INTERNATIONAL BESTSELLER

GABOR MATÉ



Scattered MINDS

The Origins and Healing of ATTENTION DEFICIT DISORDER

'A healer to be cherished'
NAOMI KLEIN

ABOUT THE AUTHOR

Gabor Maté is a retired physician who, after 20 years of family practice and palliative care experience, worked extensively with patients challenged by drug addiction and mental illness. The bestselling author of four books published in over twenty languages, Dr Maté is an internationally renowned speaker highly sought after for his expertise on addiction, trauma, childhood development, and the relationship of stress and illness. His book on addiction received the Hubert Evans Prize for literary non-fiction. For his groundbreaking medical work and writing he has been awarded the Order of Canada (his country's equivalent of the MBE) and the Civic Merit Award from his hometown, Vancouver. His books include *In the Realm of Hungry Ghosts: Close Encounters with Addiction*; *When the Body Says No: The Cost of Hidden Stress*; *Scattered Minds: The Origins and Healing of Attention Deficit Disorder* and (with Gordon Neufeld) *Hold on to Your Kids: Why Parents Need to Matter More Than Peers.*

PRAISE FOR SCATTERED MINDS

"[Gabor Maté] challenges the standard view of ADD [and] asks questions that deserve to be considered about a debilitating disorder — and the kind of society in which it flourishes." *Maclean's*

"Enlightening and sensitively told [with] a much needed focus on adults and adolescents with ADHD.... For some-one who is wondering if their own lack of attention, impulsiveness, distractibility, or hyperactivity may be ADHD, this would be a good read."
Winnipeg Free Press

"*Scattered Minds* comes across as a caring, sympathetic, supportive, and helpful introduction to the topic. It also benefits from being an extremely well-written and engaging read." *The Georgia Straight*

"This book will be equally at home on the physician's bookshelf [and] in the home." *The County Chronicle*

"*Scattered Minds* [is] necessary reading for anyone who lives with the effects of ADD, in himself or in others; it's an encouraging and reassuring approach." *The Chronicle–Journal* (Thunder Bay)

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"This delightful, helpful book is a welcome addition to the literature on ADD. Based on solid research and a strong humanistic sensibility, it is written with humour and com-passion, from an unsparingly honest personal perspective. I would enthusiastically recommend *Scattered Minds* to anyone touched by ADD — adults, parents, and professionals."

Dr. John Ratey, co-author, *Driven to Distraction* and *Shadow Syndromes*

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GABOR MATÉ, M.D.

Scattered MINDS

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For my mother, Judith (Lővi) Maté, and for my late father, Andor Maté, and for my own family, Rae, Daniel, Aaron and Hannah

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Action has meaning only in relationship and without understanding relationship, action on any level will only breed conflict. The understanding of relationship is infinitely more important than the search for any plan of action.

— J. KRISHNAMURTI

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Preface

Scattered Minds, originally published twenty-four years ago, launched my authorial career. It was written shortly after I was diagnosed with ADHD myself. There was good reason this was my first *completed* book: until I had come to terms with the puzzlingly erratic functioning of my own mind, I could never be organized and consistent enough to finish such a big project. And there was also a powerful motivation: I instinctively knew and wanted to share with others that a new perspective on this mysterious condition was required, one that went beyond the simplistic genetics = biology ideology that to this day continues to color medical thinking on questions of mental health. As I soon found, this outlook aligned with the latest science and my subsequent works have expanded on that awareness.

Voluminous evidence emerging in the past two decades has buttressed this book's basic scientific and philosophical stance. Simply put, to fully comprehend and account for the complex psychological, behavioral, emotional, and biological dynamics the acronyms ADHD or ADD represent, we must look at the inter-relational nature of the human brain and mind as affected by the contexts of family and society. Narrow genetic explanations, devoid of science, leave individuals and families far short of what is needed for healing. If DNA does play a predisposing role in many cases, it is not a determinant one. I'm often asked, "by 'not genetic,' do you mean ADD is not biological?" The question reflects a misperception. Everything, ultimately, is biological. The issue, as the past decades of brain research have confirmed, is that the environment, saliently the emotional and social environment, exerts decisive influences both on the physiological development of the brain and the shaping of the human mind.

