

ADD TYPES AND LOOKALIKES

Attention deficit disorder (ADD) and hyperactivity (ADHD) can be difficult to recognize because they have variations, mimic, or are combined with other conditions. The following descriptions are offered to help make distinctions:¹

ADD WITHOUT HYPERACTIVITY

Because ADD was first identified in hyperactive children, it was often missed in people who daydream, go off on tangents, procrastinate, appear spacy, lose their place while reading, or forget where they are when driving. This distractibility or preoccupation happens for reasons other than having too many tasks to do or depression. High toleration for chaos, risk taking, and impulsivity can foster creativity and imagination in these people.

ADD AND HIGH STIMULATION

Some people with ADHD constantly seek stimulation. They enjoy a fast-paced life, doing many things at once, debating, fighting, bungee jumping, car racing, gambling, overspending, tight deadlines, intense romance, or heavy exercise. They will do anything to avoid boredom.

ADD AND MANIA

ADHD people are more consistently overactive than people who have periods of mania with high activity, distractibility, impulsively, and risk taking. Hypomanic (mildly manic) people can have long periods of excessive activity, talkativeness, and impulsiveness; however, they are more likely to feel confident and hopeful than people with ADD are. An ADD verbal style is meandering and detailed, whereas a manic one is pressured, compulsive, and long-winded.

In ADD, an underenergized brain cortex may have trouble inhibiting movement, whereas during mania, the brain is overenergized. Drugs for mania reduce brain excitability, and medications for ADD stimulate the brain. When drugs for mania are not helpful, treatment for ADD should be considered, and visa versa.

ADD AND DEPRESSION

Depression can accompany ADD due to a sense of chronic failure and underachievement. People may overlook pleasure, order, and hope. Depressed people can have difficulty pulling thoughts together and focusing, symptoms resembling ADD. However, the exhaustion and low energy found in depression is usually absent in ADD.

Research suggests the left cortex is linked to good feelings, and the right cortex is related to negative emotions.² In depression, the left cortex is underenergized. Hyperactive people may have a similar situation, possibly causing moodiness. People with just ADD are more likely to have an underenergized (negative) right brain, possibly giving them protection against depression.

ADD AND WORRY

Worries can result from anxiety about ADD symptoms of forgetting obligations or making intrusive comments. At other times, ADD anxiety is a way of energizing an underactive brain cortex and keeping thoughts focused. When people let go of one worry, they lock onto another in a way that is similar to people who obsess. People with ADD may have difficulty inhibiting movement, impulses, and distractions due to an underenergized brain, or they may be unable to detect false thoughts and stop them from repeating.

¹ These descriptions of ADD subtypes were adapted from *Driven to Distractions* by Edward Hallowell and John Rately (Simon & Schuster, 1994).

² “Depression: Beyond Serotonin,” by Hara Mestroff Marano, in *Psychology Today* (March/April 1999).

ADD AND DISSOCIATION

Dissociation refers to the disconnection of feelings from their cause. While thinking about an upsetting event, people feel cut off from it or numb. Due to distractibility, people with ADD may have difficulty focusing on a feeling for any length of time. They may be more prone to disassociate from trauma and to develop such puzzling disorders as multiple personalities or amnesia in the face of extreme distress. Treatment for ADD can help people focus on feelings during therapy.

ADD AND LEARNING DISABILITIES

A learning disability (LD) is not caused by a lack of intelligence, but results from problems taking in, processing, or expressing information. About 33% of people with ADD have LD, and 40% of people with LD have ADD.³ Tests can identify LD. Most schools offer such testing, but it may take persistence to have them administer the full battery needed to detect LD.

ADD AND OVERPLACEMENT

Like children with ADD, students who are too young for their grade often show underachievement, poor self-image, restlessness, and reluctance to perform tasks. However, “overplaced” children are more likely to have separation anxieties, shyness, premature births, preferences to play with younger children, and late loss of baby teeth. Whenever a child is younger or more immature than other children in his or her grade are, overplacement should be considered before ADD.

ADD AND SUBSTANCE ABUSE

People may use drugs due to poor impulse control or to escape feelings of low self-esteem that can accompany ADD. Although most people feel a rush of energy when taking cocaine, 15% feel focused rather than “high.” They may be “self-medicating” their ADD. Alcohol can quiet the “internal noise” of ADD; however, daily withdrawal and hangovers increase anxiety. Similarly, marijuana stills constant activity but, in the long run, adds to ADD problems with motivation.

ADD AND ERRATIC PERSONALITIES

ADD often appears to mimic problems of people who have unstable relationships, moodiness, impulsiveness, self-destructiveness, and constant conflicts with others. However, people with personality disorders have anger over unmet needs, become disappointed in relationships, and engage in high stimulation to distract from pain, whereas people with ADD have anger due to frustration, become distracted from relationships, and use high stimulation to focus themselves.

ADD AND CONDUCT PROBLEMS

Like their counterparts, people with ADD can have frequent fights, disobey rules, test limits, disrupt others, and break the law. However, their behavior is less motivated by anger, vengeance, “power hunger,” and lack of conscience than pure conduct disorders. Likewise, they are less likely to blame others, premeditate destructive actions, or have histories of abuse or neglect.

ADD AND CULTURE

Society bombards us with stimuli and overwhelms us with obligations. Difficulties slowing down and relaxing can resemble ADD. However, people with ADD have symptoms that began in childhood, that are consistent over time, and that interfere with life skills.

³ Beyond Ritalin by Stephen Garber, Marianne D. Garber, and Robyn F. Spizman (Harper Perennial, 1996).

