THE ADHD Field Guide FOR ADULTS

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GALLERY BOOKS

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To those who've
been told they're too
much, not enough,
or just needed to try
harder.

You are never alone.

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INTRODUCTION

You Are Not a Fuckup

It is September 2018, and I am sobbing uncontrollably on my couch. In less than two weeks, I'm supposed to play Miranda in *The Tempest* and Maria in *Twelfth Night*, and despite my nightly efforts to sit down and focus on studying my lines, I am wildly unprepared.

I sit and read, and I reread, and I try to learn the lines forward and quite literally backward. Nothing sticks. I try writing them down. I try listening to recordings. I try making up songs and anagrams and I try every single trick and skill I've ever developed to memorize, but nothing stays in my head for longer than a few minutes, if I can even sit down and focus for that long.

I am terrified. This has never happened before. I have two master's degrees in Shakespeare. This has always been easy for me, and this is the thing I love to do. Why can't I sit down and focus? Why can't I memorize my lines like usual? I am sure that I must have early-onset

dementia—something is definitely wrong. But how do I say, "I'm having trouble remembering Shakespeare lines" at the doctor and be taken seriously?

Over and over, day after day, I wake up and promise myself that today is the day that everything changes.

I can feel the *wrongness* lurking around corners, in stacks of dishes gone undone, in piles of laundry and clutter that crowd my hallways, in the unsent emails and unanswered texts, in the plans I keep making and breaking, in the way that I seem to be outside myself, watching my world fall apart. I am drowning, and the water is invisible to everyone but me.

I keep willing myself to get up off the couch.

Just send the email just send the text just put the dishes away this time don't forget to take out the trash why can't you ever keep anything clean just do the laundry or can you at least brush your teeth or take a shower you really are a piece of shit why can't you do anything right why are you such a fuckup . . .

I start having panic attacks. I start finding reasons to miss rehearsal—if I don't go, they won't know that I'm a fuckup, and they won't know that I'm suddenly too stupid to memorize a bit of Shakespeare. I can just quit; I can just hide. I can never do anything I like, ever again, because fuckups don't deserve nice things.

I am ashamed and embarrassed. I'm a terrible wife, a crappy partner. I am an embarrassment to my family, and I'm lazy and worthless, and I simply need to buckle down and try harder. And so I do. Over and over, day after day, I wake up and promise myself that today is the day that everything changes. Today is the day we sit down, focus, and learn the lines. And then, at the end of the day, I am exhausted from simply existing, but the laundry piles remain, the dishes are still undone, and my depression, shame, and anxiety grow and grow until finally I confess to a friend, through sobs, that I'm worried I'm going crazy.

He pauses thoughtfully and says, "I don't know if you're going crazy, but I do think you have ADHD."

The part I often leave out of the story was that he made the phone call to make the first appointment with my doctor, because at the time, even that was something I couldn't find the motivation to do.

That phone call became the catalyst for great change. Four months later, the day before my thirtieth birthday, I sat in a psychologist's office and told her my story, convinced the whole thing was ridiculous. I told her about how I'd been incredibly successful academically, how I'd earned multiple degrees, how I'd been told several times in my life that I couldn't possibly have ADHD. People with ADHD don't get good grades, I'd been told. "People with ADHD aren't smart like you, aren't good students like you, aren't pretty and outgoing and talented like you." I believed them.

She smiles at me and says, "Yeah, I believed them, too."

In that moment, I am seen. And for the first time in thirty years, I begin to understand myself. A year later, I begin devoting my life to helping others do the same.

AT THE START OF 2020, I was the entertainment director of the Georgia Renaissance Festival, while Erik was working as an artisan pizza chef at a high-end restaurant in California. We were unaware of each other's existence, both of us climbing our own ladders. Then in March, Covid-19 shut down the entertainment and restaurant industries, and our careers ended in an instant. Stuck at home with nowhere to go and no fast-paced careers to distract us, our ADHD had us all to itself.

