CHAPTER 3

INDIVIDUAL PROFILES OF THE SAMPLE

The individual profiles of the participants have been included in this chapter in order to give the participants a "voice". This will allow them to explain in their own words what they have experienced during their lives that has influenced how they feel about themselves. All quotes from the participants have been printed in italics.

PATRICIA

INTRODUCTION

Patricia is a 45 year-old medical practitioner who is married and has three children. Her husband is a medical specialist and, from her report, does not appear to suffer from AD/HD. She said that she was diagnosed with AD/HD as a consequence of her older son being diagnosed with the condition. Her other son also has AD/HD, and all three of her children have *learning problems*.

She said she believes that she was genetically predisposed to AD/HD because other members of her family of origin also showed similar symptoms. She stated: *Well, my father, in retrospect, did probably have it*, and added that ... *he couldn't deal with stress very well and he always suffered from depression and was in and out of (psychiatric) hospitals a lot.* She made no mention of her mother being either AD/HD affected or having any other mental illness, and described her as functioning well. She reported that she has one younger sister who, while not having been formally diagnosed, *probably has AD/HD* also.

Patricia reported that she had been prescribed the psychostimulant medication, Ritalin, by a psychiatrist, and she had found it to be beneficial. She stated that it had helped her

with *focusing, completing stuff, staying on task, stops my mind wandering, though it didn't help a lot when I was depressed.*

Despite the fact that Patricia suffered quite badly from depression, as discussed below, the interaction of AD/HD, the depression and their respective medications is difficult to accurately distinguish. As Patricia states above, for example, the Ritalin did not have a great effect when she was severely depressed. She said that, for a number of years, she suffered moderate to severe clinical depression, associated with subclinical social phobia and anxiety for which she takes Aropax, an antidepressant with anxiolytic properties. In general, Patricia is well served by the two medications in handling the symptoms of AD/HD and depression. However, she believes that, without the medications, her ability to function well would be considerably compromised.

SELF-ESTEEM

Patricia reported that her concept of self-esteem is centrally concerned with how well she is functioning and coping with her life in general. Therefore, it is almost solely internally generated or defined, as opposed to being the result of how she is seen or judged by others or the external world. In defining the characteristics of people with high self-esteem, Patricia described these in relation to herself:

> *Well, I can only describe them in terms of, um, myself, um, and when I have high self-esteem, um, it's when I feel that I am coping well, it's when I'm happy with the skills that I've got and how I'm using them, um, and how competent I see I am, um, ah - how well I'm contributing to the life of those around me, um, ah, whether I'm happy with myself at that point in time and if I am, then my self-esteem, um, is reasonably high.*

Likewise, with respect to low self-esteem: *And I have low self-esteem when all those things aren't functioning as far as I'd like to.* Thus, it is evident that Patricia's locus of control and, therefore, self-esteem, is internal.

As Patricia's sense of worth appears to be not externally generated to any degree, it follows that she would not need the approbation of others in order to feel good about herself. Consequently, she reported that she did not have a particularly large nor significant social network. She said that she did not have many female friends as she was growing up because she did not find their preoccupations very interesting: *...I mean, girls always talked about stupid things, um, you know, make-up and, you know the sort of things girls talk about. I was never into that ... I didn't really want to talk about the same things they wanted to talk about...* She found that she could more easily relate to males because they talked about *practical things.*

Despite regarding and describing herself as unattractive as an adolescent, *I was chubby and I wore thick glasses and I wasn't attractive and I was short*, Patricia was motivated to lose weight and wear contact lenses to improve her appearance. She reported that she had no difficulty attracting boyfriends during her time at University, although she did not feel that her appearance was an important factor in this aspect of her life: *I mean, I felt better about the way I looked but it didn't really make any difference, I think, to the way people - people's impression of me.* However, the approval of members of the opposite sex could be regarded as a source of self-esteem, especially as her attractiveness transcended conventional physical beauty. She attributed her attractiveness to her ability to relate to males, although the very fact that she felt it necessary to change her appearance could indicate that her self-esteem did depend on the approval of others and was, therefore, not entirely internally generated.

Ostensibly, this theme of being extremely independent of the opinions, attitudes and influences of others on her self-esteem has been continued through her adult life. However, it must be said that, as a medical practitioner, her general social status would be very high. Consequently, she would be accorded automatic authority and respect

which would maintain a high degree of self-esteem, albeit perhaps subconsciously, without intentional effort.

INFLUENCES ON SELF-ESTEEM

While completely discounting her father as having any influence at all on her, especially on her sense of self-worth, Patricia centrally and strongly nominated her mother as the most important figure. As she stated in answer to this question: *Oh, definitely my mother. She would praise us to everyone. She still does. It's embarrassing.* Reinforcing this are other general comments, such as: *Oh, we didn't get a lot of attention from our father. Mum was always there, dad was always working.*

Patricia views her mother as having reasonably high self-esteem, but feels that the source of this esteem is externally influenced, particularly by the success of Patricia herself and her sister. Patricia considers this locus to be the opposite of her own. Additionally, Patricia sees her own esteem as not coming from merely emulating or modelling on her mother's esteem, but rather as a by-product of being well nurtured and highly regarded by her primary parent. As she says: *I've never really looked at other people's self-esteem. You know, I always thought my mother had high self-esteem but, you know, since I've been older and talked to her, I think her self-esteem came from our success. ... I'm so different to my mother.*

Patricia reported that her mother was not able to finish her own schooling because of family commitments, so she took pride in the accomplishments of her daughters. Despite having AD/HD, Patricia was a gifted student and excelled at school and University. The apparent contradiction of her scholastic competence and AD/HD will be discussed at a later stage. How well Patricia did at school related to her mother's

support and expectations, together with her own strong internal sense of self-worth, as illustrated in these comments:

> *...my mother always believed that we could do anything we wanted. She always thought we could be the best, um, and I think that helped my self-esteem, although we always had to be the best, I mean, um, I never got a lot of compliments you know, if I got 99 out of 100 for maths, she'd say "Yes, but what happened to that extra mark", you know, it was never "Well that's wonderful", you know, so that was the way I grew up. I did well at school, in primary school, I think I was dux of primary school and I think my self-esteem was - came from within when I did well, um, that was enough - I'm a person that never needed anybody ...*

SPOUSE AND CHILDREN

Patricia also derives a great deal of esteem from her own family. Firstly, she has been in a good, long-term, stable marriage to a successful professional, who loves and respects her and treats her very generously. Secondly, she has three children on whom she dotes and derives much satisfaction from raising them well. Taken together, then, Patricia's social, maternal role of being in a double professional upper middle class conventional family with three teenagers, would represent success for most people. Accordingly, at least in superficial conventional terms, Patricia derives an optimum amount of self-esteem from this aspect of her life.

PARENTAL UPBRINGING AND FAMILY SYSTEM

Both of Patricia's parents had been married to others before they married each other and both were poorly educated, having left school early for various reasons. Patricia described her father as old-fashioned and traditional in his views, not very articulate, and earning a living at home working manually making tents and the like. He suffered from depression, could not deal with stress and was frequently admitted to psychiatric hospitals. He was in his 40s when Patricia was born, and he tended to be very remote and detached towards his family and was generally uncommunicative.

In contrast, Patricia's mother, although also uneducated, attended to all the accounting and bookwork to do with her husband's business. She was more outgoing and extremely supportive and encouraging towards both Patricia and her only younger sister. Patricia described her mother as "dominant" in the family generally. She was also very encouraging and complimentary of Patricia's academic and other aspirations in contrast to Patricia's father's conservative attitudes:

> *I sort of grew up with a father who thought that, you know, a woman's role was to get married and have children but a mother who wanted us to be the best we could .... nobody else (in the extended family) had ever been to University out of all the cousins so when my sister and I matriculated that was, wow, you know, that was such a big achievement. I didn't really know what I wanted to do, and my father wasn't very happy because he wanted me to go to secretarial college and learn to type, and he didn't think University ... and so he wasn't very encouraging, um, but my mother was the best thing in the world.*

Patricia feels that her mother's encouraging and supportive attitude may have been in compensation for her own lost educational opportunities, as well as a genuine love and concern for her daughters. She stated:

> *I think in a way she lived her life through us 'cause she had always regretted - she was one of 13 and she had to leave school, her mother died and she had to look after her brothers and all that sort of thing ... but I think her self-esteem comes from seeing us, my sister and I, as her success. I mean, you know, talking to her, she's bitter about having to leave school or she's bitter that she didn't get a chance to excel academically.*

Whilst Patricia described a great deal of animosity between herself and her sister, as in this excerpt: *We weren't close, we hated each other*, Patricia seemed to feel that the problem was one of sibling rivalry on her sister's part, as described here:

> *I have never been aware of anyone being jealous of me. Except my sister, but then that was her problem. She was more attractive than me, she was taller, she has a wonderful personality, she always had more boyfriends than me, she was smarter than me - um - you know - I saw her as having a self-esteem problem.*

Patricia's opinion was that her sister *probably does* have AD/HD as well, and that her sister married a man who suffers from severe bouts of depression, remarkably similar to their father: *But she married, she hasn't any children. Her husband suffers from depression. In fact, I always thought she married someone like dad.*

The other clear thing to emerge is that their father consistently favoured Patricia's sister whilst Patricia did not get on well with him to say the least, but that their mother treated them both equally and lovingly, as hereunder expressed:

> *I always thought (dad) favoured her but it didn't worry me ...Mum didn't think that. Mum supported both of us. Mum still supports me. (Q?: And her?) Yes, they're very close.*

SIGNIFICANT OTHERS

Aside from her parents, Patricia made no mention of significant other influences in her early life aside from teachers in secondary school. As she described, she was very lucky with a number of teachers in that they taught her very well and were generally very supportive, thus maximising her academic potential.

These teachers, in addition to her mother's support, may well have been crucial to Patricia's success in life, as can be inferred from this excerpt:

> *I was lucky. I went to a girl's school and um, I had, when I think back I had wonderful teachers who, um, just gave everything. I was just lucky to have the pick of the teachers all the way through.*

SOCIAL, PEERS AND RELATIONSHIPS

Throughout her life, Patricia had a fairly small number of friends rather than a large circle, and related to peers in a reasonably serious and mature way. She eschewed the idle girlish chit-chat style of conversation in favour of intelligent and articulate modes of discussion and interaction, as illustrated by the following excerpt:

> *I didn't have a lot of girlfriends because, when I was at Uni, I - most of my best friends were male because I don't, I mean, girls always talked about stupid things um you know, make-up and, you know the sort of things girls talk about, I was never into that, I was more - when I say male things I don't mean cars and that sort of thing, but um practical things.*

Being highly intelligent and very competent academically, especially in the exclusive medical training fraternity, reflected this social approach and promoted it, and her own role as a general practitioner, is consistent with this.

Despite this, though, Patricia did, and currently does, lack confidence in social settings and interactions, preferring to relate to individuals rather than a group. This lack of confidence was quite debilitating, perhaps constituting a "social phobia" as these excerpts demonstrate:

> *I could relate better one to one than in a group, you know, I felt uncomfortable in a group, I still do. I hate going to parties or social functions, you know, my husband - he often gets upset with me because he is - he's a specialist and he's, you know, president and treasurer of these associations and, you know, I just hate going to functions. I just can't talk to people, particularly medical guys. I find them the most difficult.*

And:

> *I used to hate talking to people. I had this thing. I wouldn't answer the phone if I was home on my own.*

Interestingly, Patricia almost literally created two personas as a technique for dealing with this phobic tendency, as she described:

> *I have these two roles I play. I can be Doctor A. or Mrs. W. W...'s my married name, you know, and I can be stupid if I'm Mrs. W. but if I'm Dr. A. I can't be, so um I use - I sort of interchange things when I need to.*

EDUCATION, OCCUPATION AND FUNCTIONALITY

As already noted, despite being handicapped with AD/HD, Patricia performed exceptionally well academically, by any standards, and that, perhaps, some of the reason

for such competence had to do with highly effective and intelligent compensatory skills. One technique, as described, was being very skilled at anticipating questions. Another was to take advantage of a gifted "photographic" memory, thus enabling her to rapidly acquire and store material, especially short term "cramming", which was compensatory for the prolonged attention span deficits of AD/HD.

Adding to these and others Patricia mentioned, was an intentional, or subconscious, subject level choice at High School. As she explained:

> *I was in an English class where I was just struggling to stay in that class the first couple of years of English, and I wasn't anywhere near the top. The reason I did well was because I did first level this and not first level in anything else. It was just that I was in all the top classes.*

When taken together, Patricia maximised and optimised her strengths, i.e. IQ, memory, sound personal management, etc, and minimised her AD/HD related and other weaknesses.

This ability is again illustrated by Patricia's description of participating in university tutorial/study groups by silent cogitation rather than showy articulation and outperforming her peers.

> *So I, you know, if we were in discussion groups I was always, you know, I'd always - they'd always say 'doesn't participate'. It doesn't mean because you don't participate that you're not thinking or you don't know or um you can't understand that unless you've been in that situation um but that's the sort of thing I would get. The fact is, I did really well. I got on with, um but um I always thought 'Why are those, those', because other people were really articulate, you know, a lot of people who get into medicine are, you know, the sort of people that would do well in law or, you know, a lot of them are good at debating, I mean, I never went into anything like that - and they'd be very articulate and they'd sound really good in class and come up with these really smart answers, and then I'd beat them and I'd think 'Well, what, didn't they study? Or didn't they try?' you know, and that always amazed me um and now I realise that just because you sound good doesn't mean you are.*

As is apparent now, Patricia is a successful medical practitioner and, thus, can be said to be highly functional occupationally. However, while outwardly effective, a number of underlying and very debilitating problems in her life were mentioned by Patricia. This evidences that, although she has generally coped and compensated adequately, a good deal of, possibly, AD/HD related and/or other co-morbid symptoms and consequences were potent and active, requiring careful management and control.

Firstly, as mentioned initially, Patricia suffered with moderate to severe bouts of depression. Such bouts were significant to the extent that she needed to take antidepressant medication which she found to be efficacious. These excerpts describe this also, mentioning concurrent marital difficulties and how Patricia's overall ability to cope with stressors is fragile:

> *We had some marriage problems at the beginning of the year um and I - I mean - we were having problems and I was depressed. I'm not sure what came first but it was all there, I mean, I know what he was upset about, I mean, he just tries so hard, and I think it was just my depression really. Anyway, I go on the antidepressants, we went to counselling with the local minister and that's fine now.*

Further:

> *I couldn't do anything. I wasn't doing anything. I wasn't functioning at all. I mean, I was just managing to get to work, come home and then I'd just collapse and do nothing. It was terrible.*

Secondly, Patricia could also be seen to be impulsive but, as has already been well described, being very aware of her liabilities, she compensates for them usually very effectively, perhaps overly so, as she noted when discussing her impulsivity:

> *I think I overreact to that by not making decisions ... I sort of over-analyse up sometimes. I don't know if that is a reaction to the want to be impulsive, and when I am impulsive, I always regret it, so then I overreact to it (laughs).*

Thirdly, Patricia is also socially anxious or phobic, as previous excerpts have shown, to quite severe degrees, and a further illustrations of her compensation or management strategies was her "twin" identities, as described.

Fourthly, with due deference to her successes, Patricia is cognitively challenged in "verbal" expression and written tasks. While good with "numbers" and gifted with a good memory, writing reports and expressing herself in public have posed problems for her and are done with difficulty and, again, accomplished with clever coping techniques as this quote clearly shows:

> *Um, well, at school I had problems in English, um, I'm ah I'm sure I probably have a language disorder um my children do, and um in retrospect, my father did um he didn't write anything, my mother wrote it .... In English, I had a lot of trouble organising - I had a lot of trouble writing um I did a high level in English so I wouldn't have to write a comprehension - not comprehension, compositions, and um I could never think. I can never think of things to write. ... Like, even now, I hate writing reports. I put them off to the last minute ... so I had a lot of problems and I think having the same teacher for six years, I learnt the skills to do it, you know, I rote learnt how to do things and um when I had to study for the HSC, I only studied English. For the three weeks I had off, I just studied English for three weeks to get through it.*

Lastly, Patricia does not have any hobbies, sports or outside interests other than her job, home duties generally, and activities related to the raising of her children. In reply to questions about outside interests, she replied: *No, none at all.* Whilst this may be typical of a working mother, especially a professional, it could indicate Patricia having a finite amount of disposable energy/drive/functionality, and that there is none left over to pursue her own interests.

Overall, Patricia can be seen to be very good at coping with her disadvantages, so good in fact that her AD/HD was not even diagnosed until late in life. This is all the more surprising considering that she is a medical practitioner and started her medical training in psychiatry. The same could also be said of her experience of depression.

Concluding the compensation theme are a number of comments Patricia made of having "fooled them", reflecting a sense that her deep-down feelings of self-esteem and self-worth are fragile. She expressed a genuine surprise when she has done well or demonstrated her superiority in some area, and combined this with a sense of having used tricks or somehow "cheated" rather than recognising that she honestly did well. As she said: *(fooled them) I still think that ...like I still have that all the time.*

SUMMARY

Overall, Patricia's experience of AD/HD is extremely interesting and noteworthy in that she has been quite remarkable academically, occupationally and in her personal life, whilst being significantly affected by AD/HD, depression, social anxiety and, possibly, generalised anxiety. As described, this has been ostensibly due to her clever coping and compensatory strategies and mechanisms.

