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A Mind of Its Own: The Lived Experience of Adult Students who are ADHD

By

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Abstract

Despite the growing trend towards recognizing that attention deficit hyperactive disorder occurs beyond childhood, the experience of adult students who are ADHD remains little researched or understood. Given the losses in efficiency and productivity in academic performance from adult ADHD, researching ADHD's experiential aspects is significant for both educators and students in its potential to develop better strategies for accommodating those with the disorder. This study used hermeneutic phenomenology and existential psychology to describe the lived experience of adult students who are ADHD. Five adult students participated in the study, which involved two in-depth conversations with guiding questions such as: *What is it like to be ADHD?*; and *What led to your perception that you have ADHD?* Conversations were transcribed and thematic statements developed, using the life-world existentials of lived space, lived time, lived relationships and lived corporeality to deepen considerations of meaning.

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I can easily believe that there are more invisible than visible beings in the universe. But of their families, degrees, connections, distinctions and functions, who shall tell us? How do they act? Where are they found? About such matters the human mind has always circled without attaining knowledge. Yet I do not doubt that sometimes it is well for the soul to contemplate as in a picture the image of a larger and better world, lest the mind, habituated to the small concerns of daily life, limit itself too much and sink entirely into trivial thinking. But meanwhile we must be on watch for the truth, avoiding extremes, so that we may distinguish certain from uncertain, day from night.

– T. Burnet, *Archaeologiae Philosophica*

CHAPTER ONE

THE LIVED EXPERIENCE OF BEING AN ADULT STUDENT WHO IS ADHD

A man cannot impart the true feeling of things to others unless he himself has experienced what he is trying to tell of.

– Jack Kerouac

Telling the story of being an adult student who is ADHD – or for that matter, *of being* ADHD at all – parallels a process that is natural to most that have ADHD, and is integral to the practice of researchers and others who listen to the whispers of frustration inherent in the sharing of this phenomenon. As someone who is ADHD, stories of consternation come in everyday wrappings: the jingle of keys lost once again, the smell of a burning pot left too long to boil, the vexed sound of a doctor, or veterinarian, or mechanic, or whomever admonishing one for an appointment missed. Yet through these stories, we explore what it is like to have ADHD, and more importantly, what it is like *to be ADHD in-the-world*. Often, the tapestry of frustration in these stories comes into hard relief, jutting into focus broken and frayed; sometimes, the texture of stories is soft and smooth, gently sliding over an experience like silk to skin, touching only the most subtle of meanings.

Hearing the Story of Adult Students who are ADHD

As researchers and privileged listeners, we share the stories of those who are ADHD as they tell of joys, pains, uncertainties, and triumphs in their everyday lives. Through their stories, we come to understand the meaning and significance of being ADHD. These insights assist us as researchers or listeners, or as both, to see that human experience, even if we deem it aberrant, is at once open and unpredictable – and that our support, teaching, and guidance need to embrace the rich diversity of the ADHD experience. Boykin and Schoendofer (1991) strongly advocate storytelling as an important way of knowing and understanding, and of building a type of *verstehen*. In particular, storytelling is a means of entering the world of those who tell us their stories; and for whom the world may at times seem alien, standing over and above them, uninviting and cold. Any approach that seeks not to embrace the immersion of stories, but instead to dislocate them from the practice of research, cannot be identified as truly qualitative.

The story of being an adult student who is ADHD has not yet been told from inside, from those who know. Review of the literature suggests that the experience of being ADHD has been largely medicalized, as the human, experiential elements of ADHD have been removed, and talk of the disorder has been effectively relegated to defining its physiological parameters. While several studies have tangentially focused on the experience of ADHD in various settings, both adolescent and adult, they have surreptitiously preconfigured what constitutes the phenomenon in the first place (Rosenfield, Ramsay and Rostain, 2008; Bramham, Gray, Young and Rose, 2008; Weyandt and DePaul, 2008; Meaux, Greene, and Broussard, 2008). Certain child psychiatrists describe ADHD as a social construct (Timimi and Taylor, 2004; Johnston, 2009) because of a marked uptick in the rate of positive ADHD diagnoses – ostensibly belying the lack of specific cognitive, metabolic, or neurological markers for the disorder, and potentially

exposing ADHD as a social, rather than physiological phenomenon. While the turn to viewing ADHD as a social phenomenon may produce dialogues with kinder, non-medical orientations, both the biomedical and constructionist model still maintain an epistemological distance from the thing at hand, colouring ADHD as a valid object of knowledge, and therefore dislocating the essentiality of experience from their descriptions. ADHD becomes, for both of these approaches, not a source of agreement, but a source of careful study and intellectual control over the genesis point for the disorder. For the biomedical model, an adequate knowledge of ADHD consists in predicting it, of ironing out its inconsistencies, and of carefully packaging it within the domain of verifiable study; for the constructionist model, of uncovering the historical and psychiatric preconditions for the emergence of a unique notion deemed, “ADHD pathology.” In each case, the significance and meaning of what it is like to be ADHD is etherized and discarded, lost in the breaking tides of a knowledge not meant to capture it. The challenge, then, is telling the ADHD story in such a way that the tendency to eviscerate experience is overcome, and the meanings in the everyday experiences of adult students who are ADHD are not destroyed, trivialized, or decontextualized. It is to move beyond the taken-for-grantedness that usually filters our experience, and to describe and interpret the sense of invisibility that often suffocates the disordered. It is to reflect the threads, stitches, and textures in the experience of ADHD in such a way that others will immediately recognize the story as being sewn from the fabric of human experience.

Coming to the Question

In an admittedly naïve sense, I have known for some time what my question would be, or at the very least, have known that it would seek to explore the phenomenal experience of adult students who are ADHD. The actual formulation of the question, however – working it out, and

indeed, working it inward – has revealed a constellation of philosophical possibilities that move well beyond my initial sense of the ADHD phenomenon. As Gadamer (1989) suggests, this coming-to-the-question is a process in which I address the phenomenon as it presents itself to me, and to do so self-referentially – which is to say, to grasp that I always and already find myself as a *geworfene Entwurf* (thrown project) (Heidegger, 1962), a type of being pre-figuratively and irreversibly thrown into its own personal history and therefore into the question at hand. In my fascination with the ADHD phenomenon, I impel myself into a grasping of my own pre-figurative involvement in the question as an adult student who is ADHD, and the son of an individual who is ADHD.

I was not aware of it when I was younger, at least not for a while – that my dad was different. Reflecting on it now, though, the impact on the young me was unmistakable. I remember not understanding the distinction at first – that other dads worked, and mine did not – followed by frustration and a sense of embarrassment. He was capable and intelligent, I knew that, but was he lazy? Why did he stay at home while the other dads worked? Why did he always forget me at school, or after practice, and why did he always seem to fail me when I needed him? For the longest time, I let these questions sit like ether in my mind, formless and never spoken, too afraid to breathe life into them. I now understand why. As I aged, and my responsibilities increased, I came to see my reflection in him: his failures would become my failures, I feared, as if the confluence of our two rivers would define me. I still see myself in my father's eyes, but now compassion and understanding replaces embarrassment and frustration. Imagine not knowing what constantly hindered and thwarted you, not being able to face it and speak its name. Imagine, now, your child looking at you with pupils filled with anger, face drawn in

disappointment – coldly reflecting an image of your personal nemesis. I can imagine it happening to me, and it frightens me.

The involvedness I assume in my own question is no accident of circumstance. Gadamer insists that, “all interpretations are anchored in our social and individual histories. These histories or pre-understandings enter into any dialogical situation with us for they serve as foundations for our values, assumptions, and relationships” (Samel, 2003, p. 158). Their pervasiveness aside, the grounding histories with which I engage my life-world are never to be considered sacrosanct and left unperturbed. Effectively telling the story of ADHD requires an ongoing contemplation and assimilation of my prejudices, progressively revealing how this phenomenon is bound up within the historical contexture of my self-conscious perception of what I am, and what I mean to myself. Effectively telling the story of ADHD means probing deeper into the still life of my memories, searching and grasping for the essential, invariant aspects of ADHD that may animate the questioning of others; it means to consider the existential in the mundane, and find the profoundly revealing contours of ADHD in an act as simple as walking a crowded hall.