We both started to make videos about how ADHD affected our lives, sharing our struggles and triumphs. Our videos started to resonate through the ADHD community, and eventually both of us went viral. Then one of us got tagged in the other's video. On August 8, I sent a message to Erik that read, "The laws of ADHD TikTok demand that we do a collab." The first time we got onto the phone, we talked for three hours.

Eventually, we started a podcast together, *Catie and Erik's Infinite Quest: An ADHD Adventure*. It turned out that there were a lot of people in the world who wanted to hear two people—with vastly different experiences of ADHD—talk honestly and openly about how

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A Bonus History of ADHD

WARNING: The next several pages are basically a long, weird digression where I dig into historical excerpts of old manuscripts. If this is not for you, PLEASE SKIP THIS SECTION! Move along. You won't hurt my feelings. And if you're a history nerd like me, well, you're welcome . . . —Cate

One of the things that I find more fascinating than anything else in the world is context. We, as humans, fit into a context—our cultural background, our religious beliefs, where we went to school, what we do for work—and context is often necessary to understand why and how things are today.

The history of ADHD is something that we don't talk a lot about when discussing the disorder, but it provides an *immense* amount of context to understanding the attitudes and ideas that currently shape our understanding of ADHD.

Hippocrates (460–375 BC), almost universally considered the father of modern medicine, provided the earliest report of a condition that appears to be comparable with what is currently identified as ADHD. He described patients who had "quickened responses to sensory experience, but also less tenaciousness because the soul moves on quickly to the next impression."[1]

An ADHD TIMELINE

Early Observations

Melchior Adam Weikard* (1775): Published the first edition of *Der Philosophische Arzt*, which received harsh criticism and backlash, particularly from the German Catholic Church, which objected to his theories that the usual solutions to mental illness—namely prayer and exorcism—were less effective than an informed medical approach to treatment.

Most notably for our purposes, this book contained a chapter titled "Attention Deficit" ("Mangel der Aufmerksamkeit") or "Attentio Volubilis." He describes this "attention deficit" phenomenon:

> Those, who have a lack of attention, are generally characterized as unwary, careless, flighty and bacchanal. [There's more, but he goes on to say:] . . . A young chaplain for example is supposed to meditate about the savior's sufferings. Every humming fly, every shadow, every sound, the memory of old stories will draw him off his task to other imaginations. Even his imagination, if and when it is copious, entertains him with a thousand minor subjects. He laughs so cordially when he is contemplating a nun who saw a soldier getting caught on the fence of the garden and his trousers getting snagged while he is to meditate on when Christ was taken prisoner. That is what I call lack of attention.

→

* The childhood of a doctor in the 1700s might seem like a small digression, even in a book about ADHD, but context begets context, and so it is important for you to know that Weikard was disabled, having what is described in memoirs as a "spinal deformity" and nearsightedness. This lived experience would inform his opinion that mental and physical ailments were not the result of God's punishment, demons, or witchcraft, but rather all had causes rooted in specific and measurable causes. Even more specifically, he concluded that social and economic factors could affect a person's cognitive function. This was an incredibly progressive take for the time, and this belief would spur his interest in medical science—particularly in the fields of what we'd now call psychiatry and psychology.

. . . An inattentive person won't remark anything but will be shallow everywhere. He studies his matters only superficially; his judgements are erroneous and he misconceives the worth of things because he does not spend enough time and patience to search a matter individually or by the piece with the adequate accuracy. Such people only hear half of everything; they memorize or inform only half of it or do it in a messy manner. According to a proverb they generally know a little bit of all and nothing of the whole.

Sir Alexander Crichton (1798): Described a condition similar to ADHD, focusing on inattention and distractibility.