Her source or locus of self-esteem is very strongly internal, at least by her own perception, and is generally quite robust and resilient. Her concept of self-esteem is, now, competence and functionally defined by her own assessment and standards, as distinct from the perceptions or judgements of others or by external standards or measures. However, the fact that Patricia found it advantageous to change her physical appearance when she was at University in order to make herself more presentable is, perhaps, an indication of her diminished sense of self-esteem as she was growing up.

LAURA

INTRODUCTION

Laura is a 40 year-old woman who is living in a de-facto relationship. She has one child, an 11 year-old son, who is living with her mother and current step-father at present. She was diagnosed with AD/HD at the beginning of 2000, and has been

prescribed the psychostimulant medication, Dexamphetamine, and the anti-depressant medication, Zoloft.

AD/HD AND FAMILIAL DIAGNOSIS

Laura believed that she had inherited her AD/HD from her mother, owing to seeing her mother's untidiness at home, but there was no clear evidence that she had it, especially as she appeared to be quite functional, and working as a qualified physiotherapist. That stated, Laura said her mother had manic-depression (i.e. bipolar disorder) and took medication for it. She felt, also, that her mother was *an alcoholic*. Therefore, whilst AD/HD may not be present, alcohol abuse and moderate mental illness was. As her biological father left the family when Laura was very young, she had no idea if he had AD/HD or not.

Neither of Laura's siblings were known to have AD/HD, and were, at the time of this interview, highly functional, being a lawyer and a university graduate respectively. No other relative was known by Laura to have had AD/HD. Laura's only son did not appear to have AD/HD either, although she was not sure of this because of her limited access to him over the past four years. She reported that he was *disorganised* just like her and her mother, and added *he's got a few traits of ADD*. She said that her current step-father, a retired doctor, did not believe there was such a condition as AD/HD, so he may not tell her of any likely behaviours.

TREATMENTS

Laura did not speak in detail about her treatment regime, however the following can be clearly stated. She has been under the care of a psychiatrist for AD/HD who had prescribed Dexamphetamine stimulant medication. As Laura had had other psychiatric issues, including major depression, drug dependence and, at one stage, was close to

being "scheduled" for mental illness (possible suicide risk), doubtless the psychiatric care extended to other treatment as well. Laura also attended the ADDult AD/HD support group but did not indicate how useful or otherwise it was for her.

MEDICATION

In addition to stimulant medication for AD/HD, which she reported as very efficacious, she also stated:

> *Ah, I don't feel like the Zoloft is helping at all actually. I don't even - yeah. Dexamphetamine helps me a lot. It helps me with studying, and focusing, keeping on focus, it's helped me with that.*

She did not believe that she benefited from Zoloft for depression *at all.* In addition, Laura received Methadone, a heroin replacement medication, through the "programme", which was, at that time, being reduced progressively.

Through the course of her life, from the age of around 15 or 16, Laura used illicit drugs including "speed" (amphetamine stimulants) and heroin, beginning with Cannabis earlier. She, in effect, described using such drugs more or less as "self-medication" to cope with the extremely distressing and destructive psychological effects of working as a prostitute to *feed the habit.*

Laura's illicit drug use, abuse and subsequent dependence, can reasonably be seen as "self-medication" in origin and subsequently. These comments illustrate these points:

> *...I um started working as, um, I think the first, yeah, I started using drugs to cope with the feelings of just being totally worthless and stuff, and then I started working as a prostitute .... Ahh, I used anything from marijuana, to speed to heroin. Heroin became my drug of choice because, ah, basically it, yeah, numbed me out, I didn't have to, you know, basically think or feel, or do anything, you know, like anything like that.*

SELF-ESTEEM

When asked to describe self-esteem generally, Laura immediately began to talk of her own in personal terms, and of it being *really low* and added that it had *always been very low*. Within the same response, Laura also immediately began to refer to using drugs at school in order to cope with life. When asked later to describe someone with low self-esteem, her stereotype was, in effect, a self-description, as follows:

> *Ah, someone with low self-esteem would be someone who's, um, feels they don't fit into society, um, yeah, who usually would probably turn to drugs or alcohol or some sort of, um, harm within, you know, like, um, slashing up or something like that, person with low self-esteem wouldn't, um, yeah, they have a lot of trouble getting on in life. They often end up in jails and institutions of some sort or another, um, yeah, and they sort of flounder along and don't feel like they're a worthwhile, yeah, person.*

So while expressed in the third person, it was a very specific self-portrait.

Not surprisingly, Laura saw those with high self-esteem as expressed hereunder, but it is noteworthy again that, while the question was framed impersonally, in the course of her response Laura said *they could be academics*. This was a reference to her family, all of whom were academics of one sort or another, while she regarded herself as the black sheep who had not obtained a university education.

> *Umm, someone who's confident within themselves, um, they could be academic, um, happy, confident, assertive, um, just at ease with themselves, basically, and full of confidence ....*

In general, Laura frequently mentioned that her self-esteem was very low and that only in recent years had it been slightly better, attributing the completion of a security guard course for the improvement. Further evidence of how fundamentally her esteem was compromised was that she took no pride in considerably overcoming her difficulties, as this excerpt shows:

Q: Do you feel proud of yourself that you've been able to overcome all the adversity that you've been through?
L: No, not really. I just feel that I sort of had to overcome all the adversity so that's what I've done, but I don't ever stop and say "Laura, you've done really well" which I probably should.

FRIENDS AND SOCIAL SOURCES OF SELF-ESTEEM

When first talking of peers in her early life, Laura described how keen she was to make friends and to be accepted, but that she believed she was perceived by her peers as strange and, therefore, not accepted, at least by those who she wished to be accepted by. Consequently, she fell in with "baddies" by default, as this excerpt shows:

Um, (I was seen) as different and weird and, yeah, I wasn't accepted at school. I was sort of always the person on the outer. Um, I was a real people pleaser at school and I used to really like to have a lot of friends and stuff and, um, the people that I used to be, um, you know, like attracted to, or drawn to, were the baddies at school, you know, the ones who were up to mischief and stuff like that, and in turn for that I just sort of went off, um, on the wrong track basically as soon as I left school, yeah.

As an extension of this mechanism, in describing her early relations with males, she stressed how such friendships were very much affected by sexual abuse by her step-father, resulting in problematic romantic liaisons, which added to Laura's overall poor social connections generally. This excerpt describes the nature of those male relationships in her words:

... my (previous) step-father, um, used to play sexual games with me when I was younger, so I'd learned all these behaviours from him, and so, as a result, at school, I used to try and, um, you know, like, if the-the-the, if the guy sort of took a liking to me I'd like it, but then if they sort of, you know, took too much of a liking I didn't like it sort of thing, so it was really hard, um, yeah, to sort of work out the males at school.

Added to this early dysfunctional social foundation, Laura left school as a drug addict with all the associated fellow users, dealers and other people who, thus, comprised her peer group. Furthermore, her addiction resulted in rehabilitation programme stays

which brought her into contact with other addicts in recovery and from whom she drew some of her friends and her two de-facto partners.

Laura also worked as a prostitute and had brief enforced stays in jail and psychiatric wards. This meant that she was constantly surrounded by a very poor, possibly antisocial, milieu which failed to provide the basis for selecting and maintaining strong and supportive social relations over time. All this had an obvious and extremely negative effect on her self-esteem.

FAMILY OF ORIGIN AND SELF-ESTEEM

The main theme running through Laura's childhood was instability and associated abuse, neglect and cruelty, resulting in her feeling deprived, rejected and alienated, beginning with her biological father who walked out on the family prior to Laura reaching four years of age. She had nothing to do with him, apart from two or three brief meetings during which Laura found him to be *kind of, like, strange*, and, thus, she was unmoved at the news of his recent death.

When Laura was nine or ten, her mother married a man who abused Laura as she recounts:

> *It was, um, mental sexual abuse, it wasn't, um, physical sexual abuse. Like, meaning, he used to, um, torment me like verbally and stuff like that, um, and say that I was, you know, really pretty and - and this that and the other, and - and, yeah, and it was, it just, it was, you know, it was really horrible, um, yeah, so that caused me a lot of problems at home. He was also really jealous of me and my sister, um, because we were, we were kind of needy towards our mother, um, and he really didn't like that, so, yeah, um, there was a lot of jealousy there and - and stuff, yeah.*

In general, Laura was repelled by her step-father. She described his other 'bizarre' and 'unsavoury behaviour' to which her mother turned a blind eye, leading Laura to interpret

this to be favouring him over Laura and her sister's comfort, emotional safety and sensibilities. As she says:

> *My mother and I talk about that now, and she sort of says, oh, you know, I don't know about all the things he used to, that used to happen, you know, with me like, you know, years ago, she, I don't know if she used to be oblivious to it, I think, or, or, I don't know, you know. She used to put men before her children, so that probably, yeah, she - she valued her, um, her marriage more that her children, you know.*

Eventually, Laura's mother asked him to leave, as she says, yet her relief was tainted by an unjustified sense of guilt:

> *... my mother actually kicked him out and, oh it was just terrible. He used to come and cry on the doorstep, and I felt really responsible because, like, I really didn't like him and, oh it was just terrible, it was really terrible when I think back on those years ....*

All of the above deeply eroded Laura's sense of worth and this erosion was compounded and magnified by an ambivalent distrust of males resulting in problematic relations and, thus, further damaging her self-esteem. One might expect that, in the absence of safe and satisfactory relations with her father/step-father, Laura may have formed an adequate, or even deeper than usual, relationship with her mother to compensate, but such was not the case.

Crediting her mother for the genetic origins of her AD/HD, Laura also described that her mother had manic-depression and was very disorganised in the home, necessitating the hiring of a cleaning lady:

> *My mother is very disorganised at home. She forgets things, she's got manic-depression at the moment and she's on medication for it, um, yeah, I think I would have got it off her.*

As a consequence of the rejecting and devaluing way Laura's mother treated her, she felt like the black sheep of the family. Her self-esteem was also depressed when she compared herself to her brother and sister in terms of their academic achievements:

> *Um, my self-esteem's always been really low, um. I think that comes from my upbringing. My parents, or my mother, she's a physio, so she's the academic, and my brother's a lawyer, he's academic, and my sister's, um, done an Arts degree at Uni in Melbourne, so I've always, like, felt like the black sheep of the family type thing.*

To further detract from Laura's self-esteem, her mother was also *an alcoholic* and, at least in Laura's perceptions, represented an addictive role model, which caused Laura to acquire addictive coping behaviour as she described. Such behaviour caused a chain of addictive and associated problems, as will be further described:

> *Ah, um, my mother was always throwing her arms up in the air and sort of saying "I don't know what we're going to do with this child", um, because I didn't fit into the mould of, um, same as my brother and my sister are both academic, my mother always thought that she did something wrong, um, my mother's an alcoholic, so even though she's a professional person in society, she, um, has had her own problems, um, and she's also a single parent for a long time. So, um, yeah basically, I see my behaviour, my, um, addiction, as learned behaviour from her, because whenever she couldn't cope with something, she'd, um, hide herself in a bottle.*

Finally here, it is also noted that Laura concluded that her mother's self-esteem was very low, despite outward appearances, also seeing that her mother influenced her absence of esteem directly by, again, role modelling.

Another contribution to Laura's low self-esteem was her poor relations with both her siblings. As described above, Laura felt that she was *the black sheep of the family*, which, as well as being generated by her mother, was also a product of being unfavourably compared to her step-brother and her sister. In the following, Laura described how she was not close to either of her siblings and, in fact, felt very much on the outer.

My brother who's a lawyer, he lives in Melbourne. He and I aren't very close. He's my step-brother ... we're not that close. And my sister, she and I are a bit closer, but I'm sort of - I always feel like I'm on the out and out with her, you know, like - I don't know, it's hard to explain, you know, like, her family sort of always comes, you know, like, first ... you know, like she doesn't make allowances for me, umm, it's hard to explain what I mean.

OTHER FACTORS AND SELF-ESTEEM: DRUG DEPENDENCE

Laura's story indicates that the chain of destructive and harmful familial influences, that is: absence of father, abusive step-father, neglectful and mentally ill mother, combined with very poor school experiences, and negative peer relationships, created virtually the perfect recipe for serious self-destructive and debilitating addictive behaviour, as indeed occurred. These, together with other co-morbid psychiatric disabilities or proclivities, AD/HD related cognitive and behavioural handicaps, combined with consequential negative circumstances such as incarceration, illegal activities and "scheduling" all made for Laura becoming an extremely emotionally damaged individual, devoid of authentic self-esteem. These few excerpts illustrate Laura's situation:

Well, basically soon as I left school I started using drugs. Um, Year 10 I went to. Um, yeah, and it was the only thing that would take me away from, you know, all the - all the pain and - and of my childhood, and schooling and all that. Um, and it numbed me, you know, and, um, as a - through the course of that it took me to places ... ah, I went to prison once in Perth. It was only for about four days, but I remember it as really horrific. And I remember, um, I was on methadone at the time and I was withdrawing, like, a lot, and it was just absolutely horrific, it really was, you know ... um, when you, when you use drugs you've really got to commit crime, or - or, um, do prostitution, something, and I chose to do prostitution ...mentally it crushes you ... but you try to blot out, you know, like, the feeling of them trying to get into - inside your head and stuff ... so I'd get home and I'd use and just sort of bomb myself out, and I'd be like that until, sort of all the next day, until I went to work ... and then I'd be, you know, really - really, um, traumatised after work again so I'd use again, and this is what it went like ... I'd do that for a couple of months, then I'd stop, because it would get to the stage where I just - I thought I was going insane, in my head, so I'd take time off, and I'd go, I'd go away for like a week or something, and then I'd come back and get back into it and it just, it was a really vicious merry-go-round. But drugs were the only thing that made me feel, um, safe and secure, and that I didn't have, you know, my, all my confusion with my AD/HD and my childhood and all the rest of it, yeah.

Lastly, Laura reported how she was alienated and rejected in the "rehab" programme. These experiences may have yet further destroyed her esteem, optimism and hope.

> *...in rehab they ... wanted me to talk about real issues, I just wouldn't do it. And it was like - it was like, there was nothing inside me, and they used to get really frustrated and wanted to kick me out of the place and stuff, and it's really hard for me to click in and be real, because I'm so good - from so much of my life I've had to just sort of close myself off and not hurt and not feel, that I do it now so well that I just - I'm almost an expert at it, and it's really hard to unlock that non-feeling type thing.*

EDUCATION, OCCUPATION AND SELF-ESTEEM

It is not surprising that Laura did poorly at school. She left school early, limiting her vocational opportunities in adult life. This is especially so in the light of Laura's earlier comments of leaving school with a well-established "habit" and, thus, a need to earn a lot of money quickly, which she did by means of prostitution. These few comments show how AD/HD symptoms influenced her school work:

> *... because I had such troubles at school, I just couldn't understand things, um, I just always felt really confused, um, I was the clown in the class, um, yeah ...*

And, consequently, how that carried on to her first serious attempt at mainstream work:

> *... I left school and I started nursing at - doing nurse-aid training, and I failed it, actually, and after, after I failed - I was the first person to fail in about 11 years ... I just hit rock bottom then, severely. I started using drugs and just being really rebellious, and, yeah, it was a hard time in my life ... I just went from sort of bad to worse because I just didn't understand - I mean, all I wanted to do in my life was become a nurse, basically, and my aunt who had cancer when I was about four years of age, I used to run around and look after her and, you know, like make sure she was comfy, and all that, and she used to say to my mum, you know, "Laura's going to be nurse when she grows up", and so I don't know whether it was that or - but I just knew that all I wanted to do was look after and care for elderly people and work in a hospital and when I couldn't do that, I just felt totally useless in society. I just thought no-one's - and then all I wanted to do then was basically take my own life and just, you know, because I just thought this is stupid, I'm - you know, the one thing I want to do I can't do it, so I don't really want to be around....*

Also noteworthy here is a rare positive childhood experience, in caring for her aunt, which was influential to her career aspirations, but led to suicidal wishes when she was unable to accomplish her goal.

Offsetting these negative esteem influences are a set of occupational experiences concerned with her job as a security officer, and being able to successfully complete the requisite training and qualification courses, albeit, even here, slightly problematically. Along with being competent at the job, as Laura believes herself to be, she also derives considerable esteem from, firstly, being assertive, a concept and skill which she experienced resonance with when taught it, and, secondly, the authority and power which went with the security work. The following excerpts illustrate these points.

> *I did a couple of courses on assertion, and read a couple of different books on assertion, and it was like a power within itself. When you're a security guard, and you're working, you're a person of authority, and when you're a drug user, you're no one in society, or you're scum, that's how society - most of society - perceives you. So when I work as a security officer, I feel it's almost like an adrenaline - it's like an adrenaline rush, and it's kind of like really addictive in a sense, so, and that makes me sort of feel really kind of tall and high and mighty, and I've got to really watch that ... Yeah, so basically because I've never felt really powerful before, and when I work, not so much nursing, but security work, you know, like, you feel - you feel kind of powerful, yeah, so, as I said, you've got to really watch that.*
> *Q: So you think your self-esteem comes from your profession?*
> *L: Yes.*

Having said that, though, the limitations of AD/HD related issues to do with gaining employment and the consequential self-esteem and autonomy, even in a field in which she has some confidence, are very persistent and powerful. As can be seen, Laura's esteem is tenuous, fragile and hard won.