I open the door and the confrontation presents itself to me, immediate and stark – an unexpected crowd of people moves towards me and, in turns, consumes me: their voices and footsteps, hurried movements, aromas and sounds like waves pulse through me and I can feel my constitution changing. My eyes dart, afraid – anxious and quick, now, my heart like a mockingbird simulates the anxiety that pushes my eyes side-to-side, and begins beating drama, and frustration, and memories like a drum. I hate the crowds because of myself, they represent me: their chaos pushing ever forward reminds me that my attention wanes by nature, that my ears cannot help but turn private whispers into public noise, and that I, in a word, am unable. I am unable to focus, and to concentrate;

unable to process the crushing wave of human movement that should be not a second, but a first nature for me; unable to point these indiscriminating ears toward my partner, patient and toting my unease as so much extra baggage, and listen to her story that is profound because it is banal. And yet, through the human machinations, and trampling of feet, the crowd slips also into obscurity: my inabilities transform their immediacy into distance, and they are no longer here as people, in space and time, but exist as unpropitious abstractions – portents and reminders all, they serve only to highlight that they will always be too far because they are too close.

Jardine expresses this type of reflective and reflexive storytelling as the work of, “explicating how the text of my experience interweaves with the texture of human life as a whole, and how this happens in such a way that I do not reduce the texture of human life to ‘my experience’” (1994, p. 74). Such explication does not mean, as the fashion amongst some contemporary phenomenologists suggests (Cohen, 1987; Lincoln and Guba, 2000; Walters, 1996), the removal of biases and prejudices. To remove prejudice from phenomenological research is to sterilize the phenomenon, tearing the very social and experiential threads that render the phenomenon something understandable to us. Instead, the cautious phenomenologist must come to the crucial realization that all human knowledge occurs from within the horizontal limitations of human experience, complete with biases, prejudices, and histories that we find already at work in everyday experiences. The cautious phenomenologist, therefore, accepts and welcomes that the story of the phenomenon – including one’s own telling – is preloaded with a lived-in meaning, one that needs to be situated, examined, and most of all, plunged into in order to extract from it the essence of that meaning. In order to do so, the phenomenologist must also accept that plunging deeper into the phenomenon of interest consists also in plunging deeper into one’s self

– pushing the consideration of the hallway, for example, so that it reveals more than it provides in brute experience.

As we walk away, the rage of the crowd whimpers into the monotony of the walk; the relentless indifference of the daily task presses onward. As the boil of anxiety and anger and frustration slips away, I feel again the sweetness of a solitary moment: the textures of the tile, the aromas of food and life; the blended colours of the sun, beaming on me. I find comfort in the vividness of my experience, now. Yet, in giving away I am reminded once more of what remains – of what stays with me, of the presence that stifles. The calmness of the now is little but a signpost of the battle my body endures during confrontation; the calm is, in its own way, the storm. The awareness of my calm body comes encumbered with the unavoidable, pressing recognition of its excited state – of the potential for distress, and darkness, of memories best tucked away and forgotten. My body, this vessel I possess, reminds me of its existence by constantly and unavoidably being there, constituting my experiences. The sweat that gathers during any conversation, the twitch of fingers while I wait, the grinding of teeth while I type, or read, or devote my attention to any task, they are always there. I have experiences of my body, as much as I have experiences in it.

Situating oneself to one's embeddedness in the world and one's story, however, is no easy task. It requires abandoning what Husserl deems the "general thesis of the natural standpoint" (1982, p. 106): the recalcitrant and pre-theoretical, pre-given belief in factual world that exists "out there," independently of our interpretations of it and the meanings we imbue into it. The methodological apparatus through which one abandons the natural standpoint is known by a number of names in the phenomenological literature, amongst which disagreement abounds in

relation to the specific methodological order and hierarchy they assume – a disagreement aided by Husserl’s interchangeable use of the terms within his own writing (von Eckartsberg, 1998). At base, however, the primary apparatus of the phenomenological enterprise is known as the “epoché,” or reduction, a process by which one “brackets” the beliefs and judgments one makes about the actually existing, sensuous world in order to investigate its essential content. Importantly, however, Husserl stresses that we never place the “it” of the world, its factual existence, in doubt *per se*. Rather:

We put out of action the general thesis which belongs to the essence of the natural standpoint, we place in brackets whatever it includes respecting the nature of Being: this entire natural world therefore which is continually ‘there for us’, ‘present to our hand,’ and will ever remain there, is a ‘fact-world’ of which we continue to be conscious, even though it pleases us to put it in brackets. If I do this . . . I do not then deny this ‘world’, as though I were a sophist, I do not doubt that it is there as though I were a sceptic; but I use the ‘phenomenological’ epoché, which completely bars me from using any judgment that concerns spatio-temporal existence.’ (Husserl, 1982, pp. 99-100)

The epoché is not a single, monolithic moment, but is rather composed of three distinct but interrelated forms of reduction: the eidetic reduction, the phenomenological reduction, and the transcendental reduction (Husserl, 1982). The eidetic reduction brackets the existence of the subject, and attempts to focus on the eidos or essence of either a thinking subject or forms of meaning. The phenomenological reduction brackets the existence of the object (and following from this, the sensuous world) of an intentional act, and focuses instead on the experience itself with its correlative meaning. The final reduction, the transcendental reduction, brackets the belief in the existence of the world at all, in order to reveal consciousness as the apodictically certain

origin of all meaning, and therefore of objectivities themselves. Since the object of an intentional act may or may not exist, for Husserl, what is essential to an act is not the existence of an object but the meaning that it necessarily has as its (transcendental) correlate – allowing us to execute a radical form of Cartesian doubt negating the necessary existence of an “I,” as a natural subject, while still retaining the thinking of consciousness as necessary (Husserl, 1982). This transcendental process of intentionality allows a phenomenological investigator to examine the meaningful nature of an intentional act, outside its specific instantiation in a cogito differentiated and individuated by either space or time. In my case, employing the tool of the reduction, and thereby rejecting the general thesis of the natural standpoint, consists in challenging the grounding beliefs with which I address my brute experiences in ADHD, and orient myself to what may be transcendental in them. It is, in other words, to move beyond and through the experience of *my* aromas, *my* fear, and *my* inability, into the transcendental content those experiences reveal, allowing me to question the phenomenon of adult ADHD in a manner representative for all those who experience it.

And so, the operative question becomes: what is it that I find in the volume of my experiences in and of ADHD, after the general thesis of the natural standpoint is shifted? In reflection, I am struck immediately by the sense of nearness that permeates each of my experiences: a nearness to the sensations of my own body, a paralyzing nearness to others in the unexpected crowd in the hall, and a nearness to the memories of my father, and of myself, in reflection. It is, of course, not sufficient from the standpoint of phenomenological reduction to label an experience that merely occurs frequently, but contingently, transcendental – to do so is little else than empirical generalization (Thomasson, 2005). But here, I want to say, it is the process and mechanism by which these experiences are brought into nearness – an altered,

perhaps aberrant experience of time – that is suggestive of essentiality, rather than contingency. Though the sensations of my body are properly characterized as corporeality, and the angst with which I engage others is more properly characterized as a lived relationality, it is in fact the indiscriminate experience of time that is the motivating force for each. The crowd *seems* too near, precisely and only because every second spent in their presence seems like an eternity – and because the painful past of my ADHD imports itself into the present, imbruing it with all the negative connotations I have thus far accumulated. The experience of my bodily sensations, of my perspiration and fidgeting nature, of my eyes, and ears, and legs, *seems* too near because the future of being free from the crowd seems agonizingly far away, and the present is impregnated dually with the past. The pain of every present moment *seems* too near, because it is, in fact, too near; the ontological distance between past, present, and future has been eradicated, and the raw wound of the past and anticipated wounds of the future bleed constantly into every present experience that may resemble them.

The essentiality of time for the ADHD experience, despite its potentially unique character, is nevertheless unsurprising: in the phenomenological canon, the treatment of time and temporality assumes a critical place, serving as the primary theoretical link between disparate and competing phenomenologies. For Husserl, time exists as a type of three-dimensional compartment, perpetually extending backward into the past (retention) and forward into the future (protention) – such that the *this now* moment is impregnated with the meanings of affects previously formed, and the anticipation of affects to come (Brough, 1991). For Heidegger, the necessary condition for the comprehension of Dasein's existence, and thus of being itself, is the comprehension of Dasein's non-voluntary insertion into its own meaningful history (Dahlstrom, 1995). Time is also particularly significant in the study of disorders for phenomenological

psychotherapy. Binswanger, for example, describes the opposing pathological poles of mania and depression as disorders in the subjective experience of time. He says about mania and time that:

...these patients live almost entirely in the present and to some degree still in the past, but no longer into the future. Where everything and everyone is ‘handy’ and ‘present’, where distance is missing, there is no future either, but everything is played off ‘in the present’, in the mere here and now. This also throws light on the self of such patients. A self that does not live into the future, that moves around in a merely playful way in the here and now, and, at best, still lives only from the past, is but momentarily ‘attuned’, not steadily advancing, developing or maturing, is not, to borrow a word, an existential self (1963, pp. 131–132).

