



# The Left Atrium

## Into the interior of ADD

**Scattered minds: a new look at the origins and healing of attention deficit disorder**

Gabor Maté, MD

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A hot brain. With sparks flying in from everywhere threatening at any moment to set alight the whole business. And the cooling influence of the judgement-passing frontal lobes arrives too late — too late, that is, to control the impulse or outburst, but not too late to produce regret. Such are the workings of the mind of those who inhabit a brain disordered by attentional deficit. Dr. Gabor Maté, who is among the estimated three percent of the human race — equal proportions of men and women — who have attention deficit disorder (ADD), has done us a great service. In *Scattered Minds* he tells those of us who do not have ADD, and cannot ever really *know*, what it is like to have ADD.

Like so many adults with ADD, Maté found out that he had the disorder only by chance. The realization came when he decided to write his regular medical column in *The Globe and Mail* on ADD: “to dip my toe in was to know that, unawares, I had been immersed in it all my life, up to my neck.” He had always known there was something amiss: “Terrified of my mind, I had always dreaded spending a moment alone with it.” After the diagnosis was confirmed, there followed a time of what he terms “ADD epiphany” as he learned how this knowledge would change his life. It has not been all ecstasy, but the road forward became clearer for him. Subsequently, his three children were diagnosed with ADD.

Maté claims that ADD is caused neither by our genes nor by our environment but somehow arises from the substrate of the former in the presence of the added stress of the latter, in the form of poor emotional nurturing in

very early life. This claim will ring hollow to most physicians with practical experience of the complex interplay of nature and nurture in illness. Nevertheless, Maté’s experience deserves our attention: when he was a newborn his parents watched as his grandparents were hauled off to the Nazi death camps. His parents were threatened daily with a similar fate. Maté believes that the distress in his mother, particularly, provoked the disorder in himself. In turn, he is convinced that his own troubled parenting in the years while he was struggling to understand what was wrong with him brought the disorder out in his children. The personal and professional account given here is a courageous one.

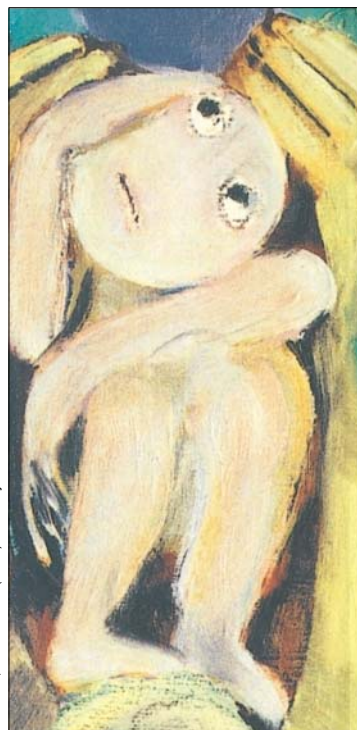
Anyone with experience of ADD in families will witness to the strong heritable component that it appears to have. Recent work on genetics and neurotransmitters strongly suggests that this disease is hard-wired from birth. However, our concept of ADD is still primitive, really only at the level of a syndrome, a collection of associated manifestations. Thus, our attempts to describe it usually resort to a standard set of features. A certain minimum number must have been present for six months before the diagnos-

tic label can be applied. Many of these features look familiar to parents of any child: “*often* fails to give close attention to details or makes careless mistakes in schoolwork,” “*often* fidgets with hands or feet or squirms in seat,” “*often* blurts out answers before questions have been completed” — to list a few items arbitrarily. This lack of specificity accounts for the concern about overdiagnosis and the overprescription of methylphenidate. Until we can develop a strict case definition, diagnosis will remain difficult and serious research into causation cannot proceed.

From his experience managing patients with ADD, Maté believes that drug therapy is overdone and that other measures that enable adaptation are neglected. While he seems confident that ADD can somehow be worked through or got around, there is growing evidence that children with ADD become adults with ADD, however successfully they adapt to it. Thus, there is another side to the concern about diagnosis. Many adults who have ADD are not aware that they do. If they were to find out about it, they would experience the relief of knowing how their brain works differently from most other people’s. Doors might open to further adaptation and the interventions that are avail-

able. Work and home life would probably improve.

To convey the experience of living with ADD, Maté employs compelling prose to describe the typical features of the disorder. Among the more in-



Rae Maté, “Mind Toilem” (detail), Courtesy of the artist.



triguing concepts are those of counterwill and ahistorical memory. In the former, an automatic resistance is put up to the will of another, a resistance that is an unthinking opposition largely at an unwilling and obsessional level. It reflects a poorly developed knowledge of oneself and one's true desires. Ahistorical memory allows the person to behave as though previous events, even the most recent ones, had never taken place. Last night's quarrel has nothing to do with expectations of a warm embrace this morning. Families who live with ADD will find their own experience illuminated in the case

descriptions. Maté takes them a step further as he illustrates how to give the attention *needed* rather than the attention *demande*d. A spiral down into low self-esteem or depression can be avoided as the family learns how to avoid both confrontation and denial and instead to acknowledge the person's real needs, abilities and accomplishments.

What we can learn from this book is that people with ADD live with a monkey on their backs. They know it is there, but others have to discover it. Having ADD still leaves all the variety of intelligence and creativity, all the

usual joys and sorrows and all the struggles to live a good life. Living successfully with a person who has ADD requires that the monkey be known, too. For it will continue to demand its place, at least until we learn more about how to avoid, cure and accommodate ADD. Those with ADD, their loved ones and their physicians will profit from reading this book. People who do not yet know they have it will have their lives transformed.

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## Lifeworks

# M-words

Barbara McGill Balfour's installation and accompanying artist's book, *m melancholia & melanomata*, explore connotations shared by the words "melancholy" and "melanoma," both of which derive from the Greek root *melas*, black. As melanoma arises from pigment-producing cells, melancholy was once believed to arise from a surfeit of black bile; juxtaposing these two phenomena, Balfour's work demonstrates that humoral conceptions of illness still have a considerable hold on our imaginations.

In the text of *m melancholia & melanomata*,<sup>1</sup> Balfour represents states of mind in which feelings of loss, alienation, inadequacy and, occasionally, exhilaration come into play. The ambiguity that characterizes Balfour's exposition of the psychology of depression is amplified by her visual exploration of the somatic phenomenon of melanoma. Intimate detail converges strangely with clinical observation in 90 unique lithographs raised two inches from the floor. These prints represent,

*She thought she must be very self-centered. When she was depressed, it encased her and she became very small, like a speck of dust. Or like space garbage. She often imagined herself that way. A helpless particle carried despite herself in an endless orbit around a distant globe. But in those lovely moments, increasingly present, when she actually felt happy to be alive, she felt full. Her heart leapt within her ribcage, throwing itself about. She was in rapture, an exalted state. An outside observer might consider her to be ill, but she knew that this is what she had been waiting for. And even if it didn't last, she was on the other side.*

**From Barbara McGill Balfour, *m melancholia & melanomata*, artist's book.**



Paul Litherland

Barbara McGill Balfour, *m melancholia & melanomata*, print installation (detail).

as the artist states, "the physical manifestation of melanoma on the surface of the skin, based on maps of my moles and freckles, as well as its subcutaneous presence, in cellular structures ... . Over the different prints, the forms can be seen to develop, accumulate, overlap, and spread, although not in a logical manner." Each print, measuring 20.5 by 30.0 inches, is covered with a