> *My self-esteem now is a lot better than it used to be, but I still have days when I don't feel comfortable, I don't feel that, like, I fit into society. When I say that, like, I'm just about to go and get myself a job and I have to do an hour exam and then I've basically got this ticket and I can go and work and, um, yeah, when you have ADD you don't go - when you're going well it doesn't feel comfortable, if you know what I mean, because you're always sort of floundering along with ADD. So, you're not with - comfortable with success. So for me to go and get a job doing - doing - as a security guard, as I said I've only got to do an hour's test. I'm scared that people are going to look at me funny or - or say, you know, gee you talk a lot, or you're really disorganised, um, even though my dexamphetamine helps me, I'm still really scared that it's not going to help me; it's not going to help my work any type thing, yeah, so, yeah, so. So my self-esteem's OK, but it - I think when I've started working and, um, all the rest, yeah, I'll feel - if I go OK, my self-esteem will lift, like, a lot, yeah. I think I'll feel OK then.*

PARTNER, CHILD AND SELF-ESTEEM

Laura described very negative and problematic experiences, save for her current partner, and beginning with forming a relationship with a fellow drug addict and having an unplanned child, in quite distressing circumstances. Laura recounts:

> *I met my son's father, and he was also a heroin user, and we linked up, and, ah, he was - he was very into crimes, like doing break and enters and things like that, so the time - the period of time where I was with him there was a lot of police and, ah, detectives, and - and all that sort of stuff, it was just, like, living on the edge. Um, I had this - I got pregnant and I had this little child, a little baby, and he, basically I don't think he could handle it because all he'd do is just sit in the corner in the hospital and be stoned, like totally non-compis type thing, and I'd be sort of sitting there thinking "Oh, God, you know, I've got to look after this baby, basically on my own, it's going to be like I'm a single mum". And, um, yeah, it was, it was pretty shocking actually, so when I brought him home, I mean, like, having AD/HD, you know, you have trouble - troubles with looking after yourself, and so, not only did I have troubles with looking after myself, I had this child that I had to be responsible for, and that was just a full-time job ... the life was horrific. We were just - and then never having any money and, um, oh, it was just shocking, you know ... It actually sent me around the bend mentally.*

Laura's current partner, on the other hand, has been a very stabilizing, supportive and wholesome influence. Evidence of his positive effect, and concommitant enhanced self-esteem, follow:

> *Q: And you find your life has been turned around?*
> *L: Yes. Yes ... When I first met - I met him in rehab up here, and, yeah, when we first sort of moved in together, everything had to be spick and clean and all the rest of it, and it used to drive me insane initially, but not, I look at it and think, without him, I wouldn't have got myself, like, in so much order, and he knows, he knows, that because of him, he sort of keeps me on the straight and narrow type thing, of keeping everything organised and stuff. I still get disorganised but nowhere near as much as I did before I met John, basically, so that's been really good for me.*

In Laura's judgement, she thought that her 11 year old son did not have AD/HD but, at a difficult stage in her life when she was not coping well with raising her son, her mother's husband, a doctor, took custody of the boy to be cared for by him and Laura's mother. This situation has continued for the past four years, enforced by the Courts.

This, again, has added further to Laura's sense of disempowerment in a particularly galling and humiliating way, as she describes:

> *... and also another thing that frustrates me is, when I was in rehab, he and - or Theo took out an order, a Family Court order, so that I couldn't go and get him, which I would never do anyway, but that was really humiliating for me, because I wouldn't do it, I wouldn't just go up and pick him up and bring him back to me and say "Oh well, Ben's going to live here with me and everything will be fine and dandy", you know, I just - I wouldn't do that, and that was extremely humiliating when that happened.*

Incidentally, Laura's step-father did not accept her AD/HD diagnosis, which added to Laura's humiliation:

> *... when I got diagnosed, I said, you know, "I've got AD/HD, at least now I now what I've got". "No you haven't, nup, you haven't got it, you just need a label, Laura".*

PARENTAL UPBRINGING, FAMILY SYSTEM AND AD/HD

Many of the preceding comments concerning the impact of Laura's family and childhood on her self-esteem are equally applicable, in her case, to living with AD/HD and the debilitating effects thereof. In essence, Laura's AD/HD was severe and she was living in an unhelpful and hostile environment in her early years, with or without the AD/HD. The very early departure of her biological father, an abusive (sexually and otherwise) step-father, combined with her mother being mentally ill in her own right and, almost certainly, an AD/HD sufferer herself, resulted in Laura's AD/HD symptoms being effectively amplified, and her claim to a normal, happy and satisfying life being severely circumscribed, if not negated completely.

As a good representative illustration of specifically how Laura's mother failed to care for her appropriate to her needs and AD/HD consequences, is this scenario where Laura's lack of domestic organisation required her to seek her mother's assistance. Such

assistance was not only to be denied, but also involved the hurtful intervention of Laura's current step-father:

> *"... Mum, can you come over and help me get organised", you know, like, "can you just sort of help me make this little house a home", and she just sort of stood there and shook her head and said "Laura, I can't do this". And the reason she didn't help me was her husband. Theo said to her "Sally, don't help Laura. It's her responsibility to get her house in order, don't help her at all". And I just was really shattered by that. I'll never forget it, that feeling of "can you just help me", you know, because I was always in turmoil ... and I said "can you help me". she said "No, sorry, I can't" and I was really hurt because, you know, it doesn't take five seconds to help your daughter organise something, you know.*

SOCIAL, PEERS, RELATIONSHIPS AND AD/HD

Laura's social relations were unsatisfactory overall, with many friendships at school and during adolescence associated with drug use. In the course of the interview, she made no mention of good friends, male or female, in whom she could confide nor who were supportive in her life.

EDUCATION, OCCUPATION, FUNCTIONALITY AND AD/HD

As already described, Laura's school experiences were all negative. She was often treated unkindly and unhelpfully by teachers. For example, Laura spoke of a teacher compelling her to write with her right hand and not her naturally favoured left, which was especially upsetting to Laura. This can be seen as a functional metaphor for Laura's AD/HD. Her difficulties comprehending material, writing problems and tendency to become easily confused were not treated sympathetically or dealt with effectively by her teachers, and were considerably debilitating scholastically and, hence, socially, and later, occupationally. As she said:

> *I had such a lot of trouble because the teacher who taught me, um, I was left-handed and she thought, I'm sure she thought that was a real disability because she used to try to get me to write with my right hand, and that really confused me. I didn't sort of, you know, I couldn't work out why I couldn't write with my right hand, and she ridiculed me and told me I was stupid and dumb and hopeless and, um, yeah, and so, you know, like from first grade on, um, I just never felt part of*

the class or - and I always used to have trouble understanding what the teacher used to say ....

As she also describes, because she felt that she did not fit in at school, she would rebel and feign illness in order to avoid school. Because of this, her already poor academic progress was further impaired, giving her a bad reputation with teachers and the principal. Laura talked of specifically not being capable of doing schoolwork such as simple maths, and a lack of an ability to concentrate make reading difficult for her. Later in life, Laura was unable to do any higher education courses due to AD/HD related handicaps, as these comments illustrate:

I don't have, yeah, and organising, like, folders and stuff for different, you know, like I remember we had to do something when I started welfare about, we went around and visited all these different agencies, like, you know, neighbourhood centres and Centrelink, and we had, like, put them in different, like, in folders and write a bit about this and that, and I just couldn't get it all together to do that. It was really, really frustrating. And I even had a tutor, a one-on-one tutor, and that didn't even help me.

PERSONALITY, COMORBIDITY AND AD/HD

A large number of comorbid disorders were specifically mentioned by Laura, as conditions she believes she suffered from persistently, or in acute periods at various times in her life. These, together with the particular symptoms of AD/HD and their concommitant effects, can be seen to directly cause, or help to create, dysfunctional or undesirable personality traits as follows.

COMORBID DISORDERS

Laura's chronic and very serious drug addiction has been fully described and illustrated. Laura also suffered, and still suffers, from depression, for which she has been prescribed the antidepressant medication Zoloft, as she describes:

Yeah, depression, that's a good one. Um, yeah - a lot of my life I've had depression, and I don't even know where it comes from, it just comes from sort of

nowhere and I have days where I just want to sit and do nothing, and just literally sit and do nothing all day and that's really not good at all.

This persistent depression occasionally became so severe that Laura attempted suicide, even being "scheduled" on one occasion:

Yes, I'm on Zoloft at the moment for depression, um, yeah. Not that long ago actually, I -I - probably about a year ago I got to the stage in my life where everything was overwhelming me. I just didn't feel like I was getting anywhere in my life and I was really, really down, and I just took a whole heap of pills, and the next minute I was in the hospital and they wanted to schedule me, and I was thinking - because I've been scheduled once before in Wagga and I remember how terrible that was.

There are also indications in Laura's recollections that she was paranoid, which may or may not suggest sub-clinical paranoid schizophrenia, as this excerpt mentions:

... and thinking that people were living in the roof. And - and the police coming around and - and saying 'no, there's no one living in the roof" and I was really, really petrified. I was, you know, and basically I, um, I moved, I moved from, um, where I was living to where my parents live, and I ended up in the, um, psychiatric ward ...

Laura also reports feeling anxious much of the time, evidenced by compulsively biting her fingernails. As well, her habits around the home, such as untidiness, described in the obsessive, repetitive way she attended to things, may have been suggestive of Obsessive Compulsive Disorder, an anxiety-based disorder. For example:

Q: Did you find that you became obsessive about things ... in trying to organise everything.
L: Yeah, yeah, I try, like, I'd try harder and harder and I'd just get nowhere basically. Yeah, yeah. I just was going round and round in circles. It's really hard to explain ... it's really - it's just like, you know, it just totally consumes, you know, your - every part of you ....

In any case, her inability to do even simple household tasks was dysfunctional in itself. She explains:

> *OK, um, just basically, ah, getting myself organised at home. I'd, you know, like, I'd - I'd start cleaning the house or whatever when Ben was asleep, and I'd, you know, I'd start in one room and then I'd end up in another room and then another room and then, you know, I'd stand there and look and think "I've done it all" and I'd feel like I'd finished an hour later. And the house would be all upside down, and I'd think, oh ...I'd just be so disorganised all the time and, in the end, he'd, you know, when he became a little bit older, um. he'd like, I was in such a state of confusion in my head that he'd sit in one room and watch the telly and I'd sit in another room and I wouldn't be doing anything, like, you're just so scared - it's just like, my scared - my being scared just consumed me, it sort of just ate me up whole type thing, it's really hard to explain how, you know, like, how I tried to get, you know, um, handle things and stuff.*

All in all, then, Laura's mental disorders and her symptoms were particularly severe and debilitating which, in addition to, or as a consequence of AD/HD, made her life extremely problematic.

PERSONALITY TRAITS

Laura described her behaviour as very impulsive, citing how she had had *tunnel vision* when, for example, she went shopping, and impulsively bought clothes, books or other things on a whim, when she could not afford or needed them, saying that she had always been like that. When speaking of being quick to become angry, Laura described having a very low degree of frustration tolerance. She also spoke of experiencing a great deal of frustration generally, and being unable to deal with it effectively.

DEPERSONALISATION

Throughout the interview, Laura described feeling very remote, in addition to not feeling *at home* or *fitting in*. These comments were suggestive of a depersonalisation disorder, however it was rather more to do with her personality than with an identifiable syndrome. These few words provide the flavour of such feelings:

I have to be honest, I don't really know who I am, in the sense of - I feel - it's hard to explain - I sort of feel lost at times. I feel - I still feel like I don't fit in. And, you know, like, yeah, I don't know. I still feel really lost sometimes.

SUMMARY

Laura was very candid and cooperative in her responses, given that much of what she had to say was deeply personal and potentially embarrassing. This participant had experienced considerable rejection from her family and peers as she was growing up, and had been unable to achieve the academic benchmark set by her family because of her AD/HD. She had turned to drugs in order to *numb out*, and then had to support her habit through prostitution. She reported having once spent some time in jail and in a psychiatric unit owing to her addiction. However, this woman showed her resilience by completing rehabilitation, and undertaking a security guard course in order to make a success of her life. She had formed a positive romantic relationship with a partner which is a further indication of her ability to overcome the negative aspects of her life.

ANTOINETTE

INTRODUCTION

Antoinette is a 46 years old sales manager who is divorced and has two adult children. She was formally diagnosed with AD/HD four years previously by a psychiatrist following a referral by an AOD counsellor who initially treated her alcohol abuse/dependency but, in the course of that treatment, suspected that Antoinette may have had AD/HD, which the psychiatrist confirmed.

While not knowing for certain that her father had AD/HD, Antoinette suspected he might have, citing that his brother did have it. Her father also was *an alcoholic*. Antoinette's mother died very prematurely at age 36, probably by suicide related to

long-term severe depression and, thus, AD/HD could well have co-existed, though was formally undiagnosed. Antoinette believed her brother *definitely* has AD/HD and, in addition, may currently have Parkinson's Disease. He had had a severe emotional breakdown following his young son's drowning in the home swimming pool. Her sister also has AD/HD which Antoinette described as *worse than me* and had been, in Antoinette's opinion, misdiagnosed as schizophrenia.

Antoinette described both her children as exhibiting sub-clinical features of AD/HD, i.e. overactive and impulsive, yet neither had been diagnosed with it. She reported that her son, aged 19, was very accepting of a possible diagnosis sometime in his life, but her daughter, aged 23, was very resistant to any suggestion that she may also have AD/HD.

TREATMENTS

Further to the prior comments, Antoinette has had three main types of treatment for AD/HD. The first was from a psychiatrist, in addition to a general practitioner who initially differentially diagnosed AD/HD as distinct from severe depression. That practitioner also referred Antoinette to another psychiatrist who unequivocally confirmed the diagnosis, saying she had one of the *worst cases of AD/HD he had seen*, and prescribed Dexamphetamine as a matter of urgency. Together with Dexamphetamine for the AD/HD, she was prescribed the anti-depressant medication, Zoloft, both of which have been very efficacious, enabling her to function well generally. Antoinette also found her way to the ADDult support group, about which she had little to say other than that her experience of it was positive. Overall, Antoinette is well served by the combination of treatments and medication she has received.

SELF-ESTEEM

Given an opportunity to talk about self-esteem generally, Antoinette responded by immediately referring to her own, and of it being *pretty low all these years*, adding that she strove to prove herself and to seek acknowledgement and recognition. This excerpt refers to the origins of her early sense in school of being labelled as "stupid" and often criticised:

> *I've got exercise books in there from when I was in primary school and I was going to drag them out and show them to you, the comments the teacher, the nun, wrote in the book "A is lazy", "A is a dreamer", "A doesn't apply herself", "A is capable of so much more but she won't concentrate", you know. "She doesn't remember anything", and you grow up feeling like an idiot.*

In contrast, Antoinette's concept and stereotype of a person with high self-esteem is that this person would be: powerful, independent and internally confident, and unreliant on others' opinions or judgements. She explains:

> *I think someone with high self-esteem would be verging on invincible. I don't think they'd care what anybody thought of them or ... I think they'd be like they had a coat of armour on and - and they'd have so much confidence and think so highly of themselves that it wouldn't even be significant what anybody else thought.*

Thus, when talking about self-esteem generally, she made reference to her own poor, low esteem. When describing high self-esteem, she spoke in abstract terms without referring to herself at all, rather than mentioning times at which her own esteem was high.

RELIGION

Antoinette made no mention of any religious or spiritual beliefs at all, despite, or perhaps because of, a distressing and degrading two year period in an orphanage run by nuns when she was 10. She said:

I was in an orphanage when I was 10 before my mother died ... the nuns were very, very cruel, very cruel ...I mean, it was dreadful! Shocking abuse.

FRIENDS AND SOCIAL SOURCES OF ESTEEM

Antoinette described her social skills as a child very negatively which had a concommitant effect on her self-esteem:

They were shocking. I never felt worthy. I thought from the word go that there was something wrong with me. I was different.

Antoinette also recounted how, in early school life, she was regarded and treated by teachers very negatively, being seen and stereotyped as lazy, mischievous, disruptive, a *dreamer* and a troublemaker. This typecasting spilt over into the ironically positive way her peers regarded her, which somewhat offset the negative self-esteem generated by the teachers. As Antoinette recounts:

The only good thing was when I was a prefect two years running, that was good to feel I'd been accepted, I'd been nominated by my classmates. The teachers thought I was a write-off, and my fellow classmates looked up to me.

However, in general in her early life, Antoinette did not gain enhanced esteem from her peers, perhaps in fact being rebellious partly to attract attention from others to compensate for feeling alienated. Similarly, Antoinette had little to do with males in her adolescent years, as a result of a lack of esteem and confidence. She became engaged to and married the very first *blind date* she had.

In marked contrast to her early life, Antoinette described her social skills in adult life as *excellent*. The following excerpt reflects her enhanced esteem in regards to intuition:

I'm good with people. You know what they say about ADD people, we're highly intuitive. I can meet somebody and within 60 seconds I can sum them up like that

(snaps fingers). Not that I'm judging. It's not judgement. It's just that I get the vibes, I get the aura. It's like I can even tell what they're thinking. It's instant. It comes just like that.