Despite the necessary universality of time for the experiencer in phenomenology, and even for the disordered, reflections upon the volume of my experience suggest that ADHD time is, perhaps, unique – insofar as it is intrinsically and irrevocably limited and hostile. To use properly phenomenologic terminology, the consideration of my past yields a retentive moment encumbered with a stifling immediacy, in its quality of being on hand for me; in circumstances such as the hall, the protentive moment is agonizing in its extension into the future, engendering an almost unbearable impatience. In other experiences still, those in which the ADHD experience consists in a hurried, anxious excitement, the relationship is reversed as the protentive future is compressed into a present that seems too quick to grasp. In either case, it appears that ADHD is fundamentally a disorder of time, in which the present moment is occluded in virtue of the past and future; a quality shared arguably by all experience whatever, but inarguably heightened in the experience of ADHD time. The result is that temporality in ADHD is no longer

the conduit of passive receptivity through and into which the experience conducts, but rather a tangible, constantly negative presence. *ADHD time is irrevocably hostile, and limited (lived temporality); effecting the experience of the one's self, one's body (lived corporeality), and one's relationship with others (lived relationality).*

In coming to the question, I have been compelled to consider the boundaries that my own experiences with ADHD will place around my inquiry, and how this might affect the ways in which I will listen to the experiences of others; it has solidified the ways in which ADHD presents as a mere contingency, and the ways in which it expresses a genuine and genuinely aberrant transcendental experience. The consideration of a past that is always there has opened up possibilities to question the future that may exist, and has furnished the tools necessary to open up the story of ADHD to receive the experiences of others. Practical questions remain, though. Beyond the gains inherent in coming to the question, can I even explore the experiences of adult students who are ADHD? What does it mean to be, to have ADHD, in a wider social context? For that matter, what does it mean to be an adult, or a student? Are these terms as I understand them appropriate to what I intend to study?

Is the term 'adult student with ADHD' appropriate?

The consideration of the fore-structures of my own intentional involvement in the experience of ADHD has moved me beyond the stage of self-narrative, and into a greater thoughtfulness of the question. I have moved beyond the bemusement with my experience where, as a freshman in college, I was asked if I would like additional time on a final exam because my "attention was waning," and as an "ADD student," this extra time might somehow assist in making the test easier. The suggestion, while benign, was that my trouble was simply one of willpower: given enough time and motivation, I could conquer those pesky little dopamine

neurons in all their dysfunction, change who I was, and spontaneously conjure up the ability to avoid distractions. Of course, the solution to years of discomfort and frustration had been right there under my nose! More *time*, the genesis and the precipice of ADHD disorder, was all I needed.

I was able to forgive the suggestion of “more time,” and its dismissive implications, but for many years I kept this experience of being labeled an “ADD student” at the forefront of many discussions related to being an advanced (adult) student. What was it that intrigued me about being called an *ADD student*? It was not the idea of being a student, of course, as I was surely that, but it was the notion of being (having) ADHD in addition to being a student – two states of being whose attributes almost completely contradict one another. Though I shared my story with humor, I returned invariably to the nature of what it means to be ADHD and a student. Should I have attached a beeping alarm to the desk to keep myself fixated on the page? Would a chain of sticky notes, each one leading to the next, keep my ADD brain focused on the pitfalls of pillar-to-post governance in 19th century Canada (the test I needed “more time” for)? Were the attention centers in my brain too shriveled to remember that I was completing a final exam? Was I a problem for the professor? How did the other students see *me* as a student? This experience and others like it impacted me as I engaged further in the ongoing experience of being a student at an advanced stage. What is it, if anything, that makes being an adult student who is ADHD unique? Is it simply that others, such as the professor in my experience, see the ADHD student as disabled, as having a disorder? What does it mean to *have a disorder*?

Subsequent discussions and readings raised extensive possibilities beyond my initial experiences and the befuddlements they brought. Should I explore what it was like to be a student who is ADHD, or an adult who is ADHD? How is it that the two intertwine, and what do

they mean to each other and to me? Would I even use that loaded medical terminology, *attention deficit hyperactive disorder*, a term deeply familiar to me and inherited from the medical community? *Disorder* is from the Medieval Latin verb *disordinare*, literally meaning, "to take away" (dis-) "order, regulation" (order); while *attention* is from the Latin verb *attendere*, literally meaning to "attend to," or "wait on." *Attention deficit hyperactive disorder* is therefore unequivocal in its meaning for those in health care: it implies the *dis*-ability to attend to the objects of one's consciousness, to wait on them such that the normal care and patience of thought can apply to them accordingly, and that the ADHD phenomenon inculcates its experiencer with a certain cognitive chaos. To say that this ability for mental order has been taken away, of course, also implies that such a quality was there to begin with and could be willingly restored – a sentiment that powerfully disrupts the continuity of experience for those who are ADHD, thus rendering them as a mind separate from a body, riven by dysfunction. ADHD is therefore imbued with conflicting and contradictory meanings for adult students. On the one hand, when it is recognized, it tugs on the neck of the ADHD student like an albatross, carrying with it the pessimistic sense of being a condition or physical aberration separate from their potential normalcy. On the other, when it is not recognized, it is simply dismissed as a voluntary behavioral problem, one that can and should be willingly controlled by the student, and one that does not deserve special accommodation.

Such a conception of adult student ADHD is severely limited in scope and concern. Limited in scope, in that conceiving of adult ADHD in this fashion refuses an avenue for the phenomenon itself to emerge from the experiential darkness imposed by its moral and practical codification; limited in concern, in that adult ADHD collapses into the realm of the merely physical, violently separating the body from mind in a Cartesian turn. The body of the individual

who is ADHD is thus separated from the subjectivity of having a bodied self, and the ADHD body (brain included) is rendered amenable to diagnosis, analysis, study, and treatment (Wilber, 1995). Students who are ADHD, and especially those adult students who are more susceptible to expectations of personal responsibility, are thus compelled to think of themselves as conditions, or deviates from normal health and good practices (Rosenfield, Ramsey and Rostain, 2008). Beyond deviation and what can be cured physically, the term ADHD is also limited by the very nature of language itself. The phrase *disorder*, in its specifically mental connotation, primarily refers to the neurophysiological and psychological acts, processes, and symptoms associated with a particular (set of) behavior(s). The term typically does not extend to the sense of how these acts, processes, and symptoms exist within an individual subjectivity, how this individual subjectivity conducts them in-the-world, or most importantly, how this pathology is sewn into the very existence of that individual precisely as an individual (Binswanger, 1963). This conception of mental disorder finds its provenance in the words we commonly use to designate an individual who is affected with one. To describe a disordered individual, we predominantly use the verb *have*, in its possessive form, or the preposition *with*, in its connective form – in the context of an individual *having* ADHD, or an adult *with* ADHD. In the case of mental illness, this language suggests that the illness (disorder) is a component completely distinct from the healthy person of body, or even more peculiarly, from the other portions of the mind that are otherwise healthy. In this sense, illness is merely a predicate of the individual, one's possession – something that can be removed by medication (body), psychological treatment (mind), or both.

Binswanger goes significantly beyond both these limited conceptions. He employs Heidegger's concept of Dasein, which literally translates as "being-there," (Ghaemi, 2001, p. 3) to bypass the problematic mind-body dualism of psychological practice. By grounding a theory

of mental illness in the existential structure of each individual (Dasein), a structure that preempts any state where subject and object are distinct,Binswanger overcomes the limited conception of *having* a mental disorder:

For persons with mental illness...these existential structures differ from persons without mental illness (and even among persons with mental illness, all sorts of variation exists). It is these differences in existential structure which underlie the most primary differences of mental illness; everything else (symptoms and signs, biological changes, psychosocial aspects) follows from and is secondary to the changes in existential structure...*Dasein*, as Being-in-the-World, an existential *a priori*...grounds an individual in the characteristics of his life and his world of relationships and roles. If this structure of one's existence was in some way altered, due to biological or psychological reasons, then it could lay the basis for varied manifestations of mental illnesses (Ghaemi, 2001, pp. 4-5).

Understood in this way, ADHD is therefore more than just a confluence of psychosocial and physiological factors: what we commonly call a disorder underlies the existential structure, the being-in-the-world, of those labeled as having ADHD, and is therefore completely inseparable from their experience as a human being. To be disordered, or to be ADHD, the terms used in this study, is therefore to be a wholly integrated existential structure – inseparable into clearly delineated healthy or unhealthy, and functional and dysfunctional components.

What is Adult ADHD?

