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Gripped by the chaos: a psychoanalytically-informed qualitative exploration of adolescent ADHD

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Abstract

Attention deficit hyperactivity disorder (ADHD) in adolescence has largely been overlooked in the literature in terms of the experience of those so diagnosed. In clinical practice there is an understanding that this population experiences profoundly painful interpersonal difficulties, but at an empirical level the experience of the adolescent is poorly understood. In this psychoanalytically-informed qualitative study, five adolescents, aged 16–17, with a diagnosis of ADHD took part in three interviews. The material was analysed in keeping with the psychoanalytically-informed method. Three inter-related themes emerged: 'not being able to "let out" difficult emotion,' which reflected participants' struggle with overwhelming and unmanageable affect; '(un)soothing experience with self and other,' which described the relationship between care-seeking and care-giving behaviours in the lives of these youths; and 'being in and out of control,' which relates to the complex relationship that participants have with self-control as well as the control of others. In the lives of these adolescents, the search for containment in interpersonal relationships is explored, as well as a discussion of a substitute for soothing in the absence of a 'good enough' object in early interactions.

Keywords:

Attention deficit hyperactivity disorder (ADHD) | interpersonal experience | emotional experience | psychoanalytic research interview | containment

Introduction

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The stories of adolescents with ADHD are largely absent in the literature. While there is much commentary on its prevalence, diagnostic pathway and intervention through the lens of the clinician, exploration from the inside-out perspective of the person experiencing and identifying with the distressing, distracting features forming this category are rare (S. Jones & Hesse, **2018**). ADHD has become one of the most commonly diagnosed psychological presentations in childhood and the most frequent reason for referrals to mental health services (Polanczyk et al., **2014**; Singh, **2011**). Children and adolescents diagnosed with

ADHD have been found to experience low mood, anxiety, and significant academic difficulties when compared to those without a diagnosis (Bagwell et al., **2001**; Birchwood & Daley, **2012**; Johnston & Mash, **2001**; Wehmeier et al., **2010**). Clinical accounts, drawing on the experience of young people in therapy, have also described terrifying, intolerable inner chaos experienced by youths diagnosed with ADHD (e.g. Orford, **1998**). These difficulties are likely to be exacerbated during the adolescent period, where internal and interpersonal conflicts and transitions are amplified, and where there is an increasing expectation for complex social functioning (Erikson, **1993**; Williamson et al., **2009**). In fact, research indicates that the interpersonal difficulties experienced by children with ADHD tend to increase during the transition to adolescence (Bagwell et al., **2001**; Lee et al., **2008**; Mrug et al., **2012**).

Medication remains the most common treatment for ADHD, with its use increasing by 800% between 1995 and 2015 (Renoux et al., **2016**). However, most adolescents discontinue their medication by age 21, often leaving them short of alternative support (NICE, **2016**; Zetterqvist et al., **2013**). For example, a qualitative study of 18–21 year-old college students, who had a diagnosis of ADHD dating back to school, found that medication was often discontinued during adolescence, at which time they had deemed the negatives to outweigh the positives (Meaux et al., **2006**). Pharmacological treatment is also not always effective, with a 20–30% non-response rate reported in the literature (Hechtman, **2016**; Pliszka, **2007**). Furthermore, medications are often not sufficient to treat other impairments associated with ADHD (e.g. depression, anxiety, social and interpersonal difficulties) (Pliszka, **2007**). Given the increasing prevalence of ADHD, the lack of effective psychological intervention is concerning, especially considering that many adolescents do not adhere to medication in the long run. The need for a person-centred model of care, which places emphasis on the adolescent's inner and interpersonal experience, seems therefore apparent.

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Psychological approaches in the context of ADHD have brought us somewhere closer to thinking of the individual and their particular situation (e.g. within the family or wider community). However, there is still some distance to go in terms of bringing the unique situation of the individual and the relationships between behavioural, cognitive, emotional and interpersonal elements together. For example, psychological treatments, such as parenting interventions, cognitive behaviour therapy (CBT), and social skills training appear to have a positive impact on peer relationships and family functioning (e.g. Chronis et al., **2006**), and on internalising (anxiety and depression) and externalising (disruptive behaviours) symptoms (e.g. Rapport et al., **2001**) and are positively regarded by adolescents themselves (Moore et al., **2016**). However, a recent systematic review of qualitative research exploring the life experiences of young people diagnosed with ADHD showed that adolescents are not typically considered equal contributors to plans relating to the interventions used to treat their condition, despite their demonstration of the capacity for involvement (Eccleston

et al., **2019**). This may well account for their apparent tendency to discontinue with treatment-as-usual offerings.