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More and more evidence continues to emerge showing the negative impact of familial and societal stress on the brains, attention spans, and emotional self-regulation of young human beings, especially of genetically sensitive children. Hence this book encompasses the complex interaction of culture, family dynamics, and innate temperament as they affect our psychology and neurophysiology. Such a view recognizes the capacity of the human organism for fresh and positive development at any age, given the right understanding and a compassionate approach to children and adults, to parents and families. The good news is that it is never too late to promote healthy brain and emotional development—as I can personally attest. I cannot claim to have "cured" my ADD/ADHD tendencies—for example, I'm still past master at misplacing things without budging from the spot or, say, of losing books, footwear, or electrical toothbrushes on my travels. (My most recent accomplishment was to leave my indispensable laptop on a Swiss Air flight at the onset of a long European speaking tour.) Five internationally published books later, however, I can report that I am much more adept at completing tasks, achieving my goals and, above all, of accepting myself without shame and self-recrimination. Much more at ease with myself, I took medications—with benefit—when I wrote *Scattered Minds*. Over two decades later, for my most recent, much longer and much more demanding work, I did not have to.

That *Scattered Minds* continues to be read in Canada, the U.S, U.K. and in many other countries and languages attests to its power to address the ever-burgeoning crisis in mental health, including that of children, internationally. The diagnosis of this condition continues to increase from Quebec to China. According to one report, "In Germany, ADHD diagnosis rates rose 381 percent from 1989 to 2001. In the United Kingdom, prescriptions for ADHD medications rose by more than 50 percent in five years to 657,000 in 2012, up from 420,000 in 2007. Consumption of ADHD medications doubled in Israel from 2005 to 2012."* At the same time, the medicalized approach to treatment, with stimulant

* Katherine Ellison "A.D.H.D. Rates Rise Around Globe, but Sympathy Often Lags." The New York Times November 15, 2015. https://archive.nytimes.com/well.blogs.nytimes.com/2015/11/09/a-d-h-d-rates-rise-around-globe-but-sympathy-often-lags/

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pharmaceuticals as the mainstay, has revealed both its limitations and its hazards. In the U.S., for example, the number of emergency room visits related to prescription stimulant misuse among people ages 18 to 34 increased to 23,000 in 2011, from 5,600 in 2005, according to national data from the Substance Abuse and Mental Health Services Administration. All the more reason to insist upon an approach that—without altogether dismissing the value of medications in some cases—focuses on self-awareness, gentle and developmentally informed parental modalities, and invites a holistic appreciation of our complex, vulnerable humanity.

How gratifying it has been to have people write to me with reports of how the book has transformed their relationship with themselves, or with their children, fostering peace in their families. It is not unusual for strangers to come up to me in the streets, in shops, at airports to report that this volume has enabled them to see themselves and others with new-found compassion, has mirrored their experiences, has made them feel heard and seen and understood. What occurred to them before as pathological or unexplainable now shows up as normal, straightforward and, above all, actionable.

To be sure, the analysis presented in this volume invites some potentially uncomfortable self-examination on the part of adults with ADHD or of parents whose children are diagnosable with it. Even so, I find that most people would rather hear a message that they or their children are not plagued by some immutable inherited illness, that really there is no illness at all, but a developmental and reversable delay in brain circuitry and psychological growth. The disturbance is not owing to fault, negligence, or lack of parental devotion, but to the generational or societal stresses on the parenting environment, stresses increasingly prevalent in what, in my recently published *The Myth of Normal*, I have called our increasingly toxic culture. Ultimately this book's intent is to embrace and encourage all those affected by the complex behavioral/mental/emotional patterns we have termed—rather unfortunately in my view—a disorder. And by "all those," I mean actually or potentially diagnosed adults or the parents of such children, as well as their larger families, teachers, friends, spouses, and communities.

