

Around authority figures such as employers, doctors, teachers and policemen, the ADD adult will experience a nervousness and lack of confidence that cannot be explained by the actual power relationship that exists in the present.

Highlight (Yellow) | Page 252

One is again a child, facing powerful adults. “Like a child” is precisely how many ADD adults describe their sense of themselves in relationship to authority.

Highlight (Yellow) | Page 254

Radioactive brain scans, by contrast, have shown in some ADD brains slowed frontal lobe activity and diminished blood flow to this part of the cortex during stressful mental effort.

Highlight (Yellow) | Page 254

The student enters the examination room having studied and knowing his subject full well, only to find himself completely unable to answer the questions put in front of him. I believe what happens is that the experience of having to prove one’s worthiness and the fear of failure give a strong emotional shock to the ADD mind’s ability to activate recall memory.

Highlight (Yellow) | Page 254

The circuits are sabotaged by the neurophysiological and neurochemical effects of anxiety.

Highlight (Yellow) | Page 254

A massive shutdown occurs. Having to prove herself in the examination setting, within a restricted time, would trigger in the mind of the sensitive student—adult or child—deep fears of rejection buried in the unconscious.

Highlight (Yellow) | Page 254

“For the rest of our lives,” writes Stanley Greenspan, “the seemingly trivial gestures first understood in late infancy serve to anchor both our human relationships and our thought processes ... Should someone stare at us blankly, gaze off into space, or remain mute, we begin to feel confused, rejected, perhaps even unloved. Very sensitive individuals may even find their thinking becoming disorganized, their sense of purpose gradually dissolving.”

Highlight (Yellow) | Page 259

When Trevor finally came to recognize and make sense of the memories encoded in his body states and emotional reactions, he saw that his present-day troubles arose not from what had happened in his family, but from what had not happened.

Highlight (Yellow) | Page 261

When mother and infant are rapturously gazing into each other’s eyes, the infant at some point will look away, to avoid being overstimulated. He has no anxiety over doing so. Should the mother be the one to break eye contact, however, the infant is mortified and is immediately swept into the physiological state of shame.

Highlight (Yellow) | Page 261

In the ADD adult, as in the child, this hypersensitivity magnifies the impact of every emotional stimulus. The fear of rejection is never far below the surface. People with ADD are exquisitely sensitive to the merest hint of it, even if the hint is only a figment of their fearful imagination. It is triggered by any stimulus that ever so vaguely resembles rejection, even if no rejection is intended.

Highlight (Yellow) | Page 262

As we have seen, in ADD the ability to inhibit powerful emotions is impaired because the connections of the OFC with the lower brain centers did not develop optimally.

Highlight (Yellow) | Page 263

The criticalness toward his partners that Trevor experienced once he felt they had “warmed up” to him was really an expression of his fear of intimacy.

Highlight (Yellow) | Page 263

Many adults with ADD report that they quickly become bored with relationships, as with much else in life. They imagine this boredom of theirs to mean that something is lacking in their partner: the reality is that they are bored with themselves.

Highlight (Yellow) | Page 264

The demand placed on the partner in the love relationship is that he or she—the other—fills the emptiness within oneself.

Highlight (Yellow) | Page 264

The fear of intimacy is also a fear of the loss of self. There is the well-known paradox that the person with ADD craves real human contact, feels like an outsider and wishes to belong—but at the same time is reclusive, often preferring his own company to that of others.

Highlight (Yellow) | Page 265

One gauge of persistent problems with intimacy in an ADD relationship is the couple's sexual life—or the lack of it. “Nonexistent” and “What sex life?” are two of the common replies my questioning around this subject tends to bring. The lack of sexual intimacy is in most cases an unmistakable sign of mutual emotional shutdown.

Highlight (Yellow) | Page 265

In the latter case, this marker of absent intimacy between the parents speaks volumes about the emotional alienation and tension in the midst of which the child exists.

Highlight (Yellow) | Page 272

An open mind, compassionate curiosity toward the child, letting go of the idea that one “knows” what the child thinks and feels and a striving to accept the child unconditionally will go a long way toward binding wounds inflicted by past mistakes, misjudgments and the parent's own emotional blockages. Such attitudes are just as important when the ADD adult embarks on the journey of self-healing.

