



Driven to Distraction (Revised): Recognizing and Coping with Attention Deficit Disorder

By Edward M. Hallowell M.D., John J. Ratey M.D.

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Groundbreaking and comprehensive, *Driven to Distraction* has been a lifeline to the approximately eighteen million Americans who are thought to have ADHD. Now the bestselling book is revised and updated with current medical information for a new generation searching for answers.

Through vivid stories and case histories of patients—both adults and children—Hallowell and Ratey explore the varied forms ADHD takes, from hyperactivity to daydreaming. They dispel common myths, offer helpful coping tools, and give a thorough accounting of all treatment options as well as tips for dealing with a diagnosed child, partner, or family member. But most importantly, they focus on the positives that can come with this “disorder”—including high energy, intuitiveness, creativity, and enthusiasm.

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Editorial Review

Review

“A very readable, highly informative and helpful book.” —*The New York Times Book Review*

“Conversational in tone, encyclopedic in content, and, best of all, utterly convincing because of its grounding in clinical experience, *Driven to Distraction* should make Attention Deficit Disorder comprehensible even to the most distractible reader.”—Peter D. Kramer, M.D., author of *Listening to Prozac*

“This is an important and much-needed book! Wise, practical, and reassuring.” —Jane M. Healy, Ph.D., author of *Endangered Minds* and *Different Learners*

“The first comprehensive book on the subject for the lay reader.” —*The Boston Globe*

About the Author

Edward M. Hallowell, M.D., is in private practice in adult and child psychiatry and has offices in both the Boston area and New York City. He lives with his wife, Sue, and children, Lucy, Jack, and Tucker.

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— 1 —

What Is Attention Deficit Disorder?

Once you catch on to what this syndrome is all about, you'll see it everywhere. People you used to think of as disorganized or manic or hyper or creative but unpredictable, people who you know could do more if they could just "get it together," people who have bounced around in school or in their professional lives, people who have made it to the top but who still feel driven or disorganized, these may be people who in fact have attention deficit disorder. You may even recognize some of the symptoms in your own behavior. Many of the symptoms of ADD are so common to us all that for the term ADD to have specific meaning, rather than just be a scientific-sounding label for the complex lives we lead, we need to define the syndrome carefully. The best way to understand what ADD is—and what it is not—is to see how it affects the lives of people who have it.

In the cases that follow, and in the many case illustrations that appear in this book, one can witness the struggles individuals faced to break through inaccurate labels and unfair judgments. As their stories unfold, a definition of ADD emerges.

Case 1: Jim

It was eleven o'clock at night and Jim Finnegan was up pacing in his study. This was where he often found himself at night: alone, pacing, trying to get things together. Now approaching the halfway point of life, Jim was getting desperate. He looked around the room and took in the disorder. The room looked as if the contents of a bag lady's shopping cart had been dumped into it. Books, papers, odd socks, old letters, a few

half-smoked packages of Marlboros, and other loose ends lay scattered about, much like the bits and pieces of cognition that were strewn about in his mind.

Jim looked up at the TO DO list that was tacked to the corkboard above his desk. There were seventeen items, the final one circled several times in black ink and marked with exclamation points: "Reorganization proposal due Tues., 3/19!!!" This was Mon., 3/18. Jim hadn't started on the proposal. He'd been thinking about it for weeks, ever since he told his boss that he had a plan that would increase productivity, as well as morale, in the office. His boss had said fine, come up with a written proposal and we'll see how it looks. His boss had also added a remark about how he hoped Jim would have enough "follow-through" to actually get something done this time.

Jim knew what he wanted to say. He'd known for months what he wanted to say. The office needed a new computer system, and the men and women out front needed more authority so they could make decisions on the spot so everybody's time wouldn't be wasted in unnecessary meetings. Efficiency would go up and morale would definitely improve. It was simple. Obvious. All the ideas were detailed on the various scraps of paper that dotted the floor of his room.

But all Jim could do was pace. Where do I start? he thought to himself. If it doesn't come out right, I'll look stupid, probably get fired. So what else is new? Why should this job be any different? Great ideas, no follow-through. That's me, good old Jim. He kicked the trash basket and added to the mess on the floor. OK, breathe in, breathe out, he told himself.

