

# Reward Deficiency Syndrome

Reward Deficiency Syndrome (RDS) means the person will be primarily driven by seeking reward as this provides the essential dopamine hit that their brain exists in constant search of. People with RDS can appear unemotional due to how focused they are on their purpose, or goal. Some could say they appeared to have no empathy at times. However, there is no lack of empathy generally, but sometimes their focus and goal is more consuming than their capacity to notice the needs of others.

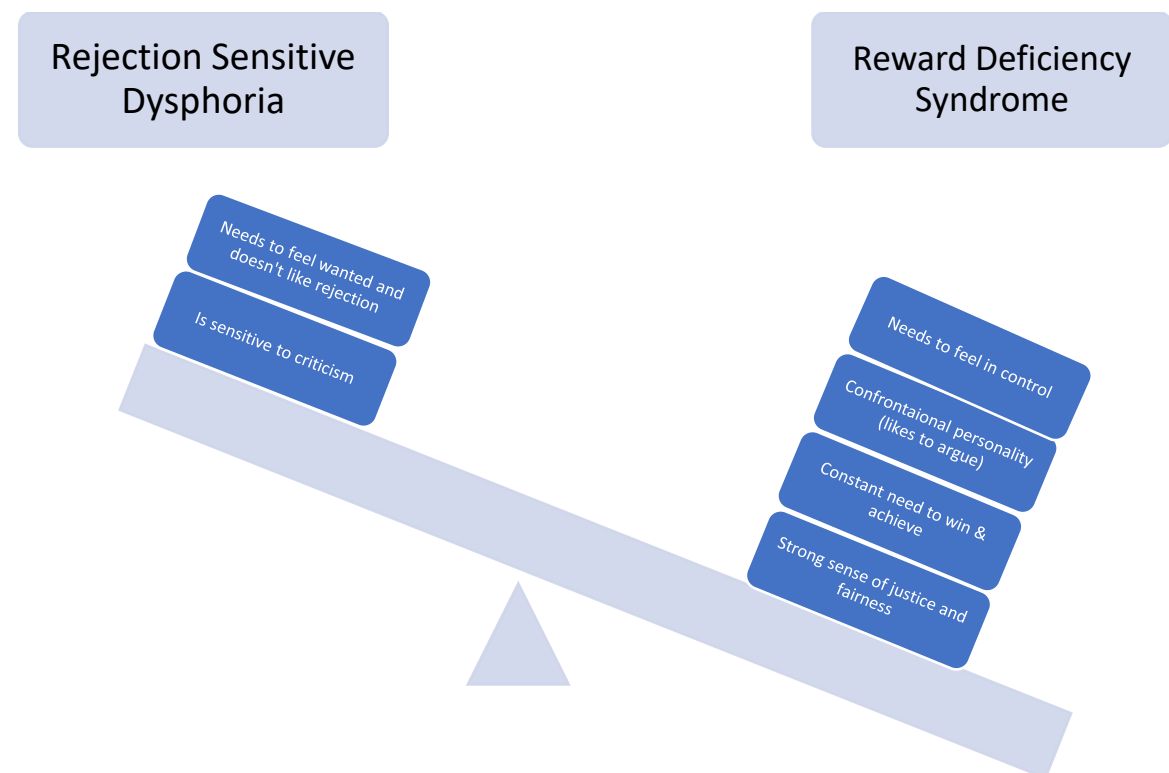
There is much less written about RDS, but it is essentially being driven by reward and focused on achievement. This is very related to ADHD and the hyperfocus and people with this presentation can often appear very unemotional and very motivated and driven. This presentation exists to an extent in everyone with ADHD (much like RSD), but to more and lesser extents in some people.

RDS can look like:

- A person focused heavily on winning and loving competition.
- Usually very intelligent in at least one domain.
- A person who prioritises winning as more important than connection.
- A person who loves incentives and rewards and hyperfocuses on pushing themselves with frequent, challenging tasks that they like to measure.
- A person who loves achieving everything on their list and creating new lists to achieve.
- A person who appears manipulative and controlling to others.
- Many natural leaders are likely to have a strong RDS profile.
- People who are Intellectual stimmers (this means they 'self-stimulate' through discussion, conversation, or other intellectual pursuits which nourish their mind).

- Very driven and focused on what they want, and mostly unwilling to compromise.
- Very difficult to control if they don't share the agenda of the person directing them.
- Fixated on their pursuits, very purpose driven.
- Can appear almost unemotional due to how focused they are on their purpose, or goal. Some could say they appeared to have no empathy at times. However, there is no lack of empathy generally, but sometimes their focus and goal is more consuming than their capacity to notice the needs of others.
- Very oppositional in nature. Strong PDA profile which is not just fear of being controlled by others, but also a fear in not being able to acquire the outcomes they need, without absolute control.

Many living with RDS will struggle to maintain friendships with others as a result of defiance. If people don't do things the way that they believe they should be done, it is likely to end in rejection, or more intense insistence. Many with RDS will verbally assert themselves and tell others what to do. When determining RDS, it's most helpful to assess it in contrast to the presentation of Rejection Sensitive Dysphoria (RSD).