Gabor Maté, M.D.
Vancouver, B.C.
July 2023

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Author's Note

Scattered Minds is written in seven parts. The first four describe the nature of attention deficit disorder and offer an explanation of its origins, while the final three deal with the healing process. Part Five, on the ADD child, is intended not only for parents but also for adults with attention deficit disorder, as it gives information essential to their self-understanding. Similarly, parents who read the chapters concerning the ADD adult may gain further insights about their ADD children and, perhaps, also about themselves.

Attention deficit disorder is sometimes abbreviated to ADD, sometimes to ADHD. To further muddy the waters, the official designation is AD(H)D, meant to indicate the fact that one can have ADD with or without hyperactivity. By and large, ADD has become common usage. It is the least confusing form, and also the least awkward. It is the one employed exclusively in this book.

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Introduction

Attention deficit disorder is usually explained as the result of bad genes by those who "believe" in it, and as the product of bad parenting by those who don't. The aura of confusion and even acrimony that surrounds public debate about the condition discourages a reasoned discussion of how environment and heredity might mutually affect the neurophysiology of children growing up in stressed families, in a fragmented and highly pressured society and in a culture that seems more and more frenzied.

I have attention deficit disorder myself, and my three children have also been diagnosed with ADD. I do not think it is a matter of bad genes or bad parenting, but I do believe it is a matter of genes and parenting. 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. The emotional states of the parents and how they live their lives have a major impact on the formation of their children's brains, though parents cannot often know or control such subtle unconscious influences. The good news is that major changes in the circuits of the brain can occur in the child and even in the adult if the conditions necessary for positive development are created.

Quick to arise whenever the environment is mentioned is the question of blame. "You mean it's the parents' fault?" people immediately ask. It is a simplistic notion that if something is wrong, someone has to be at fault. It would not help parents of

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children with ADD, besieged on all sides by the incomprehending judgments and criticality of friends, family, neighbors, teachers and even strangers in the street, to have yet one more finger pointed at them. This book does not do so.

A 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. A parallel analogy suits the situation the parents of ADD children find themselves in: you're stuck in the middle of heavy traffic at an intersection; the engine has stalled and you are trying your best to get moving. Everyone is yelling and honking angrily at you, but no one offers to help. Perhaps no one knows how to.

As parents who make every effort we can to raise our children in loving security, we do not need to feel more guilt than we already do. We need less guilt and more awareness of how the quality of the parent–child relationship can be used to promote our children's emotional and cognitive development. *Scattered Minds* is written to encourage such awareness.

The book is written also with two other sets of readers in mind. My hope is that adults with attention deficit disorder will find insights here that will help them gain a deeper understanding of themselves and of the path they could take toward their own healing. *Scattered Minds* is meant also to give health professionals with ADD clients and teachers working with ADD students a comprehensive view of a much misunderstood condition.

The analysis of ADD given in this book attempts to synthesize the findings of modern neuroscientific research, developmental psychology, family systems theory, genetics and medical science.[1] These are combined with an interpretation of social and cultural trends, as well with my own personal experience as an adult with ADD, as a parent and as a physician. To avoid giving the book an academic slant, references are given in the notes at the end, along

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with further comments intended for the professional reader and for lay readers seeking source information.

Case histories and quotations are from my files. With few exceptions, the names have been changed.

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PART ONE

The Nature of Attention Deficit Disorder

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I

So Much Soup and Garbage Can

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*

UNTIL AROUND FOUR YEARS before writing this book I understood attention deficit disorder about as well as the average North American doctor, which is to say hardly at all. I came to learn more through one of those accidents of fate that are no accidents. As medical columnist for *The Globe and Mail*, I decided to write an article about this strange condition after a social worker acquaintance, recently diagnosed, invited me to hear her story. She had thought I would be interested—or more likely she sensed it, with a gut-level affinity. The planned column became a series of four.

To dip my toe in was to know that, unawares, I had been immersed in it all my life, up to my neck. This realization may be called the stage of ADD epiphany, the annunciation, characterized

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by elation, insight, enthusiasm and hope. It seemed to me that I had found the passage to those dark recesses of my mind from which chaos issues without warning, hurling thoughts, plans, emotions and intentions in all directions. I felt I had discovered what it was that had always kept me from attaining psychological integrity: wholeness, the reconciliation and joining together of the disharmonious fragments of my mind.

