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Living in Chaos and Striving for Control: How adults with Attention Deficit Hyperactivity Disorder deal with their disorder

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This article reports a Grounded Theory of "Living in Chaos and Striving for Control" developed in response to the central research question of how adults diagnosed with Attention Deficit Hyperactivity Disorder (ADHD) deal with their disorder. Semi-structured interviews were conducted with 10 males diagnosed with ADHD in adulthood. "Chaos" emerged as the basic social–psychological problem facing these participants. The basic social–psychological process employed by them to deal with the problem was identified as "The Double Life". This process became the core category around which the theory was developed. The theory demonstrates that adults with ADHD live in a state of chaos (Category 1), while striving for control (Category 2). When the state of control is achieved (Category 3) it is never permanent, and loss of control (Category 4) is inevitable. The lives of these adults are constantly cycling through chaos and control, and this results in their leading a "double life" (Category 5).

Keywords: *Adults; Attention Deficit Hyperactivity Disorder; Chaos; Grounded Theory*

Introduction

Attention Deficit Hyperactivity Disorder (ADHD) is a multifactorial disorder with complex aetiology and strong genetic underpinnings (Faraone et al., 2005). It is a clinically heterogeneous disorder characterised by developmentally inappropriate, persistent, pervasive, and impairing levels of inattention, impulsiveness, and hyperactivity (American Psychiatric Association, 2000) that exacts a burden both on

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society and the individuals concerned in terms of financial cost, stress to families, and adverse academic and vocational outcomes (Biederman, 2005). The *Diagnostic and Statistical Manual of the American Psychiatric Association DSM-IV-TR* (American Psychiatric Association, 2000) differentiates two symptom clusters (inattention and hyperactivity/impulsivity) and three behavioural subtypes; namely, ADHD Predominantly Inattentive, ADHD Predominantly Hyperactive-Impulsive, and ADHD Combined type. Currently the *DSM IV* (American Psychiatric Association, 1994) ADHD Combined Type is "considered to be the prototypic of the classic ADHD profile" (Tannock, 2003, p. 758).

Epidemiological studies estimate the prevalence of adult ADHD to be between 3 and 5% (Faraone, 2004; Kessler, 2004). A clinical feature seen in persons with ADHD is comorbidity. In children with ADHD, receptive and expressive language impairments are found in up to 60% of individuals: Oppositional Defiant Disorder (35–50% of cases), Conduct Disorder (25%), learning disorders (15–40%), depression (15%), and anxiety disorders (30%) (see Tannock & Brown, 2000). In adults with ADHD, lifetime prevalence rates of comorbid anxiety approach 50% (Biederman, 2005).

Although a substantial literature exists pertaining to ADHD in childhood (Tannock, 1998), relatively little is known about the adult ADHD population, particularly those individuals undiagnosed until adulthood. This is somewhat surprising given recent research on adults with retrospectively defined childhood-onset and persistent ADHD that revealed a pattern of psychologic dysfunction, psychosocial disability, psychiatric comorbidity, and school (tertiary education) failure that resembles the features of childhood ADHD (Biederman, 2005, p. 1215). Furthermore, follow-up studies have shown that 30–70% of children with ADHD continue to have symptoms of ADHD in adolescence and adulthood (Mannuzza, Klein, Bessler, Malloy, & LaPadula, 1998; Weiss & Hechtman, 1993), and that "children growing up with ADHD are more likely to experience teen pregnancy (40%), sexually transmitted diseases (16%), and to experience depression (20–30%) and personality disorders (18–25%) as adults" (Barkley, 2002, p. 90).

The limited research conducted with adults diagnosed with ADHD clearly demonstrates the adverse impact ADHD has on interpersonal relations, marriage, emotional well-being, employment, driving, and daily adaptive functioning (Murphy, 1996). Of the studies specifically examining family and work relationships, higher rates of separation and divorce (Biederman et al., 1993; Mannuzza et al., 1998) and job losses and resignations (Barkley, 1998) have been found. For those adults with ADHD who retain their employment, these individuals tend to be self-employed or choose employment with flexible hours and frequent breaks, thus allowing them to work with some degree of autonomy (Carroll & Ponterotto, 1998).