Offsetting these positive self perceptions, is this typical, illustrative, and quite negative one concerning the paucity of good social relations, her frequent job changes and other social and financial limitations:

Q: What do you think would make your self-esteem better?
A: To be able to hold a job down. For sure. And to lose weight and to get fit and healthy again - um - and to be accepted, you know, in a social way. I haven't got a social life. I've got one girlfriend who lives down at Bega. I've known her for about 6 years and we send each other emails and talk on the phone, I guess, once a month. When I came here, I knew no one and all my energy went into survival. And I couldn't socialise anyway because I had two small children to raise. And I guess you make friends where you work and - um - I've never been anywhere long enough to, although I was at David Jones for two years and I did make friends there by then - um - I lost contact with them.

FAMILY OF ORIGIN AND SELF-ESTEEM

Almost all of Antoinette's family of origin influences were considerably corrosive and destructive of her self-esteem. To begin with, her mother suicided at age 36 following bouts of serious and debilitating clinical depression, during which Antoinette often saw her bedridden and speaking of suicide. In addition, Antoinette's father was *an alcoholic* and, as Antoinette expressed it, *always put me down* and *ridiculed everything about me*. Her uncle, also, treated her badly and cruelly:

I can remember going for drives on a Sunday. I had to sit, my uncle had a van, with nothing in the back, just this van, and he used to rope a cane chair across the back and I'd have to sit in the back of the van in the cane chair and my sister got to sit up the front between him and my aunt and they held hands - and I had to sit in the back and watch it and I used to think "I wish someone would hold my hand", and then they would pull over and buy her a milkshake and I wouldn't get one - and I didn't know what I'd done wrong.

Antoinette described how her brother and sister were favoured over her and how poor relations with both of them contributed to her lack of self-esteem. She summarised her family experiences as follows:

> *I was never accepted, you know, I always felt totally abandoned, physically, mentally, spiritually and emotionally.*

When asked what factors, experiences or people were helpful in building positive self-worth, including those concerning her family, Antoinette could not recall any at all.

When discussing her current relationship with her father, Antoinette said that she *can't stand him*, and that they have *wiped each other*, with her father helping her sister financially by buying her a house whilst ignoring Antoinette's needs completely, as she described:

> *For some reason they've all got this ridiculous notion that A is a survivor. A's bright and A can do anything she turns her hand to. Well! If A didn't try, A would be dead, and - you know? I haven't got a choice.*

EDUCATION, OCCUPATION AND SELF-ESTEEM

As already mentioned, Antoinette's school experiences were, socially, mostly negative, tempered by the fact that her strong rebellious, anti-authority attitude and behaviour gained her respect from her peers and gave her influence to be a ring-leader of a *gang* by being *naughty*. Scholastically, Antoinette described having difficulty concentrating and doing schoolwork and did poorly, saying how she *hated* school and was grateful to leave after the School Certificate year. While her sense of esteem academically was low, she was excellent at athletics and also good at debating, drama and creativity, which helped her esteem.

Following school and business college, Antoinette worked as a stenographer, followed by various positions in sales, the latter boosting her esteem as she was very successful at

it. Antoinette changed jobs frequently, mostly due to expressing her opinions of how the company should be managed and so forth, which annoyed those she worked for. Antoinette was unemployed at the time of the interview, and considered that this, and her many changes of job, eroded her self-esteem.

SPOUSE, CHILDREN AND SELF-ESTEEM

As described, Antoinette married the first person she dated, but chose to divorce him after eight years, describing him as *boring*, and raised her two children (then 4 and 7) on her own with no financial support from him. That failed marriage and the consequential poverty-stricken experiences, including being on Centrelink benefits, public housing and welfare agency support, all severely reduced her esteem.

In addition, for the past 15 years, Antoinette had been the virtual mistress of a, now, extremely wealthy, still married businessman, who kept up the pretence of marriage to his wife for social purposes. All in all, this was galling and humiliating to Antoinette, and continually eroded her esteem, as the promise of this man leaving his wife for her has never come to fruition. Antoinette described:

> *Oh yeah, he rings me constantly. He doesn't want to let me go. I mean, so many times we've broken up in the past because I just feel my self-esteem has been going down the plughole ... I have felt like an emotional pulp. That's how I felt. My self-esteem has gone right down. I'm just the mistress. I'm just the floozie. I'm just the good time girl. You know? And I don't want to be like that any more. 15 years! I'm 46. You know?*

On the positive side, Antoinette believes she did a good job of raising her children alone, against the odds, from which she gained good self-esteem, and from the fact that she had been faithful to her boyfriend without gaining any substantial financial or security benefit.

OTHER FACTORS AND SELF-ESTEEM

Two other factors are worthy of mention, related to Antoinette's self-esteem, one enhancing it, the other negative but with qualifications. While Antoinette's school and academic experiences were very negative as described, giving her constant and consistent messages that she was stupid and inept, a psychiatrist in her adult life found her to be highly intelligent, which surprised her pleasantly, and enhanced her esteem considerably. She linked this with her generally very superior and competent work performance, despite personality clashes in work contexts which detracted from her overall long-term success, and which, taken together, boosted her overall self-esteem at a foundational level. Illustrating this are these remarks:

> *Oh-h-h. Tell me about it. I have suffered the tall poppy syndrome. Once I let on how bright I am, my boss gets threatened because she thinks I am after her job, and I am, so I get sacked.*

On the negative side, Antoinette has been prone to gaining weight which is associated with compromised self-esteem, as this excerpt shows, in regard to her attractiveness and desirability to prospective partners:

> *Oh yes. I feel I do not have very much self-esteem at the moment. Now I feel frumpy and I think who's going to want to be with me anyway. So my self-esteem is very low.*

Offsetting this is much ambivalence about the weight as a shield against being threatening to other women versus the positive esteem from being slim as described:

> *And I've always had women jealous of me and I couldn't understand it. And actually, in a way, I've felt more secure being overweight because I know that I'm not that much of a threat to other women now. And it's awful to have to let yourself go just to be accepted because everybody else is so frigging insecure, they feel threatened by you. It's just so unfair.*

PARENTAL UPBRINGING AND FAMILY SYSTEM

Antoinette perceived her mother and father as *negative* - suicidally depressed and chronically alcoholic respectively. Furthermore, due to that neglect at home, Antoinette was sent to an orphanage at a very impressionable age, separated from her parents and one of her siblings, during which her mother suicided. All this, added to her AD/HD, a propensity to depression as either a cause or effect, negative scholastic experiences and distressing orphanage experiences, created a very distressing early environment in which to grow up.

Accordingly, the AD/HD, again possibly either a compounding causal factor in these experiences or an effect on them, was all the more problematic than it could have been otherwise. The fact that it was not diagnosed until well into adulthood is further proof of the neglect she suffered, either by her parents, or by the social systems or organisations that surrounded her, such as the mental health system, the orphanage, schools, and so forth.

Both of Antoinette's siblings appear also to have been *negative* towards her. In her family system, she was ascribed the *black sheep*/scapegoat role, particularly as a symbolic or surrogate mother figure, to enable the family to vent their dissatisfactions and hostility generated by the effectively absent mother. As Goldenberg & Goldenberg (1985) note "by displacing their conflict onto a child, parents (and family) frequently maintain harmonious relationships at the expense of the child's emotional development" (p.76). This meant that Antoinette had no effective support or allies in her family at all.

SIGNIFICANT OTHERS

The same comments as above can also generally apply to all significant others in Antoinette's childhood and adult life. She specifically recalled harsh and rejecting

treatment by an uncle which aligned and reinforced the *black sheep* scapegoating mechanism mentioned above. Antoinette was similarly let down by the man she married, her other partner/boyfriend, and others, at least from her perspective.

SOCIAL, PEERS AND RELATIONSHIPS

Whilst Antoinette had some amount of camaraderie, and even leadership, in her early school days, somewhat mostly negatively generated by her *ringleader* rebellious persona, in the main she did not form close, intimate, supportive friendships in early life. The same theme continued in adulthood, both in her private and occupational spheres, the latter being problematic due to her anti-authoritarian, *succeed and take no prisoners* style of working. Her large personal and emotional investment in this modus operandi was driven by a deep need to *show them* and to give free rein to her rebellious, creative and hyper-functional self. All of this tended to alienate her and reinforced her sense of *otherness*, of being an outsider, which was reinforced by the AD/HD and, in turn, reinforced that identity, making it all the more intractable and potent.

EDUCATION, OCCUPATION AND AD/HD

Antoinette experienced reading and concentration difficulties during her school life. As already mentioned, either as a result of these, or rebellious personality traits, or both, Antoinette's school experiences and capabilities were severely negatively affected which, in turn, made any AD/HD consequences even worse, and compromised her self-esteem overall.

Antoinette's two years in an orphanage obviously had a negative impact on her. She described this in most horrific, cruel and abusive terms, citing many examples of frequent corporal punishment by sadistic nuns, such as being forced to eat rotten food

from a refuse bin. The all pervasive atmosphere was of, as she said, *shocking abuse*, cruelty and dictatorial control. These excerpts illustrate this:

> *I'll just give you one incident - every morning we'd have to line up to go into the refectory, and there was Sister Robert, and she looked about six foot six, and she was really skinny and I thought she looked like a man in drag actually, and she had a feather duster, and she used to threaten us every morning that if she heard one sound from any one of us, we'd all get the cane ... we didn't want to get whipped so we were all trembling and trying even not to breathe, but she always heard something, and as we'd walk through the door, it was always the same every morning, she'd just bring it down, it'd go woosh and you'd hear it go through the air. I had welts on the back of my calves for the whole two years I was there ....*

And:

> *... in the refectory the food was disgusting and I remember this pink pudding ... I couldn't swallow the skin ... We used to have pig tins. They're, like, these big domestic garbage bins, and the pig farmers used to come and pick up the stuff and - um - anyway, she saw me throwing the skin in the bin - and she told me (sigh) that when all the scraps were put into the pig tin and the pig tin had been sitting there for a week, and it stunk, it had maggots and blowflies in it, and it smelt like rotten stuff because it was, I had to go out there, she told me, and I had to get up, I was up on my stomach balancing, with my feet in the air, head down into this pig tin, and she told me that I would have to eat the skin off that pudding out of the pig tin. I'm telling you the truth. I have a witness to that.*

This witness was one of the other nuns who, later, Antoinette contacted as an adult and formed a friendship. That Antoinette survived this sort of treatment with the degree of functionality she had is commendable, particularly in view of the AD/HD and other disorders she had.

PERSONALITY, COMORBIDITY AND AD/HD

Antoinette had suffered from serious depression for much of her life which, of itself, compounds the effects of AD/HD. When that depression was treated, her life improved somewhat and she was able to cope with the problems caused by the AD/HD. She also had periods in her life when her use of alcohol constituted abuse and dependence. Again, this was debilitating of itself, but also did nothing to relieve the AD/HD and other psychological and emotional disabilities she suffered from. Antoinette freely

admitted to being impulsive. For example, she described how she bought five cars in one year during a period of well-paying employment and where image and appearance were important. Possibly, this type of spur of the moment decision-making added to her frequent job changes, as mentioned earlier.

Another aspect of this impulsive behaviour is when it is either directly or indirectly destructive (i.e. self sabotage), such as this incident when Antoinette was expressing hostility to her ex-boyfriend after they broke up:

> *Getting drunk and - um - ringing up his family and friends and abusing them and telling them what an arsehole he was, and I had a ton of cow manure delivered to his driveway the other day, told him I was giving back all his shit.*

Antoinette also admitted to driving too fast and having car accidents, as this excerpt shows:

> *But that was impulsive. I've made so many financial mistakes. I sold the Beamer and bought another Hyundai Excel, and I only had the Excel for a few weeks and I wrapped it around a telegraph pole. I speed - and I got a letter from the RTA in October I think it was, saying I'd lost my licence for speeding. I'd lost 12 points for speeding. Then I decided to buy a truck, I bought a Jackeroo.*

These types of behaviour are very much associated with AD/HD (Barkley, 1998) and, in Antoinette's case, that behaviour can be very extreme and very self-destructive, unacceptable and alienating to others. Eating obsessively and compulsively is another such dysfunctional behaviour to which Antoinette admitted.

SUMMARY

Antoinette was very co-operative, candid and articulate during the interview and, in the main, quite insightful about AD/HD and about her life in general. She survived distressing childhood, adolescent and early adulthood experiences (*I'm little Miss Survivor*) to emerge with low self-esteem but with a paradoxically strong belief in her

abilities in the creative and occupational spheres. Although given to impulsive behaviour and a tendency towards self-sabotage, Antoinette was confident that she could continue to transcend the limitations caused by AD/HD and would find suitable employment without too much difficulty. She said that she was writing a children's book because *Is it such a bad thing to have a wonderful imagination? Why don't I put it to some use?*.

Antoinette described her social skills as *excellent*, and admitted that she has more difficulty being accepted by females than by males. However, she also admitted to being impulsively outspoken, a legacy of AD/HD which has caused her difficulties throughout her life. The description of her social skills as *excellent* appeared contradictory in light of this, and also with her admission that she only had one female friend, and was unable to hold down a job.

SAMANTHA

INTRODUCTION

Samantha, age 34, was first diagnosed with AD/HD at the age of 31, after her son was similarly diagnosed, both by a psychiatrist. Her father was also formally diagnosed with AD/HD at age 62, but Samantha made no mention of her mother's status. It is worth noting that Samantha's daughter and husband do not have AD/HD. Samantha's only brother has not been diagnosed with AD/HD, although she suspects he may have AD/HD. She described him as ... *a messed up boy, too, now ...,* being, amongst other things, depressed, aggressive and abusive.

The psychiatrist who diagnosed her prescribed Dexamphetamine which she took for a year but discontinued, describing her cessation as follows:

> *... the medication wasn't helping me, it was actually giving me head-spins, and all that sort of stuff, so I was .. whether it was giving me head-spins or it was plain lack of sleep, I don't know, but I decided at that point to stop it.*

Other than the medication, she did not receive supportive therapy from her psychiatrist for the AD/HD: *I didn't feel any link with him, I couldn't really go into anything with him, so all I was doing was basically going to him for a script.* Prior to that diagnosis, she had experienced post-natal depression following the birth of her first child and had seen another psychiatrist for that, but discontinued treatment also. She described this experience:

> *I went and saw a psychiatrist then and had some counselling. She was going - she was thinking about whether to put me on anti-depressants at that time, and she put it down that it was post-natal depression. She actually ended up having some major problem happen in her life, her husband was bashed up or something or other, and I felt that I no longer felt my problems were more than hers, and I felt I could survive quite nicely on my own, and I was doing alright at that stage, so I left her counsel.*

Whilst not continuing the Dexamphetamine medication, she was prescribed anti-depressant medication for pre-menstrual syndrome which she still currently takes, describing that in the context of not taking any such medications for much of her life as follows:

> *After all these years of various counselling and stuff for depression and everything else and I didn't take anything all that time, and I go to the gynaecologist and end up on anti-depressants* (laughs).

While receiving no counselling for AD/HD, Samantha has had a great deal of counselling for her post-natal depression, which she described very positively. This involved treatment for suicidal thoughts, without attempts, related to that depression:

> *So I went off for counselling again, I went off for Christian counselling. I had a fairly big turning point, a fairly big catharsis with that group, we sort of did a search for significant programmes, where I ended up having quite a big sort of, almost like a bit of a breakdown in the middle of all that, and then that was the turning point. I started deciding it was time to move on, start looking forward*

> *instead of backwards all the time, so yeah, that was the last time I had counselling.*

Samantha is involved in the ADDult AD/HD support group, having served on the committee. Aside from that, Samantha does see belonging to this group as being an important part of managing her condition. She stated:

> *Yeah, I mean, it's good. I get a newsletter. I wouldn't say I get a lot of support from it because I don't ask for a lot of support from it. I think it helps me to get out there and go and listen to meetings and stuff and you pick up tips and ways of coping.*

It seems that Samantha's depression plays a large part in her overall functioning as opposed to her AD/HD. With the depression being well controlled by medication, Samantha can live with AD/HD with the relatively low support from the ADDult group, together with insight and coping strategies gained from counsellors and psychiatrists in the past.

SELF-ESTEEM

When asked to define self-esteem generally, Samantha described it as follows:

> *Self-respect. The same thing. Believing in yourself, believing that you are as valuable a person as anyone else who walks the face of the earth.*

She then described a person with high self-esteem as one who attains her or his goals, is competent, happy and peaceful, and who is unaffected by how others view them, or by external influences or circumstances. In contrast, she typified someone with low self-esteem as *nervous*, very defensive, acutely vigilant and hyper-sensitive to what others around her or him may be thinking or saying about them, and thus *basing their whole life and development on other people and what other people think.*

In describing her own self-esteem, Samantha identified very strongly with the low self-esteem stereotype, and portrayed herself as ... *extremely damaged by past events* ... and

that it has ... *taken a battering* ..., but also going so far as to emphasise that she is ... *fighting back slowly* ... to *develop* and reconstruct a wholesome esteem. In essence then, Samantha perceives the locus of high self-esteem to be internal, in stark contrast to the external locus concerning others' reactions, treatment, attitudes and judgements (all actual or imagined), which typifies her own self-esteem, but against which she struggles. Along with this, goes an extreme *hyper-sensitive* awareness of others to which Samantha often referred.