When I first approached the question of adult students who are ADHD, I assumed that I would use the medical definition of ADHD. The newest edition of the Diagnostic and Statistics Manual (DSM-V, TR, 2013), defines ADHD as an enduring (at least six month), “pattern of

behavior that is present in multiple settings where it gives rise to social, educational or work performance difficulties,” with a checklist of 18 symptoms, of which six or more need to be present. Discourse with others, including students who self-identified as ADHD, suggests that this definition is arbitrary, and that it may not reflect perceptions other than those held within medical and psychiatric practice. Students with whom I spoke suggested that they were ADHD even though they had not received a diagnosis, or lacked some (or many) of the symptoms commonly associated with the disorder. When I asked these students what led them to consider themselves as ADHD, they recounted their own sense of being different from other students with whom they had spoken, or the strained relationships they had with educators throughout their lives. For most, including myself, their description of the ADHD phenomenon distilled into this experience of being unique, unusual, or different from those around them.

For contemporary scholars and clinicians, the task of defining ADHD is fraught with disagreement and no uncertain controversies. Bramham, Gray, Young and Rose (2008) suggest there is difficulty in studying adult ADHD because there is no single, consensual and developmentally-adjusted definition equivalent to the adolescent definition. Review of the literature suggests this is likely so. Rosenfield, Ramsay and Rostain (2008, p. 480), describe adult ADHD as an, “empirically derived set of nine symptoms...that differentiate adults with ADHD from both a non-ADHD clinical sample of adults and a nonclinical control sample of adults,” whereas Meaux, *et al.*, (2006) contend that a differential diagnosis between adult and adolescent ADHD is unnecessary. Considering these differences, accepting adult students’ perceptions of themselves as ADHD, rather than imposing upon them an arguably arbitrary set of criteria, will almost certainly yield a richer understanding of the ADHD phenomenon. Rather than filtering participants through the DSM’s designations, it is more important to build a

conception of ADHD through question asking. What does it mean to be ADHD for these adult students? What does ADHD mean? How did they come to understand themselves as ADHD? What happens when you are a student *and* you are ADHD?

Why Adult Students?

When I first considered my question, I formulated it as “The Lived Experience of Adults who are ADHD,” rather than as “...Adult *Students* who are ADHD.” The selection of a more generic term, and therefore a broader analysis, came from my own uncertainty as to whether being a student was experientially distinct from simply being ADHD in general. While the characteristics of ADHD run counter to the responsibilities of both adulthood and academic life separate from one another, the combination of these factors make the experience of the adult student who is ADHD particularly compelling. As Meaux, *et al.*, detail in their study of the response to stimulant medication of college students with ADHD (2006), participants felt particularly troubled as they were unable to cope with the simultaneous transitions from pre-secondary to secondary education, and from adolescence to adulthood:

When participants entered college and were faced with increased autonomy, responsibility, and academic demands, they found themselves struggling with the typical challenges of ADHD—poor time management, procrastination, poor motivation, and difficulty sustaining attention (p. 224).

Not only do the symptoms of ADHD complicate the activities of a student, but they also frustrate one’s identity as an adult: participants in the Meaux, *et al.*, study also related the negative social aspects of being associated with ADHD symptoms like impulsivity, and inattention and hyperactivity, behaviors normally reserved for small children. The result of being both an adult, and being ADHD, is that the individual must contend with an existential structure that frustrates

their inclusion into two distinct identity groups simultaneously – allowing for an experience that is both idiosyncratic and open to phenomenological investigation. After considering my own experience of being a student with academic responsibilities, an adult with working responsibilities, and the apparently common distribution of these experiences, I augmented my question in order to highlight this uniqueness of being an adult, in addition to a student who is ADHD.

Summary

Traditional empirical research begins by ripping the inquirer, and the topic addressed, out of the contexture of the life-world. It implies, no, requires that there exists a questioner on the one hand, and a questioned on the other – imposing on the inquisitive relationship the violence of abstraction and detached objectivity. And so it sterilizes the topic, squeezing from it all the associations that make it private and personal, and numbs the voice of the inquired into the silence of objectivity (Jardine, 1994). Jardine suggests that stripping the inquirer from the phenomenon involves intentional severance. We first must disconnect the instance of the phenomena from us and from lived familiarity with it, and then we must disconnect the instance from all other instances. During the process of disconnection, we are compelled to sever our bias towards the phenomena as we seek to disconnect from our lived familiarity with the instance.

The turn to hermeneutic phenomenology gives a voice to language, practice, and institutions that are common to our being in the life-world. It is a deliberative embracing of the impossibility of escaping prejudice (Gadamer, 1989). Phenomenology assumes that the researcher is implicated in the project; the topic has addressed and caused a rupture in the life of the researcher, and it has, indeed, caused an eruption in the life of the familiar (Jardine, 1992). All knowing comes from this situatedness in the world (Heidegger, 1962), and as the question

emerges out of the taken-for-granted, phenomenology disallows us from assuming that world exists only as we take it for granted.

The process of coming to the question is integral to an understanding of why the question has disrupted me, how I have come to know being an adult student who is ADHD, what I bring to the exploration, and the questions that emerge from my knowing. This process allows me, as the inquirer, to put my experience inside the research thoughtfully and to move beyond the mundane, ordinary understanding of my own experience as an adult student who is ADHD; and, it enables the experience of the adult students in the study to assume the diversity and clarity that only the voices of experience can express.

The study of the life-world of adult students who are ADHD begins with the question in Chapter One, and continues with a discussion of how the question is considered through a phenomenological approach in Chapter Two. Chapter Three outlines what we currently know about being ADHD, and an adult student who is ADHD, in studies and literature. Chapter Four presents ADHD as an ongoing project to be lived through, and the symptoms and behaviors typically associated with ADHD as part of the complex unity of the ADHD phenomenon. Chapter Five, the final chapter, returns to the methodology and provides an overall thesis of ADHD, with recommendations for educators, practice, and research.

CHAPTER TWO

SHARING THE EXPERIENCE

The best teacher is experience, and not through someone's distorted point of view

– Jack Kerouac

So how do we share the stories that adult students who are ADHD tell? And, how do we listen and write their stories so that others will say, 'That is exactly what I experienced, or found!' Or so that a clinician, or development program staff, or most of all, a teacher will say... 'I saw and felt that with my students'. In a phenomenological study, we accept, nourish, and guard our relationship as sharers first, and as writers and researchers second. We speak only to invite opportunities to listen, and write only as a conduit through which others may discover the shared experience.

The Phenomenological Method

The word *science*, by way of Middle French, derives from the Latin word *scientia*, the present participle of the verb *scīre*, “to know.” To add the suffix *-ific* (“to make, or to produce”), and therefore *to be scien-tific*, means literally to, “make something known, to produce knowledge.” From out of this broader, more originary ground blossomed an understanding and application of the term *science* in which the systematic production of knowledge *as such*, whether it be philosophic or astronomic in nature, was sufficient to be considered scientific (Heidegger, 1988, p. 3). The epistemic tandem of the Enlightenment and industrial revolution, however, brought with them an overwhelming turn toward technical rationalism, and a type of fetish for designative and classificatory schema that still typify the modern sciences. The new meaning of science, a so-called positivism, was thus narrowed and deepened, its borders made rigid and sharp, such that only those disciplines which crafted the world into cold and distant objects (literally *object-ive* sciences) were considered truly scientific. Paradigmatic shifts aside, notes from the old symphony yet remain: to research is to ask and answer, to take for one’s goal the production of knowledge, and to make known what previously lay in darkness; to research, whatever the question, is therefore to drive to the very kernel of what it means to be scientific at all. Thus, central to any research must be the thoughtful and careful consideration of the nature of science.

The view of science borne out of the Enlightenment – one that tends to regard it only as a systematic collection of repeatedly verifiable knowledge – has now become canonical (Gortner, 2007). This view of science is limiting, in that the scientific method produces studies that are reproducible, values-neutral, and capable of generating knowledge neatly organizable into procedural networks, classificatory schema, and general laws and theories which are

paradoxically pre-designated as scientific. The view that knowledge can be sharply demarcated, regimented, and tucked away is scaffolded by an assumption about the ultimate aim of science – one which:

conceives the goal of knowledge as attaining some finally adequate explanatory language, which can make sense of the object, and will exclude all future surprises...the unilateral nature of knowledge emerges in the fact that my goal is to attain a full intellectual control over the object, such that it can no longer “talk back” and surprise me (Taylor, 2001, p.128).