Significant gaps exist in the understanding of adolescents' experiences of ADHD and its treatment, as well as in the understanding of how their perspectives may influence the shape of health provision (Bussing et al., **2011**). It has been suggested that it is important to elicit adolescent perceptions of clinical need during ADHD assessment and treatment planning (Bussing et al., **2011**). Thus, while the vast body of quantitative literature on ADHD is important, it is evident that it lacks the ability to adequately examine young people's thoughts, concerns and experience, which is essential for good clinical practice and service provision (Singh et al. **2010**). Furthermore, while research has emphasised the importance of including adolescents as active decision makers in their own care-planning, and while it highlights the importance of receiving emotional support, very little qualitative attention has been given within the research to psychological interventions (Eccleston et al., **2019**). Hence, it seems there is a gap in the current literature in terms of qualitative understandings of the emotional needs of adolescents with ADHD.

Until relatively recently many clinicians were sceptical of the use of psychoanalytic approaches in the case of ADHD, particularly given the critical position taken in its literature, and its open uncertainty around the concept of the disorder in general (Laezer, **2015**). However,

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psychoanalysis may be in a unique position to offer insight into an individual's experience of ADHD, particularly given its emphasis on how and when an individual's symptoms are connected with emotional pain. As opposed to emphasising causality and symptomology, psychoanalytic research methods provide a space in which subjective interpersonal and emotional experience can be explored and made sense of over time (Salomonsson, **2017**). Based on the above, it seems timely to explore ADHD through a lens which may better capture the interpersonal and emotional experience of adolescents, while also creating a dialogue which values their understanding of the disorder. This study seeks to qualitatively explore adolescents' experiences of ADHD through a psychoanalytic lens, with the aim of deepening our understanding from an interpersonal and emotional standpoint.

Method

Design

A qualitative design was employed, taking a psychoanalytically informed approach to the research process. Data were collected through three interviews with each participant. Interviews were conducted drawing from a number of domains or themes of enquiry. Attention was paid both to the content (e.g. words used, statements made) and process (e.g. emotional atmosphere) of interviews in the analysis of data (e.g. Cartwright, **2004**; Holmes, **2013**). Within the context of the interviewee-interviewer relationship, participants were facilitated to speak and associate freely, with the aim of allowing an observation of the emergence of

the individual's broader experience, and facilitating exploration of what might be taking place 'between the lines' of the conversation.

Researcher position

The principal researcher is a psychologist in clinical training, who has chosen to specialise in the area of child and adolescent therapy, which adds a layer of complexity to the interactions with participants and to the interpretation of the data. The principal researcher also shares in the

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uncertainty surrounding the concept of ADHD and works from a tentative, open-minded position with regard to individual presentations. Supervision with the academic supervisor was thus used to bring awareness to the principal researcher's own subjective position within the work. It also provided an opportunity to reflect on the impact of the research context on the construction of the data within the context of both the academic institution and mental health service.

Ethics

Ethical approval was granted for the study by both the research ethics committee of the academic institution and that of the host organisation.

Recruitment

Participants were recruited by distributing information sheets through the community-based child and adolescent mental health service (CAMHS). Participants eligible for recruitment were a) aged 16–18 years old, b) had a confirmed diagnosis of ADHD, based on DSM-V criteria, c) had ongoing contact with a CAMHS, d) were not actively suicidal or acutely psychotic, and e) did not have a comorbid diagnosis of Autism Spectrum Disorder. Participants were not asked to provide a clinical history. However, the multidisciplinary team initially screened participants based on eligibility criteria. Participants and their parents/guardians were invited to contact the researcher themselves if they wished to participate in the study and were subsequently provided with information leaflets outlining the research process and its purpose. All of the participants gave verbal and written consent (and/or assent if aged 16 or 17) to attending for three interviews prior to the first meeting.

Participants

The participants were four females and one male aged 16 or 17. The five participants are presented using pseudonyms: Beth (aged 17), Aoife (aged 17), Jessica (aged 16), Megan (aged 17) and Alex (aged 16). All five of the participants were full-time secondary school students, though two participants were attending for a reduced school-day at the time of interview. Two

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of the participants had been attending the CAMHS for five or more years, two had been attending for two or more years and one participant had only attended the service for one year. Four of the participants were diagnosed with ADHD in adolescence, the fifth was diagnosed at aged 7. All of the participants reported experiencing symptoms of either anxiety or depression at one point in their lives. All of the five participants had been medicated for ADHD, though one participant had recently stopped taking her medication due to sleep difficulties. All of the participants grew up in a middle-class urban area of the city in which they were still currently living. All of the five participants reported experiencing academic difficulties due to issues with attention. None of the five participants reported a family history of ADHD, though four participants reported other mental health difficulties in their extended family.