RELIGION AND SELF-ESTEEM

Samantha's negative self-esteem, her serious bouts of depression, at one point in her life leading to suicidal considerations, and her deep religious beliefs are all intertwined, as these two excerpts clearly show:

> *I was suicidal. I did want my life to end, but I just felt ... I didn't attempt it. I'm such a wimp. I basically (laughs) I have fairly strong beliefs in God, so I just prayed that God would take my life away, because I didn't feel I was really a necessary being, that was mainly it. It was just a zero self-esteem. I just had no faith in myself whatsoever. I didn't believe in myself. I didn't believe in anything I could do. I wanted my husband to leave me ...*

And:

> *My faith has been integral in (developing self-esteem). I believe that - well, I believe in God and I believe in Jesus, so I have a strong faith with that, and my ability to pray and know that He is with me at all times, that helps me a lot.*

Samantha's beliefs have been a significant influence her life and, in effect, have helped her to transcend circumstances which she felt, at the time, to be beyond her personal and internal power to redress.

INFLUENCES ON SELF-ESTEEM

In general, Samantha reported a long history of rejection by, and alienation from, peers and fellow students, to the point of cruel bullying and victimisation. Given her strong need for external validations for creating and bolstering her self-esteem, this treatment was all the more damaging and debilitating to her sense of worth. These recollections are illustrative:

> *The specific challenge is that you are so different to other people (because of AD/HD), and therefore, building relationships, building strong friendships and stuff, I've only just now begun to develop friendships. After my whole school life was based on misery, I cried most of the time at school so I did not have friends. I didn't have a best friend that came through school with me and after school or anything like that.*

> *I was the butt of everybody's joke. I was teased. I had a dead rat placed in my desk. It was just disgusting. I was called all the names under the sun. I was bashed up by people. I had half a brick thrown on my head by some kids around the corner. I was - yeah - they used to follow me home - because mum never came to pick me up from school either - so they used to follow me home from school, and push me over, and all that sort of stuff, chuck my bag away and all those things, so, it was not pleasant.*

After leaving school, Samantha described forming "romantic" relationships with a number of men. She described herself, when an adolescent, as *extremely promiscuous* and *very flirtatious*.

> *I was highly promiscuous, surprise, surprise, so - I thought that - my mother actually taught me that the only way to keep a man is to have sex with him, so - most times I ended up in bed with men, so - I didn't do it too many times.*

In terms of self-esteem, this was a double-edged sword in that she described that, while she was more accepted, those types of relationships and liaisons did not add to her self-esteem.

As Samantha grew older, she developed strategies to overcome that unpopularity and rejection, to the point of describing having *some really close friends* and around seven close friends at University in adult life. Echoing the religious theme, Samantha reported

having *tons of friends at Church* as well. Thus, all in all, she can be seen to have become more popular and to have higher self-esteem over time which, perhaps, was reinforced by Church affiliation and fellowship.

FAMILY OF ORIGIN AND SELF-ESTEEM

Samantha's relations with her father, mother and only brother were negative, problematic and, all three, physically, psychologically and sexually abused her in one way or another, all of which she describes in terms of having a deeply destructive effect on her self-esteem and psyche. For example, Samantha described her father as *a workaholic, a very volatile and angry man*, who, it was later discovered, had AD/HD himself. He had *no relationship* with Samantha's mother, to the point of having an affair with another woman when Samantha was aged 4. He moved jobs frequently and had a *few scrapes with the law*. Despite all this, Samantha's relationship with him was not as bad as the one with her mother and, currently, Samantha described her relationship with him as *good.*

Samantha described her early perceptions of her mother as *perfect in every single way* but in adulthood, in retrospect, came to see her as very imperfect and certainly abusive, concluding that:

> *... some of the things she'd said and done were quite awful, and she was an extremely controlling woman because she was controlled by my father, so it was sort of a pecking order thing, so I scored whatever she had left. So I didn't have a great relationship with her.*

Her mother's abuse was verbal, physical and sexual:

> *She was very heavy-handed, and she was very abusive with her mouth and hand, and in a way almost sexually abusive as well because she used to share an awful lot with me about my father and her's relationship with a seven or eight year old child, which I think is a little bit off.*

Added to this poisonous environment, Samantha was also sexually and generally abused and *violated* by her brother:

> *He was abusive - he didn't like me at all, he hated my guts and I knew it. I was always annoying him. He used to - I used to be left with him from a fairly young age, and he sexually abused me. And emotionally and physically abused me, so - not very pleasant.*

Adding insult to injury, Samantha was also sexually abused by her hitherto trusted uncle. As she reported:

> *I had an uncle who also tried it on, and that was abusive because that was just way out of - he was a comfort spot, he was a safety space, and he broke that, he violated that and that was very, very much against the grain, and that hurt more.*

From all the foregoing, it is a wonder that Samantha could claim any self-esteem or self-worth whatsoever, much less any sense of safety, security, genuine love or affection.

EDUCATION, OCCUPATION AND SELF-ESTEEM

Samantha also recalled being badly abused by teachers when asked about incidents or circumstances having a strong impact on her self-esteem. These memories included being punished by teachers by being locked in a cupboard with a boy for relatively minor behaviour infractions, perhaps *four or five times*, and getting the cane often, that being a rare punishment for young girls at the time. This type of punishment was all the more damaging in that, ironically and surprisingly, Samantha was academically *brilliant*, receiving near top marks across a range of subjects, *99% for Indonesian*, for example. Thus, while her esteem was boosted by that competence, it was also badly eroded in the scholastic realm by rejection, punishment and personal censure by, not only peers, but by those in authority.

In later years at University, Samantha reported excellent results, currently (at age 34) about to finish a double Bachelor degree with honours, this success being a significant source of esteem and sense of competence. This is all the more laudable in that she left school at Year 10 and gained University entrance by *special* admission. Samantha reported being very surprised by this success, firstly because she had a sense of it not being that difficult, and that, secondly, she had been well brainwashed into thinking of herself as *stupid.*

Occupationally, Samantha had done a number of menial and clerical jobs, and specifically talked of moving from one to another after her esteem was eroded:

> *I've done various jobs, and I used to be very much - when talking about when my self-esteem was zero, it would take six months I guess, somebody didn't look at me the right way or I got in some sort of problem, or something - you know, some issue with, you know, someone didn't like me, then I'd leave and move onto something else, and try really hard in the next place as well ....*

At the time of this interview, she was working part-time for a medical practitioner *autonomously* which adds to her esteem. She has held down this job for two years, while also studying at University and maintaining a family.

SPOUSE, CHILDREN AND SELF-ESTEEM

The saving grace, as it were, in Samantha's life, is her husband, from whom she draws considerable strength, support and love which, together with her religious convictions, very significantly creates a positive emotional foundation for her self-esteem. Samantha specifically mentioned her husband on at least five or more occasions, typical of these is as follows:

> *My husband is my - I would say, my first. He's definitely been the one that - it doesn't matter what I've been through, he's always been there for me, always encouraged me ... I was really blessed to meet him. I believe God looked at me and said 'OK, you've had enough, here's a guy that's going to look after you' so*

that was very nice. I was very pleased about that, so yeah, he's been the most influential in my developing, or getting over a lot of the problems I've got.

In other places, Samantha refers to him as *always supportive* and *extremely understanding* and she feels *very fortunate* to have met him. Summarising how positive he has been for her self-esteem in contrast to her family, are these specific comments:

My self-esteem comes from me, and every so often I let it go to other people. So, it used to be that my whole positive self-esteem was banked on my husband and my whole negative came from my family, and that was how I always lived my - so I could blame them for anything that was going wrong, and I could say, you know, lean on him really hard to get anything good about myself. But now I lean on me more for that stuff.

And:

... my first relationship was with my husband, was the first time that I actually had a man who was respectful and loved me unconditionally and treated me the right way. That was the first time ....

In the context of Samantha's injured psyche, this support came at a cost of sorts, that being a considerable need to be dependent upon him, especially early on in their relationship, but that has reduced over time, as this comment shows:

... (I was) dependent on my husband when I first - we first - got married, extremely dependent in that if he went out of my sight for any time I'd get a bit panicky about it and all that sort of stuff. He had to go away with work, and I'd be really freaked out that I had to look after the kids and he wasn't there to help, and things like that, so - certainly not like that now.

While not mentioning her own children as sources of positive self-esteem, Samantha, instead, talked of how challenging and demanding they were, especially her son with AD/HD, which probably had a lot to do with her bouts of depression and, thus, her continuing low esteem despite other achievements.

OTHER FACTORS

One particular factor contributing to Samantha's poor self-esteem was the fact that she was overweight. While this might be the same for many women, in Samantha's case, the effect may be more pernicious and more acute because of her generally compromised esteem in the first place. Her extensive history of sexual abuse may have resulted in a powerful need to, consciously or unconsciously, be unattractive to others. Alternatively, her low level of self-esteem may have contributed to her weight problem and the possibility of being unattractive to others. As she said:

> *Because you don't believe in yourself, so therefore you go around - your focus changes. Instead of proving yourself to be a worthy, happy, lovely person, you go around and prove yourself unworthy and useless.*

Of course, depression, AD/HD and any other associated drugs or side effect factors of themselves may be contributory or causes in themselves of the obesity. Lending possible support to these speculations is this excerpt about her weight and self-esteem, in which Samantha mentions her mother as a deleterious influence on her sense of self-worth in the same response, i.e. they are associated or closely connected.

> *Well, the negative things, the things that I have issues with mostly at the moment where self-esteem is concerned is my weight. Being hyperactive and overweight is not something I really enjoy. Because I do still move very quickly but I get very puffed out, but I don't have the time to do something about it. So that, and my mother is still very much an influence, if I spend too much time or I speak to her about certain things I start thinking negatively about myself.*

All in all then, Samantha's self-esteem has been very fragile and battered, and represents an ongoing struggle for recognition and respect, and inner confidence, independence and agency.

PARENTAL UPBRINGING AND FAMILY SYSTEM

As already described, Samantha's early childhood experiences of abuse and neglect have eroded her self-esteem. It is difficult to separate the contribution of AD/HD to her low esteem, when her sexual abuse, with her brother and uncle as perpetrators, leading to promiscuity and an abortion, are taken into consideration. Her choice of boyfriends, her sexual behaviour with them, her conduct and resultant punishments at school, to name a few, all hint at problems in the way she was raised, and may have been exacerbated or not ameliorated effectively by her parents' actions or lack thereof. Hechtman (1996) notes that "if the negative mother-child interaction … is a response to the child's overactive, impulsive, inattentive style, it may affect the child's future development in terms of self-esteem and social competence" (p.359).

> *My mother was abusive. She was jealous of me ... I didn't have a great relationship with her. My father ... yeah, he was a very volatile man, very AD/HD when you look back on it now.*

Further description and proof of this is evident in the following, including being sexually molested at 12 or 13:

> *I had an abortion at 18 which is a very low point in my life, because - and my mother and father didn't know about it until recently, because I was so ashamed and scared. I wasn't scared about keeping a baby and raising a baby, I was scared about what my parents would do to me. So I just had an abortion without ever thinking about it, type of thing, even impulsively. ... So I was - yeah, I was extremely promiscuous, very flirtatious ... my first boyfriend ... he was one of the people who sexually molested me when I was about 12 or 13, and I ended up going out with him from 15 to 16 and a half, and that was an extremely volatile relationship....*

This parental inadequacy also extended to Samantha having a very negative relationship with her brother, which had led to his early molestation of her, and to which her parents either turned a blind eye or were very irresponsibly ignorant about. Samantha's sexual and emotional abuse from an uncle, as described, adds further to the traumatic impacts of her childhood.

SOCIAL, PEERS AND RELATIONSHIPS

While currently describing her social skills as *pretty good now*, Samantha's early social life was extremely unsatisfactory, and she was, in general, isolated and alienated from, and rejected by, her peers. She described being very careful now to manage her relationships and social relations with much care and sensitivity to offset the early failures, as these comments show:

> *I'm a lot more careful with how I listen to people now. So, if someone's actually hurting, I'm very careful not to come in with a - you know, a joke or a double entendre, when they're obviously hurting about something, so I'm a lot more in tune with how people are talking and can be much better with them. Before, I was always - if I could get a laugh out of something I would, because if people are laughing it meant everything's OK.*

And:

> *... I had one very insightful person say to me - because I'm always a clown out with other people, so, she actually said to me 'oh yes, the tears of a clown', so she knew what was going on, but I was always very bright, overly bright and bubbly, in amongst other people, and then I'd come home and be very miserable, it would be the effort of being someone else when I was out.*

It is suggested that her AD/HD related behaviour and personality were largely responsible for such social difficulties, and that she has employed effortful strategies to compensate for them.

EDUCATION, OCCUPATION AND FUNCTIONALITY

From such indicators as her *talented* competence after taking *Dex* (Dexamphetamine) and love of music, together with her excellent adult academic prowess, it is quite possible that Samantha was an extremely gifted child but an underachiever because of her AD/HD. It is also possible that her extremely negative childhood and school experiences contributed to her underachievement. The net result is that she now functions adequately occupationally, having been handicapped by changing jobs

frequently, due to non-competence related factors, but functions at a superior level at University, apparently more by innate talent rather than hard work. For example, she mentioned having difficulty in reading and attending to lectures but that it (the material) was *going in somewhere and holding*, as these comments illustrate:

> *I've been studying since '95. I probably could have blitzed a lot of things, because I was playing online backgammon instead of doing things, but I still managed to get Bs and As, but I could have got - I could have got all As if I'd have actually committed myself to actually studying. So there is some natural gift there... I can read, but I can't recall from what I've read. So I can - I'm very much an auditory learner. So I can sit and listen to the lecture, whilst listening to the conversation of the person in the back of the room, looking at the blackboard and everywhere else, and then walk out and tell everyone what the lecture was about. So it's all there.*

Thus, whilst her functionality is high, it is doubtless much less than it should or could have been. For example, the academic competence is only now, at age 34, being expressed, and there is a persistent tone of not being at all confident about, or comfortable with, her skills, and she is constantly surprised by them:

> *I could not seriously give myself any labels for anything that I thought was worthwhile or anything else, but now it's different. I have more self-worth now, and believe that I am a very talented musician, and I'm obviously gifted at learning this stuff .... This is the interesting paradox because I still feel, I don't know why I know it. I can't understand how I understand this stuff, so I sort of think, it's a - that is a lack of self-worth and confidence, because I think to myself "I don't know why I know this and they don't.*

PERSONALITY AND COMORBIDITY

In addition to AD/HD as mentioned, Samantha has suffered quite severely from depression of general and post-natal origin, which has been successfully treated by appropriate medication:

> *It's a whole life, a whole new ballgame. But the thing about the medications I'm on now, is that I am peaceful and hyperactive, which is very, very funny, because I listen to all this classical music and everything else, my leg is going 100 miles an hour while I'm trying to write an assignment, but I'm very peaceful (laughs). So it*

> *certainly helped with the moodiness, or the co-morbid depression that was happening with it.*

Samantha also described herself as *impulsive*, specifically pointing to impulsive shopping and spending, such that she and her husband have no credit cards as a safety precaution. She also described being impulsive in sometimes inappropriate utterances in social settings, as she stated:

> *I also am impulsive in my speech, so I'll blurt something out without thinking about it, and then suffer the consequences when I play the tape back* (laughs).

Samantha also admitted to being disorganised in her personal, occupational and scholastic pursuits, saying she typically *overloaded* herself with undertakings and obligations.

Another aspect of her personality which was particularly dysfunctional was *self-sabotage*:

> *I used to deliberately sabotage myself, I used to deliberately do something so that I could fail something and then I could say 'well, that's right, there you go, that just shows you. That just proves it, I am hopeless and useless and everything else'.*

She would then link that into creating or aggravating a depressive response, which in turn feeds back into a sabotage proclivity in a vicious circle. For example:

> *I think it is when you're at your lowest, when you're really at low self-esteem, that's when you sabotage yourself. Because you don't believe in yourself, so therefore you go around - your focus changes. Instead of proving yourself to be a worthy, happy, lovely person, you go around and prove yourself unworthy and useless, and live in that.*

Being well aware of these defects, Samantha also described techniques and habits to counteract them, such as actively and creatively thinking positively and optimistically to negate her depression. Yet with that and other effective skills, they were accompanied

in Samantha's explanations as being effortful and of requiring vigilance and diligence, that is, requiring *work.*

SUMMARY

Samantha was very forthcoming with her disclosures which, like Laura's, could have been very difficult and embarrassing to discuss. She described her childhood in terms of abuse - verbal, physical and sexual - from family, teachers and peers. Consequently, her sense of self-esteem was eroded and she had not been as successful in all areas of her life as she could have been. The role of AD/HD in her diminished self-esteem is unclear, considering the abusive experiences she described. Other women who have encountered similar treatment would also suffer low self-esteem. However, her behavioural difficulties at home and at school, which incurred the wrath of significant adults, were, most likely, the result of AD/HD symptoms. It is a matter of speculation whether she would have developed a reasonable belief in herself had she been able to comply with accepted norms of behaviour, considering that she may have been, from her description, a "gifted and talented" child. Evidence for her level of intelligence comes from the fact that she is doing a double Degree with Honours at University as a mature age student, while at the same time, working part-time and raising a young family.