He sat down at his word processor and stared at the screen. Then he went over to his desk and began to straighten things up. The telephone rang and he barked at it, "Can't you see I'm busy?" When the answering machine came on, he heard Pauline's voice: "Jim, I'm going to sleep now. I just wanted to see how your proposal is coming. Good luck with it tomorrow." He didn't have the heart to pick up the phone.

The night went on agonizingly. One minor distraction after another would knock Jim off-line as he tried to clutch onto the task at hand. A cat would meow outside. He'd think of something someone had said three days ago and wonder what they really meant by that. He'd want a new pencil because the one he had felt heavy in his hand. Finally, he got down the words "A Proposal for Office Reorganization at Unger Laboratories." Then nothing. "Just say what you want to say," a friend had told him. OK, say what you want to say. But nothing came. He thought of a new job he wanted to apply for. Maybe I should just bag this and go to bed. Can't do that. No matter how bad it is, I've got to finish this proposal.

By 4 A.M. he was beat. But not beaten. The words began to come. Somehow his extreme fatigue had lifted the censor in his mind and he found himself explaining his ideas simply and efficiently. By six he was in bed, hoping to get a little sleep before his meeting with his boss at nine.

The only trouble was that at nine he was still in bed, having forgotten to set the alarm before he went to sleep. When he arrived in a panic at the office at noon, he knew from the look on his boss's face that no matter how good the proposal was, his days at Unger were over. "Why don't you find a place with a little bit more flexibility?" his boss said, and thanked him for his proposal. "You're an idea man, Jim. Find a place that can accommodate to your style."

"I don't get it," he said to Pauline over drinks several weeks later. "I know I have more to offer than getting myself fired every six months. But it's always the same old story. Great ideas, but can't get it done. Even in high school, can you believe that? The guidance counselor, she was this really nice lady, she told me that I had the highest IQ in the class, and so she just couldn't figure out why I had such a hard time living up to my

potential."

"You know what's not fair?" Pauline said, turning the stem of her Manhattan glass between her thumb and forefinger. "They took the ideas in your proposal and used them. Dramatic improvement. Everybody's happier and work is up. Those were your ideas, Jim, and you got fired. It's not fair."

"I don't know what's wrong with me," Jim said. "I don't know what to do."

Jim had attention deficit disorder. When he came to see me at the age of thirty-two, he had been living a life of chronic underachievement, falling short of his goals both at work and in relationships because of an underlying neurological problem that made it difficult for him to pay attention, sustain effort, and complete tasks.

ADD is a neurological syndrome whose classic defining triad of symptoms include impulsivity, distractibility, and hyperactivity or excess energy. About 18 million Americans have it today; while awareness has increased in the years since *Driven to Distraction* was first published, many still do not know that they have it. The condition occurs in children and adults, men and women, boys and girls, and it cuts across all ethnic groups, socioeconomic strata, levels of education, and degrees of intelligence. It used to be thought that this was a disorder of childhood alone, and that one outgrew it during adolescence. We now know that only about a third of the ADD population outgrows it; two-thirds have it throughout adulthood. ADD is not a learning disability or a language disability or dyslexia, and it is not associated with low intelligence. In fact, many people who have ADD are very smart. It's just that their smartness gets tangled up inside. Undoing the tangle to get a smooth run on the line can take more patience and perseverance than they can consistently bring to bear.

...

Where does the syndrome begin and normal behavior leave off? What is impulsivity? What is distractibility? How much energy is excess? These are the questions we will explore throughout this book, mainly in the context of individual cases, like Jim's. Considering the symptoms, can't we all recognize parts of ourselves? Yes. However, one bases the diagnosis of ADD not on the mere presence of these symptoms, but on their severity and duration, and the extent to which they interfere with everyday life.

When Jim came for consultation, he was at wit's end. He came into my office, sat down in one of the easy chairs, and began to run his fingers through his curly hair. He leaned forward, alternately looking at me or staring at the floor. "I don't know where to begin. I don't even know what I'm doing here," he said, shaking his head as if to say no, this won't help either.