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. The British psychiatrist R. D. Laing wrote somewhere that there are three things human beings are afraid of: death, other people and their own minds. Terrified of my mind, I had always dreaded spending a moment alone with it. There always had to be a book in my pocket as an emergency kit in case I was ever trapped waiting anywhere, even for one minute, be it a bank queue or supermarket checkout counter. I was forever throwing my mind scraps to feed on, as if to a ferocious and malevolent beast that would devour me the moment it was not chewing on something else. All my life I had known no other way to be.

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.

ADD seemed to explain many of my behavior patterns, thought processes, childish emotional reactions, my workaholism and other addictive tendencies, the sudden eruptions of bad temper and complete irrationality, the conflicts in my marriage and my Jekyll and Hyde ways of relating to my children. And, too, my humor, which can break from any odd angle and leave people laughing or leave them cold, my joke bouncing back at me, as the Hungarians say, like "peas thrown at a wall." It also explained my propensity to

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bump into doorways, hit my head on shelves, drop objects and brush close to people before I notice they are there. No longer mysterious was my ineptness following directions or even remembering them, or my paralytic rage when confronted by a sheet of instructions telling me how to use even the simplest of appliances. 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. "I can do this with half my brain tied behind my back," I used to joke. No joke, that. It's precisely how I have done many things.

My path to diagnosis was similar to that of many other adults with ADD. I found out about the condition almost inadvertently, researched it and sought professional confirmation that my intuitions about myself were reliable. So few doctors or psychologists are familiar with attention deficit disorder that people are forced to become self-cultivated experts by the time they find someone who can make a competent assessment. I was fortunate. As a physician, I could negotiate the medical labyrinth and seek the best sources of help. Within weeks of having written my columns on ADD, I was assessed by an excellent child psychiatrist who also sees adults with the disorder. She corroborated my self-diagnosis and began treatment, at first by prescribing Ritalin. She also spoke with me about how some of the choices I was making in life reinforced my ADD tendencies.

My 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. Something has to give, but the ADD personality has trouble letting go of anything. Unlike the juggler, he cannot stop the performance.

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With an impatience and lack of judgment characteristic of ADD, I had already begun to self-medicate, even before the formal diagnosis. A sense of urgency typifies attention deficit disorder, a desperation to have immediately whatever it is that one may desire at the moment, be it an object, an activity or a relationship. And there was something else here too, well expressed by a woman who some months later came for help. "It would be nice to get a break from myself at least for a little while," she said, a sentiment I fully understood. One longs to escape the fatiguing, ever-spinning, ever-churning mind. I took Ritalin in a higher than recommended initial dose on the very day I first heard about attention deficit disorder. Within minutes, I felt euphoric and present, experienced myself as full of insight and love. My wife thought I was acting weird. "You look stoned" was her immediate comment.

I was not an undereducated teenager eager for kicks when I self-administered the Ritalin. Already in my fifties, I was a successful and respected family doctor whose columns of medical opinion were praised for their thoughtfulness. I practice medicine with a high value on avoiding pharmacology unless absolutely necessary, and needless to say, I have always advised patients against self-medicating. Such striking imbalance between intellectual awareness on the one hand and emotional and behavioral self-control on the other is characteristic of people with attention deficit disorder.

This plunge into impulsiveness notwithstanding, I believed there was light at the end of the tunnel. The problem was clear, the remedy elegantly simple: certain parts of my brain were dormant half the time; all that needed to be done was to rouse them from slumber. The "good" parts of my brain would then take control, the calm, sane, mature, vigilant parts. It did not work out that way. Nothing much seemed to change in my life. There were new insights, but what had been good stayed good and what had been bad stayed bad. The Ritalin soon made me depressed. Dexedrine, the stimulant I was next prescribed, made me more alert and helped me become a more efficient workaholic.