TINA

INTRODUCTION

Tina is a 49 year old married woman with two teenage sons. She works as a Training Manager for an employment service. She discovered that she had AD/HD after taking her younger son to be tested for the condition. She reported:

> *We were all tested. That's the day I came out.*

SELF-ESTEEM

Comments and perceptions regarding self-esteem, or *self-acceptance or self-worth* as Tina preferred to term it, occurred throughout the interview. The general theme to emerge was that Tina viewed her self-esteem as fragile, not stable, and something she had to work on consistently with effort to maintain. In addition, it was generally subject to external influences rather than a relatively fixed feature of her personality. Initially, she distinguished between *self-worth* and *self-esteem* as follows, emphasising the need to always work on it:

> *...(it) is something that you're always striving to make yourself feel better about this or that, and get into - you know - compulsive behaviour, all kinds of things you do to deal with your self-esteem, whereas if I can separate it, on most days, not very good today, but it's self-worth, that takes the power out of it.*

Elsewhere, Tina defined people with high self-esteem in terms of being internally strong. She described these people as having *really good boundaries* and who operate *in adult* much of the time, i.e. mature, stable and rational, and who consistently see themselves in positive terms, of having *got it all together*. She saw those with low self-esteem as *always looking for affirmation* and needing to be encouraged frequently, and constantly striving to be *built up* and bolstered. Most importantly, Tina saw people with high self-esteem as those *who aren't ADD*, clearly perceiving low self-esteem as part and parcel of the disorder and being very typical of herself.

Further evidence of her general perception of how tenuous her hold on self-esteem was, is that when asked how she would describe her self-esteem at that moment, she replied in terms of *fighting for it.* This she attributed to short-term depression, adding elsewhere that: *...I accept that I'm different. I struggle with the fact that - that I am different*. She said that when she is around people who appreciate her, she feels more normal and the feeling of being different is somewhat negated or neutralised temporarily.

RELIGION

Tina's mention of Christ and Christianity occurred very frequently. For example, when asked about the most influential factors regarding her self-esteem or worth, after talking of self improvement strategies in her 20s (like self awareness efforts and meditation), she concluded:

> *...I think really my self-worth has been tied up in my relationship with Christ, and that's what's really helped with that.*

Elsewhere she described: *...I used to be the black sheep, and then I became a Christian and I was the white sheep.* Again, in response to a question about doubting herself, she said *I know without God I can do nothing.*

FRIENDS AND SOCIAL SUPPORT

Another source of self-esteem were her friends, particularly long-term ones. For example, she described one of her friendships as:

> *One significant person in my life that's really helped me was in 1991, when I actually did the communications course and we actually became friends after that and - and we're still friends. We don't see a lot of each other, but we sort of did an exchange, I sort of shared a whole lot of spiritual things with her, and she had a double - double degree in psych, which I didn't know at first, thank God, but we're - we're still there. It's like our little girls are there for each other, but we can be adults and she's always encouraging. Sort of 'sit in the ashes with you' type people.*

Again, responding to a question on people who are helpful in building positive self-esteem, Tina described:

> *People that accept me, you know, like I've got a friend in Colorado that, I mean I haven't seen her in 4 years, but the next time we see each other it will just be the same. There's no big thing, you know, all that sort of stuff, so there's probably 4 or 5 people like that in my life, that they don't demand of me, you know?*

Offsetting that kind of positive influence of long-term close friends, Tina also identified being very susceptible to work associates and other acquaintances letting her down and

disappointing her. For example, the following excerpt well illustrates how deeply her self-esteem and confidence can be eroded:

> *Q: Do you think you put too much pressure on yourself?*
> *T: Oh, all the time. But then you try and delegate it and you get responses like that* (her secretary had entered the office even though requested not to) *...so the self-hate is what's wrong with me, why can't I - why can't they just get it. Like, I've obviously chosen the wrong people.*
> *Q: Are you blaming yourself for that?*
> *T: Yeah, you know, like DUH, when will they get it?*
> *Q: So that would affect your self-esteem?*
> *T: Hmm, yes.*

Echoing the theme above of how fragile Tina's self-esteem is, is the use of the term *self-hate* in this exchange, and elsewhere describing a *niggling self-hate*. This *self-hate* seems to represent an extremely poor self-image and, while Tina gains much positive self-regard from close friends, she is readily prone to negative self-regard by work colleagues and daily exchanges and exigencies.

OCCUPATION

In general, Tina derived a good deal of positive self-esteem from the work she had done and the work she was doing at the time of the interview. She perceives herself as highly competent if given the opportunity, albeit frequently let down by those around her.

> *I actually like what I do, the kids, whatever, but the mistake I made is that I rescued upstairs and I'm doing an admin role, helping upstairs. I mean, I love what I do but I don't like being in here, overseeing them, and, no, I don't hate my job, I love what I do, I don't like the circumstances of the finance of the place, of having to employ trainees, all of that I find that really frustrating.*
> *Q: Has your position here helped your self-esteem?*
> *T: Oh, the fact that I can even hold this down, and pull this together, and get them out of $80,000 worth of debt. I mean, the people that I've met in places!*

PARENTAL UPBRINGING AND FAMILY SYSTEM

Tina saw her parents as deleteriously influencing her sense of worth and esteem, and felt that her father, mother and only younger brother were negative and inadequate

influences on her life in virtually all ways. Reflecting this are comments Tina made concerning her father and his failure to *take her into womanhood*:

> *No, I just remember as I've gone through healing there was a - I think that I - that, um, the thing that came to my mind, and I mean there's been a lot of healing and that, was I can remember my dad used to, like, scratch my back and whatever, and I can remember being, I think I was 12, and I can remember the day and he said 'You're too old for that, I can't do that any more'. And so, instead of, I mean, I know what that meant, that meant that he didn't take me into womanhood, he let - it was like it really - that did something in my inner being there. I think that really affected me.*

More comprehensively, the following excerpt of exchanges is typical:

> *Q: What about your parents - your mum?*
> *T: Mum's been gone 20 years, and my father - no that wasn't positive at all*
> *Q: Brothers and sisters?*
> *T: No, my brother - I've got one brother in Perth.*
> *Q: And he wasn't a positive influence for you?*
> *T: No. I was - I was always different, they always - they always put me down.*

This sense of being *put down* is reinforced by the following comment:

> *I remember my mother saying things - she'd say to my aunt 'just take her, she won't sleep and she won't eat, she keeps her eyes open and mouth - and her mouth shut'. So I think, you know, depending how far back you want to go, I mean, I think I grew up with that, and I grew up with being different, ... My father was probably ADHD. He was a salesperson and he'd always come home and, you know, I can see now, in retrospect, you know, what was going for him. He was like the boy who never grew up. Um, grew up with a depressed mother so I guess it was just, you know, I just went through life not really feeling that great about myself.*

Lastly, these comments clearly show how contradictory and inadequate to Tina's emotional and practical needs were both her parents' child-rearing styles. Whereas some of the other participants suffered abuse from their parents, Tina attributed her developmental gaps to lack of discipline and overprotection.

> *Well, developmental gaps in not learning how to - like, I was - I never had any - I never had discipline, like, mum would never smack me, you know, and she was - while she would put me down, she had a love for me, like she was overprotective, waited 9 years and, just doted over me, you know, so those sorts of things kind of*

confuse you a bit. So, I never learned how to respond - I'm not afraid of - I'm not afraid of authority figures. Because I thought my dad was a bit of a wuss, I mean, there's all developmental stuff there, but even as a teenager, not, not learning that you have to wait to respond, and you listen and all those things, yeah.

Throwing this lack into sharp relief are the positive comments Tina made about her uncle, a person to whom Tina probably transferred a good deal of affection:

I actually liked my uncle. I had this wonderful - wonderful uncle. He was more like a father to me and I used to garden with him, and roses and stuff and - that's - one day I remember I got honours in Speech and Drama, and I actually - one of the girls got shitty about that because I got better than her, but , my uncle killed himself that day, and I think I was about 14 - and I didn't really visit them, until I was at home 20 years later with the kids, that was really the one person - I just loved him. So I had - a pretty good relationship I think. (Source of self-esteem?) Yes. He was - he was in Hiroshima after the war, so it was all caused, he just snapped.

EDUCATION, OCCUPATION AND FUNCTIONALITY

Despite her AD/HD, Tina described doing ... *really well at school ...,* adding though that she had some reading difficulties, which she put down to going to three different schools in the first year. She described doing very well at maths and other subjects, but left school at the equivalent of School Certificate year. After leaving school, she quickly found work as a flight attendant, which she did very competently for 12 years. She did not go to University, but gained a TAFE Certificate 4 and other competency based credentials, and moved into administration and staff training roles in business, in which she currently works. Overall, Tina described her level of functioning at school, TAFE and her various jobs as adequate to excellent, with no indications of particular scholastic or occupational weaknesses or limitations, aside from the early reading difficulties.

SOCIAL, PEERS AND RELATIONSHIPS

Although seeing herself as very *different* in her family of origin, Tina generally described herself as having good social skills and having *a lot of friends* despite moving

schools often early in life. She also described herself as *the life of the party* and having a number of romantic relationships with males throughout her life until her marriage. Her first marriage, at age 26, was unsuccessful.

In general, Tina could be described as socially competent, well integrated and as able to manage a long-term, stable marital relationship, and raise children effectively. Tina could be seen to be reasonably popular and personable, and there is little evidence of any socially abrasive, disruptive or antisocial symptoms of AD/HD being significant in her social life beyond the norm. As she stated: *I always had a lot of friends*, but she added that she did not maintain her friendships *from there to there* because *there was a lot of moving around* during her school years. Most of her lasting social relationships have come as a result of her work and her involvement in her Church community.

PERSONALITY AND COMORBIDITY

As mentioned, Tina often talked of being seriously depressed throughout her life and was prescribed an antidepressant, which she was still taking at the time of this interview. As mentioned also, this fits in with her sense of having always worked very hard to keep on an even keel, and readily falling prey to significant bouts of depression and of having a clear sense that her medication is essential and is palpably effective. Illustrative of this are her comments about depression and that the stress of any University study could have caused her to suicide:

> *Oh, I was so depressed when I finally was diag - definitely, I mean, my children in the top 5 percent in the world, they could do medicine. I haven't been diagnosed (meaning IQ testing) but, I mean, I haven't had - had it done, but I've had done different tests, I mean, I know that I could have done pharmacy, I could have been a psychiatrist, I could have been a doctor, could have done all those things, but if I'd done pharmacy when I was depressed, I probably would have killed myself, so it all works out, doesn't it?*

And:

> *...I was definitely depressed. Yeah, but not, um - see, I had this, it was like a mask, like I really would - yeah - depressed and stressed because I had to get things done which weren't really me. You know, like the pleasing of the mother and whatever ....*

She also admits to being impulsive and a *bit wild* in her youth.

> *Well, I mean, you see, it's hard, I mean. I'm looking back because I'm not as impulsive on medication or whatever, um, well impulsive, like short wick, you know, like, getting in people's face. I'm much better now.*

In addition, Tina described her personality as outgoing, gregarious and reasonably confident and competent in most areas of her life. Whilst Tina is co-morbid with AD/HD and depression, there are no other indications of addictive or other psychiatric disorders.

SUMMARY

Tina was quite willing to discuss her experiences of living with AD/HD, and of her upbringing and familial relationships. She admitted that she was not *close* to her family of origin, and did not interact with them on a regular basis, (they being in Perth and she living in Sydney). She confirmed that her self-esteem depended on how well things were going for her at a particular time, and could be adversely affected by the behaviour of those around her, especially in the sphere of her employment. She felt reasonably comfortable in her marriage, although she and her husband have had difficulties caused by her AD/HD, and the demands placed on her by her lifestyle. She said:

> *I'm fighting because this morning I felt depressed because I'd spent all weekend, I went to the baseball, I'm Supermum, the kids are in the finals ... I'm on Dexamphetamine. Yeah, and I just haven't had enough sleep, so I worked all day yesterday, I'm doing work here (her job), I'm trying to do my own - and this morning I just felt like 'How can you work that hard and not have everything done?'*

She and her husband have both been heavily involved in their religious affiliation and have derived a considerable amount of support from that. Their relationship is stable and long-term, and she said of him: *...he's like an eagle and he only mates once, so there's some security in that. He thinks I'm beautiful and he loves me....* She also added that she did not expect him to *affirm me all the time.*

In regard to her self-esteem at the time of this interview, she admitted that she was not feeling very good about herself because *I worked so hard on the weekend and I didn't get it all done*. This could be seen to be indicative of the fact that Tina derived her self-esteem from external demonstrable evidence rather than a belief in her own abilities and attributes. That is, although she was not able to complete her tasks on that weekend, it did not mean that she is unable to ever complete the tasks.

AMANDA

INTRODUCTION

Amanda is a 31 year old single woman who is in the process of completing a Bachelor of Arts degree majoring in Linguistics at the time of this interview. She had previously attempted a Degree in Early Childhood Teaching, but did not pass her final practicum because of her inability to concentrate on more than one thing at a time. She lives in a de-facto relationship with a man who, in Amanda's opinion, also may have AD/HD. She was diagnosed by a psychiatrist approximately three years ago as a result of her mother's suggestion that her short attention span, concentration problems, and childhood behavioural difficulties may have been caused by AD/HD. Amanda did not mention whether any other members of her family suffered from AD/HD, nor did she offer an opinion as to whether her condition was genetic or unusual within her family.

TREATMENT

She was prescribed thepsychostimulant medication Dexamphetamine by the psychiatrist, but discontinued taking it because she did not experience a change in her symptoms. As she explained it:

> *...I took myself off it, which is probably a bad thing to do, umm, because I understand that when you take these sorts of medications, that they - there's usually a - some sort of reaction straight away, or reasonably quickly, you sort of - there's a change, and I was taking them and there just wasn't a change in my thinking ...wasn't able to concentrate any better ... I just basically stopped taking them, which I shouldn't have done, but there you go.*

She felt that the medication made her more anxious, so she did not express an intention of resuming this type of treatment. Amanda reported that she derived a benefit from belonging to the ADDult support group because of *just the whole feeling that you're not alone*. She said that the information that the group provided helped her to explain her difficulties to herself and to other people, which she felt was a *good thing.*

SELF-ESTEEM

Amanda described self-esteem in terms of liking and respecting oneself. She explains:

> *You appreciate and respect yourself...somebody with high self-esteem respects themselves without having to put someone else down to do it.*

She felt that her self-esteem was variable and said that she had *good days and bad days*. She attributed this to the way she was treated by other people, and whether she received validation of her worth from them. She explained:

> *... maybe something happened, somebody said something to me, and like, maybe for a while I was able to forget it, and then all of a sudden something will bring that back and I think, Why did I - well, mainly it's Why did I let them say that to me ... I think I'm one of those people that really looks to other people for validation of my own self-image ...*

She described the characteristics of a person with low self-esteem as having no sense of their own self worth, *they just sort of feel like they're useless*. When asked about her self-esteem at the time, she said:

> *Umm, overall it's OK. Could be better, but, yeah, and I said, I got - I have good days and bad days.*

Amanda felt that her self-esteem was very much dependent on the way she was treated by other people, for example by her teachers and peers at school, and her later acquaintances. In other words, her self-esteem appears to be tied to the way she perceives that she is accepted, or not, by others. She did express a belief that part of her self-esteem, good or bad, comes from herself.

INFLUENCES ON SELF-ESTEEM

Amanda identified her schooling as a major influence on her self-esteem. As far back as Kindergarten or Year 1, she remembered being criticised for not being able to perform up to her teacher's expectation. As she described:

> *... I must have been in - was it first class - kindergarten or first class or something like that, and I remember we had to do some sort of worksheet or something like that, and I remember my teacher screwed it up because she said my writing wasn't neat.*

This event set the tone for the following school years, when she felt that she was not accepted by either her teachers or her fellow students. She described feeling alone, especially in her early infants and primary school years:

> *I remember just being picked on a lot, especially during the first few years, because I changed schools in about Year 4, the first school I went to I remember being sort of very - on my own a lot, so I remember hanging out at lunchtime or whatever, finding things to do on my own... creating my own little world almost.*

Amanda acknowledged the positive influences of her family and present day friends for helping to foster a sense of self-worth, but she felt that her self-esteem was tenuous at best.

FAMILY OF ORIGIN AND SELF-ESTEEM

Amanda felt that her family had been *pretty good* and she did not have many criticisms to make about the way she was raised. She said that she remembered one comment her father made when she was about 10 or 11 about her putting on weight, but she added *I don't think I took any notice of it.* However, the fact that she remembered the comment after twenty years may indicate that she did feel hurt by it.

She made no mention of her mother at all, which may be significant in itself, in that she may not have felt her mother had much influence on her. She did identify her younger sister as a source of her low self-esteem, not because of the way they interacted but because of their physical differences.

> *Probably where my family comes into it are - are - my sister is the total opposite to me. I'm short and sort of stumpy, with short legs and big hips and all the rest of it, and she's 5 foot 10 and gorgeous and all the rest of it. So, yeah, just comparing myself to her, I think, you know, that sort of doesn't really help my self-esteem either because I think, you know, it's no wonder the guys all go for her and they sort of left me alone for so long, because, I mean, she is, she's gorgeous. Next to her I sort of feel like I'm nobody.*

Amanda expressed an admiration for her older brother's ability to play music but, apart from that, she did not have any comments to make about him.

