

In Their Own Words

Two Individuals Share Their Thoughts on Living with AD/HD

Introduction by Phyllis Anne Teeter Ellison, Ed.D.

IN SCIENTIFIC AND academic discussions of AD/HD, we sometimes lose the perspective that comes from investigating clinical case studies. Case studies bring to life the daily issues and challenges faced by individuals with AD/HD and help to illustrate the impact of the disorder upon individuals and their families. The case studies presented in this article provide insight into AD/HD from the viewpoint of two young adults. Their voices and stories during adolescence and young adulthood both inspire and highlight the challenges they faced while learning how to cope with the condition.

In these cases, Andy and John were fortunate to have a number of resiliency factors that served as protective buffers and helped reduce some of the negative impact of AD/HD. Despite problems with hyperactivity, disorganization and work completion, teachers recognized their unique talents, which helped them develop interest in school and engagement in the learning process. Both had supportive families who provided love and understanding and learned to accept or at least cope with how AD/HD strained these relationships. They also sought professional help when social and behavioral problems began to have an adverse affect on schoolwork and relationships with peers and family members. In therapy, Andy and John developed interaction skills and identified meaningful coping tools.

While it appears that Andy and John are doing well today, don't ignore what it took to get them to this point. Both young men and their families overcame many hardships, and they continue to be challenged by AD/HD. Living with AD/HD places tremendous stress on both young men but there appears to be a positive balance—more resiliency than risk factors—coupled with knowledge about the disorder, inner strength and fortitude that have been critical to successful adult adjustment.

Andy was first seen for social skills building therapy at the age of 12. The following interview was conducted five years later while he was in high school. John entered therapy after the accidental death of his younger brother who also had AD/HD. Despite being intellectually gifted, both young men struggled with AD/HD in high school and in their relationships with others. Today, both Andy and John have graduated college and are pursuing careers—one as a teacher and the other as a doctoral student. ■

Editor's Note: This article would not be possible without the assistance of Andy's psychologist, Phyllis Anne Teeter, Ed.D., and John's psychologist, Sam Goldstein, Ph.D., both members of *Attention!*® magazine's Editorial Advisory Board.

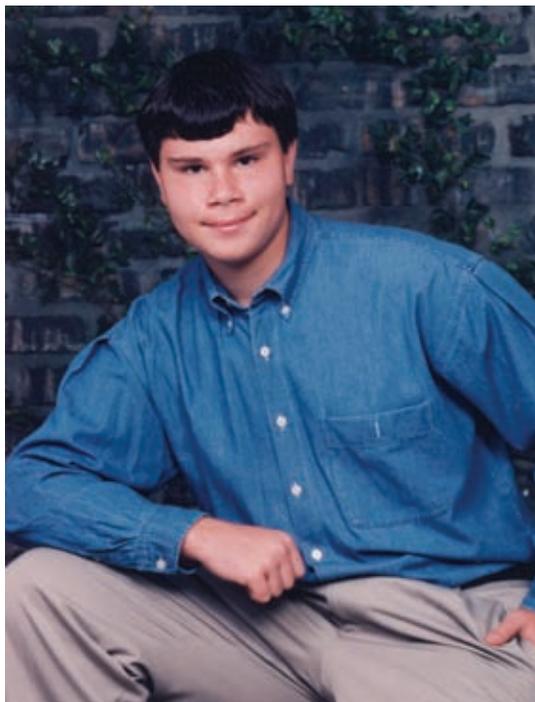
Andy, a teenager

Andy at 17 describes what it is like to have AD/HD: “It’s hard to say. I don’t have much to compare it too. I feel like I’m two years behind everyone—not intellectually or physically—just socially. I don’t have all the subtle social graces. I’m too straightforward, but I work on it so that I can communicate in a socially acceptable manner.”

When asked what he liked about having AD/HD, he said, “That’s kind of like asking what’s it like to have cancer...I do notice that I’m different when taking my meds. I don’t see this as something wrong, but the pills do change me. The pill makes me feel more normal...Before meds, my emotions were amplified. When I was happy, I was really happy; when I was mad, I was really mad. I do like the fact that I get extra time on tests. In theory, it makes me laugh that I could really goof off if I wanted, but I don’t. It’s interesting that I could if I wanted to.”

Andy thinks that having AD/HD has helped him in one aspect, “I have to say I’m one of the best players in my Comedy Sportz competitions. I think it’s because I have AD/HD. The improvisations are like having AD/HD—very fast moving.”

Aside from that, he says, “There are not many benefits. That may sound hopeless. It bothers me that people don’t understand AD/HD. I can accept and see why they don’t understand, but people need to know more about it. Although it’s not a perfect science, we need to let them in on the basics.”



According to Andy, his relationship with his parents has been instrumental in his success. “I can’t think of anything we haven’t solved together.”