The goal of modern, positive science is thus to move knowledge beyond the fragile contours of human experience, replete with fallibility and bias, and into a static, nomothetic, and sterilized reality predicated upon objective control. The attempt to hide behind the façade of neutrality, however, shows the hidden desire of traditional research, “the desire for finality, the desire for control, the relentless human lust to render the human world a harmless picture for our indifferent and disinterested perusal” (Jardine, 1994, p. 6-7). This positivist impulse to subdue and marginalize the vulnerability of change – the vulnerability that thinking, changing subjects pose to a scientific enterprise dependent on static objects – is by its nature to remain unrequited in its application to human affairs. While obtaining a finally adequate, oracular language for, say, a particle in physics is in principle made possible by traditional science’s assumption of some underlying world to be objectively discovered, the human condition is something quite different: any set of languages, behaviors, or sociobiological markers that we may conceive of as expressing a fundamentally terminal, fundamentally common human nature are “always and everywhere mediated in human life through culture, self-understanding, and language” (Taylor,

2001, p. 129). The fabric of human knowledge is thus woven by a pair of threads, finitude and experience, whose very nature it is to thwart any attempts at their transcendence or dominance.

Phenomenological research seeks neither. It is instead a search for the essence of each specific instantiation that renders the fullness of living that experience describable (Van Manen, 1984); and, perhaps, something capable of being grasped by research (Parse, 1998). This eidetic turn within phenomenology obtains to highlight and vocalize the primacy of experience, acknowledging that we learn an environment in which we are already implicated – that we are already in the middle of. It gives expression to the everyday experience that is fully present, fully immediate, and inescapable; it demands the understanding of how the experience is brought, with all its messiness and perplexity, to and through the inquirer. Within the phenomenological context, describing the experience of being an adult student who is ADHD requires openness to the manifold of experiential and epistemic possibilities latent within the ADHD phenomenon: that it may be distant, concealed, and different than what it seems, or that it is fully what we already suspected. Phenomenological research requires that I, as the researcher, internalize and accept the vulnerability of change that my subjects pose to me, to the question, and to the phenomenon, rather than attempting to indemnify myself against it. Implication in phenomenology demands that the ear of the inquirer be sufficiently attuned to the experience to hear the boundaries and connections in experience, however they are manifested. It also demands that the inquirer is ready to tell the story as a type of transcendental grasping (Gadamer, 1989) that undergirds the specifics of any given experience, “to situate it, to judge it, to comprehend it, endowing lived experience with new meaning” (Burch, 1989, p. 192). A grasping also requires a willingness to embrace our limited ability, as humans, to transcend the limitations that our own wordly-embeddedness places around our perspective – an acknowledgment at variance with the

scientific tendency to hypostatize and globalize, and an acknowledgement that the multivocality of experience arises precisely in its localization in many different instances (Jardine, 1994).

Phenomenology also impresses upon the researcher the unavoidable realization that, in research, neither the inquirer nor the participant remains untouched by their performance in inquisition. Each becomes enmeshed, enveloped, and folded into a lifeworld which gains its character through an intersubjective process where, “I, we, and world belong together...[and where]...the subjectivity that is related to the world only gains its full relation to itself, and to the world, in its relation to the other” (Zahavi, 2008, p. 665). This inseparability of researcher from researched, and of both from the world, requires a fundamental shift in the way in which subjects are described. In traditional, positivist research, Jardine (1994) suggests that the researcher must relentlessly sever and guard against preconnection to the subject, lest contamination occur and, “things get out of control” (p. 35). The traditional researcher is thus continuously presented with the need to reassert control through the domination of her research objects, giving rise to a methodological typology where terms such as *subject* become essential to maintaining power through classification, dualism, and disconnection. The term of disconnect, *subject*, derives from the Medieval Latin verb *subicere*, “to throw beneath” or “to make subject,” while its present participle, *subjectus*, denotes a thing which is placed beneath, that is inferior, and that is open to inspection. The use of the term subject therefore encourages the careful maintenance of a unidirectional act of violence, wherein the subject is acted upon and opened up, and where this relation is made possible by the tacit acceptance that what is *acted upon* is inferior. Van Manen (2001) suggests instead that those who share their experience be regarded as co-creators, and described not as individuals or subjects, but as persons. Both *individual* and *subject* make overtures to the type of obsessive preoccupation with typology and classification that

characterize traditional research – they harken to a biologism in which human behavior can be represented by the purely formal, purely representational terms of a scientific language. The use of persons, however, invokes and invites the researcher to recognize the incomparable, irreplaceable uniqueness of each human person; it allows for, and indeed encourages the multivocality of human experience that hermeneutic phenomenology attempts to capture. Participants, the word used in this study, is derived from the Latin *particeps*, meaning “sharing in.” To use the word participants is to imply a shared meaning, a shared power, and an implication that there is a relationship between those who know and that which is known.

Central to phenomenological research is the recognition that inquisition occurs within and because of what Heidegger (1962) deems the *Umwelt* (surround-world). *Umwelt* is a rich and deeply contoured firsthand world of lived experience, a “sum total of all that is...[and] that which embraces this sum, the contexture into which everything is inserted and within which everything acquires its meaning by virtue of the place it occupies within that contexture” (Kersten, 1973, p. 209). As Dasein, as being-in-the-world, I always and already find myself enmeshed in a whole complex of things, people, objects, and meanings that exist precisely as things, people, objects, and meanings prior to my intending them. Reflections upon my experiences will thus show that my most basic involvements with the world come prior to and undergird any artificial distinction between my self-conscious perception of what I am, and the way the world appears to me. That the researcher is irreversibly thrown into the *Umwelt* in this way, allows and calls for the inquirer to put her experience into the research thoughtfully; but it also demands a moral call towards a suspiciousness of what presents itself in self-experience, so as to be aware that the meanings with which she engages her life-world may differ from that of other persons in the study. The surroundedness of phenomenological research presents the opportunity for both illumination and

concealment; invoking the phenomenological researcher to “lift the content of the particulars of experience from the burden of specificity” (Smith, 1994, p. 67), rendering a grasp of the phenomenon that is both concrete and *a priori* intersubjective.

The Question

The intent of the study was to discover the lived experience of adult students who are ADHD. The framing of the intention for the study was not an attempt to limit or apply presuppositions or predetermined concepts to the experience, but was instead an elucidation of the phenomenon, a starting place, a beginning point from which to start conversations about the phenomena. Related questions include:

- *How does ADHD conflict with the responsibilities of being a student?*
- *How does ADHD conflict with the responsibilities of being an adult?*
- *What led you to perceive yourself as having ADHD? How do others perceive you?*
- *How have their perceptions of you contributed to your self-perception, if at all?*
- *Is there something about being an adult student who is ADHD that makes it unique?*
- *Is there a sense of commonality, of shared experience between adult students with ADHD? Is that shared by those who are ADHD in general?*

The purpose of related questions within a phenomenological study is to provide an initial focus of discussion – a starting place from which to begin conversations about the phenomenon, rather than to influence responses along a predetermined pattern of *a priori* concepts and theories. The purpose of these questions are, as Heidegger (1962) suggests, an intention to, “let that which shows itself be seen from itself, in the very way in which it shows itself from itself” (p. 58).

The students were also asked to provide basic demographical information, such as present age, educational background, work background, and age when (or if) they received a

positive ADHD diagnosis. Each conversation was recorded, whether face-to-face or through the telephone. Following the conversations, notes were useful in highlighting insights about my own intentional involvement with ADHD that the conversations had generated, in noting setting, mood, and context of the conversations, along with providing possible lines of inquiry for further conversations.

The Students

Selecting and finding participants in interpretive studies differs in language and intent from finding and selecting subjects through conventional sampling. As Lincoln and Guba (2000) detail, the purpose of an interpretive study is to maximize the depth of information, rather than fostering generalities; thus any person who has experience with the phenomena and is able to articulate the experience may participate (Colaizzi, 1978). The inclusion of a variety of participants puts out of play, and in fact denies, the idea of predetermining what is or is not, and allows the richness of possibilities in the everyday experience to emerge (Husserl, 1982; Jardine, 1994, Parse, 1998).

Raoul

Raoul is 31 years of age, and he is in his third year of a Computer Science. We meet at a warm, inviting café near his home, since that is where he chooses to meet. During our conversation, he shares that he has recently returned to school, having chosen to stay with son in Africa since his birth. Having brought his son back to Canada, Raoul worries that the timing of his move could have been better: he needs to move Esosa back-and-forth between daycare and his grandmother's, in order to attend class, and he worries how these changes will affect his son.

Following his first baccalaureate degree in English Language and Literature, what Raoul calls a *misplaced passion*, he returned to his native Africa and worked in various, remedial

positions. After meeting his wife, Raoul felt impelled to *do something* with his life that his first degree did not afford him.

Raoul's second academic experience has been a shift from his first, and also in the way he goes about his every day.

I was home for the better part of five years and I'm really happy I was able to do that...but it's been difficult to become a student again. I was more interested in English Lit, it probably hid some of my faults...but now I'm distracted by my son, and I feel disinterested...home has a rhythm that a university doesn't.