The only critical comment she made about the way she was raised, was when she compared her upbringing to that of her boyfriend. She felt that his family was:

> *... very much a pro-active family, you know, they're sort of full of, you know, "you can do whatever you want", and I think my boyfriend and his sister were sort of raised with that so I think they are a lot more confident within themselves ... I just sort of think, well maybe I might be a different person if I were raised in that sort of environment.*

This comment seems to imply that her upbringing was restrictive and that she did not feel that her parents fostered a sense of confidence in her. She admitted that she was not, to a large extent, defiant, but was more so with her family than with other people outside the family. She said:

> *My brother and my sister were - were the rebellious ones, I was always the - the one who stayed at home, did her work - you know, things like that.*

She did not elaborate on her family experiences, but she commented, overall, *mine has been pretty good.*

FRIENDS AND SOCIAL SOURCES OF SELF-ESTEEM

While Amanda may not have had very positive experiences with her peers at school, she fared better later in her life. When her parents signed up for the Internet, she said *my whole social world changed.* She was able to meet and converse with people who had similar interests to herself *without having to worry about the face-to-face thing.* She reported that she had become very good friends with a woman in America through the Internet, which had helped to alleviate her feelings of isolation.

> *So I made a very good friend in America through the Internet - I call her my cybertwin because I can pretty much be assured of whatever I'm going through she's either going through the same thing, or has been through it herself or - yeah, she's been through it, so we sort of talk to each other about things.*

Amanda also mentioned meeting another female friend in Melbourne, indirectly, through the Internet, and commented that *she's good to have fun with because she doesn't really often take things very seriously.* This friend is a source of support and

advice, but the interaction between them often leads to feelings of low self-esteem when they meet in person.

> *... my boyfriend ... he's very smart, and my friend from Melbourne, so is she, and they can just - they're like intellectual sparring partners when they get together and I just feel out of it, and I feel - I often feel sort of stupid next to them ...*

Another important advantage that the Internet provided for Amanda was that she was able to meet and get to know males without having to worry about what they might think of her. Her self-esteem was enhanced when she met her boyfriend through conversing with him on the Internet.

> *I met my boyfriend on the Internet ...I think - I'd sort of had - I mean, I'm sort of loathe to call them boyfriends because I don't think they really - they weren't anything serious, but I'd sort of had pseudo-relationships before but it wasn't until him that I had anything serious - it will be 6 years in July ... I think what helped there was the fact that we were able to get to know each other personally rather than having to worry about all the physical things, and all the small-talk and all those sorts of things that you go through when you meet someone face-to-face ... we knew each other before we actually met each other which I think helped.*

Amanda admitted that she had problems with dealing with social situations and she felt that this was, more than likely, the reason that she was unable to make friends at school. The Internet eliminated the need for her to make a good first impression and, therefore, suited her level of social interaction.

EDUCATION, OCCUPATION AND SELF-ESTEEM

Amanda identified her school years as having a major negative influence on her self-esteem. Along with the incident with her Kindergarten or Year 1 teacher, as already mentioned, she felt that most of her teachers were not supportive or understanding of her. She said:

> *... because I don't have hyperactivity, I was sort of the person who always sort of just sat at the back and, um, didn't make much trouble so I sort of didn't really get noticed a lot.*

She felt that one teacher in Year 4 *was pretty nice, he was just a very supportive type of person.* Apart from this teacher, she did not have very positive memories of most of her school years.

Amanda admitted that she had a lot of difficulty in making friends and she was isolated by her peers. She said that she was picked on frequently, which further decreased her belief in herself. She changed schools at the beginning of Year 4 and found a friend for the first time at the new school. Their friendship continued until the end of Year 6, but they did not go to the same high school. Once again, in high school she reported that she was isolated and alone:

> *Um, although I think the people I went to high school, I think, as a whole, were probably more accepting. I mean, I still got picked on by certain groups, but I think I was able to perhaps find things to do, but by then I think the damage had already been done, so I was - by that stage I was almost happier to be by myself, sort of thing, and the motivation to actually be with them had gone, I think, so - yeah, in a way I think I was - by that stage, I was happier to be on my own.*

Prior to moving on to High School, Amanda reported that she was required to do an entrance test for the purposes of ascertaining which class level she would be placed in. She ended up in the second lowest class, *which sort of didn't help my - wasn't any confirmation of my intelligence.* Consequently, she did not develop a belief in her abilities and this had ramifications throughout her schooling.

In Year 11, she was required to do another test, based on memory, to determine which level of English would be appropriate for her. As her AD/HD caused problems with memory and concentration, she did not do very well, and her teacher recommended that she do the General English level. Now, Amanda feels very angry that she was unable to stand up for herself, and to insist on doing the level of English she felt she could manage. As she said:

> *I was very young then, I probably would have been about 16, 17, and, you know, at that stage I thought, sort of the - well if that's what they think then they obviously know best, but now I know that perhaps they don't and, you know, I really would have - really would have liked to have, at least, given the - probably - not necessarily the top class, the 3-unit, but I would have liked to have at least given 2-unit a try because I sort of feel a bit deprived now ...I just feel like I've missed out on something, so, yeah, so that's something that contributes to low self-esteem because I think back now and I think, well why didn't I tell her to just go hmm herself.*

Amanda obtained a sufficiently high score in her Higher School Certificate exams to be eligible to commence a degree in Early Childhood Teaching at University. She did very well in her written work but her inability to concentrate, and her lack of belief in herself, caused her to fail her final practicum, as will be discussed later.

She then enrolled in a Bachelor of Arts degree, majoring in Linguistics. Once again, she came across teachers who were not very supportive or helpful, which further eroded her self esteem:

> *I recently spoke to the lecturer that I have for this subject with the essay ... and she was absolutely no help at all, she was an absolute bitch, so I - I mean, again with the low self-esteem, I should have told her that ...*

The lack of support she perceived that she had received during her University studies did nothing to enhance her self-esteem and, in fact, led her to express a belief that she had started to almost sabotage herself, as she described:

> *I get that thought and I think "well this isn't good, you know, I can't pass this, you know, this isn't right" and then maybe I do something ...and I've got about three big assignments due, like not long after each other, like the essay due in three weeks ...and I haven't really done much on it at all. I sort of find that I - I'll do just about anything to get out of working on it - working on this website that I told you about, going to - surfing the web and going to pages that I know off by heart because I've been there so often - very much avoiding ...*

Amanda did not seem to have had any paid employment during her University career and, in fact, was not sure what career she would like to pursue after she graduated. She

did express an interest in being an actor, but was realistic enough to understand that, with her fragile self-esteem, she would probably not be successful. She said:

> *I'm too - too sensitive. I couldn't put up with all the criticisms that you get when you're an actor ...*

Her other choices of career included speech pathology and music therapy but, once again, she mentioned examples of how she had not followed through on her intentions, such as not signing up for music classes or enquiring about post-graduate courses.

OTHER FACTORS AND SELF-ESTEEM

Amanda acknowledged that her self-esteem was mainly externally influenced and that she gauged her worth from comparisons with other people. For example, as already mentioned, she compared her physical appearance to that of her sister, and did not rate herself favourably, although she added:

> *I'm not unhappy with the way I look, my body's OK, I'm not - I don't think that I'm ugly, so yeah, I find - I'm afraid it may make me a little vain - I'm supposed to wear glasses and I don't most of the time, and I think that's probably why, yeah, because I think that's where I'm pegging most of my self-esteem because when I think about myself inside, like, inside I sort of realise my shortcomings.*

One of these shortcomings, where Amanda felt she needed external validation, was her intelligence. As a result of the negative attitudes she had encountered from her teachers at school and from some of her University lecturers, which will be discussed later, she had come to believe that she was not capable of completing University studies. She admitted that she had been achieving reasonably good marks in the Bachelor of Arts course which she was undertaking at the time of this interview, but she compared her intellectual ability negatively to that of her boyfriend - *he's, like, IQ of 200 or something* - and to her friend in Melbourne. She did not consider herself as being on their level, and this further diminished her belief in herself.

PARENTAL UPBRINGING, FAMILY SYSTEM AND AD/HD

As mentioned earlier, Amanda did not elaborate on her upbringing or how her family affected her experience of AD/HD. She commented that *my mum's always telling me how impulsive I am*, so it may be inferred that this aspect of AD/HD could possibly have caused some family problems or frustrations. When asked about whether she was defiant during her childhood, she answered:

> *Um, I don't - not - not in - not to any large extent. Maybe more with my family than with anyone else, I think with - with everyone else I'm very passive and compliant, um, I think I'm more inclined to be more - to rebel more with my family, but not to any large extent ... But, you know, speak to my parents and they might give you a different view, I don't know.*

EDUCATION, OCCUPATION, FUNCTIONALITY AND AD/HD

Amanda thought that she was very confident in herself in her early years, up until she started school, and identified her school career as changing her belief in herself. Her early school experiences in regard to self-esteem have already been discussed, but the contribution of AD/HD to her scholastic difficulties was not completely evident until she graduated to High School and then to University. She mentioned that she had difficulty with memory and concentration and this had interfered with her functionality to a considerable degree. She did not do very well in examinations, but did much better when she had the necessary information in front of her, thus eliminating the need to memorise material. She said that she was unable to sustain concentration for long enough to read a novel and had to keep going back to refresh her memory. Consequently, she was not motivated to pick up the book again for a while.

The problems that Amanda mentioned with attention/concentration and impulsivity, which are core symptoms of AD/HD, caused her considerable distress during her Early Childhood Teaching course at University. She said that she passed the theory component of the course with flying colours, even receiving a letter from the Dean

congratulating her on her superior work, but she had difficulty with the practicums, as this excerpt shows:

> *... when you're with kids you've got to be aware of, you know, what that kid over there's doing, and what that kid over there's doing, and I just found that very hard, so the practical work let me down.*

When she completed her final practicum, she was told that she had passed but was later called into her lecturer's office and was told that they had reconsidered and changed their minds. This set-back further diminished Amanda's self-esteem and led to serious self-doubts.

SOCIAL, PEERS, RELATIONSHIPS AND AD/HD

Amanda said that she had always had a difficulty with social skills and considered this a special challenge stemming from her AD/HD:

> *Um, I think - interacting with people I think is probably the main one, just learning how to learn those social skills, because often kids with ADD or AD/HD don't, sort of - they're slow to pick that, I think ... people with ADD do find it hard to interact with people, so I think that's probably the main challenge, and it's one that I know in fact because I know I find it hard to sort of talk to people and have those relationships.*

She identified the friend that she met in Primary School as someone who contributed to her sense of positive self-esteem but, because they went to different High Schools, and she was unable to establish friendships at her new school, she felt that her esteem *sort of fell a bit* at that time. This, again, illustrates the view that Amanda's belief in herself is very much modified by the reaction of other people. By relating to people on the Internet, Amanda was able to mask any difficulties that may have been caused by her AD/HD and, thus, eliminated the risk of being rejected because of the deficits caused by the condition.

It is of relevance to note that, apart from her boyfriend with whom she lived, the only current friends she mentioned were those who lived in other cities, and with whom she did not often have face-to-face contact.

PERSONALITY AND COMORBIDITY

In addition to AD/HD as mentioned, Amanda admitted that she suffered bouts of anxiety and depression, but was not being medicated for these conditions. She felt that many of her symptoms of depression were related to external factors, such as her studies:

> *There are days when I feel really good, and I feel like I can do anything, but then there are other days when I just think how much work - especially with Uni, which makes it sound really strange when I say that I want to stay there but - especially when I think about how much work I've got to do with Uni, I mean, it just sort of all hits me - the realisation hits me, and I think "ooooh", and the anxiety hits me then.*

Amanda said that a significant source of her anxiety related to her lack of money and the fact that she did not feel that she was very competent at managing her finances. She said that she often indulged in impulse buying and then regretted her actions, as she remarked:

> *I sort of go in cycles almost. There are days - like there are periods when I just won't - I'll deny myself everything. I won't buy anything for myself, and then I'll see something and it's like "Oh, I've got to have that". And I sort of don't - don't really think about it a lot and then, of course, I've bought it and I think "Oh why did I buy that, I shouldn't have bought it".*

Along with experiences of anxiety and depression, Amanda admitted to being obsessive about certain things. She said that she found her obsessive behaviours particularly time consuming and annoying when she had more important things to do, *such as my Uni stuff which I usually don't obsess over until there's not enough time to do it.*

Amanda felt that her concentration and memory were poor, and she said that she had difficulty focusing on important activities. This lack of concentration had caused her to fail her first University course in Early Childhood teaching. As she explained:

> *The pracs were always a big problem for me. I was fine with the theory ... but the practical work always let me down because I - could be the AD/HD, the getting on with people, the concentrating, because when you're with kids, concentration is a very big thing, you've got to be aware of what's going on at all times, and I found that very hard because that's not the way I work ... I can do more than one thing at a time, but as far as really paying attention, I think I can only do that one thing at a time ...*

SUMMARY

Amanda appears to be suffering severe AD/HD symptoms, such as impulsiveness, disorganisation, and inattention, which has caused her considerable distress in her life, and has interfered in the establishment of a positive sense of self-esteem. While her experiences with teachers and peers, no doubt, contributes to this, and she relies heavily on outside influences as a guide to her self-worth, she does not appear to have developed many techniques for circumventing the negative effects of the disorder. This may have been because she appears to have little support from friends and others from whom she might have learned coping techniques. As her life is progressing satisfactorily at the time of the interview, she describes her self-esteem as *okay* overall. The tendency to sabotage her efforts constantly, especially in her academic pursuits, may be seen as an attempt to protect herself from the type of negative experiences that she had encountered throughout her life, but, more than likely, this would have the opposite effect and, thus, perpetuate her feelings of fragile self-esteem.

JANE

INTRODUCTION

Jane is a 44 year-old twice-divorced woman who has a 17 year-old daughter from her first marriage. At the time of this interview, Jane was unemployed, having previously

worked in the customer service/marketing field. She was diagnosed with AD/HD very late in life, six years ago, after her daughter was similarly diagnosed with AD/HD. According to Jane, she believed her father *has traces of ADD but the more hyper-focused type*, although he was never formally diagnosed. She made no mention of her mother having the condition nor of her having any other illness or disorder.

Jane reported that she believed one of her brothers had AD/HD, although he, also, had not been formally diagnosed, nor did he agree that it could be a possibility. However, his son has been diagnosed with AD/HD. Jane's other siblings have not been diagnosed with AD/HD either. Jane's daughter was diagnosed with quite severe AD/HD, and may have developmental or other mental disorders as well, given the sorts of aberrant misbehaviour Jane described. Neither of her husbands nor anyone else she had been associated with have shown obvious signs of AD/HD.

TREATMENT

Jane has received diagnosis and treatment from an AD/HD specialist psychiatrist and an AD/HD researcher, both of whom she had very high confidence in and received excellent help from. She also enjoyed a very close and effective therapeutic relationship with her general practitioner, which has been long-standing, for her AD/HD and overall health generally. She also spoke well of her involvement in the ADDult support group, describing being diagnosed in the first place, in conjunction with that group as *...it was like the light went on.*

After her diagnosis six years ago, Jane has been taking Dexamphetamine medication at the quite high dosage of six tablets a day, and it has had a dramatic and positive effect, as she described:

> *It definitely makes me more focused, or more able to choose what to focus on. I read a quote somewhere, and it's so apt, it's "ADD is not the inability to focus, it's the inability to choose what to focus on". And for me, taking the Dexamphetamine gives me a little more control over what I choose to focus on, and it makes it a little easier to cut out some of the periphery stuff.*

In addition to that prescribed drug, Jane also uses recreational drugs on occasion, as do her friends. The effects of these drugs is telling in that Jane experiences a *paradoxical effect* where *speed* (amphetamines) has the opposite reaction to the normal stimulatory effect experienced by non-AD/HD people. Her choice of cannabis and *ecstasy* accords with this atypical reaction, as is evident in the following:

> *...I remember watching my friends and thinking "Why do I feel different to them?" But in retrospect, I realise the next day at work was very effective for me, and (the psychiatrist) said "yeah, that's all classic ADD" ....There's no point in me taking speed because it doesn't give me the buzz and it doesn't keep me going. I found actually that half an ecstasy tablet has a very nice effect on me in that it calms me down, it relaxes me, especially when things are very tense at home. Half an "e" if I go out on a Saturday night, I don't need alcohol to give me that relaxation ...*

Thus, her AD/HD diagnosis is confirmed by this reaction and her illicit drug taking could be seen as *self-medication.*

SELF-ESTEEM AND AD/HD

Jane conceptualised self-esteem conventionally, as follows:

> *Self-esteem is how one feels about oneself, in relation to everything that's going on around them, and in relation to other people, and how you, you know, how good or how bad you feel about yourself.*

She described a person with high self-esteem abstractly, referring to no one in particular, as *confident, positive* and *open*, and one who has high tolerance for criticism, while characterising a person with low self-esteem personally, immediately referring to her daughter in these very negative terms:

> *OK, well I'd have to describe my daughter. Very depressed, miserable, anti-social, umm, constantly putting herself down verbally, constantly devaluing when you pay her a compliment, questioning someone else's good opinion of them, suicidal tendencies ....*

In contrast to most of the other respondents, Jane's concepts of high and low esteem are both seen as being located internally, as opposed to, say, either being largely determined or influenced by external circumstances or people's opinions. Overall, Jane described her self-esteem as high:

> *I would describe myself, even though I do get very stressed and miserable at times, I'm basically a positive, optimistic person now. I like who I am. I like the direction my life, some areas, is taking and I feel a lot better than I did 10, 12 years ago.*

RELIGION OR SPIRITUAL SOURCES OF SELF-ESTEEM

While Jane alluded to her mother being strongly Jewish to illustrate how powerfully that belief and the alleged *guilt syndrome* influenced her mother to be overly concerned about others' opinions of her and her daughter (Jane), she made no mention of sharing a Jewish belief, nor of any other spiritual beliefs. This non-religious stance can be understood in the light of, firstly, rebelling against her parents, particularly in this case, her mother's Jewish convictions, but, secondly, from having been sent to a Jewish high school for five years and being subject to virulent anti-Jewish sentiment in that community at the time. As Jane stated: *I've totally turned against religion*, as she recounted those experiences, adding that it was important to her to ensure her daughter was educated in *comparative religions* not in just one, for example, Judaism.