Even after years of working to compensate for his AD/HD, Andy has difficulty coping at times. “I feel left out because I don’t care, not because I don’t understand but because I don’t care. I’m not sure why I don’t care. There are some things I know I should care about because I know they’re important to my future, but I don’t care.” When asked what some of those things were, Andy indicated that filling out college applications was a real chore. “I hate writing essays. I hate the scholarship stuff. I don’t want to do it. I know I should do it, but I don’t care. Fortunately, my mom hounded me to do it, but she can’t make me care.”

Andy understands the kinds of things that are most difficult for him. Although he enrolled in a typing class, he also admits, “I don’t care about it. I don’t like it, but I will do it. I hate the repetitive nature of it. In my freshman and sophomore years, essay tests were the same way. I learned how to write in a style that got



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very boring—the same sentence structure. It was written alright but it was dull...I get disengaged in class when things are repetitive. I like new things. As Calvin [of *Calvin and Hobbes*] says, ‘It’s not the having but the getting that’s great.’...I did better in math last year because it was all new. I think that’s why I don’t like the college applications. I have to do them one after another. It’s boring. Paperwork is not my favorite thing.”

Andy said that he never made many childhood friends but that the ones he had were good ones. He commented further, “I get along with people two years younger than me. I must admit that I don’t recognize people very well—simple disguises really fool me. Simple differences really throw me off. People I knew in freshmen year, I couldn’t recognize by sophomore year. I’m really close to most of the seniors in my class. I’ve known them so long. It’s easy to fit in. They’ve gotten used to me. I don’t have a problem unless it’s newer people. If I wanted, I could probably make more sophomore friends than seniors, but my best friend is a senior. We are like Abbott and Costello. I wouldn’t change anything in that relationship. If reincarnation exists, he’s one of the souls I’ve decided to hang out with. We get along great. We do everything together. He knows the words to all the oldies. I don’t know any of the words to songs. I just listen.”

According to Andy, his relationship with his parents has been instrumental in his success. Both parents

are supportive and have always been there for him. “I can’t think of anything we haven’t solved together. I’ve always had a great deal of respect for them. I loved them then, and I love them now. They’ve always helped me.”

Andy feels that his biggest problem is procrastination. “It takes me a long time to get to things and to finish projects. I really don’t like to work. It takes me two hours to finish 15 math problems—working them over and over. The repetition, I hate it. I have less free time—less time to be lazy, to read, to play video and card games, and to watch TV. I have lots of interests. It’s frustrating for me especially when I have assignments I hate. It’s like torture. There are times when I’ve done math work for 30 minutes only to find out that I did the wrong page, and I had to go back and re-do everything. I know the stuff, I just can’t do it any faster so I try not to let it bother me.”

Andy says that his teachers have generally liked him. His favorite teacher planned exciting and fun things to do and arranged interesting stations around the room where students earned trophies when they completed all seven projects. “I remember I tried to get a trophy but I couldn’t get all the assignments done. I told him how hard I tried but that I just couldn’t complete them all. One day after class he told me that he had something for me. It was a trophy for working so hard.”

Andy believes that medication has made a positive difference and helped him to cope with his AD/HD. “There is no doubt that my medication eliminates my AD/HD symptoms. It doesn’t go away though.”

He also said that being interviewed over the years helped him because of the questions he has been asked. “The questions have helped me understand myself better.”

Andy believes that teachers, parents and friends need to understand the disorder better. “Medications don’t cure it. It’s very real; it’s not made up. There is nothing wrong with people who have AD/HD; they’re just different. You need to help those who have it—help them cope with it and understand it because they’re special. While admittedly there are a lot of serious things in life like war, AIDS and cancer and more important things than AD/HD, AD/HD doesn’t go away.” ■

Andy is now 24 years of age. He is a college graduate and is currently working with children with autism. He plans to obtain his teacher certification and works part time as a clown. He is happy and excited about his future.

John, an adult

Let me begin by countering the argument that AD/HD is a blessing. It isn't. Nor is it an advantage, a gift or desirable in any way. Let me expand on this by sharing an experience I had with my therapist.

At one of my appointments, my therapist had, with my permission, invited some foreign colleagues to ask me some questions about adult AD/HD. As the discussion progressed, my therapist posed the hypothetical scenario (paraphrased for brevity), "If I could give you a pill today that would forever cure you of your AD/HD, would you take it?" and, "Assuming your infant son had AD/HD, would you give it to him?" Without a moments hesitation I answered, "For me, no. For my son, absolutely!"



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“My marriage gets strained to near breaking point at times due to my inability to maintain a conversation or project reliably. When I do find something that piques my interest, all else will get pushed aside to make room for it.”