Procedure

Interviews were conducted in the CAMHS that participants attended. Interviews were digitally recorded and later transcribed by the researcher. Three interviews were conducted with all participants, bar one, who missed his final appointment due to scheduling issues. Where possible, interviews occurred on a weekly basis to allow for the emergence of interpersonal dynamics in the interview setting. About 14 hours of interview data were collected overall. The number of interviews carried out, as well as the sample size, was in keeping with the recommendations of the psychoanalytic research interview methodology (Cartwright, **2004**) and were determined in agreement with the supervisor. Participants were invited to talk about their experience of being diagnosed with and living with ADHD and anything else that came to mind, which facilitated an element of free association in the interview (Cartwright, **2004**; Holmes, **2013**). Further questions were introduced to encourage the flow of the narrative, to allow for clarification, or to address any striking gaps in the narrative as identified in supervision between interviews. Supervision took place on a weekly basis with the academic supervisor throughout the interview process, as well as regular group supervision. This was done in order to foster and maintain an open, unbiased interviewing style and also supported the interviewer in tolerating uncertainty in the process.

Analysis

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The psychoanalytic research interview methodology assumes that the meaning or motivation underlying human behaviour is not always consciously accessible; it endeavours therefore to take both verbal material (e.g. words used) and material that emerges within the interview relationship (e.g. emotional experience) into account (Brien et al., **2018**). This material was comprised of content, nonverbal responses (e.g. crying; fidgeting), and the emotional responses of the interviewer. The content of the recorded interviews was transcribed and

anonymised at source, with nonverbal responses and comment on shifts in the process or dynamic of interviews recorded in the body of the transcripts. These included pauses, changes of tone, emotional (e.g. crying; laughing), behavioural (e.g. running over time) and physical (e.g. fidgeting) responses. The transcripts were read and re-read, possible themes were identified, and similar ideas were grouped together. An anonymised reflective journal was kept to record the emotional material experienced by the researcher before and after initial contact and after each interview, and also while listening to the recordings. Possible over-arching themes were discussed in group and individual supervision to clarify ideas. Over a number of weeks, the data were gradually distilled into the three themes. Each of the three themes was present in the narrative of each of the participants, however in different – and at time contrary – ways. Some initial themes were subsumed into the themes eventually chosen. It is acknowledged that the subjective views of the principal researcher and her research team may impact the interpretation of the data.

Results

Over the course of the interviews with the five participants a broad range of thematic material emerged from the interviews. It was noted that the narrative of almost every interview tended to revolve around the interpersonal and emotional experience of participants. Discussion of ADHD typically appeared as a means of explaining certain behaviours and was often described as being almost a personality trait, rather than an externally imposed label. Each of the five participants described often feeling misunderstood in the key relationships in their lives – i.e. within their families, the mental health service, their schools and communities. Thematic material pertaining to emotional connectedness to others also frequently emerged in the form of painful memories of feeling alone in painful emotion. Participants also frequently described vacillating

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feelings of elation and distress, which appeared to be reflected in interactions between the interviewer and participants. While this material was deemed to be useful in the overall processes, this section will focus on the overarching thematic material, as recorded over the course of the research.

Three main interrelated themes emerged from the data collected over the course of the fifteen interviews. These themes were based on the spoken content of interviews and were further supported by non-verbal material. Participants spoke about the difficulties they experience in trying to 'let out' or release difficult emotion. Participants shared their experiences of feeling soothed, or often unsoothed. A theme related to control also emerged throughout the interviews, capturing a tension between feeling in control of the self, versus feeling under the control of others. A description of thematic material follows.

Theme 1 – not being able to 'let out' difficult emotion

This theme described a turbulent inner atmosphere of difficult emotion and the experience of being unable to express or eject feelings. All of the five participants described the idea of having unwanted and overwhelming thoughts or feelings inside, which are difficult to escape from. Painful emotion was described as 'overwhelming.' Some participants described feeling unable to name difficult feelings, while others reported being hesitant to burden others with their pain. Participants described paradoxical experiences of being both unable to focus in their day-to-day lives due to this turbulent inner atmosphere, and also craving a source of distraction from their inner worlds.