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Since being diagnosed myself, I have seen hundreds of adults and children with attention deficit disorder. I now think that physicians and prescriptions for drugs have come to play a lopsidedly exaggerated role in the treatment of ADD. What begins as a problem of society and human development has become almost exclusively defined as a medical ailment. 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*.

There is no disputing the malfunctioning neurophysiology in what we call attention deficit disorder. It does not follow, however, that we can explain all the problems of the ADD mind simply by referring to the biology of out-of-balance neurochemicals and short-circuited neurological pathways. A patient and compassionate inquiry is needed if we are to identify the deeper meanings manifested in the crossed neural signals, troubled behaviors and psychological tumult that together have been named ADD.

My three children also have attention deficit disorder—not diagnosed by me but according to evaluations at a hospital-based clinic. One has taken medication, with clear benefit, but none do so at the present time. In light of such a strong family history, it may seem surprising that I do not believe ADD is the almost purely genetic condition many people assume it to be. I do not see it as a fixed, inherited brain disorder but as a physiological consequence of life in a particular environment, in a particular culture. In many ways one can grow out of it, at any age. The first step is to discard the illness model, along with any notion that medications can offer more than a partial, stopgap response.

A certain mystique has recently evolved around ADD, but—despite what many people think—it is not a recent discovery. In one form or another, it has been recognized in North America since 1902; its present pharmacologic treatment with psychostimulants was pioneered more than six decades ago. The names given to it and its exact descriptions have gone through several mutations. Its current definition is given in the fourth edition of the

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Diagnostic and Statistical Manual, scripture and encyclopedia of the American Psychiatric Association. The DSM IV defines attention deficit disorder by its external features, not by its emotional meaning in the lives of individual human beings. It commits the faux pas of calling these external observations *symptoms*, whereas that word in medical language denotes a patient's own felt experience. External observations, no matter how acute, are *signs*. A headache is a symptom. A chest sound registered by the doctor's stethoscope is a sign. A cough is both a symptom and a sign. The DSM speaks the language of signs because the worldview of conventional medicine is unfamiliar with the language of the heart. As the UCLA child psychiatrist Daniel J. Siegel has said, "The DSM is concerned with categories, not with pain."

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. "Every aspect of my life hurts," a thirty-seven-year-old man told me during his second visit to my office. People express surprise when after a brief exchange I seem to be able to sense their pain and grasp their confused and conflicted history of emotions. "I'm speaking about myself," I tell them.

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. They cannot easily enter meaningful, committed relationships, let alone stay in one. Some have never been able to read a book from cover to cover, some cannot even sit through a movie. 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

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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.

I would want any doubting Thomases to read and consider the autobiographical sketch submitted to me by John, a fifty-one-year-old unemployed single man. With his permission, I quote it exactly as written:

> Had Jobs work Do my Best I could never good enough. when people Talk to me they ask me if I Listening or I seem Bored. Shown emotion or I drift off or when I get to do Something can't finish it or start doing Something then eye start Something else. when I sometimes most of the time wait till Last minite To do things. Get a anxous feeling got to do it or else. feel pressured. Seem to mindwonder or daydream. for ever misplacing, loosing things. can't remember where I put Something away. "forgetful" confused, jumbled thinking. get mad about nothing people ask me whats wrong I say nothing. I can't seem to get what people want from me can't understand. when I was a kid. couldnt sit still figety. Report cards in school would always have something like doesn't pay Attention in class, doesn't sit still took me longer to Learn or understand. Always was in trouble was stuck sitting in front of class or in back of class or principal's office (strapped) been tied down in chair. always seeing counsellors. teachers always saying sit still be quiet. Sent to sit out in hall my dad was always telling me to sit still what lazy bum I am my room. was always yelling at me.

John's speech is far more articulate than his writing but no less poignant. "My dad," he said, "always rubbed my nose in it, that I should have been a doctor or a lawyer, or else I wouldn't amount to anything. After my parents divorced, the only time they would talk to each other was when my mother called my dad to say 'give him heck.'… I saw a video last week," he added. "Its title

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expressed how I feel: I Am Sick and Tired of Being Sick and Tired."