Highlight (Yellow) | Page 273

Developing a new view toward oneself is no easy task, for it goes against the grain of a lifetime of conditioning. It is not a matter of so-called positive thinking or the naive affirmations exemplified by vows like “Today I will be kinder to myself.” It requires the shedding, gradually, of defenses constructed long ago out of sheer necessity, defenses maintained out of the anxieties embedded in implicit memory.

Highlight (Yellow) | Page 273

Needed are both a desire to accept the self and the courage to look honestly. Beyond that, the ADD adult also has to acquire the skills of self-understanding, the first of which is the capacity to notice each time she makes a critical, judgmental comment against herself, to notice whenever she is seized by anxiety, to notice when her behavior does not jibe with her long-term goal.

Highlight (Yellow) | Page 273

“Why do I care so much what others think” was in this case a judgment: “There is something terribly wrong with me. I should know better than to be so afraid of others’ opinions.” A 180-degree shift in tone and only a slight shift in words would make it into a fruitful inquiry: “I would very much like to understand why I feel so much anxiety about displeasing others.”

Highlight (Yellow) | Page 274

This sort of work is not accomplished overnight. “How long would you say it took you to develop your problems and to reach your present state?” I ask the ADD client who, typically, is in a hurry to fix everything all at once, preferably before leaving the office. Three, four decades comes the usual answer. “Can we accept that it may take at least some reasonable fraction of that time to turn things around?”

Highlight (Yellow) | Page 274

So self-acceptance does not mean self-admiration or even self-liking at every moment of our lives, but tolerance for all our emotions, including those that make us feel uncomfortable.

Highlight (Yellow) | Page 274

“I’m a people pleaser” is the routine self-description of ADD adults. “I’m always so conscious of what the other person might need from me. I feel guilty if I disappoint someone. I can never say no.” Or, “I am the kind of person whom everyone calls to tell their troubles to. I can’t do that myself, though.

Highlight (Yellow) | Page 276

In place of your present-day interactions—with spouse, friend, doctor, butcher, baker, computer maker—it sees only your early relationships with your caregivers.

Highlight (Yellow) | Page 276

Yes, thank you, I see what you mean. By all means stick around if you wish, but I will let my adult brain circuits judge whether I am really hurting someone else or merely serving my legitimate needs.

Highlight (Yellow) | Page 277

You don’t punish yourself for where you find yourself If you want to go further in the direction of healing, you do not chastise yourself for wherever you happen to be along the road. You don’t berate yourself for not having got there faster.

Highlight (Yellow) | Page 277

“I cannot believe how much time I have wasted in my life” is a refrain often heard in the litany of self-judgments uttered by the ADD adult.

Highlight (Yellow) | Page 278

To paraphrase Nietzsche, even the wrong turns and side roads have meaning and purpose, if only to teach us which way the path to oneself does not lie.

Highlight (Yellow) | Page 278

The person with ADD, whatever her age at diagnosis, has lived with low self-esteem and emotional pain all her life. Many of her behaviors are futile and not very cleverly disguised attempts to kill the pain. But pain cannot be killed; it needs to be listened to. It has a story to tell and lessons to teach.

Highlight (Yellow) | Page 279

The purpose of psychotherapy and counseling is not that the therapist either heals the “patient” or advises him what to do with his life. The goal is to mature and to individuate, to become a self-respecting person in his own right. In other words, the goal is not to be “cured” but to develop. The role of the therapist is, in part, that of a talking mirror in which the individual can see himself more clearly reflected, helping him to reflect on himself.

Highlight (Yellow) | Page 280

In the medical model, the patient presents the doctor with the symptoms; having elicited the necessary information, the doctor makes the diagnosis and prescribes, administers or performs the cure. This approach works for a broken bone but not for a wounded psyche, for an inflamed appendix but not for inflamed emotions.

Highlight (Yellow) | Page 285

The adult with attention deficit disorder needs to know that the physical space she occupies can help to either harmonize or disorganize her mind.

Highlight (Yellow) | Page 285

Neglecting to honor their physical environment is to neglect themselves.