Jessica described her mind feeling like 'it's going to burst with stuff bouncing off the walls' when she is feeling especially distressed. She described the impact that relational conflict can have on her inner process, explaining that 'everything just gets caught up in [her] head' so that there is 'no space for anything good.' Jessica described the experience of being fixated on painful emotion and feeling unable to expel it: 'I'll just be feeling so hurt and I won't be able to get over the feeling or get it out of me.' Beth also shared in the experience of being unable to escape from overwhelming thoughts and feelings. She described herself as a 'serious overthinker,' explaining that 'things will go around and around inside [her] head [and she gets] stuck in there with it.' All participants described the frustration they experience at times where they feel distressed

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(typically described as anxiety), explaining that their attention gets ‘stuck’ in their heads, rendering them unable to focus on anything else. In the context of failing to focus on schoolwork, Alex described always having ‘a lot going on in [his] brain’ and explained that he sometimes feels like he needs to ‘hit [his] head off a wall’ to think clearly. During one interview, Jessica became agitated and restless while recalling the aftermath of a disagreement with a friend’s mother. She described not being able to sleep as she couldn’t let go of the memory of the incident: ‘It feels like I’m just going to be overloaded and I’ll have a panic attack. I feel like I don’t know what to do because I’m just stuck in my own head. I can’t get out of it.’

Megan described the experience of being unable to soothe her distressed mind as she struggled to resolve each thought: ‘I cried myself to sleep every day for 7 days […] There were so many thoughts caught in my mind that I couldn’t talk myself down from each one.’ Interestingly, two of the participants (Aoife and Beth) considered distraction to be an essential coping mechanism for them in the context of overwhelming inner experience. Beth described using schoolwork as a means of escaping from painful memories, and finding it hard to get them ‘out’ in the absence of a distraction: ‘[…] when I’m not distracting myself with other things, like trying to study. Then I just find it hard to avoid it. It’s hard to get it out.’ Three participants described acting impulsively as a means of avoiding the inner chaos, explaining that the feeling of acting without thinking felt like an escape from difficult thoughts. The interviewer noticed a shift in the emotional atmosphere while interviewees described letting go of control and acting impulsively. It was striking that two of the participants in fact began to

laugh while describing this phenomenon. One participant compared acting impulsively to an emotional release: ‘It’s like a valve in the brain that’s been overworked, or overloaded or something. It gets out.’ (Aoife)

In terms of ‘letting out’ difficult emotion, some participants reported experiencing great difficulty in expressing their feelings. Jessica reported getting overwhelmed by the prospect of having to communicate her inner experience to others: ‘I can’t exactly explain it. I have all these feelings in my head but I can’t get them out into words. I know it’s there and I understand it, but I can’t say it in a way that others will get, so then I can’t get it out.’ Two interviewees described feeling that people in their lives would be unable to tolerate or feel burdened by their distress, ‘[…] there is no space for talking about difficult things in my family. So, there is definitely no space for me to talk about my problems’ (Beth). Another (Jessica) felt that significant others undermine her efforts to

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seek relief by dismissing the gravity of her distress. In general, participants perceived many barriers to effectively confiding in others as a means of seeking care. However, within the process of each interview, an intense sense of urgency and a desire to expel painful emotion through the narrative was experienced by the interviewer. She noticed an overwhelming heaviness while facilitating those particular interviews, while also noticing a need to take time to settle herself and create a distance in the space between herself and the interviewee. After interviews which were experienced as especially intense, the interviewer was often left wondering about the participant in the week that followed. In particular, a sense of guilt and subsequent anxiety was experienced for having unearthed these overwhelming feelings for participants during the interviews. The interviewer also noticed a need to check-in with participants as they exited these interviews.

Theme 2 – (un)soothing experience with self and other

This theme was dominated by the idea of feeling that significant others cannot provide sufficient soothing care during times of distress. Participants described histories of not getting what they needed at an emotional level from others, and in some cases feeling their needs as being somewhat misunderstood. Similar to the difficulties reported in terms of confiding in others, some participants described a preference for self-soothing during turbulent times to avoid burdening others with their pain. Others described a history of being difficult to soothe or 'manage.' Four of the five participants also described the important role that movement or 'fidgeting' plays in terms of self-regulating them at an emotional level.

Aoife explained that significant others don't understand what she needs in order to feel soothed and therefore approach her with care in the wrong way. She reported that her parents tend to inadvertently dismiss her feelings in an effort to reassure her and help her 'get over it': '[…] I guess I kind of need something else when I'm trying to calm down about something, not kind of just undermining it or, like, minimising it or something. I'd rather not have input at all if

it's going to be that kind of input.' She described feeling alone in her distress at times in her life because of her mother's inability to understand what she needed to feel secure: 'I guess she just didn't really understand what I needed to feel calm, so I would have been fairly alone in it.' Similarly, Jessica described feeling unsupported and 'alone' in her efforts to ease the pain of

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difficult emotions, explaining that for someone to calm you down and for you to feel ‘taken care of,’ that person must understand your personal experience: ‘I couldn’t settle down because I couldn’t stop thinking about everything and no one was there to help me actually calm down because nobody got it.’