In summary, although greater clinical recognition and treatment of ADHD appears to be occurring (Murphy, 1996), ADHD in adults still remains under identified in psychiatric clinics and, despite increasing scientific study, continues to be viewed by some as a controversial diagnosis (Sachdev, 1999). Moreover, the adult-based research to date has almost exclusively examined the adverse impact of

ADHD in adults who were diagnosed with ADHD during childhood, particularly in terms of outcome measures (e.g., traffic accidents, driving violations, traffic infringements). In contrast, the research literature focusing on adults who were undiagnosed as children, and who received a diagnosis of ADHD during adulthood is particularly sparse. Furthermore, there is an almost total absence of literature pertaining to how such individuals deal with their ADHD.

The present qualitative study, which addressed the central research question of how adults with ADHD (who were undiagnosed during childhood) deal with their condition, was undertaken within the interpretivist paradigm. Specifically, it was a study located within the symbolic interaction tradition, with the use of data collection and data analysis methods proposed by "grounded theorists" (Strauss & Corbin, 1990). The theory of "Living in Chaos and Striving for Control" that emerged provides a new perspective on the central research question. The study was conducted in Western Australia.

Method

Participants and Settings

The participants consisted of 10 adult males aged between 30 and 57 years, clinically diagnosed (in adulthood) by a psychiatrist as meeting *DSM-IV-TR* (American Psychiatric Association, 2000) criteria for ADHD. Recruitment of these adults was through the Learning and Attentional Disorders Society Adult Support Group of Western Australia. Of the 10 participants, five were self-employed (teacher, entrepreneur, tradesman, landscaper, and accountant). The remaining five comprised a business manager, student, lecturer, tradesman, and salesman. Each participant was interviewed on an individual basis, at a location of his choice. Most chose to be interviewed in their home setting. In all cases the interviewer and participant sat in chairs facing each other with an audio recorder placed close by.

Research Design

The study was based on a central research question, which asked how adults with ADHD, who were undiagnosed during childhood, deal with their condition. In framing the question in terms of how these adults "deal with" their condition, the researchers were adopting a concept that is clearly articulated within the symbolic interactionist tradition in social theory. This tradition holds that it is important for the researcher to explore participants' understandings about the phenomenon being investigated, how they act towards it, how they act towards others in relation to it, and how their understandings and actions change over time. It is from an understanding of these dimensions of the phenomenon of "ADHD" that we can arrive at an understanding of the basic social–psychological process or processes involved. Hence, Grounded Theory methods of data gathering and data analysis, which are consistent with symbolic interactionism (Strauss & Corbin, 1990), were used.

Semi-structured Interviews

Data were gathered from each participant in a 1-h in-depth, semi-structured interview to enable the researchers to "get at the meaning" of what was being observed (Glaser, 1992, p. 47). The interviews were guided by the following sets of questions:

First Set of Questions:
- When were you diagnosed with ADHD?
- By whom were you diagnosed?
- What made you suspect that you might have ADHD?

Second Set of Questions:
- What was it like to have undiagnosed ADHD as a child?
- What problems did you encounter at school, at home, and with peers?
- How did you survive?
- Are you aware of any strategies you used, consciously or unconsciously, to help you cope or make you feel better?

Third Set of Questions:
- As an adult, has being diagnosed changed your life?
- If so, what have the changes been?

Fourth Set of Questions:
- How do you deal with your ADHD?
- Have your "coping strategies" changed since you were diagnosed?

Fifth Set of Questions:
- Do you have a child or spouse/partner with ADHD?
- If so, does it make your relationship with that person easier or more difficult?

The interview questions were used as an *aide memoire*, and the format of the interview was modified to accommodate the conversation style of each participant. Participants were allowed to digress as much as they needed and unanticipated issues raised by participants as being of importance to them were pursued.