Raoul's ADHD, for which he has a diagnosis, is very present for him since the birth of Esosa. The birth and raising of his son has defined for Raoul the importance of routine, of consistency.

My child did that...he needed to be fed and changed at certain times, put to bed and bathed...before...before he was born I could've never seen myself being that organized. But before he was born, in my first degree...I didn't know I was disorganized.

Does Raoul feel his choice for a second degree was the correct one? He is clear. He worries that the constant pressure of a demanding degree with the constant pressure of a demanding five year old is making the, *cracks in [his] armour show through*. He worries that his child will see an at times disheveled father, as I saw mine. But he also hopes that Esosa will see his perseverance and dedication, and appreciate the life Raoul provides for him.

Andrew

Andrew was 10 when he received his diagnosis for ADHD. He is currently 19 years old and has recently begun a degree in Business Management, after taking a year to *figure out [his] life* after high school.

We have our conversations over the telephone, and although we cannot see one another, Andrew seems comfortable in sharing his experiences. He is talkative and eager to share; he found out about the study from someone whom we both know.

Andrew is bright. He shares that his diagnosis came after a school year in which he scored abnormally high on standardized tests, but also exhibited disruptive and inattentive behavior in class. Andrew chuckles now as he describes what happened then.

I was insane as a kid, bouncing off the walls...but I was happy like that. I never saw anything wrong with standing on my desk in class, talking out of turn. I was so confused when my Mom told me we were going to the doctor. I thought, I still think...I'm okay.

Being a university student who is ADHD has been challenging, as Andrew feels he has to advocate over and over again for himself in the classroom. Andrew's ADHD manifests itself mostly in impulsivity and inattentiveness, and so he exhibits behaviors that can come across as brash, rude, or immature to classmates, professors, and teaching assistants.

I was told that any time that...I 'did' something, or did a certain behavior...that I must just be fucking around.

The *battle to prove that I really can't control this stuff* has been frequently frustrating for Andrew. Despite all this, Andrew is strong. He sees his experience as an adult student, coping with ADHD, as *really good exercise in thinking on, on how to get the goals that I want in business*. At the end of our conversation, Andrew thanks me for listening and for the conversation. He has enjoyed the opportunity to talk about his challenges and his experience with ADHD.

Kenji

Kenji is 28 years of age, completing his second year of Sociology. He has expressed interest in being a part of the study although he is a part-time student. I am initially concerned that Kenji's academic career has been less dense than the other students in the study, but decide to meet with him, as I am curious whether his experiences as a part-time student will be different than the full-time students in the study.

We speak late at night, when Kenji finishes work, in a quiet coffee shop on the north side of town. Kenji finds our face-to-face conversations difficult. He says a few times during our conversation that he is *much better on paper*. I agree to send him the guiding questions after our conversations, so that he can review them and add any ideas that may have been neglected during our initial discussion. I send him the guiding questions, but Kenji chooses not to bring in other ideas after all.

Kenji has worked in retail sales in the ten years since the completion of his high school degree. The decision not to immediately pursue a full-time, university education is motivated by boredom.

I know that what I do isn't prestigious...not like, well-regarded, you know? But it's fast, and exciting...it keeps pace with me and school doesn't. When I'm in class, I feel like a stick of dynamite with its fuse cut off, just waiting to blow up but I never can.

Kenji also has financial concerns.

...I can't handle school sometimes, definitely not day-after-day but I can't work at my job forever...I need to do something else, I can't live with my parents or be broke.

But Kenji is unsure whether or not he is capable of being a fulltime student, capable of working in that type of environment. Can he attend class fulltime? Should he?

Samantha

Samantha is a third year Psychology student, and the only female in the study. She is tiny, energetic, and highly articulate. Her enthusiasm for being a student and the study is evident in her emphatic speech and rapid flow of ideas. We meet off campus because she *wants a break* from studying for her midterms, and the constant bustle of Brock near that time of the semester. She came to know about the study from a friend whom I had led as a teaching assistant the semester prior. She explains that meeting and talking with others this way is like meeting people on the bus: you can tell them everything. Her life is busy. Although she attends class diligently and fulltime, Samantha also works fulltime throughout the school year and summers so she *can be independent...my favorite feeling*.

Samantha describes the hard physical labour of her last summer job as a cucumber picker in a greenhouse, and proudly displays the hardness in her arms that she retained. She has had many jobs the past three years: in daycares, and as a secretary, a telephone solicitor, and retail sales assistant. I ask Sam, as she prefers to be called, the reason for so much fluctuation. *I work because I like it...and I hope each job will speak to me differently*. For Sam, there is more to work than obligation. Her ADHD, she claims, never crops up or bothers her in class because psychology is her passion, it *speaks* to her.

Relationships are different. As we turn to her personal life in our conversations, Sam asks for the recorder to be turned off. She cries when she speaks about the difficulties she has in both romantic relationships and friendships. Sam describes *never feeling bonded to people*, and explains she actually enjoys speaking to strangers more for that exact reason. Being a psychologist, she hopes, will provide her the sense of emotional satisfaction that she seeks.

Chase

Chase has been told about the study by his mother, who works in the university; and so I contact him to see if he might indeed be interested in participating in the study. In our initial contact conversation, he indicates that he received his diagnosis for ADHD at 5 years old, the earliest of all the participants.

During our conversation, Chase tells me he is 23 years of age and that he is in his fourth year of a Child and Youth Studies degree. When I ask Chase if or how his education has intersected with the memories of being a child who is ADHD, Chase hesitates, and then says...*depending on how you look at it, I guess*. Chase shares that he finds it difficult to separate the memory and experience of being a child who is ADHD, from the frustrations that he has in reflecting on those experiences with his university-gained knowledge. Difficulties aside, Chase finds it easy to speak and we share laughter during our remaining conversation.

Chase talks about the pressures of being an individual for whom schoolwork seems...*like a ticking time bomb. I'm always waiting for the point I'll fall behind and everyone will know...the pile of work will finally just explode*. He has used the classes in his baccalaureate degree as a foundation for understanding his *rebellious* behavior as a teenager, and the whispers of that behavior that still crop up in his day to day; he talks about how nobody understands why he needs to go to the bathroom twice during every seminar, but that he no longer cares because *he understands*.

Chase speaks softly and slower than his normal tone when he discusses these kinds of frustrations. A quiet, bubbling consternation permeates our conversation, even through the laughter, and the struggle that Chase feels he has had to endure remains with us. He worries that,

because of his ADHD, he will not have achieved as much as he could have in school. His time will have come and gone.

Disordered Connections

To be included in the study, participants had to be adult students who identified themselves as ADHD, whether by professional diagnosis or self-perception. In initially considering the study, the criteria of adult student was chosen since the academic arena presents challenges and obstacles that make for a more compelling experience. Further, the students needed to be able to articulate their experience, and to be able to spend time in conversation about their experience as students. Participants could attend university part-time or full-time, since the central imperative of the study was being a student and being ADHD; a state and an experience which speaks irrespective of part- or full-time status.

Students were made aware of and came to the study through a diverse set of contacts: friends, classmates, and university contacts of both the students and me suggested that the participants might be appropriate for this study. Once the students had been recommended for inclusion in the study, or they themselves had identified an interest in participating, I contacted them to gauge their level of interest and relay the pertinent information regarding the study. Each student was given or sent a letter of information, which confirmed the basic details that I had shared with them in our initial contact conversation.

I contacted eight students in this way, and of the eight, five chose to participate. The three students who chose not to participate did so because of changes in their personal circumstances that made either the time or emotional commitment unattractive. The five students who chose to participate form a unique and diverse group of individuals. They range in age from 19 to 31, and fold into the experience of being an adult student who is ADHD in idiosyncratic ways. Some

find in their academic life a sense of solace and comfort, an encouraging avenue in which to direct their energies; some find a source of frustration that always boils beneath the surface, a surface upon which they can never truly gain purchase. All, however, have come to the study with an interest in vocalizing their experiences, and with a sense that the voice of their story has not yet been heard. All the students have a positive diagnosis for ADHD, and all but one are full-time students; the part-time student was included because of his willingness and, more importantly, desire to share his experiences that piqued my curiosity as to whether his experience would be similar to, or different from the other participants.