Patients are graphic about their feeling states, often almost lyrical. "Ah," a forty-seven-year-old man said with a discouraged wave of the hand and a smile that was resigned and mischievous at the same time, "my life is just so much soup and garbage can." What those words mean exactly, I could not say. Like poetry, they convey their meaning through the feelings and word associations they evoke. "Landed in the soup." "Fog as thick as soup." "Soup kitchen." "Treated like a piece of garbage." "I feel like garbage." Images of distress, loneliness and confusion, presented with a tinge of humor. The strangely dissonant imagery tells also of a troubled soul who found reality harsh—so harsh that the mind had to be fragmented in order to fragment the pain.

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2

Many Roads Not Traveled

To get through each day, natures that are at all high strung, as was mine, are equipped, like motor cars, with different gears. There are mountainous, arduous days, up which one takes an infinite time to climb, and downward-sloping days which one can descend at full tilt, singing as one goes.

– MARCEL PROUST, *In Search of Lost Time*

ATTENTION DEFICIT DISORDER is defined by three major features, any two of which suffice for the diagnosis: poor attention skills, deficient impulse control and hyperactivity.

The hallmark of ADD is an automatic, unwilled "tuning-out," a frustrating nonpresence of mind. A person suddenly finds that he has heard nothing of what he has been listening to, saw nothing of what he was looking at, remembers nothing of what he was trying to concentrate on. He misses information and directions, misplaces things and struggles to stay abreast of conversations. Tuning out creates practical hardships, and it also interferes with

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the enjoyment of life. "A continuous and whole experience of music is unknown to me," a high school teacher said. "My mind is off wandering after only a few chords. It is a major exercise for me even to hear one brief song through on my car radio." There is a sense of being cut off from reality, an almost disembodied separation from the physical present. "I feel like I am a human giraffe" is how one man described it, "as if my head is floating in a different world, way above my body."

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. There is an almost active not noticing, as if a person purposefully went out of her way to be oblivious of what is around her. I compliment my wife for a new decoration in our living room, only to be told that the very same item has been in that place for months or even years.

The distractibility fosters chaos. You decide to clean your room, which, typically, looks like a tornado has just passed through. You pick a book off the floor and move to replace it on the shelf. As you do so, you notice that two volumes of poetry by William Carlos Williams are not stacked side by side. Forgetting the debris on the floor, you lift one of the volumes to place it beside its companion. Turning a page, you begin to read a poem. The poem has a classical reference in it, which prompts you to consult your guide to Greek mythology; now you are lost because one reference leads to another. An hour later, your interest in classical mythology exhausted for the moment, you return to your intended task. You are hunting for the missing half of a pair of socks that has gone on furlough, perhaps permanently, when another item of clothing on the floor reminds you that you have laundry to wash before the evening. As you head downstairs, laundry hamper in arm, the telephone rings. Your plan to create order in your room is now doomed.

Completely lacking in the ADD mind is a template for order, a mental model of how order comes about. You may be able to visualize what a tidy and organized room would look like, but

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the mind-set to do the job is missing. To begin with, there is a profound reluctance to discard anything—who knows when you might need that copy of *The New Yorker* that has gathered dust for three years without ever being looked at? There is little space for anything. 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. Should you nevertheless succeed now and then, you know full well that the order is temporary. Soon you will be throwing things about again, seeking some needed item you are sure you saw recently in some obscure nook or cranny. The law of entropy rules: order is fleeting, chaos is absolute.

A few people with ADD have extraordinary mechanical skills and are able to dismantle and assemble complex objects, pieces of machinery and the like almost intuitively. Coordination difficulties affect most others, particularly in the area of fine motor control. Things are dropped, feet are stepped on, balls fly in the wrong direction. Objects piled on top of each other during cleanup are fated to come crashing down. Telephone numbers are scribbled with the digits in the wrong order: even if it's possible to read what was written, you will still get the number wrong.