Despite expressing a desire to ‘get control’ over her own feelings, Megan highlighted the need to have her father close to her when she feels overwhelmed by thoughts and feelings, so that she knows there is ‘someone with [her] in this [experience]’: ‘I just need to sit there with someone beside me, knowing that I’m not alone.’ By contrast, three of the interviewees reported a preference for managing their distress alone so as not to become a burden to their families. ‘I prefer dealing with it myself […] my mum suffers from depression, so I don’t feel like she is really able to take on my problems. I like to have a good cry, but I’m pretty much un-soothable until it passes’ (Beth). Similarly, Alex explained that he spends a lot of time outside of the house when he is having a particularly difficult day as he doesn’t feel his parents can cope with his problems on top of their own: ‘It’s hard for them to deal with my ADHD problems because of their stress, so I just get out of the house when I need to calm down.’ Aoife described feelings of guilt over putting her family through significant periods of worry due to her mental health. The interviewer noticed a sadness and a powerful sense of loneliness as she described this guilt. Aoife explained that it is her preference not to further burden her family by needing them to soothe her during times of distress: ‘[It’s better] for me knowing that I’m not a burden to them than it is actually going to them for comfort.’

Four of the five participants highlighted the soothing quality that movement or ‘fidgeting’ associated with their ADHD has for them. On exploration of this aspect of their functioning, interviewees described feeling grounded and comforted by their constant movement while experiencing difficult thoughts. An increase in this movement was observed by the interviewer while participants recalled particularly difficult memories, and this ‘fidgeting’ often increased at times where the interviewer had experienced a sense of agitation in the dynamic of the conversation. Jessica, for example, explained that she was shaking her leg to stop her from crying: ‘I’m kicking my leg instead of starting to cry or instead of getting overwhelmed by what I’m talking about, like it just calms me.’ Aoife offered a similar explanation for her tendency to rock in the chair: ‘[…] I think I move to regulate. Like snapping the band. It just keeps me grounded. I’m here now, so I can talk to you and I’m not somewhere else. To be honest that’s one of the only things that calms me.’ While describing the difficulty she experiences in trying to expel difficult

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emotion from her mind, Megan explained that movement plays a self-regulatory role in her life at times where she is feeling overwhelmed:

‘I feel like I have a huge ball of anger inside and I can’t let go and so I think the moving helps settle me down. Otherwise it’s so intense you might explode.’

While participants themselves appeared to be well-focused on the content of interviews, the interviewer noticed an agitation and sense of distraction in herself. She often found herself unsettled by the contrast between their verbal presentation of control and their visible physical agitation. The interviewer also experienced painful feelings of loneliness and sadness while listening to participants describe their experiences of not being sufficiently soothed and noticed an impulse to comfort them in herself.

Theme 3 – ‘being in and out of control’

This theme dealt with participants’ experience of being both in and out of control. Feeling in control, feeling out of control, or feeling controlled by others were states of being described by all participants in one form or another. Participants described an ‘all or nothing’ approach to the search for control in their lives, expressing frustration when describing the feeling of not being on top of things. Most of the participants shared a dread of uncertainty and a need to ‘know’ things for sure in order to feel safe. All of the participants described feeling out of control at certain times, especially in the context of impulsivity. However, while three of the participants associated the ‘out of control’ aspect of impulsivity with feelings of guilt or regret, two interviewees described it as being a release for them. During discussion of this material, the interviewer noticed an impulse to pull back and let participants dictate the direction of conversation, fearing that they would not be open to discussing certain experiences in more detail. At other times, interviews felt like they were slipping away from the interviewer and she noticed the urge to regain control over the dynamic in the room. On the latter occasions, an overarching feeling of exhaustion was experienced by the interviewer subsequent to sessions, comparable to completing a long journey.