All interviews commenced with a confirmation of the participant's diagnosis. They were then asked to describe what it had been like to live with undiagnosed ADHD. The opportunity to respond to this initial question often resulted in most of the subsequent questions being answered. The remaining questions were asked, if necessary, in the order appropriate for each participant. No time limit was placed on interviews, and participants were encouraged to make the most of the opportunity to "tell their story", and to take as much time as required. In total, 16 h of interviews were recorded and subsequently transcribed.

Data Analysis

Transcribed interviews formed the raw data of this study. These data were analysed using the constant comparative method. This method, which forms the basis of Grounded Theory analysis, requires the employment of two analytic procedures: the constant making of comparisons, and the constant asking of questions. Each piece of

data was interrogated by asking questions such as "What is this piece of data an example of? What property does this piece of data represent?" The properties were then compared constantly, resulting in the formation of categories (Strauss & Corbin, 1990).

Results

"Chaos" emerged as the core or basic social–psychological problem facing adults with ADHD. The basic social–psychological process employed by these adults to deal with this problem was then identified as "The Double Life". This became the core category, and the theory was developed around it.

The findings of the study resulted in five major categories, with subcategories in each. Adults with ADHD are described as living in a state of chaos (Category 1) while striving for control (Category 2). When the state of control is achieved (Category 3) it is never permanent, and loss of control (Category 4) is inevitable. The lives of these adults are constantly cycling through chaos and control, and this results in their leading a "double life" (Category 5).

Category 1: Chaos

This category explores the chaos experienced by adults with ADHD and analyses the reasons for it. These adults regularly described their lives as "chaotic", "unsettled", "erratic", and "turbulent". Chaos, defined as "utter confusion or disorder" (Simpson & Weiner, 2004), is a key concept in these responses and captures the notion that the starting point of people with ADHD is disorder and that they must work to achieve order in their lives.

Subcategory: symptoms of ADHD. Inattention was demonstrated during the interview by some participants losing the thread of the conversation and asking to be guided back onto the topic. Participants also lamented their lack of organisational skills and their inability to manage time effectively. Furthermore, some requested to be interviewed at home so that the physical chaos in which they lived could be witnessed. Such chaos was evident in bricklaying projects left in various stages of completion, or piles of paperwork "ready for filing". This, in turn, seemed symbolic of the chaos in their minds, with simple chores becoming major undertakings. As one participant put it:

> You have to plan breakfast. You can't just reach for the breakfast bowl, because you'll find you've got the wrong plate, got the wrong cereal. You'll find everything's wrong. So, you have to stand at the bench and say 'Right, I've got to have breakfast, what do I need to do to have breakfast?

Regular searching for lost items and retracing of steps resulted in time being wasted, thus preventing these adults from completing tasks.

Most participants were also characterised by hyperactivity. They reported highly active childhoods, involvement in sports and the need to be outdoors, often at the expense of homework being completed:

> At night, when I finished my study, I'd go out and run around the streets of our suburb, and my mother used to despair. I'd run for miles around the streets with nobody around. It gave me great release.

As adults, participants remained hyperactive, making it difficult for them to sit still in social situations or at work.

Impulsivity was also cited as a major problem. Participants spoke of engaging in reckless acts. They complained of an inability to "curb their tongues" and of having "unfortunate ways of verbalising". They claimed that people were always complaining about their tendency to interrupt or intrude on others. Often these interruptions were caused by participants having to "blurt out" something before it was forgotten. They also claimed that they then experienced long periods of depression in response to how others responded to their actions.

Subcategory: comorbidities. This group of adults manifested characteristics of comorbid conditions. Some were aware of a specific learning disability in the areas of mathematics or language, while two participants spoke of their obsessive behaviours. One of these individuals became aware during his teens that he was "doing compulsive, repetitive activities" but was able to get them under control, while the other was frustrated by his obsessions and felt that he had no control over them. Most of the participants had also received a diagnosis for depression in their adult years, but were aware of it starting much earlier.