Like many others with ADD, I have little ability to conceptualize in three dimensions or to divine the spatial relationships of things, no matter how well they are explained. When in a novel I come to a physical description of, say, a room with a desk here, a bed there, a window, a nightstand, my mind's eye just glazes over. Asking for directions in the street, the person with ADD loses track by the time his informant is halfway through her first sentence. Fortunately, he has perfected the art of nodding. Ashamed to admit his lack of comprehension and knowing the futility of asking for clarifications that he would grasp with no greater success, he gives a masterful impersonation of one who understands. Then he heads off, entrusting himself to good fortune. "When there is a 50 percent possibility of choosing the wrong turn, I will do so

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about 75 percent of the time," one of my ADD patients said. The deficient visual-spatial sense works synergistically with the distractibility. Order just doesn't stand a chance.

The distractibility in ADD is not consistent. Many parents and teachers are misled: to some activities a child may be able to devote, if anything, compulsive, hyperconcentrated attention. But hyperfocusing that excludes awareness of the environment also denotes poor attention regulation. Also, hyperfocusing often involves what may be described as *passive attention*, as in watching television or playing video games. 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. Active attention is a capacity the ADD brain lacks whenever organized work must be done, or when attention needs to be directed toward something of low interest.

A facility for focusing when one is interested in something does not rule out ADD, but to be able to focus, the person with ADD needs a much higher level of motivation than do other people. Ignorance of this fact has led many doctors to miss the diagnosis. "Indeed, the characteristic of our patient," wrote a psychiatrist of a college lecturer I had diagnosed with attention deficit disorder but whose GP wanted a second opinion, "is that he is able to focus his attention on something that he is really interested in, which for patients afflicted with ADD is very difficult." That is not what is very difficult. What can be immobilizingly difficult is to arouse the brain's motivational apparatus in the absence of personal interest.

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. Teachers may conclude that the child is willfully deciding when or when not to buckle down and work diligently. Many children with ADD are subjected to overt disapproval and

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public shaming in the classroom for behaviors they do not consciously choose. These children are not purposively inattentive or disobedient. There are emotional and neurophysiological forces at play that do the actual deciding for them. We shall examine them in due course.

The second nearly ubiquitous characteristic of ADD is impulsiveness of word or deed, with poorly controlled emotional reactivity. 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. The consequences are predictably negative. "I want to control myself," a thirty-three-year-old man said at his first visit to my office, "but my mind won't let me." The impulsiveness may express itself as the purchase of unneeded items on a whim, without regard for cost or consequence. "Impulse buying?" another man exclaimed during our first interview. "If I had the money I would impulse buy the whole world."

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. In a minority of cases, especially in girls, hyperactivity may be absent altogether. They may go through school inattentive and absentminded, but as they cause no trouble, they are "passed through" from grade to grade. While the finding of hyperactivity is not required for the diagnosis of ADD, it can be quite dramatic for some patients. "The only thing that ever slowed me down was the police siren when I was caught speeding," said a twenty-seven-year-old woman.

The loquaciousness of many children with ADD is notorious. One Grade 2 boy was called Talk Bird by his classmates, so incessant was his chatter. His parents, too, were often after him to be quiet. It's as if such a child is saying, I'm cut off from people, so

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anxious that if I don't work overtime to establish contact with them, I will be left alone. I only know to do this through my words. I know no other way. Some adults with ADD have told me that they speak so quickly partly because so many words and phrases tumble into their minds that they fear forgetting the most important ones unless they release them at a fast rate.

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 it. Merciless pressure in the mind impells without specific aim or direction. As long ago as 1934, an article in *The New England Journal of Medicine* identified a distressing quality to some people's lives, which the authors called "organic drivenness." 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. Like father, like son. At the age of eight or nine, my son said to me, "I always think I should be doing something, but I don't know what it is." The oldest person to whom I have prescribed a stimulant was an eighty-five-year-old woman who, on taking Ritalin, was able to sit still more than fifteen minutes for the very first time in her life.

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. Not once in high school or university did I begin an assignment or essay before the eve of the day it was due. In that era of manual typewriters, my rough copies had to serve as final copies. They resembled academic tossed salad: sheets pasted over with pieces of paper bearing hastily scribbled corrections. On the other hand, when there is something one wants, neither patience nor procrastination exist. One has to do it, get it, have it, experience it, immediately.

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