The Conversations

Formal, unstructured conversations constitute the methodological backbone of phenomenological research. Van Manen (2001) describes *conversation*, which comes from the Middle English *conuersen*, meaning “talk,” as already implicating the researcher within the relationships and connections of lived experience in a fashion that interview cannot. *Interview* derives from the French *entrevue* or *entrevoir*, which literally translate as, “to behold,” or “to visit” – activities that both thrust an epistemological wedge between the researcher and the researched, with the latter being rendered as the passive and distant, *thing to be beheld*. Interviews thus generate answers that the interviewer, intentionally or not, designates as the probable responses the beheld would provide; a relationship bound within both the structure of empirical questioning and the notion of interview itself. And so interviews function as a reflection of one of the deepest, most basic secrets that traditional, empirical research holds dear: that methodologies *per se* are merely the means by which a particular discipline justifies and reinforces the views it already possesses about the world. Participants involved in interviews are therefore guided to “nourish [the] dualism” of positivist research, and subconsciously endorse

the distance it actively places between themselves and their own experience as humans (Jardine, 1994). Conversation is a movement away from the binary character of interviews, and willfully acknowledges that the act of inquisition itself forges an unbreakable connection between the researcher and researched (Jardine, 1994). Jardine (1994) suggests that this acknowledgement brings to the fore the inescapable nature of human interdependence and connectedness; and that attempts to sever connection are a denial of, “the moist and dark and ambiguous connections of our lives on Earth, to each other” (p. 28). By employing conversations, rather than interviews, the phenomenological researcher invites the participant to move from the business of making successive, closed choices, and to begin the dialectic of the researcher and researched precisely at the point where experience catches them.

The conversational process in this study involved both telephone and face-to-face, in-depth conversations lasting approximately 90 minutes. The telephone conversation, while similar in format to the face-to-face conversations, was a particular challenge. The sharing of experience requires that an intimate connection to the participant be established and nurtured, a process normally achieved by careful attention to signals that are typically conveyed through nonverbal communication. Pauses and silences, a breath of exasperation, a sigh to indicate frustration, while all nonverbal, nevertheless communicate to the researcher that a recalled experience is quite literally being *lived through*, or re-experienced, and are thus critical to properly conveying the meaning an experience has for a participant. Over the phone, these communications needed to be assessed within the context of content, rather than within the matrix of behaviors that normally constitute our everyday conversations. This conversation offered peculiar challenges, testing my sensitivity and validating my genuine interest in coming to know the participant.

Special attention had to be provided to listening *beyond* the words, and to finding ways to share experiences so that the connections embedded within them would become evident.

Initial conversations with the students yielded many rich, personal life histories. During these stories, I would stress to the participants the importance of moving beyond cognition and consciousness, beyond the urge to articulate and conceptualize their experience, and into a space where the tears, laughter, sighs that told of loneliness, loss, thoughtfulness, and meaning of their experiences spoke for themselves. Most often, they responded with great eagerness to the guiding questions, questions I used to orient the conversation to the instances that were being investigated; sometimes they paused, expressing uncertainty that their experience was interesting enough beyond the daily challenges of school, organizational tasks, and *normal adult decisions* (Kenji). Sometimes, a hesitancy cropped up, seemingly tied to a self-conscious doubt about whether their experiences in ADHD were worth speaking about. This doubt almost always appeared at the beginning of the conversations, with questions like *Is what I'm sharing right?* (Kenji), or while I was resetting the digital recorder, with questions about whether what they had felt or done as ADHD students was appropriate. I thought that, possibly, the self-consciousness endowed in these questions portends an awareness of the gap between the culturally mandated, idealized efficient student, and the ADHD student who is loathe to speak about their worries, their resentments, and their disappointments because of the indirect censure they have already experienced. These participants, after all, have been told repeatedly to control themselves, to quiet down, to sit up, to be still, to wear their own skin like a pair of shackles, while the other students were simply told to, "be themselves." Or, perhaps, they were simply concerned that I would judge them, too.

And yet, the participants were open. Perhaps, as Aho (2008) suggests, there is little left of ambiguity in the brain, in the body, and in the person, and thus little of which the disordered do not now speak. Perhaps it was the soft hand of guiding questions, and when appropriate, the use of gentle probes such as *can you give me an example of that?* or *what does that mean to you?* that assisted in keeping the conversations close to the experience, and its meaning, rather than on the participants themselves. These tools also assisted me, and at times the disordered, to enter into details of the experience and thus bring about a fuller, richer understanding. The art of phenomenological conversation is indeed, as Van Manen (2001) suggests, the developed sense of which stories to bring along, and of which to leave behind – of yielding the stories and meanings and relationships that are unanticipated, and in need of telling, and discarding those for which meaning has already been established. A phenomenological conversation thus calls for a methodological thoughtfulness, one that Van Manen (1984) describes as, “a minding, a heeding, a caring attunement – a heedful, mindful, wondering about the project of life, of living, of what it means to live a life” (p. 38). It is also, as the conversations with the disordered suggest, a sense of when to pause and when to let the silence tell the story words cannot, because the mind is of its own:

Many of the voices will be familiar to readers; others will be new. Some are forthright and take the reader to the heart of intense experience. Other approach distinctly personal moments with caution and then veer away, as though the walls around the silences they have been keeping are impenetrable. What unites all...is the uncommon honesty, courage and, acuity of emotion (Anderson, 2001, p. ix).

It is this full engagement of the inquirer with the experience, and with the participant, as well as the ability of the inquirer to facilitate the conversation, that is central to the success of a phenomenological conversation (Benner, 1984).

The Transcriptions

I transcribed the conversations immediately after their completion, rather than waiting, in order to gain a sense of how it is to recall the subtle tones, whispers, and movements of a deeply felt conversation. This choice was made in recognition of the fact that, for the researcher, *the act* of conversation itself weaves its way into the texture of their experience in the question. Transcribing these conversations is therefore not a passive, detached restatement of words, but a trip back into the fullness of the time and place where the shared instance was felt, and a literal re-collecting of the idioms and phrases, sighing and laughter, and silences and paraverbal dialogue that are left there. Immediate transcription also prevents the fissure of experience, opened up in conversation, from closing in on itself, from becoming something different; it captures the still open wound of an experience in the transcript, allowing the researcher to transport something “wound-read,” a text whose reading evokes “the pain and the wound of what is ‘gathered,’ that is, what is painfully experienced in general” (Gadamer, 1997, p. 108). The experience of ADHD also comes associated with its own, perhaps unique, temporality – and thus transposing the conversations into text immediately attempts to capture the pressed, indiscriminate nature of the ADHD experience. It is, in other words, to have one hand clutched on the past of statement, and another on the future of reflection, preventing the force of time from widening them into two different instances; providing the participants re-access to the immediacy of their experience of their ADHD as it existed, and not as I later conceptualized it.

In this study, the students were each given a copy of their transcript, as soon it was completed, in order to afford them the opportunity to disentangle and extend the interpretation of their own words, beyond the inquirer's understanding. On several occasions, I contacted the student during the actual transcription in order to address ambiguities, or when a network of words presented potentially contradictory meaning.

Seeking Meaning in Students' Experience

The goal of phenomenological investigation, reflection, and writing is to articulate the very nature of the phenomenon itself – or in other words, what makes the phenomenon what it is as that particular phenomenon, and to understand it as that alone. Properly articulating a phenomenon requires constantly recognizing that the essence of that particular phenomenon is not rooted in its facticity, or its material nature; rather, the essence of a phenomenon consists in the essential qualities that render it capable of being particularly significant for any such subject (Spielberg, 1969; Streubert and Carpenter, 1995). The phenomenological researcher thus assumes that research dislocates the often pre-given manner in which we experience the world: in opposition to the detached objectivity of the positive methods of science, phenomenology claims that knowledge and understanding of the world consist in one's attachment to it, and one being fully part of it. Properly framing or exploring a worldly-embedded phenomenon requires that the phenomenological researcher overcomes the natural attitude or naïve consciousness that assumes the everyday world is mundane, ordinary, and capable of giving up nothing more than what the researcher already knows (Benner, 1994; Jardine, 1994; Ricouer, 1967). Van Manen, in an attempt to provide an implementable, practical propaedeutic to Husserl's mature notion of the reduction, suggests that researchers employ a triadic methodology in phenomenological research (1994, p. 65). First, one begins by orienting oneself within and to the phenomena of interest by

employing Husserl's method of the phenomenological reduction, or the *reductio*, completed in the first chapter:

“Reduction” is the technical term that describes a phenomenological device which permits us to discover what Merleau-Ponty (1962) calls “the spontaneous surge of the lifeworld”. The aim of the reduction is to reachieve what he describes as a “direct and primitive contact with the world” as we experience it –rather than as we conceptualize it...The term “reduction” derives from re-ducere, to lead back...As such, it is perhaps experienced as a moment of lived meaning, of meaningfulness. So the method of the reduction is meant to bring the aspects of meaning that belong to the phenomena of our lifeworld into nearness. In particular, it aims to bring into focus the uniqueness of the particular phenomenon to which we are oriented (Van Manen, 2001, p. 58)

Second, one formulates the phenomenological question by asking what consists in such and such an experience after the assumptions of the natural attitude have been abandoned – a more practical tint to the phenomenological method, requiring background research, completed in both the first and third chapters. Third, and finally, one goes on to explore the experiences, assumptions, and pre-understandings of others with the formulated question in mind. Phenomenology thus assumes a willingness to engage in lived experience and a comfort in embracing and reflecting upon the prejudices that arrive with the question, rather than disconnecting from the world as given.