Aoife described the drive she has to gain control in all areas of her life, acknowledging that ‘striving for control’ is not something people typically associate with ADHD: ‘It’s not exactly what

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you think of someone with ADHD is it? […] I'm not really in control of everything at the moment, but I'd like to be. That would always be my goal. I strive for control.' Aoife also described the rigidity of her medication-taking habits, explaining that she must take them every day on time to feel O.K. She expressed frustration at the thoughts of other people in her life telling her what to do, explaining that she finds that she is usually right, and prefers others to come around to her way of thinking. Similarly, Megan described her dislike of people who try to establish themselves in a position of power over her, explaining that she finds it hard to tolerate, given that she is already struggling to gain control over her own emotional world: 'I'm not a control freak, but if I feel people in my life are trying to take all the power it just p****s me off so much, I can't actually take it. I do not like being controlled by others, I'm doing my best to control things myself.'

Two participants alluded to a 'black or white, all or nothing' approach to control, explaining that not feeling entirely on top of things often means they will avoid it entirely: 'I'm very much a black and white person. I'm either there in the zone and in control of it, or else I just can't get anything done' (Aoife). Beth described the frustration she feels when she tries to study but cannot focus due to her 'overthinking' mind. She explained that she would rather not do something at all than do it in the knowledge that it was not done to the best of her ability: 'It's hard to control myself enough to actually study and then that leads to stuff like not going to school because I can't stand submitting something that isn't exactly as good as I know I can do it.' For two participants, seeking control was seen as a defence against intolerable uncertainty. One participant explained that ADHD plays an invaluable role in her life as it prepares her for all possible eventualities: 'I feel like the ADHD kind of keeps me on my toes […] I like to be thinking about what to say next, I like to be prepared.' (Aoife).

Aoife described control in soothing terms, explaining that she finds it difficult not to know for sure how another person feels towards her: 'The only way that you can really soothe me is to make sure that I know [how they feel].' Similarly, Beth described the intolerable feeling of not being sure how friends feel towards her. She described being a 'control freak about needing to know' what they are thinking: "[They'll] just tell me what they're thinking. Because I need to know. I'll be like, 'tell me.' Beth explained how difficult it was for her to tolerate not knowing why she felt out of control of herself prior to her ADHD diagnosis. She described feeling 'out of control' of herself and reported finding the uncertainty 'really hard.' Participants also reported the value of being told the whereabouts of loved ones at all times, explaining that even though they know that their

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safety is beyond their control, the certainty of knowing eases inner anxiety: ‘I feel like I can’t really relax until I know that everyone else is safe and I’m in control of that I guess.’ (Aoife)

The idea of being out of control elicited contrasting responses from interviewees. For all participants, being impulsive was equated with not being in control. For some, this feeling was a welcome release from a tense inner atmosphere, while for others it was associated with an aftermath of regret. Megan described being in a frequent state of regret, feeling guilty for having lost control of herself in the interpersonal context: ‘I will say something impulsive and then realise, “oh god, Megan why did you do that?” and feel bad. When I’m impulsive I always feel regret. It’s not thrilling, it’s just stupid. I lose it and then feel regret.’ Aoife explained that when she acts impulsively, she tends to ‘be the one who takes it that bit too far.’ She explained that she tries to stay in control of herself as much as possible, because she has learned from experience how hard it is to get back on track after an impulsive moment: ‘I know what can happen when I get out of control. Like when I get out of control, it’s hard to get myself back into control. I’m off the rails.’ By contrast, Jessica and Alex described the relief they feel during moments of impulsivity. Jessica explained that she feels she is taking control of her turbulent inner world when she acts without thinking, which feels like

an escape for her: ‘I’m just taking control of myself and doing it instead of just overthinking it and getting stuck in my head. I’d say it’s one of the few times when I really do have control over what I’m thinking.’ Alex also described the freedom he feels when acting impulsively, explaining that it gives him a break from feeling controlled by the people in his life. He reported that his main outlet for freedom is outside the house, when he can get away with his friends for a few hours and leave his home and school life behind: ‘Nobody is trying to tell you what to do for a few hours. You are just free.’ He described often acting impulsively without thinking of his responsibility at home or in school, and of realising the impact of his behaviour afterwards: ‘I would be an impulsive person. I’d just go out with mates without thinking of whatever I needed to be doing … Yeah, I just do things, just go. Like, I wouldn’t think about it [until it’s too late].’

Discussion

Following an integration of interview material, three main themes emerged in relation to the experience of ADHD: not being able to ‘let out’ difficult emotion, (un)soothing experience with self

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and other, and being in and out of control. These themes interlink in their suggestion of a disruption in the experience of containing and holding, meaning that painful experiences could not be worked through. In an effort to tolerate distressing affect, it seems that a set of psychic coping mechanisms have been developed, which take the form of a restless energy. A working formulation of participants' experiences will be presented and the themes will be situated in relation to the wider literature and psychoanalytic discourse, particularly the role of containment processes in ADHD. Though some of the material discussed may not fit directly with earlier findings, it is put forward in such a way so as to provide a basis for further theory and research, and to encourage reflection on working clinically with this population.

