

Is Adult ADHD a Mutation of Absent-Mindedness?

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Is Adult ADHD a mutation of Absent-mindedness? Or is it the reverse? Is Absent-mindedness (ABN) the diminutive form of adult ADHD (AADHD)? Or is AADHD the exaggerated form of ABN? Worldwide research today has increased its interest in the comparative neuroenergetic assessment (thermodynamic rate of memory recollection) of both conditions and what may determine "which follows which" or are they the same?

Many similarities between these two psychodynamic phenomena exist. These similarities represent as they relate to mindfulness, the more global or larger topic which encompasses both ABM and AADHA. The American Psychological Association and the Elsevier book *Neurobiology of Psychiatric Disorders*, with established standards for neurocognitive evaluation, accept and explain various psychodynamic phenomena (signs) of each condition.

Understanding the subtle differences between ABM and AADHD can lead to appropriate personal (individual) or healthcare practitioner support in understanding or evaluating best approaches to relieving the behavioral aggravation of each condition. Is it the thermodynamic rate of memory remembrance known about each condition that determines the diagnosis?

What are the key evaluators of ABD and AADHD that determine "which follows which"? Unique research, with statistical validity in the literature, has compared ABM and AADHD and shown that the thermodynamic rate at which each condition uses its memory connections abilities to retrieve the needed response favors ABD. This rate of memory retrieval, depending upon the needed memory location in the brain (storage in the brain hippocampus or the surface of the neocortex) was previously presented in the article "Encouraging Memories to Remain" in the May 2022 issue of the Open Source Journal *EC Pharmacology and Toxicology*, 10.5 (2022): 18-20 and may explain differences in memory remembrance and neurological evaluation.

An often-referenced original research and American Psychological Association recommended book called *The Seven Sins of Memory: How the Mind Forgets and Remembers* (1999), presents the original concept that there are various sins (deliberate acts or processing steps) that occur in the brain to effect memory remembrance.

While attempting memory remembrance, the mind activity often involves three "sins of omission" (SOO) that involve forgetting and four "sins of commission" (SOC) that involve distorted or unwanted recollections. Depending upon the recollection needing to be recalled, the memory remembrance and the subsequent brain response will process all thoughts retained in both segments and both SOC and SOO compete to give the memory remembrance.

SOO can include transiency or the decreasing accessibility of memory over time which can be caused by damage to the hippocampus or temporal lobe. It often is suggested to be "convenient or momentary lapses of memory". Absentmindedness represents lapses of attention and forgetting to do things. This sin operates when an initial memory is formed (encoding) and when a memory is accessed (retrieval).

An example would be forgetting to take a cellphone while quickly exiting a room but then returning to get the cellphone once its lack of presence is discovered. The third SOO is known as blocking or the temporary inaccessibility of stored information and results in what is known as tip-of-the-tongue syndrome. An individual cannot quickly recall the correct word and often selects a different word close to the meaning of the correct word.

SOC, where there are distorted or unwanted recollections in memory, are often categorized as suggestibility which involves incorporation of misinformation into memory, bias where retrospective distortions are produced by current knowledge and beliefs that can alter the accurate memory and create a stronger negative belief, persistence which involves continuing unwanted recollections that occurred due to unrelenting intrusive memories of a traumatic experience and lastly, misattribution of memories believing something has been seen or heard that one has not (combining two separate events into one).

In this healthcare practitioner's experience, both SOC and SOO are very prevalent in Alzheimer's clients and continually encourage ongoing fear of experiencing similar events from the past. These memory remembrances are permanently retained and almost impossible to exorcist.

Absent-mindedness or ABN (often associated with forgetfulness) usually relates to three very different things: a low level of attention (blinking or zoning out-attention deficit), intense attention to a single object of focus (hyperfocus) that makes one oblivious to events around themselves and unwarranted distraction of attention from the object of focus by irrelevant thoughts or environmental events. Contributors to absent-mindedness and forgetfulness are lack of sleep, medications, underactive thyroid, excessive alcohol intake, stress, anxiety, attention deficit symptoms and lack of self-organization. Effective ways to fight absent-mindedness include, firstly, do not rely on technology (iPhone, Google etc.) to recall the name of a favorite restaurant or song we like. Focus on trying to use one's own memory remembrance for the answer. Regular exercise is important to reducing absent-mindedness and regularly experience being socially active. Playing games, doing crossword puzzles and even learning to play an instrument can be helpful.

Attention deficit hyperactivity disorder (ADHD) affects about 8 - 9% percent of children and 2.5 - 3.0 percent of adults, according to the American Psychiatric Association (APA). Symptoms of ADHD and Adult ADHD (AADHD) include lack of focus (being easily distracted), hyperfocus (becoming involved with something and are unaware of anything else around them), loss of organizational skills, time management concerns (procrastination, regular forgetfulness), impulsivity (acting without consideration for the consequences), emotional concerns (emotions are constantly in flux), negative self-image (personal failures or under achievement), lack of motivation to complete tasks, restlessness and anxiety (moving around frequently, cannot sit still), fatigue due to lack of sleep and medication side effects, physical health concerns (compulsively eating an imbalanced diet, forgoing important medication), relationship concerns (professional, romantic, platonic) and substance misuse (drugs, tobacco).

Adult ADHD, ABM, forgetfulness, and mindfulness are intimately related. Often the discerning difference is the rate of memory remembrance and the competition for remembrance between SOC and SOO.

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