There were some puzzled and amused looks, as I am certain there are on the faces of *Attention!*[®] readers. This is an issue of nature vs. nurture. In the hypothetical, one can assume that both my son and I have AD/HD due to nature, or our genetic makeup. The separation of our situations is most evident with regard to nurture rather than nature. I have had to learn everything in life with patterns that work around, or with, my symptoms of AD/HD. My son, not having the need to develop such patterns yet, would greatly benefit from having those barriers removed as he learns similar life lessons.

The thought process involved in deciding my child's fate was quick, as I would not wish the curse of AD/HD on anyone. AD/HD is insidious in that it permeates every aspect of your existence. From the day you are born, your actions and perceptions—even your very thoughts—are warped by its lens.

No, I would not wish AD/HD on anyone.

My therapist has told me on many occasions that I am the model of a successful patient. I have had a very difficult time accepting this. How can someone with my history be the standard for achievement?

Perhaps my list of “haves” gives some insight into the comment. He reminds me that I have a loving wife, wonderful children and a fully functional family that loves me. I have a degree in marketing and, subsequently, a good job in which I do well and find great satisfaction. I am active and devout in my faith. I am, in general, a productive, reasonably well-adjusted member of society.

All of that sounds really nice. I can hear, “Oh, there's a really together successful guy, by any standard.” In that context I will have to gratefully agree. Unfortunately, this all belies the issues that don't come up in such a shopping list. I am horribly disorganized, both at work and home. I have a tremendously difficult time completing the tasks before me without succumbing to major tangential distractions. I find it nearly impossible to do simple things I know are necessary, from getting to places on time to completing ordinary daily tasks. My marriage gets strained to near breaking point at times due to my inability to maintain a conversation or project reliably. When I do find something that piques my interest, all else will get pushed aside to make room for it.

Even in print, these problems don't appear as dire as they are. Perhaps, the best way to shed light on this is to explain why I think I was able to get to where I currently am with minimal problems. It can be summarized in three words: intelligence, family and faith.



I was blessed with a curious and quick mind. I actually love learning—as long as it is something I am interested in. I am a voracious reader, and now with the Internet, a voracious researcher. My intellect provided me with options. I have been able to use logic to solve my way out of problems.

My intellect allowed me to find “back doors” when I could not use the main entrance. When other students moseyed through their schoolwork, I learned that if I didn't finish it in class, it would not get done. When a project did not hold my interest, I would find a new, quicker, more efficient way to get the job done. When all of that failed, I was able to fake it well enough to be convincing in my knowledge...most of the time. When even that failed, I would crash miserably and unexpectedly hard in a shower of others' unfulfilled expectations.

In reality, what my intellect afforded me was a form of self-therapy. I was able to find the strategies that would help me meet and attain my desires, particularly at a time when I did not even know I needed such strategies. It allowed me to form internal limits. These limits were hard to develop, but once in place were nearly unbreakable.

My parents have been amazingly supportive and understanding through the years. This is not to say that they didn't also experience desperation and frustration. From early on they knew there was a problem, but no one could give them any answers. As a child they sent me to a psychiatrist despite the financial strain on the family, only to have him finally conclude that, while there was a real problem, there was nothing that he could do for me!

At one point there was even talk of sending me to military school to protect my siblings, but in a leap of faith my parents chose to stick it out. I am grateful to them for this. In the process we were able to establish functional communication. To this day, the true strength in our relationship has been our ability to be frank and

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honest, while also maintaining everything in confidence. That constant love and support molded my approach to life. I learned to control myself better and to try hard not to disappoint them. I stretched to make them proud. I yearned for and received their approval. That is a powerful force.

Even with both of those factors in place, I most likely would not have made it to where I currently am without my faith. Religion rounded out and filled in many of the areas that family and intellect could not.

Perhaps that is what my faith, family and intellect did for me. They helped to create boundaries. In most cases they were as much self-imposed as imposed, either by faith, a desire to please or by intellectual reasoning. Those influences each set a unique and necessary standard that helped me manage myself. In fact, the times that my life falls into the greatest depths are the times when the lines become blurred.

Establishing boundaries has helped me reach for some lofty goals. There have been many times I have been a heap of rubble on the ground, but when I have limits and structure, I seem to keep climbing up and up. This is true for everyone, but true in a much more

vital way for those with AD/HD. So in the end, structure and guidelines in a loving, caring, stimulating environment helped me above all else, due to the protective limits they helped me set and enforce. No single element could do it for me. I needed the full package.

I believe the secret to combating AD/HD is the building of internalized structures and limits—an instruction set that *will not* be broken.

In my experience, these types of boundaries are what insulate and protect someone with AD/HD. Unfortunately, they are monumentally difficult to build and enforce. Clinicians and professionals can help people with AD/HD and similar disorders learn how to construct and be effectively guided by these boundaries. Without this understanding, knowledge and insight, all therapy is hit-and-miss and lacks real, long-term efficacy. ■

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