The first theme of 'not being able to "let out" difficult emotion', and the second theme of '(un)soothing experience with self and other' appear to reflect an intense experience of distressing emotion being trapped within, in the absence of the ability to self-contain, or indeed seek holding in relationships with significant others. This finding is in keeping with more recent applications of Bion's (**1962**) theory of alpha function to ADHD (Günter, **2014**; Salomonsson, **2011**, **2017**). According to Bion's (**1962**) theory, the raw, sensory, undigested parts of experience which he termed 'beta elements' require transmutation by the caring other into tolerable form i.e. 'alpha function.' In the absence of containment or 'alpha function,' these adolescents appear to have formed subjective idiosyncratic defence mechanisms in order to avoid the experience of overwhelming distress. Evidence of this pattern of relating to psychic pain appears to have been reflected in the interviewer-interviewee relationship, in which the former felt the need to adopt a benevolent, attentive and reflective stance (Salomonsson, **2017**), while grappling with an urge to distance herself from the potential overflow of released distress. Interestingly, all three themes merged around the idea of painful interpersonal and emotional experience.

Participants described their struggle to gain control over uncontainable distress and relational pain, at times describing inattention in Kleinian terms, as described by Leuzinger-Bohleber and Fischmann (**2010**), i.e. an avoidance of focusing on difficult internal experience, through 'blocking' or 'splitting.' In the Klein (**1933**) postulate, referenced here, the infant attempted to block overwhelming emotional material through the processes of 'splitting' and 'projection'. In this regard, the 'good breast' referred to the nurturing aspects of mother, and the 'bad breast' referred to the rejecting aspects of mother. The infant struggled to keep the good and the bad object (breast) apart psychically. Thus, Klein (**1933**) claimed the infant attempted to expel or

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project the intolerable aspects of psychic experience out of the self. Two participants (Beth and Aoife), for example, described their need for distraction as a means of avoiding or blocking an overwhelming focus on distressing thoughts and feelings. This finding perhaps supports a theory of a disorder of avoidance (or 'splitting') of focus on painful experience rather than of inattention itself. As in the Kleinian theory, these participants appear to unconsciously attempt to preserve a tolerable internal emotional world by disallowing the contamination of integration. Interestingly, these descriptions are also in keeping with a recent qualitative finding, which noted that adolescents diagnosed with ADHD described coping with this distress either through avoidance (e.g. procrastination, distraction, withdrawal) or behavioural expression (e.g. crying, physically or verbally lashing out) (Eccleston et al., **2019**).

A surprising finding, which is a striking departure from the broader literature on adolescent ADHD, with its emphasis on the absence of inhibition, was participants' stated need for and real efforts to achieve control as described in this study. Interviewees described their desire to control excitement both internally (by attempting to control overwhelming thoughts) and externally (by attempting to control others) in an effort to gain mastery over their lives. However, participants also alluded to the sense of emotional freedom experienced during periods of impulsivity, an 'escape' from the arduous task of repressing or controlling overwhelming experience and interpersonal pain. This finding echoes Freudian-based postulates of external excitation, wherein the ego might receive an excessive amount of stimulation from external (or interpersonal) reality, thus becoming overwhelmed by efforts to cope internally (Biederman, Faraone, & Monuteaux, **2002**; B. Jones & Allison, **2010**).

In regard to the theme of '(un)soothing experience with self and other', it has been suggested that individuals with ADHD have a core deficit in inhibitory control, which prevents them from optimally using their 'executive functions' (Barkley, **1997**). This in turn is considered to prevent them from regulating and self-monitoring in interpersonal interactions. From a psychoanalytic perspective, managing this deficit in 'inhibitory control' is suggested to be achieved by promoting qualitative verbal representations of experience (Salomonsson, **2017**). In this sense, the individual can establish themselves with a 'self' that feels heard and understood (i.e. the ability to symbolise emotional experience, as distinct from registering it in other modalities, such as the motor) (B. Jones & Allison, 2010; Salomonsson, **2011**).

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Over the course of the research, the interviewer was often struck by the need to ensure that participants felt heard and understood, in a way that might soothe their pain. Participants were also noted to express gratitude for being allowed the space to make sense of experience. This is an important finding in the clinical sense, as it suggests that what these adolescents may in fact need is a therapeutic space in which they are not only unconditionally contained, but also considered a valued informant.