> In this disease of attention, if it can with propriety be called so, every impression seems to agitate the person, and gives him or her an unnatural degree of mental restlessness. People walking up and down the room, a slight noise in the same, the moving a table, the shutting a door suddenly, a slight excess of heat or of cold, too much light, or too little light, all destroy constant attention in such patients, inasmuch as it is easily excited by every impression. The barking of dogs, an ill-tuned organ, or the scolding of women, are sufficient to distract patients of this description to such a degree, as almost approaches to the nature of delirium. It gives them vertigo, and headach [*sic*], and often excites such a degree of anger as borders on insanity. When people are affected in this manner, which they very frequently are, they have a particular name for the state of their nerves, which is expressive enough of their feelings. They say they have the *fidgets*.

Heinrich Hoffmann (1844): Illustrated stories like "Fidgety Phil" and "Johnny Look-in-the-air," which depicted behaviors akin to ADHD.

"Let me see if Philip can
Be a little gentleman;
Let me see if he is able
To sit still for once at table":
Thus Papa bade Phil behave;
And Mamma looked very grave.
But fidgety Phil,
He won't sit still;
He wriggles,
And giggles,
And then, I declare,
Swings backwards and forwards,
And tilts up his chair,
Just like any rocking horse—
"Philip! I am getting cross!"

Sir George Frederic Still (1902): Discussed "defect of moral control" in children, a concept overlapping with ADHD, especially in impulsivity and attention issues.

> 1) passionateness; (2) spitefulness—cruelty; (3) jealousy; (4) lawlessness; (5) dishonesty; (6) wanton mischievousness—destructiveness; (7) shamelessness—immodesty; (8) sexual immorality; and (9) viciousness. The keynote of these qualities is self-gratification, the immediate gratification of self without regard either to the good of others or to the larger and more remote good of self.

Kramer and Pollnow (1932): Identified a "hyperkinetic disease of infancy," closely resembling modern ADHD.

They described children with "a chaotic character, lack of concentration, insufficient goal orientation, increased distractibility, walking around aimlessly, touching of chairs, boards, etc.—of everything that comes their way." At school, children "affected by hyperkinetic disease often cause extreme educational difficulties,"[2] particularly in motor restlessness and inattention.

Charles Bradley (1937): Inadvertently discovered the positive effects of stimulant medication on children's behavior and accidentally paved the way for medication treatment.*

So why does all this matter?

Because the "why" of ADHD, the foundational understanding, is still shaped by these ideals and viewpoints.

We have to look at the history of writing on mental illness and the attitudes of those old times to start understanding how and why we talk about neurodivergence the way we do today.

It's frustrating, right?

Medical ideas from a time when things like "being born under the wrong star" and "an imbalance of humors" were believed affect *your* ability to get treatment *today*. Stigmas about "moral defects" are still present in conversation about ADHD.

Furthermore, there is quantifiable, sourceable, historical evidence that ADHD has always been around. It's not a "new thing," it's not a "trend," it's not a "fad," and we can look as far back as the BC years to prove it.

ADHD has been part of the human experience for as long as there have been people. So you, dear reader, or someone you love, are part of a long, storied history. You, by the very nature of your existence—with your own set of experiences, your own background, your own strengths and weaknesses and dreams and goals—are part of that story. You're part of the context by which we understand ADHD.

And I think that is pretty cool.[3]

* Listen, I can't in good conscience write this section without at least mentioning that the reason this happened was because this guy was doing terribly painful experiments on kids in a mental institution; he's not a hero.

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Imagine you're moving and you've got a big, heavy box of books. The moving truck is parked out back, so you've got a bit of a distance to walk. You manage, but you're kind of sweaty and it takes some energy to get there.

Now imagine someone hands you two boxes at the same time. A little tougher, but you do it, and you're very proud of yourself.

Now imagine you're holding those two boxes and someone starts stacking a third, a fourth, a fifth . . . At some point, getting to the truck is going to be REALLY difficult. Maybe even impossible.

That is what living with comorbidities can feel like. For a HUGE number of people living with ADHD, it's not *just* ADHD. It's a stack of ADHD, depression, anxiety, PMDD (premenstrual dysphoric disorder), substance use disorders, eating disorders, issues with sleep, or maybe even Autism.

All those boxes "stack." All those boxes interact with one another, their component parts sometimes supporting other parts, other times causing a profoundly negative reaction.