Highlight (Yellow) | Page 285

The ADD brain is overwhelmed by a multipartite task. She does not know where to turn, and the all-or-nothing mind-set demands that everything be done at once. Nothing needs to be done at once.

Highlight (Yellow) | Page 286

Sleep hygiene The ADD adult is often a night owl.

Highlight (Yellow) | Page 286

I used to read until the book would drop from my hands and would wake hours later, still wearing my glasses and the lamp still burning. Many others with ADD have described the same bedtime routine.

Highlight (Yellow) | Page 286

This is why small children begin to hold on automatically to their body parts, such as hair or genitalia.

Highlight (Yellow) | Page 288

People with ADD, habituated lifelong to self-generated tension, tend to have tight muscles and stiff joints and ligaments.

Highlight (Yellow) | Page 288

Nature The parent who never takes his child out into nature, away from the city, is depriving him not only of wonderful experiences but also of a powerfully harmonizing influence for the mind. There is matchless unity, harmony and peace in nature—all that is lacking, in other words, in the ADD mind.

Highlight (Yellow) | Page 289

8. Creative expression It is unusual for me to meet an ADD adult who does not have some secret longing for artistic expression, and almost as unusual to find one actively doing something about it. Essential to finding meaning and purpose in life is the liberation of one's creative instincts.

Highlight (Yellow) | Page 291

If self-esteem means esteeming the self, the individual's deepest creative urges must be honored. The self-parenting part of healing ADD must, I am convinced, involve paying attention to one's need to create.

Highlight (Yellow) | Page 291

Many ADD adults don't have to search for anything new in following this advice; they just have to reconnect with something they had lost contact with long ago.

Highlight (Yellow) | Page 294

Adults with ADD should at least consider giving themselves some daily opportunity for contemplative solitude.

Highlight (Yellow) | Page 294

With all these self-parenting tasks, the catch-22 for the ADD adult is that the very state he is wanting to grow out of hinders his capacity to create the conditions required for growth. In order to settle the chaos inside, we have to clear up the chaos outside, which was generated in the first place by the chaos inside.

Highlight (Yellow) | Page 296

As we have already seen, no one can instill motivation in anyone else. No one can forcibly induce motivation in oneself either. The best attitude to adopt is one of compassionate patience, which has to include a tolerance for failure. When it comes to changing unhealthy habits or instituting healthy ones, writes Weil, “whether you succeed or fail is less important than making the attempt.”³ When to begin? No better moment than the present. Or, in the memorable and eternally inspiring words of a former British Columbia cabinet minister: “It’s time to grab the bull by the tail and look him firmly in the eye.”

Highlight (Yellow) | Page 297

ALL ADDICTIONS ARE anesthetics. They separate us from the distress in our consciousness.

Highlight (Yellow) | Page 298

Whether they know it or not, a large number of people addicted to behaviors and substances of various sorts have attention deficit disorder, no matter what their proclivity may be: for gambling, compulsive sexual roving, chronic impulse buying, workaholism, excessive physical training, danger-seeking pursuits like drag racing or for nicotine or cocaine, alcohol or marijuana.

Highlight (Yellow) | Page 298

Those of us with attention deficit disorder love dopamine and endorphins.

Highlight (Yellow) | Page 299

The behavior addict knows, or ought to know, that what separates him from the drug addict’s fate is little more than good fortune.

Highlight (Yellow) | Page 300

There is a fine but clearly discernible line between addiction and passion. Any passion can become an addiction. It’s simply a question of who is in charge: the individual or the behavior.

Highlight (Yellow) | Page 301

The addiction, in a strange way, makes the addict feel more connected to life.

Highlight (Yellow) | Page 301

In biochemical terms, any addictive substance or behavior is self-medication, self-administered emotional pain relief. But the ADD person is also treating herself for a condition she is not even aware of having.

Highlight (Yellow) | Page 301

When the addiction dominates, the true self—how one really is in the world—slumbers. To own the addiction is to begin to take ownership of the pain. Until that happens, the pain owns the addict and the addiction rules him.