Subcategory: academic underachievement. All participants experienced failure in school. Those who completed secondary school needed additional individual tutoring to do so. School report cards frequently commented that they could do better if they tried harder. They recalled inconsistency in school performance as having been a source of frustration for them, yet also recalled experiencing what they termed "brief periods of excellence, followed by periods of dismal failure". Recall of boredom at school was also very common. Participants remembered "just staring out the window", "mucking around all the time", "ducking out of the classroom" at crucial times, never doing homework, rushing through assignments at the last minute, and "wagging school".

Subcategory: social isolation. All participants spoke of "feeling different" from the rest of the world at various stages of their lives. As children, they were perceived by themselves and others as "running their own show", being "a bit of a rebel", "strange", "never really fitting in", "always the odd one out", and "always on the outer". This social isolation, they recall, was not of their own doing as they remember wanting to have friends. All found it very difficult, however, to socialise with their peers. Some participants acknowledged that they may have been perceived as bullies because they were aggressive and constantly in fights. Their own perception, however, was of having been picked on by others.

Feelings during their youth, of isolation within the family, were also expressed by some participants. A sense of not belonging to the family, being the black sheep, knowing they were different from their siblings, and of having awareness that they were the cause of conflict between their parents, or as being a source of amusement among their siblings, were frequently occurring themes. As adults, this "feeling different" persisted, with some individuals feeling alienated from their children because of behaviour that was "out of control".

Subcategory: lack of fit in the workplace. All participants recalled a history of changing employment frequently. One remembered having 20 different jobs, while another had more jobs than "he could remember". These adults often started out in the workplace doing low-skilled work as a result of leaving school early, or achieving poor grades in school. Many cited boredom as the reason for moving from job to job, often moving to a new town with each new job, in search of excitement. Other jobs were lost when participants were fired. Reasons for being fired included a lack of organisational skills required to complete the work, "rushing through the work and mucking it up", "over-focusing on unimportant aspects" of the job and therefore not meeting deadlines, and "personality clashes" with employers or other members of staff.

Subcategory: lacking self-esteem. Poor self-esteem was reported by participants, who regularly expressed feelings along the following lines:

> I know now that I'm not such a bad bloke, because other people are starting to tell me, but I've hated myself all of my life.

Because they had experienced failure so often in their lives, these adults had reached a point where they felt that they must be stupid and lazy, and all they could see were their failures. Some remembered being extremely self-conscious and shy, working hard to build up some confidence, only to have it shattered by some cruel comment.

Category 2: Seeking control

This category consists of strategies employed, consciously or unconsciously, by participants to deal with their condition, fit into their world, and cope with their "differences".

Subcategory: exercise and outdoor activities. Most participants were aware they had an excess of energy and needed to "burn it off". They described busy, active childhoods, with much time spent outdoors on bicycles and horses. Sport was also important to them at school, with some claiming that it was the only positive experience for them during the period of formal education. Also, all participants described a restlessness, which was controlled when they were in touch with nature. One participant summarised it as follows:

> I just feel more open. I'm not claustrophobic, it's more how my mind gets in tune with everything, the energy or the frequency, who knows what it is, but it makes me feel very comfortable.

Another commented "the beach has been my life. The beach has been my relaxation."

Subcategory: seeking medical treatment. All participants were experiencing significant problems in their lives and all hoped that medical intervention might ease their situations. Only one member of the group was informed by a general practitioner (who was treating him for depression at the time) of the possibility that he might have ADHD. The others "stumbled" upon their ADHD condition. Three were diagnosed as a result of their children receiving a diagnosis of ADHD. They had recognised the similarities between their children's situations and their own, and had been informed by the specialist treating their children that the condition was also recognised and treated in adults. One participant read about an adult with ADHD in a magazine, while three others were informed that they might have ADHD by close friends who had children diagnosed with the condition. All were subsequently put in contact with psychiatrists specialising in the treatment of adults with ADHD.

Category 3: Gaining control

This category details how the participants moved at various junctures to achieve some measure of control over their lives.

Subcategory: diagnosis and awareness. With a diagnosis of ADHD came a new awareness of the reasons for their difficulties. For people who had always known they were "different" but not known why, the answer was given to them with the naming of their condition. The relief accompanying this diagnosis was regularly described as "huge". After spending all of their lives being blamed for situations, which they felt were beyond their control, participants were finally able to understand that it was "not their fault". They were able to explain erratic behaviours to family members and friends and were given hope that they could change their circumstances.