There is an emphasis on behaviour modification as the treatment of choice for ADHD (Moore et al., **2016**). However, perhaps as the findings of this research suggest, there is another level of meaning to the inattentive, hyperactive and impulsive behaviours experienced by this population beyond simply behaviour itself. Participants in the present study seemed to suggest that rather than being merely unwanted symptoms of a psychological disorder, these behaviours serve a purpose – e.g. of self-regulating, escaping or distracting from emotional pain – which might be best understood in the context of interpersonal distress. That is not to say that these behaviours are wanted by the individuals, but they may serve a containing function, which has not been found elsewhere. The findings of this study might encourage further psychoanalytically-informed thinking in relation to treatment engagement. They suggest adolescents with a diagnosis of ADHD may be in a position themselves to make sense of their difficulties if provided with a sufficiently therapeutic space in which to do so. In keeping with the findings of Eccleston et al. (**2019**), the present study emphasises the need to include the adolescent as an autonomous voice in the treatment planning process, as only they themselves can truly understand their own emotional needs.

Using a psychoanalytically-informed method and analysis allowed for consideration of interviewer-participant interactions in their entirety, and in doing so, accessed additional sources of information beyond the conscious layer of the words exchanged. This method was a good fit for the topic of research chosen, as participants' diagnosis of ADHD was rarely directly addressed, but yet their experience of attendant symptoms could emerge between the lines. Furthermore, in a population where medication is the most common intervention, it allowed a space for a therapeutic need to be highlighted. It also allowed participants to share their own meaning of the concept of ADHD and the role it plays in their lives.

Limitations

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The authors acknowledge the limitations that may potentially present in extending the findings of this study to other adolescents with ADHD without replication across an appropriate range of informants, particularly given its small and demographically homogenous sample (e.g. from a mainly middle-class background; 4:1, female to male ratio). The study's necessarily small sample size and unbalanced gender mix may also fail to represent the epidemiological data on prevalence, given that in the general population males outnumber females by a factor of 3. While the principal

researcher was supervised throughout the research process, this study could perhaps have benefitted from more formal reliability and validity checks, including multiple analysts or accessing a larger number of participants. For example, all of the study's participants were adolescents and were, by definition, undergoing a maturational process (both in terms of neural as well as identity development). A study which could control for the natural separation-individuation processes associated with this period may have better identified which elements of experience were specifically impacted by the experience of living with an ADHD diagnosis, versus typical adolescent development. In the same sense, the current study could not control for the possible side effects of stimulant medication, which may have had an effect on participants' level of irritability, agitation and increased ruminations. In addition, given the ages of participants, it may have been of benefit to adapt a more structured approach to the initial interview process, as the principal interviewer noted a reticence toward engaging in emotional content in early sessions.

Recommendations for future research

The methodology used in this research allowed multiple possible meanings to emerge across different layers of the interview relationship. Future research is thus warranted to further explore these findings and perhaps offer alternative understandings. The gap in the literature for psychoanalytic perspectives on ADHD, particularly within the transitional period of adolescence, cannot be addressed by this study in isolation. As such, future research may wish to adapt the methodology, perhaps by using a case study design to allow for greater immersion in the data. In addition, as noted in the Limitations section of this paper, future research might also consider adopting a methodology which would allow for group comparisons and hence control for the

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possible confounding variables noted above. Perhaps the most important findings of the study were a) the need for a therapeutic space in which adolescents diagnosed with ADHD may begin to make sense of their histories and turbulent relational experience and b) the importance of fostering a sense of agency in adolescents as valued contributors to treatment planning. Thus, it is suggested that future research should place lived adolescent experience at the centre of its approach.

Conclusion

This psychoanalytically-informed qualitative study explored the interpersonal experiences of five adolescents with a diagnosis of ADHD. Themes emerged relating to not being able to 'get out' difficult emotion, of feeling unsoothed by the self and others, and to control, or lack thereof. At the core of these themes were participants' attempts to manage their emotions and feel contained in interpersonal relationships. These core conflicts were discussed in terms of existing psychoanalytic concepts in an attempt to provide a basis for further research and clinical treatment planning. The paper tentatively suggests that the

symptoms typically associated with the diagnostic label of ADHD may be better understood in terms of their function in managing intolerable and unavoidable emotional pain in a turbulent inner atmosphere. The paper also poses a question as to whether 'inattention' is at the core of this 'disorder,' or whether unwanted and overwhelming attention to painful experience explains the state of perpetual distraction within this group. It seems, thus, that helping the adolescent with ADHD may be best facilitated by a response that attends to their complex and uncontained emotional and interpersonal needs.

Disclosure statement

No potential conflict of interest was reported by the authors.

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