FRIENDS AND SOCIAL SOURCES OF SELF-ESTEEM

In the main, Jane had a good number of friends at school and in later life, getting on well with those of both genders. At school, she was regarded as a *bit of a rebel* and as a leader, which developed into her being an *organiser* of functions and social gatherings

later in life, and from which she derived good self-esteem. This excerpt illustrates this point, tempered by another following which clearly shows that much of her esteem comes from herself, independent of others:

> *Yeah, I've got quite a network of friends. There's very few that I actually confide in everything about. I will talk to - there's a few friends that I will talk to about some things, and it might be different friends I'll talk to different things about. I'm a great one for organising social functions ...*

And:

> *Q: Now your self-esteem is coming from you?*
> *J: I think it's the only place it can come from. If you're - you know the people who can't be happy unless they're in a relationship, they don't feel good unless they're in a relationship, when that relationship ends they fall apart again.*

Jane also reported having *a lot of male friends* throughout her life and that she never had any problems relating to men and, thus, found self-esteem from that source, even to the point of feeling somewhat superior to some men:

> *Q: So you were able to get along with them (males), it wasn't as though you felt out of your depth?*
> *J: No. I often felt they weren't up to my level.*

This last comment is interesting considering the fact that she had had two unsuccessful marriages, and had difficulty sustaining really close relationships.

FAMILY OF ORIGIN AND SELF-ESTEEM

The outstanding group of factors influencing her self-esteem negatively was her childhood within her family generally, and her parents, especially her father. Perhaps tellingly, from the view of it being suggestive of repression and/or denial, Jane described having scant recollections of childhood. As she said:

> *The problem is, I don't have a huge amount of recall about childhood days. I have a feeling of overwhelming sadness about my childhood, but not about actual events or things that sort of happened.*

She made frequent reference to how badly her father treated her and that how his treatment and influence was the central reason for her lack of self-esteem when younger. These few excerpts are typical and illustrate the degree to which she was affected:

> *Q: What factors or experiences may have contributed to your sense of negative self-esteem?*
> *J: Practically all dealings with my father ... When I think back to all the times that - that I recall of my father putting me down, and that's ongoing, I used to think that I had to do something to impress him ... But my father I think has had the more damaging effect of me. He's very controlling ... He's the sort of person who, if you ask him for advice and you don't take it, he doesn't want to know, or if he helps you, it always has strings attached to it.*

As a consequence, Jane became very rebellious to those in authority, to the degree that she perceived it as a positive influence on her self-esteem, as she described:

> *In a way, ... he's been the biggest factor in me looking to improve things, because I want to stick my finger up at him ... And so, while they've (parents) been the biggest negative influence, over the past few years that negativity has become almost a strength, because I just want to say "stuff you".*

Although Jane felt that her father was the worst influence on her, she also spoke of her mother in very negative terms. She described her as *one of life's victims* and someone who represented the *Jewish guilt syndrome* in being overly concerned about others' opinions. Jane felt that her mother was very passive in allowing circumstances to carry her along and of wishing to please everyone all the time rather than being assertive. Jane, therefore, felt that her mother was a poor role model for her, with consequential negative effect on her self-esteem, perceiving her mother to have very low self-esteem in any case. She also saw her mother as playing a very subservient role in the marriage to Jane's father and, as Jane suffered a great deal from her father's overbearing,

dominant, authoritarian behaviour, her mother's complicity in her inferior marital role added insult to injury and gave greater cause for Jane to feel disempowered, alienated, devalued and isolated. In regards to her siblings and self-esteem, Jane was the eldest of four children and, as such, was somewhat insulated from rivalry and other negative influences from her siblings. However, while her two brothers and her sister may not have exacerbated her poor self-esteem, they did little to create the opposite. This point will be discussed later.

The most dramatic and harmful event of her childhood was the separation of her parents when she was 17. Not only did it exemplify the problematic parental relationship within which Jane grew up, but it coincided with, at least, five additional identifiable serious incidents and issues, harmful enough in their own right, but, taken together, extremely destructive to her self-esteem and whole psyche.

Against a general backdrop of an established pattern of running away from home, and eventual enforced cessation of school by her father, Jane was, secondly, compelled by both her parents to care for her siblings, baby-sitting from age 12 for instance when they went out. Thirdly, she entered into her first romantic relationship, which was problematic due to a suspicion of pregnancy which, although unfounded, resulted in the end of the relationship. Fourthly, she attempted suicide at around this time by a drug overdose, causing hospitalisation and, lastly, she managed a rapprochement with her father when he had no girlfriend, but which failed when he found a partner. This added greatly to Jane's disillusionment and disappointment.

As a dramatic and extreme reaction, at least subjectively, against how distressingly she had been treated, and with an early established strategy of running away from home, Jane ran away as far as she could by emigrating to Australia.

> *I always knew that it was my parents who were a big cause of how bad I was feeling, and so, I was forever trying to - attempting to run away from about the age of 14, and, in fact, coming here (Australia) 13 years ago was the furthest I could run. And that, for me, was more than just wanting to get away from my parents, it was wanting to be someone I liked being with, because I didn't like myself, I didn't like my name, I wasn't comfortable with who I was.*

Jane also described elsewhere how physically moving away from her parents was one of the most important factors in developing her sense of positive self-esteem.

EDUCATION, OCCUPATION AND SELF-ESTEEM

Jane began talking about her school experiences as a *great social event*, emphasising that, scholastically, she did poorly, did not try at all and was always described as *could do better*. In contrast, she enjoyed the social interaction with others and was popular. As a result of that poor performance, she was, as she said, *always a hair's breadth away from being kicked out of school*, so that, just prior to turning 16, her father compelled her to leave, as she described:

> *I left - dad insisted that I left school before my 16th birthday, just before - that was the youngest I could legally leave school, because he said I'd been wasting so much time that if I decided ever to study, I could do it at night school rather than - why should he support me through school.*

After leaving school, a particularly turbulent time for her as described, she worked at various menial jobs but *changing every three months* and, in later life, she failed to establish a career nor gain permanent employment for any length of time. Accordingly, Jane derived no self-esteem from education nor employment and, reflecting that, described how she did not equate *getting a job* with *good self-esteem.*

SPOUSE, CHILDREN AND SELF-ESTEEM

Jane had two unsuccessful marriages and did not describe any prior or subsequent de-facto relationships either. She partly accounted for that by identifying the inadequate

role model her mother represented, exemplified by the failure of her parents' marriage. She also described how she thought both her husbands had been *mummy's boys* and, thus, unacceptable to her, and that the marriages were both *more damaging to stay in than to leave*. Accordingly, those partners and the institution of marriage itself were not sources of self-esteem for her, and rather the opposite. Adding to this is the extremely unsatisfactory and fractious relationship she had, and still has, with her only daughter, who has severe AD/HD and was exhibiting significant anti-social and aggressive behaviour. As Jane described:

> *I kicked my daughter out twice. I've had a lot of problems, and it's horrendous living with her.*

And:

> *Where I do get really down about it, and feel bad, is that I haven't found a solution, and I haven't - I keep clutching - I feel like there are times I feel I'm clutching at straws, you know, approaching people for help, advice, solutions, whatever, and it goes nowhere, that's when I feel really bad, it's like another brick wall. When she's being really - she tends to be very verbally abusive to me, and emotionally abusive.*

As this last excerpt shows, her daughter was a considerable drain on her emotional resources and consistently eroded her sense of capability to help and, thus, of worth.

OTHER FACTORS AND SELF-ESTEEM

From virtually all the aforementioned influences and experiences in her life, Jane had little reason to feel high self-esteem at all. In addition, another significant and serious cause of a lack of esteem was her obesity, sufficiently chronic and severe as to warrant stomach stapling or *banding* in adult life. This begs the question, what positive influences have compensated for or offset these negative ones? When asked to describe such factors, she identifies five of the most important as follows. Moving away from

her parents as already outlined, in fact to another country. Getting her stomach banding done, which helped her *to get a better shape* and a *better physical appearance*. Receiving the formal diagnosis of AD/HD, which enabled her to explain her behaviour, perhaps to herself, but certainly to her father who found her behaviour, as she described it, *intolerable* prior to that diagnosis. Forming a close, personal and very supportive relationship with *a GP who believed in me and supported me. He and his partner* helped her with her AD/HD, her obesity and its treatment, and with the better management of the difficult relationship with her daughter. Lastly, Jane spoke of doing a number of personal development workshops in adult life, which she described as *invaluable* and which gave her good insight into her overall behaviour, and provided a set of strategies which together, directly and indirectly, enhanced her self-esteem considerably.

PARENTAL UPBRINGING, FAMILY SYSTEM AND AD/HD

The impact of her parents on her self-esteem has been discussed. Similarly, the fact that she was not diagnosed with AD/HD whilst in the care of her parents, and that the AD/HD symptoms and consequences were blamed on Jane, in ignorance, as her being naughty or wayward, is further illustration of the negative impact that lack of knowledge of AD/HD had on the way she was raised. While it is impossible to tease out whether the AD/HD may have been partly caused by, or aggravated by the parental practices, or if it, itself, caused her parents greater difficulty in managing her and the other children, the nett result was that Jane's life was significantly negatively affected and that AD/HD was a factor.

The family system was also affected by the suspicion that one of Jane's brothers may also have AD/HD. A clue to this is that his son has been so diagnosed. Jane described his *very aggressive* behaviour related to AD/HD towards her sister. Similarly, Jane's

other brother and her sister had problematic and troublesome lives and, so, all in all, the whole family system Jane grew up in was tainted by AD/HD, and was an extremely unwholesome and difficult environment in any case.

SOCIAL, PEERS, RELATIONSHIPS AND AD/HD

As described, Jane's typical social relations and friends, excluding her intimate partners, were reasonably satisfactory and, hence, they cannot be seen to have been significantly influenced by AD/HD symptoms. Having said that, though, a sign of Jane compensating for lack of social confidence and competence is described as follows:

> *Whilst I thought I had a great social life, I didn't, because I was always on the periphery of it. And so, by being an organiser, while it gives the illusion of having lots of friends, and lots of people around me, and lots of fun, it was actually a protective technique to not get too close, because I could always dash off "Oh, I've got to do this", or "I've got to make the tea or coffee". I also recognised that if I went to social things - and, in part, I've always blamed this on being a bit claustrophobic, but I've always stayed around the edges of a function. I'm not comfortable going into the middle of a room, and being somewhere where I can't either see the door, or easily get to a door ....*

From this, also, can be seen a degree of social phobia and/or agoraphobia, albeit perhaps slight or of moderate severity.

EDUCATION, OCCUPATION, FUNCTIONALITY AND AD/HD

Living with AD/HD and its consequences not only eroded Jane's self-esteem at school and, later, in the workplace, but also affected her generally in those environments. As she said of her school experiences: *I frustrated a lot of people because of my behaviour* and, later in life, she described working only sporadically, typically finding casual or short-term positions and being let go quite easily. The longest job she held was for only four months on a casual basis as a Market Research Interviewer, which she enjoyed and would have wished to stay with, but was let go. This was a blow to her ego but typical of her work history. Jane has done no higher education or university courses, and this

excerpt concerning a government assisted process of gaining employment illustrates her plight:

> *I know that my AD/HD or ADD, is affecting the jobs I do. And I thought, maybe, through (Commonwealth Rehabilitation Service) there'd be some way that I could find a job where my ADD wouldn't be a problem, but in the process, I'd quite like to work with some of the young, mildly intellectually affected people, you know, the young ones, so, through them, I was doing this intensive job seeking before I got this chest infection, and I actually had an argument in class with one of the facilitators....*

More specifically, she reported having some difficulty with writing things down, and preferring to deal with issues face-to-face. She explained this as *once the flow's been interrupted, it's often very hard for me to get back onto it*. One can imagine that such practical limitations, combined with AD/HD challenging behaviours in the workplace, taken together with no qualification, an employment history devoid of stable, responsible jobs, would all make gaining and holding satisfying, rewarding positions virtually impossible. As well, she had a daughter who was difficult to manage and to care for, which further hampered her employability. All these limitations can be seen as directly or indirectly linked to AD/HD symptoms affecting Jane's life over time.

PERSONALITY, COMORBIDITY AND AD/HD

From the medical model perspective, Jane has a range of AD/HD-associated or independent co-morbid difficulties which, together, represent a considerable challenge for her. Jane could be seen to be moderately socially phobic combined with some free-floating anxiety, represented by claustrophobia and tendencies towards agoraphobia, as these comments point to:

> *I've always put it down to a bit of claustrophobia. I won't get in the back of a two-door car because I'm scared shitless that something's going to happen and I won't be able to get out. So I don't like being in a lift on my own. I absolutely loathe walking down the emergency stairs in a building on my own, unless I've been there with somebody and know that the doors aren't locked.*

Jane's weight problems, not specifically expounded upon by her but reliably inferred due to her need for *stomach banding*, can be seen from a DSM-IV perspective as a significant persistent addictive/compulsive style of behaviour. Evidence of this lies in these selected comments which also show her proclivity to self-sabotage.

> *I also think that my excess weight was a protective layer, and now that I feel more confident about things, I don't need that protection, but I know that it's not far away if I'm, you know - and, yeah, I get days when I know I'm eating too much. But, yeah, I often sabotage things ....*

And:

> *... it was like - the stomach banding - it was like the light went on. The stomach banding gave me a healthier future.*

As mentioned above, Jane made a suicide attempt very early in life and, while it can be related to a reactive response at a time in her life of experiencing a number of very serious psycho-social stressors, it nonetheless indicated a need for attention, escape, and/or inward focused hostility indicative of significant psychological ill-health. Lastly, Jane's personality characteristics can be seen to include a susceptibility to boredom, and the habit of beginning things or projects on the spur of an impulse, then failing to stick with them nor finish them. These comments well illustrate this:

> *I get very enthusiastic about things, I like them, or someone will give me an idea or a thought or something, or a job and I'm really enthusiastic, and I'm really into it and I - then I kind of start to - one of two things happen, I either run out of steam, and things don't get finished, or if I've got to learn something in order to do a job properly, once I've mastered it, I get so bored that I leave because I'm looking for something else to keep my mind active.*

Reinforcing this are housework habits of not regularly attending to cleaning chores, and for the house to get quite messy with accumulated junk. She referred to it as *organised chaos*.

SUMMARY

Jane was very friendly, candid and credible at interview, exhibiting a good deal of self-awareness and insight, no doubt helped by the self-improvement courses she had undertaken. She reported that she was still in touch with her family of origin and that her parents, who both now live in different countries, have asked her to return to either of them so that they *can support me with my daughter and this, that and the other, and it's like, it would be too damaging to me*.

Jane admitted to suffering from anxiety and depression which would not necessarily have been caused by AD/HD. For example, Jane's teenage daughter was very difficult to live with and this would have caused Jane considerable distress and, hence, depression. Jane said she felt powerless and depressed in her relationship with her daughter who is both physically and verbally abusive to her:

> *She's hit me once or twice years ago, but now I don't go near her when she's in a temper. So there are times when I'm scared to be around her. And those sorts of situations build up and I get very stressed and depressed about the fact that I can't fix it. I can't - there isn't a magic wand out there. And although I don't blame myself for her being like that, it's just been very hard to be with - be around, and I do get very down, and very miserable and very - feeling sorry for myself in some ways ...*

Likewise, a possible explanation for her considerable anxiety would be because of the uncertainty of her current employment situation, her past distressing family affiliation, and her future prospects as both a parent and an employee.

Jane's history of criticism and rejection from family and peers would have caused her to feel anxious and depressed. If she did not know what she was doing to elicit that reaction in others, her self-esteem would have suffered. AD/HD children are often unaware of how their behaviour affects others (Barkley, 1998; Murphy, 1995; Solden, 1995; Weiss & Hechtman, 1993). Kreuger and Kendall (2001), on the other hand,

noted that AD/HD boys were more likely to be unaware of feedback than girls. Notwithstanding this, Jane was proud of the fact that male acquaintances told her that she *thought like a bloke*, and, therefore, her attribution may be more male than female. Murphy, (1995, p.136), noted that AD/HD sufferers often have "a nagging sense of knowing something was wrong but never knowing exactly what it was". In summary, Jane may have had the raw talent to succeed in life, given that her father was a successful businessman, but her inability to harness her abilities, because of AD/HD deficits, has handicapped her in achieving her potential.

CONCLUSION

This chapter has recalled the life stories as told by the participants. The seven women were candid, co-operative and appeared pleased to be able to tell of their experiences of growing up with undiagnosed AD/HD, in the hope (as they all expressed to this researcher following the interviews) of helping other women who may have undergone similar experiences to themselves, but may not yet be diagnosed for various reasons. For example, such as the opinion expressed by Laura's step-father, a retired doctor, that Attention-Deficit/Hyperactivity Disorder is a convenient "label" for difficult behaviour. The next chapter will look at the themes that emerged from the interviews, as well as the similarities and differences in the stories of the informants.