

The Experience of Attention Deficit Hyperactivity Disorder (ADHD): Stories of Anxiety, Resilience and Fierce Determination

Siona Bastable Vizzard, Integrative Psychotherapist, UKCP Reg, DCPsych (in process) -
bastablesiona@gmail.com

The medical model of ADHD focuses on three predominant difficulties: managing switching, sustaining and selecting aspects of attention and focus; uncontrollable distractibility; and the involuntary overabundance of movement, physical or mental. NICE guidelines (NHS 2009) recommend medication for initial treatment, with CBT as an alternative. However, the medical model and these recommendations do not consider the psychosocial impact on the “self” that living with ADHD may have for the individual. This study’s aim was to explore the internal experience of adult ADHD and assist clinicians to attune to the unique needs of these individuals.

Narrative inquiry was used as it is a method suitable for capturing how people make sense of the world, giving primacy to the ideographic rather than the nomothetic view of individual experience. Four men and two women between the ages of 30 and 67 who self-identified with ADHD were interviewed.

The most poignant finding is that, of the 6 individuals, 5 ended up researching and self-diagnosing their own ADHD before acquiring the formal designation. All participants spoke of a lifetime of being told and experiencing themselves as round pegs in a square world. Nevertheless, each participant found unique ways to adapt themselves into a functioning life. This was often preceded by a history of deeply unsatisfying coping and/or defence mechanisms such as alcohol, abusive relationships, and/or a chequered work history. As one participant put it: ‘I just battled with my life. I’ve tried to survive. At the end of the day, I just survive.’

Participants described the difficulties of living with symptoms of ADHD. One problematic symptom is a near-constant anxiety state which disrupts sleep and prevents relaxation. Layered with developmental relational trauma, this manifests as a continuous worry over not getting things right, not reading the ‘signs’ correctly, and being judged.

Clinicians treating ADHD adults will need to attune to a differently experienced sense of time, differently exercised forethought and intention, and sometimes heavily impoverished relational experiences. Clients often experience quite intense levels of barely regulated idealism, emotion and self-abnegation. A useful therapeutic goal is to discover and fashion their own self-regulating responses. The bounce-back quality of ADHD individuals’ resilience often makes the work effective, validating and relieving for the client, achieving what one participant joyfully characterized as finally experiencing themselves as being ‘the person I want to be’.

References

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