The knowledge of their condition also brought about acceptance of themselves. They were able to allow for their weaknesses and give themselves permission to fail. Self-despising was replaced with an understanding and a tolerance for their differences. Also, through participation in support group meetings for adults with ADHD, they were surrounded by people who shared their frustration and challenges, and who understood what they had been through.

Diagnosis also spurred them to arm themselves with all the knowledge they could about the disorder that was shaping their lives. The acquisition of such knowledge made it much easier for them to plan and implement strategies for dealing with the symptoms of ADHD. The importance of documenting activities, and using timetables, organisers, and lists was recognised. An awareness of their tendency to

talk too much, interrupt, and dominate conversations resulted in conscious attempts to curb impulsivity. Modifications in the workplace included the reduction of distractions where possible.

Subcategory: benefiting from medication. All participants were taking stimulant medication to control the symptoms of their ADHD, with the exception of one man who reported uncomfortable side effects. All individuals reported that medication bestowed them with a "newfound ability" to sit still in one spot for several hours and work solidly on a single project. Stimulant medication, it was claimed, also had a positive effect on anxiety and depression. There were "less dark moments", a sense of being very relaxed and of calmness replacing the anxiety. Increased confidence was reported and it was constantly increasing at a greater rate.

Subcategory: the significant adult and the coach-wife. Reflecting on their past, participants claimed that the presence of a significant adult in their lives contributed to their ability to control symptoms. Strict parents were given credit for curbing some excessive behaviour, as participants feared the consequences of openly breaking rules. As children, however, they sometimes felt hurt, resentment, and even hatred towards these parents' firmness, and often broke the rules behind their backs. Regarding the present, it was claimed that in the workplace "a mentor who took a special interest" had a positive effect in shaping the career paths of some participants. A caring and supportive general practitioner played an important part in the life of one participant who lived alone. By far the most significant adult, however, was the "supportive spouse". Most participants were married, and they acknowledged the enormous influence their wives had on their lives:

> If I wasn't with her, I don't know where I'd be. I have no idea. Sleeping on a park bench or dead probably.

Some had been supported financially by their wives when they returned to university as mature-aged students. They were "organised" by their wives when they were unable to plan their study timetables effectively, and kept on task by their wives when they became distracted from their studies. Those who were self-employed were assisted by their wives in the daily running of their business.

Subcategory: success at work. This group of adults was clearly much better at leading in the workplace than following. The most suitable form of employment described was self-employment or employment where participants were able to "do their own thing". Four participants had their own businesses and ran them, often with the help of their wives. Diagnosis and medication had helped in the smoother running of the businesses, and there was job satisfaction. One participant ran a workshop, and was virtually "his own boss". Another worked as a consultant for a friend, an arrangement well suited to him; the hours were irregular, there was always some travelling involved, and the work was challenging.

Category 4: Losing control

This category describes factors that contributed towards participants losing control once again.

Subcategory: dissatisfaction with medical treatment. The continuation of a general feeling of dissatisfaction with doctors contributes to loss of control again. A memory of not being diagnosed with ADHD in the past, and consequently not being provided with appropriate treatment, remains. One summed up the general feeling as follows:

> People told me to get psychiatric help and I did. I went and saw this shrink, played the lovely music. A load of waffle!

Most had stumbled upon their diagnoses after years of seeking medical help. Some had been told by their general practitioner or by a psychiatrist that there was "no such thing" as ADHD. This had delayed their diagnosis and caused more resentment towards the medical profession.

Subcategory: grieving for "the lost years". Although participants' initial response to the news of their diagnosis was a huge sense of relief, there was also a period of sadness associated with the fact that they had been labelled with their disorder. Although they always knew that they were "different", the diagnosis had made their belief official. There was also sadness expressed for a past that could have been different had their diagnosis come earlier. "Why me?" and "Why wasn't I told?" were some of the questions haunting them. Those who had children with ADHD noted how stimulant medication had improved their abilities at school, and expressed regret that they had not been diagnosed and prescribed the medication as children. They felt that it was very difficult to come to terms with the idea that their life could have been very different.