This is why we feel it's so important to just yell this over and over:

For the MAJORITY of people with ADHD:

IT'S NOT *JUST* ADHD.

For a huge percentage of the ADHD population, those comorbidities are going to impact the success of the systems and solutions they use. We cannot talk about, say, executive functions (see page 36) without acknowledging that executive functioning is vastly different with depression, anxiety, or sleep issues—or all three. We cannot talk about strategies to feed yourself without acknowledging that many people with ADHD have issues with binge eating and food restriction. The list is long.

These Venn diagram scenarios are different for everyone, but no matter the type of overlap, ADHD rarely exists in a vacuum, so why do we keep talking about it like it does? We're going to break it all down for you instead.

In this chapter, we will discuss some of the most common comorbidities that come with ADHD. Before we do that, we should probably take a definition break . . .

DEFINITION BREAK 6/18

Comorbidity

A comorbidity is a disorder that exists along with another. Example: ADHD and OCD (obsessive compulsive disorder).

Are there other COMMON COMORBIDITIES of ADHD?

Sexual dysfunction, erectile dysfunction, balance issues, vision issues, learning disabilities, and dyslexia are all relatively common comorbidities of ADHD.

Recently there has been a push by some educators to say "sexual disappointments" or "difficulties" rather than "dysfunction," and I think that's an important idea to highlight.

Dysfunction implies that there is something broken or "wrong" (usually medically), whereas difficulties or disappointments highlight that some of the issues we as ADHDers face are exactly that—disappointing and/or difficult. **It's not because our orgasm button is broken or that having sex is physically impossible, it's that we need a very specific set of circumstances to be right for us to manage the factors—like focus, physical connection, relaxation, and communication—it takes to get in the right headspace to make something sexy happen.**

Studies are starting to come out suggesting people with ADHD "report more sexual desire, more masturbation frequency, less sexual satisfaction, and more sexual dysfunctions than the general population."[2] So we generally have a higher sex drive but less of an ability to satisfy it. In males, this often manifests as what we would describe as "erectile dysfunction," so let's talk about that, too.

In Western pop culture, not being able to get or maintain an erection is almost ALWAYS portrayed as a shameful and embarrassing thing—a sign of a weak, ineffective person. While the *real* men, the ones who matter, can throw someone up against the wall and go at it anytime, anywhere.

That's just the movies.

Because of the manufactured shame surrounding erectile dysfunction in popular media, I can hardly think of any public figures

THIS APPLIES TO MUCH OF LIFE WITH ADHD!

There are many ways ADHD stuff can lead to depression stuff, and they all have one crucial thing in common: They all start with *shame*.

Now, shame is inevitable. You are going to feel shame in your life, and there's no sense in feeling shame about feeling shame. Developing a healthy relationship with shame is arguably one of the hardest and noblest endeavors we can undertake as adults.*

As for distinguishing guilt and shame, we feel *guilt* over things we *did*. We feel *shame* over what we *are* (or what we believe we are). Guilt can be useful, because we can change what we do, and guilt lets us know when we should. Shame is useless, because we can't change who we are. Guilt is actionable; shame is not. Don't use shame as an excuse to neglect the lessons of guilt.†

When we feel shame, it is because we think we are something worth being ashamed of. So in those moments, ask yourself, "What do I think I *am* that is making me feel ashamed?" For example:

"I am ashamed that I am unreliable."

Now reword that as a statement of guilt:

"I have been guilty of behaving unreliably."

Notice how the shame statement pertains to the past, present, and future, as if dooming you to a life of being unreliable, whereas the guilt statement refers only to the past, leaving the future open for change.

Once you have framed behavior in terms of guilt rather than framing yourself in shame, you can begin to modify your behavior.

* I've said the word *shame* too many times, and now it just sounds like weird mouth sounds. Fun fact: that's called "semantic satiation."

† Okay, now *guilt* just sounds like a nonsense word, too. Is that really how it's spelled? It looks so weird.

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