Highlight (Yellow) | Page 302

People with ADD seem to be short on dopamine, the reward chemical.

Highlight (Yellow) | Page 304

In his novel *The Tin Drum*, the German author Günter Grass depicts a nightclub where the jaded clientele come to sniff pungent onions to the sound of a frenzied drumbeat. Their tears flow and they feel their sorrow, which otherwise is too deeply repressed in their psyches. What they are addicted to is the artificially induced intensity of deep emotion. As Grass writes, we are far away from our griefs, which are the truest parts of ourselves. There is no path toward oneself that leads away from the pain.

Highlight (Yellow) | Page 309

One patient of mine, a fifty-four-year-old woman, came back excitedly after taking a low dose of the psychostimulant Dexedrine. “I never saw the trees,” she said. “We live across a park and have a beautiful view, but I never noticed before how green it was.” Almost three years later, she continues on the same low dose

Highlight (Yellow) | Page 309

A university student found that her migraines had abated. I had worried about giving her Ritalin because of its potential to cause headaches; it turned out her migraines resulted from anxiety over her difficulties studying, which the medications resolved so well that she attained higher marks than she ever could before.

Highlight (Yellow) | Page 310

There is no way to predict how a given individual will react to a particular medication. I explain to everyone who chooses to try a psychostimulant that each human brain has its own chemistry; one cannot know just how it will be affected.

Highlight (Yellow) | Page 310

A better case can be made that they may prevent addictions, by correcting some of the biochemistry that predisposes a person to substance abuse, as described in the previous chapter.

Highlight (Yellow) | Page 310

The main drugs in ADD treatment are the psychostimulants, the most familiar being methylphenidate, known by its trade name Ritalin, and dextroamphetamine sulfate, commonly referred to as Dexedrine. Although they have

different modes of action, they both stimulate the activity of the cerebral cortex by balancing the levels of the neurotransmitters (chemical messengers) in the frontal lobe of the brain and in other centers concerned with arousal and attention. As we saw with the “sleeping cop” analogy in chapter 5, with the inhibiting power of the cortex enhanced, there is less chaos in the mind and a greater capacity to resist distraction. The person feels calmer, more focused and purposeful.

Highlight (Yellow) | Page 310

Neither methylphenidate nor dextroamphetamine can be said to be better than the other; individual predisposition determines what works best.

Highlight (Yellow) | Page 314

The adult should be aware of her emotional state when setting out to take medications for ADD. Not infrequently, the ADD adult may be suffering from chronic low-grade depression or anxiety. If this is the case, the psychostimulants may not help, or in some cases may make matters worse. If depression or anxiety is present, it needs to be addressed first, or at least at the same time.

Highlight (Yellow) | Page 319

People have, with the help of so many conventions, resolved everything the easy way, on the easiest side of the easy. But it is clear we must embrace struggle. Every living thing conforms to it. Everything in nature grows and establishes itself in its own way, establishing its own identity, insisting on it at all cost, against all resistance. We can be sure of very little, but the need to court struggle is a surety that will not leave us. —RAINER MARIA RILKE, Letters to a Young Poet

Highlight (Yellow) | Page 319

“I HAVE SPENT MY WHOLE LIFE pretending to be normal,” said fifty-year-old Elizabeth, an interior designer. The pretense of normality is familiar to any adult with attention deficit disorder. She works at fitting in by toning down the strength of her feelings about matters that others seem to think unimportant, by struggling to suppress her intensity and by feigning an interest in what bores her to tears.

Highlight (Yellow) | Page 320

The irony is that the energy ADD adults expend on their attempts at sameness is wasted, as is the anxiety parents generate over their child’s differentness. The world is much more ready to accept someone who is different and comfortable with it than someone desperately seeking to conform by denying himself. It’s the self-rejection others react against, much more than the differentness. So the solution for the adult is not to “fit in,” but to accept his inability to conform.

Highlight (Yellow) | Page 322

I have learned through my own process that a goal in life cannot be the avoidance of painful feelings. For people like me with ADD, and for everyone else, emotional pain is a reality.

Highlight (Yellow) | Page 324

Adults with ADD face the most difficult task of all: learning how to be loving toward themselves.