Subcategory: risk-taking behaviours. The participants' incidence of risk-taking behaviours was very high. They engaged in dangerous activities as children, and were referred to as the "daredevils" of their groups, as every dare put to them was accepted no matter what the consequences might be. Behaviours included lying in ditches under railway lines as trains passed over them, shoplifting for excitement, experimenting with fireworks, deceiving parents by sneaking out at night, and truanting from school to visit the race course. As adults they continued their risk-taking. For some this included motor car racing, drag racing, and even dangerous driving on the highway resulting in multiple license suspensions.

Subcategory: self-medicating. Self-medicating was acknowledged as a common practice among participants. It started when their ADHD was undiagnosed. The most obvious, and dangerous form of self-medication discussed was the use of

intravenous "speed". A user reported that prior to his diagnosis and medication with Dexamphetamine, he injected himself with "speed", which had the effect of focusing him and enabled him to complete his apprenticeship. His subsequent diagnosis of ADHD and medication with Dexamphetamine had ended this need.

Cigarettes were recognised as having a relaxing effect. Alcohol was also used consciously by some participants. A "couple of drinks" at night were a necessity for some to help them relax after a stressful day. Others used it in excess to make them feel normal or to help them forget their problems. The hangovers that resulted only exacerbated their condition, making it even more difficult than ever to organise their lives.

Subcategory: overload. Prior to a diagnosis, some participants experienced a period of success followed by a period of turmoil, which caught them by surprise. In retrospect, they acknowledged that they had discovered that by applying certain strategies in particular situations they could cope quite readily. When their circumstances suddenly changed, however, they were unable to adapt the strategies to the new situation. They moved outside of their comfort zone, and were unable to adjust. For example, two participants reported being happily married until they had children. The added pressures associated with a new baby resulted in life becoming chaotic. One participant was able to save his marriage after receiving a diagnosis of ADHD, but the other's marriage deteriorated irretrievably.

Category 5: The double life

This category relates to the variety of ways in which participants consider they lead a double life as a result of constantly oscillating between chaos and striving to gain control.

Subcategory: the stigma. Participants agreed that they kept their ADHD diagnosis a secret from most people. Their reasons for this was that they felt that there was a lack of understanding about the disorder, that the public attitude towards it was unsympathetic, and that the media were exacerbating the problem with their dishonest and sensationalist reporting. The need to keep their diagnosis a secret meant that they were unable to ask for any workplace modifications, thereby reducing their chances of maintaining successful employment. The stigma attached to ADHD also made interpersonal relationships more difficult, with single participants being unwilling to divulge this information to people they were dating, in case they "ran a mile".

Subcategory: "winging it". Participants described situations where they appeared to be coping at work, while in reality they were merely doing a good job of pretending to cope. They were able to gain employment because of their ability to present well in interview situations. Most acknowledged their gift of being "good salesmen" who

sold themselves into a job, but once the job was secured they had difficulty meeting its daily requirements. Sometimes these adults were able to function well in a job because they delegated organisational skills to others. In addition, they extended deadlines for reports and always completed their paperwork at the eleventh hour. Some volunteered to be the coordinator of the social club, and hence became very popular at work. They learned to act confidently while waiting for the day they would be "found out". Some were fired, but others found the waiting too stressful and resigned.

Subcategory: the dual personality. Participants expressed the feeling that they had a dual personality—that a part of them took over sometimes and they had no way of controlling it. Typical comments in this regard were:

> It almost seems at times that there's a part of your personality that wants to make you fail. You start to think there's a demon inside you that makes you want to fail. No matter how hard you try, you're going to fail. It's going to make you fail.

> I don't really want to hurt people. I try to be nice to people. I'll do anything for anybody. But when this madness gets in me I can hurt anybody and go out of my way to do it.