Respected internet-based information repository on ADHD, ADDitude<sup>1</sup> produced an article on Reward Deficiency Syndrome which included the following explanation:

*“Learning from experience is the basis for sound decision-making, and the motivation to learn is modulated by the promise of reward. The current Incentive Saliency Model describes a dopamine reward system that is responsible for motivation, positive reinforcement, and pleasure for all brains. However, dopamine-increasing behaviours are even more gratifying to ADHD brains.*

*Key aspects of the reward system are underactive in ADHD brains, making it difficult to derive reward from ordinary activities. These dopamine-deficient brains experience a surge of motivation after a high-stimulation behaviour triggers a release of dopamine. But in the aftermath of that surge and reward, they return to baseline levels with an immediate drop in motivation.*

*One of the many consequences of reduced dopamine in the synapses is that the significance of tasks is decreased. If most stimuli appear equally compelling, it’s difficult to attend to the most important task. As a result, stimuli need greater personal relevance — larger, more immediate, or repeated rewards — to be attractive to ADHD brains. Reward Deficiency Syndrome (RDS) has been proposed to explain why ADHD brains need stronger incentives. Deficits in the reward pathway, including decreased availability of dopamine receptors, decrease motivation. Indeed, ADHD brains struggle to sustain motivation when rewards are mild or are linked to long-term gratification. As a result, ADHD brains search for stimulation that can increase dopamine more quickly and intensely. Ultimately, the pursuit of pleasurable rewards may become a potent form of self-medication. In fact, dependent brains exhibit similar dysregulation of the dopamine reward system...*

*For some ADHD brains, optimal functioning involves augmenting the existing stimulation — seeking louder, faster, bigger, funnier, and riskier — the more intense, the better. Boredom is a common complaint for the owners of these brains. For them, it is physiologically uncomfortable when their under-aroused brains struggle to engage with their environment. In fact, in mundane, low-stimulation situations, these restless brains may compel their owners to increase the intensity level with fidgeting, noise, laughter, or conflict, if there is no other route to high stimulation available. These more impulsive ADHD brains have their own logic: If some*

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<sup>1</sup> <https://www.additudemag.com/brain-stimulation-and-adhd-cravings-dependency-and-regulation/>

*stimulation is good, more is better. This is the signature short-sighted philosophy of brains compelled to choose immediate rewards over long-term gratification.*

## Other Presentations

RDS is not well researched yet, there will be much more information to come. But it's suggested that RDS is also likely to be the reason for many children or adults who present as follows:

- Obsessive, and repetitive behaviour, often regarding listening to the same section of song, or watching the same section of a movie/show.
- Fixated on certain interests and totally disengaged from anything outside of them.
- Those focused on the sensory world and appearing to only be motivated by meeting their sensory needs. This is the reward centre of the brain, nourished by achieving sensory balance and unable to be regulated without constant sensory bliss.
- Repetitive behaviours and fixations with items, people, sensations. Anything showing that the person's brain requires a regular input of preferred stimulation.
- In adults, this is very well linked to obesity (food obsession), alcohol and drug obsession and dangerous behaviour. Essentially people whose brains are driven by reward are more focused on the reward than on the impact of getting the reward (e.g., Hurting those around them, or danger to themselves). This behaviour can include high-risk behaviour.

## How do we work with a person who has the predominant presentation of RDS?

- Try to remember that they are driven and focused, and don't always realise that their tunnel vision might be hurting or offending those around them.
- Help them to see a purpose and outcome in things, to help them remain engaged in them.

- Help them to find ways to be in control of not being in control. E.g., If they are struggling to make and maintain friends because they become too directive, then help them to set up a plan to keep friends by planning their own behaviour differently and reaping the rewards of the outcome of having friendships.
- Make things into challenges which require their brain to be engaged, in order to fix/solve them. This might be achieved by making normal rules and routines, into methods of experiencing reward.
- Increase the intellectual stimulation available to them. Play word games and have fun, harmless pranks, and trickery to keep them engaged.
- Find another person with an RDS brain to help you, if possible. The RDS brain is very clever, very focused on its topic of interest, and very driven.
- Find ways for the person to get the reward they need. Taking it away isn't an option. Find a way for them to access it, without significant functional deficit in other areas. This one is tricky – but we can't change the way their brain works. Help them see consequences of their actions.
- Challenges and tasks that you set are likely to just appear like demands to this brain. Unless the person sets their own challenges and tasks, they will be unmotivated (except perhaps when they are a child and still driven to show parents how much they can achieve). Covert challenging is ideal – set a challenge for yourself or someone else, in earshot of the person. Make it sound hard, yet enticing, and don't involve them at all. This is likely to spark some interest.

Help us move the change to non -ABA strategies by adopting brain-based and sensory based integration interventions.

Join FB group "The OTHER Way" to find the community pushing this movement.

[The OTHER way \(public group\) | Facebook](#) \*There are no copyright restrictions on this work and you're welcome to share it.