



Case Study: My Personal Experience with Mimic ADD

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This case study from my own experience provides a good example of how triggering can produce behavioral symptoms that mimic attention deficit disorder (ADD), and how resolving the underlying trauma can resolve these behaviors that can easily be mistaken for genuine ADD.

I can remember being called “chatter box” as a child. My report card from first grade commented “Karl needs more spacing between his words.” During my teen years people would make subtle comments (and sometimes not-so-subtle) about how much I talked. Week after week I would catch myself talking too much in our church youth group. My college peers would also make comments of one sort or another indicating that my pressured talking was irritating. (For example, during my first week at college, out of the corner of my eye I saw two other students nod towards me, roll their eyes, and exchange hand signals of a mouth going talk, talk, talk, talk.) I knew that my constant and pressured speech got on people’s nerves. I could see myself doing it, and I hated it, but I couldn’t stop it.

The internal restlessness, pressure, and anxiety that drove my pressured speech also made it very difficult for me to be emotionally present and connected when I was with others. At family gatherings or other times when I was supposedly “with” people, I would often be listening to what the people were saying with only 30% of my brain, while also reading a *National Geographic* with 30%, thinking about my professional work with 30%, and worrying/thinking “I should be doing something productive” with the remaining 10%.

Distractibility was also a problem. Charlotte was especially hurt by this. She might be talking about something important and emotionally vulnerable – some painful memory we were working on, or some poignant, personal issue she was trying to share with me – when I would suddenly point out the window and interrupt with, “Look at that interesting bird – I think it might be a night heron,” or “That’s an unusual license plate.” Charlotte would understandably be hurt and offended: “Aren’t you listening to me? I’m talking about something really important!”

In retrospect, I can see how my internal restlessness drove this distractibility. In some vague and subtle way, I often felt not fully satisfied with the conversation or context I was in, and I would be scanning for something else to think about or do or look at that might help scratch that vague internal itch of dissatisfaction. This restlessness and distractibility would not be evident in intense, focused situations, like client sessions in which I was providing psychotherapy; but it was tangibly and uncomfortably present in most other situations. As already described, Charlotte especially suffered as a result of this constant internal scanning for “something else” – something more satisfying.

The bottom line with respect to all of this is that I was one diagnostic criteria short of a full DSM IV diagnosis of adult Attention Deficit Disorder. (There are twelve possible diagnostic criteria, nine are required for a formal diagnosis of clinical Attention Deficit Disorder, and I met the conditions for eight). Also, I was not much fun to be with – I was honest, loyal, altruistic, hard

working, conscientious, and well-intentioned, but it was wearisome to be around me. Other than my older brother, I did not have a single close friend in my life throughout my childhood, adolescence, and college years.

And then in 1998 I started doing my own healing work, and began resolving a steady stream of healing targets. I would usually start by focusing on a specific trigger or issue, and then, after finding and resolving the underlying traumatic memories, Charlotte and I would be able to see specific changes that were directly related to the initial trigger/issue and also logically connected to the cluster of trauma that had just been resolved. However, we had a very different and curious experience with respect to my ADD symptoms. I never once focused directly on a symptom of ADD as the initial target for a healing session, but at some point after two or three years of regular healing work we realized that the anxiety, internal restlessness, and pressure that seemed to drive my talking, interruptions, and distractability had dramatically decreased or had resolved entirely. And, not surprisingly, most of my attention deficit symptoms had decreased or resolved along with them. Furthermore, we could not perceive any clear/direct connections between the improvement with respect to my ADD symptoms and the traumatic content that had been resolved.

I remember one day realizing that something had changed. Turning to Charlotte, I asked: “Do I still do the ‘Look at the bird!’ thing when you’re talking?” She paused for a bit, and then responded with, “No. And you don’t talk so much anymore either!” We were both amazed. “When did it change? How did it change?...etc.” We could both perceive a clear difference, but neither could remember when it had changed or figure out a connection to any particular healing target. Note: my curiosity and habit of scanning the world for interesting things are still here, but now they have less energy. Without the restlessness to drive them, I am able to be with Charlotte and pay attention to what she is saying, without being distracted and interrupting her in the middle of something important.

Shortly after this initial realization, we were with my parents for Christmas and realized I was just “there.” I felt calm and content and was enjoying just being present and connected – listening to what others were saying, *not* reading a magazine at the same time, and not worrying or thinking about anything else. And again, neither of us could perceive any clear/direct connections between the improvement with respect to my ADD symptoms and the traumatic content that had been resolved.

Addendum/follow-up: As of December 2024 (now 26 years into my personal healing journey), both Charlotte and I perceive that my ADD symptoms have continued to decrease as I have continued to receive healing. At this point I would say that 95% of my original ADD symptoms have resolved. My thoughts regarding where my ADD symptoms came from, and why they resolved, have also become much clearer. A very short summary of my current thinking is that “true” ADD/ADHD is a neurological illness with genetically determined brain abnormalities at its core, but that spiritual and emotional issues can cause “mimic” ADD/ADHD symptoms. In my case, it seems that essentially all of my ADD symptoms were “mimic,” caused by a number of spiritual and emotional issues:

A variety of specific triggers caused the anxious restlessness that mimicked ADD/ADHD hyperactivity, distractability, poor concentration, and difficulty focusing on one task (especially in certain social situations, as described above).

A variety of specific triggers produced internal pressure/intensity/drivenness regarding

certain issues, which mimicked the intensity, hyperactivity, and talkativeness of ADD/ADHD.

Positive triggering¹ contributed a pressured intensity that mimicked the hyperactivity and talkativeness of ADD/ADHD.

Specific moments of triggering mimicked individual incidents of ADD/ADHD distraction and poor concentration.

Being triggered to child ego states mimicked many aspects of ADD/ADHD, including distraction, poor concentration, disorganization, interrupting, and inability to perform as would be expected by potential.²

Demonic infection associated with various wounds, lies, defenses, and reactive sins mimicked and/or exacerbated ADD/ADHD distraction, poor concentration, and inability to perform as would be expected by potential.

Finally, there was a cumulative factor that I refer to as “the hard drive is full and fragmented.” With a computer, the overall function will steadily deteriorate as the hard drive becomes increasingly full and fragmented. The impaired function is not caused by a specific hardware or software problem, but rather due to having such a large pile of material to sort through, and due to the accumulation of many, many fragmented files. I think our minds display a similar pattern. If we have a large pile of unresolved issues, there is an overall impairment due to the cumulative burden on the system. This overall impairment mimicked ADD/ADHD disorganization, distraction, poor concentration, and general “not performing as would be expected by potential.”

As would be expected, each of these factors that contributed to my ADD symptoms have decreased steadily as I have received more healing. And it also makes sense that Charlotte and I had difficulty identifying connections between specific healing targets and improvements in my ADD symptoms, since so many of these emotional and spiritual issues are the results of trauma, triggering, and demonic infection *in general*, as opposed to the direct results of specific traumatic memories.

¹For definition and discussion of positive triggering, see the “‘Positive’ Triggering” essay (available as a free download from the “Special Subjects/Advanced Topics” section on the Resources page of www.immanuelapproach.com).

²This comment may seem confusing, in light of the many accomplishments on my CV. One piece is that some of the impairments occurred only when I was more intensely triggered (such as the impairments associated with being triggered to child ego states). I could still function at a very high level when not triggered, or when only subtly triggered. Another piece is that even though I did well academically, and accomplished a lot, I know that I could have functioned at a higher level if I had not been impaired by frequent subtle triggering, occasional intense triggering, and the spiritual issues associated with all of this triggering.