Clearly, they constantly worked hard to control their behaviour and were not always able to maintain the effort necessary for this control. For some, it was the aggression that was problematic, while for others it was the lack of organisation that made life difficult.

Another aspect of the dual personality was the tendency to let the "other person" out at certain times, in front of people they could trust, in order to make the controlled life more bearable. For example, one participant played in a rock band every weekend because he needed the stimulation of the music and the audience response, thinking he could not survive without it. On Monday he reverted to his "controlled self" and his regular job.

Subcategory: pretending to be "OK". Having chosen to hide their ADHD diagnosis, participants felt the need to present well to the outside world. As two of them put it:

> [My life's] chaotic. But that's behind the scenes. On the front I've been very good. That's the main trick, being able to present an exterior, because otherwise what you end up showing is something pitiful. So you don't.

> It's very exhausting, though, keeping up the pretence.

Emotionally, they become masters of putting on a "brave face". Their inability to divulge their difficulties to others often caused them anxiety, which they dealt with alone. Physically, they learned to cover up the mess in their houses by keeping parts of the house tidy with all the clutter in one room, or they covered the anxiety inside by dressing impeccably and always looking a picture of confidence when they "stepped outside".

Subcategory: The cycle. Some participants expressed an awareness of a cycle occurring in their lives:

> You hit the bottom, and then all of a sudden you bounce back out of it. It just used to be this cycle of highs and lows.

They acknowledged that a certain event could trigger a sensitivity in them, causing them to lose control over many aspects of their lives, including physical and emotional aspects. For example, one participant cited how the ending of a relationship impacted negatively on his work, his health, and his house, until he was eventually surrounded by "a mess" on every level. He had to consciously pull himself back from the downward spiral towards chaos and start moving upwards again. Another participant was made aware of his cycle by his wife. He felt, on a regular basis, that things started going wrong, and spiralling out of control until he "hit rock bottom" and had to "bounce back up again". Some participants recognised a significant event in their past, such as the birth of a child, the loss of a job, or a bad business decision, which had started the chaotic downward spiral. While some had recovered and moved through the cycle to a more controlled and fulfilling life, others had stayed in the chaotic phase and felt that their lives were "falling apart".

Conclusion

This research has reported a Grounded Theory of "Living in Chaos and Striving for Control" developed in response to the central research question of how adults diagnosed with ADHD deal with their disorder. "Chaos" emerged as the basic social–psychological problem facing adults living with ADHD, while the basic social process employed by them to deal with this problem was then identified as "The Double Life". This became the core category, and the theory was developed around it.

It is not possible to claim generalisability for this study in the sense in which that concept is understood by quantitative researchers (Lancy, 1993). The findings are generalisable, however, in the sense that people will be able to relate to it and gain an understanding of their own and other people's situations. Furthermore, it can serve to increase the understanding of medical personnel, health care professionals, policy-makers, and family members about how adults with ADHD deal with their disorder. Similarly, the theory may also stimulate others to examine how spouses deal with their partners with ADHD, and the nature of interactions that take place between adults with ADHD and their children, their employers, their peers, and the "general public".

Finally, this study has a number of implications for practice. It unearthed the difficulties experienced by individuals who managed their ADHD without the benefit of a diagnosis and subsequent treatment for most of their lives. Despite diagnosis and treatment as adults they continue to lead chaotic lives, and periods of control appear vulnerable, and difficult to sustain. Early diagnosis of ADHD and appropriate intervention may therefore better equip individuals to control their symptoms, and achieve success at school, in the workplace, and in the formation of long-term interpersonal relationships, thereby resulting in stable family units.

Partners and other family members who do not have ADHD are often a source of support for the individual with ADHD, but may sometimes also need support and respite themselves. Therapy in the form of education and counselling for both individuals with ADHD and their families might alleviate the stress inherent in families where one or more member has a diagnosis of ADHD. For those adults with ADHD who live alone, the services of a mentor/coach (in the absence of a family to support them) might prove beneficial. In conclusion, therefore, providing support to adults diagnosed with ADHD might assist in bringing about order and control to their chaos, and as such contribute significantly to a multimodal treatment approach.

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