"Did you have any trouble finding your way here?" I asked. He was twenty minutes late, so I figured he might have gotten lost.

"Yes, yes, I did," he said. "Your directions were fine, it wasn't your fault. I just turned left where I should have turned right and then I was gonzo, school was out. It's a miracle I got here at all. I ended up at some gas station in Somerville."

"Well, it can be pretty confusing," I said, hoping to let him relax a bit. Of the people who consult with me for problems related to ADD, probably about a half are either late for their first appointment or miss it altogether. I have come to expect it. It comes with the territory. My patients, however, usually feel very bad about it and so begin the session thinking that I am going to reprimand them in some way. "You certainly

aren't the first person to get lost coming here," I said.

"Really?" he asked. "That's good to hear." He took a deep breath to say something, but paused, as if the words had crowded in his throat, then let his breath out in a long sigh, the words apparently dispersed. He went through the same cycle a second time before I asked him if maybe he could use a few moments just to collect his thoughts while I wrote down some bits of information about him like his name, address, and telephone number. That seemed to help. "OK," Jim said. "Let's start."

"OK," I responded, leaning back in my chair, folding my hands behind my head. There was another long pause, and another sigh from Jim. "I can see that it's hard for you to get started," I said. "Maybe we could focus on what the problem is that brought you here."

"Yes," he said, "OK." With that little bit of prodding from me, Jim began to fill in most of his history. A normal childhood, or so it seemed to him. But when I pressed for more detail, Jim acknowledged that he was quite rambunctious in grade school and enjoyed getting into mischief. He got good grades even though he never really studied. "I thought school was like playtime," he said. But with high school, things got tougher. His innate intelligence couldn't carry him so easily anymore, and he began to fall behind. He started to get lectures from his teachers and parents on his moral shortcomings, how he was letting himself and everyone else down, how in the long run he'd be the worse for it, and so forth. His self-esteem fell, although somehow his inborn temperament was buoyant enough to keep him fairly upbeat. After stumbling through college, he began a long series of jobs in various computer-related fields.

"You like computers?" I asked.

"I could have invented them," he said with great enthusiasm. "I love them. I just have this understanding of them, you know what I mean? I know what makes them tick, and I know how to get the most out of them. If only I could tell people what I know. If only I didn't screw up every time I get a chance—"

"How do you screw up?" I asked.

"How do I screw up?" he asked, then repeated the question again, turning it into a sorrowful statement by his tone of voice. "How do I screw up. I forget. I argue. I postpone. I procrastinate. I get lost. I get mad. I don't follow through. You name it, I do it. I'll get into these discussions with my boss, and I'll see my way is right, and the next thing you know, I'm calling him a stupid jerk for not seeing that I'm right. Tends to get you fired, calling your boss a stupid jerk. Or I'll have this idea, but I won't be able to find it, like it's a jumble lost in the closet or something. It's in there, I know it's in there, but I just can't get it out. I want to get it out, I try to get it out, but I can't. One of my old girlfriends told me before she left me that I should face it, I'm just a loser. Maybe she's right, I don't know."

"You cared about her?" I asked.

"For a while. But then she got fed up, like all the rest have. I mean, I'm pretty intense to be with."

"Where do you think that intensity comes from?" I asked.

"I don't know," he said. "It's always been there, though."

The longer we talked, the clearer it became how right Jim was, how the intensity had always been there, seldom harnessed, but always burning. That intensity may in part explain why ADD is common among

people in high-energy fields, from sales to advertising to commodities to any high-pressure, high-stimulus kind of work. "Have you ever consulted a psychiatrist before?" I asked.

"A couple of times," Jim said. "They were nice guys, but nothing really changed. One of them told me not to drink so much."

"How much do you drink?"

"I binge. When I really want to let loose, I go out and tie one on. It's an old family tradition. My dad drank a lot. I guess you could say he was an alcoholic. I don't think I'm an alcoholic, but that's what they all say, huh? Anyway, I get these terrible hangovers the next day, so I don't go back to it for a while."

Often people with ADD self-medicate with alcohol or marijuana or cocaine. Cocaine, particularly, is similar to one of the medications used in the pharmacological treatment of ADD.

Users Review

From reader reviews:

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