Within phenomenology, the researcher or inquirer must be immersed in the experience of conducting the research, as much as the development and systematization of the methodology itself. Van Manen (2001) suggests that researchers must ask *what it is like* to do phenomenological research, rather than ask *how to do*, or *how to write* phenomenology. Entering

the world of phenomenology demands personal commitment, a willingness to express personal implication in the experience, a wondering gaze toward life, and the active and full recognition that human experience consists in a temporal and experiential horizontality – a horizontality mediated by language itself, thus rendering the ‘human condition’ something that is constantly, “hermeneutically speaking, always in the middle of stories, and [exercising] an ability to read those stories from the inside in” (Smith, 1994, p. 126). Setting up a hermeneutical study requires orienting to the phenomenon, which implies a particular interest or involvement with the phenomenon before beginning the study. *Why am I interested? How did I come to the question?* Central to orienting to the phenomenon and to reaching beyond the surface to deep understanding is a recognition that a, “person is a being for whom things have significance and value” (Benner, 1994, p.49). Without a commitment to the horizons of possibility (Gadamer, 1989) and recognition of the importance of language, meaning, and history (Jardine, 1994), it is unlikely that the aim of phenomenology, which is to come to a deeper understanding of the everyday experience, will be realized.

The methods incorporated in Van Manen’s hermeneutic phenomenology, which was chosen as the primary guide for the study, reflect a methodology that is rooted in the Dutch or Utrecht school of phenomenology (Cohen and Omery, 1994). This school combines features of both transcendental and existential or hermeneutical phenomenology. The use of literature returns Van Manen’s approach to its hermeneutical traditions, which originated in the analysis of biblical text (Jardine, 1994). Van Manen’s concern with essences and concrete descriptions, however, is directly linked to the work of Edmund Husserl and Husserl’s concern with the relational compoment inherent in intentionality (Ricoeur, 1967).

In applying procedures explicated by Van Manen (2001), it is critical to acknowledge that the methods and the methodology will yield results that are distinctly interpretive, descriptive, and open. Further, it is also critical to suggest that his methodology is particularly fitted to articulating the life-world of adult students who are ADHD, which arises out of and is part of our everyday life world. Previous explication of the life-world of adult students who are ADHD, the few times it has been attempted, has been limited by methodology that calls for the application of theory about ADHD, in the most general of senses, to their experience as students. The attention to, as Van Manen suggests, the seemingly trivial dimensions of ADHD creates room for later theory; more importantly, it offers the possibility to put forward the experience of ADHD in a fuller manner. Phenomenology offers the opportunity to understand the subjective experience that emerges from the context in which being ADHD derives, and from which ADHD practice derives. Within the study, the life-world themes or ADHD existentials of lived temporality, lived corporeality, and lived relationality derived from introspective analysis were used for two purposes: both to form the deductive basis for questioning students, and to deepen and enrich consideration of meaning during the development of thematic statements. These life-world themes guide consideration of the ways in which human beings experience the world on a daily basis, but are particularly instructive for the questioning of the ADHD experience.

The preparation for thematic analysis in the study initially involved immediate transcription of the conversations. I transcribed the conversations myself in order to develop a personal sense of what it is like to re-inhabit a conversation with appropriate sensitivity; such that the silences, emotions, and flow of verbal conversation were conveyed in and through the text. I then read and re-read the transcripts, prior to offering my participants the opportunity to do so, in order to gain a sense of the meaning of the text as a whole. Significant statements that

capture whole meanings were extracted from the text during re-reading; during this reading, phrases and statements were identified that were especially revealing about the experience of being an adult student who is ADHD; the transcripts were then read again, this time with a specific eye for identifying sentences or sentence clusters that would further explicate the phenomena. Further dialogue with the students was an exploration of meaning around particular ideas, rather than an opportunity presented to the students to validate or affirm the accuracy of understanding – a choice made in recognition of the fact that, for the participants, it is impossible to sever the intimacy and specificity with which they address the contexture of their own life. Rather, the burden of disentangling the essence of an experience from its localization within the life of a participant resides squarely with the inquirer; as the inquirer remains morally obligated to the experience *per se*, rather than to the verbatim recapitulation of any one participant's experience in it. Nevertheless, phenomenological research must carefully maintain an ongoing dialogue with those who have shared their story. This dialogue provides the inquirer a reflexive framework from within which to address gaps in information or experiences; to generate further questions arising from engagement and conversations; and to clarify expressed interpretations. The reflexiveness that obtains in the space between experience and its subsequent interpretation is what differentiates hermeneutic phenomenology from other derivations of the method. Hermeneutic phenomenology drives at the essence of an experience in order to answer the question of *What does it mean?*, so that we may answer the more primitive, *What is it?* (Jardine, 1994). As the question of meaning for the participants is inextricably bound up within a network of words that do not simply label or describe, the phenomenological inquirer must leave open the possibility that participants may see their experience differently upon personal reflection and perceive the need to add, expand, or clarify what they have already shared.

In this study, participants were given a transcribed copy of their particular conversation within several days of the conversation occurring, with the hope that the immediacy of reflection would translate into a deeper and more representative transcript. Participants were provided the choice of writing their ideas on the transcript themselves, or having further verbal conversations – in addition to scheduled follow-ups – with the inquirer. Though only three of the participants chose to expand on their ideas, the intent of this request was twofold: first, it served as an invitation to the activity of reflection, second, and more importantly, it facilitated the sense of shared experience upon which a study of this type is based. An invitation of this sort also recognizes that the experience of the study has woven itself into the fabric of the ADHD experience in general, residing in the space between its reflection by the participant, and its interpretation by the inquirer. Sandelowski (1993) suggests that this process of validation by participants, or member checks, can be counterproductive since participants may have difficulty recognizing the larger experience when they are intimately connected with the particulars and specificity of their engagement with it. The role of moving beyond the particular and the specific, to intersubjectivity, resides with the inquirer, whose moral call is towards the clear explication of the phenomenon as such. In hermeneutical phenomenology, the intersubjective and concrete emerges in the process of reflection (Van Manen, 2001), cropping up in the process of writing and thematic analysis. Reflection, Marjorie Anderson (2001) suggests, is synchronicity with the lifeworld: it is the means through which both the past and the future of the phenomena are brought into a sort of temporal nearness mirroring the ADHD phenomenon itself, allowing the researcher to accommodate the emergence of the phenomena as it appears and has appeared in the life of the researcher, and the participants. During this study, the process of reflective writing and re-writing was fundamental to explicating the richness and depth of the

ADHD phenomenon through its call to thoughtful self-consciousness. As passages were read and reread, rewritten, discarded, and then brought back to life, the truly invariant began to separate from the merely contingent, and the contours of the ADHD phenomenon as it exists broke away from its accidental instantiation in the lives of the participants and me. Reflexive writing in phenomenology is thus more obligation and responsibility than it is a prescribed practice; the obligation to the phenomena emerging in the thoughtful selection and sorting of text, and the responsibility of remaining close to the experience that gives itself through words and meaning. According to Van Manen (2001), hermeneutic phenomenology is found in the doing and in the writing, wherein thematic analysis and reflection weave themselves into the practice of the story.

During the process of interpretation, I kept notes about possible interpretations and discussed these with others who had knowledge of ADHD, of being adult students, and in very rare instances, knowledge of being both. Further, drafts of the thesis were shared with outside readers who were asked to comment on the logic of articulation and how the descriptions and meanings ‘fit’ within the purview of phenomenology. Dukes (1984) deems this a “eureka factor” (p. 201), a dialogue with an individual who remains external to your work, and whose input therefore provides the affirmation that you have moved beyond the contours of the personal narrative.

Is the Interpretation of Third-Party Experience Plausible?

In 1985, Lincoln and Guba proposed four criteria for trustworthiness in qualitative research as a corollary to reliability and validity, and thus by extension, quality in quantitative studies. These criteria include *credibility*, which refers to the fit between what the researcher sees and how the data gives itself; *transferability*, which is reflected in the extent to which the study awakes in others the significance and meaning of the experience in a fuller manner;

dependability, which is a rough equivalent of reliability in quantitative research and refers to the extent to which the account is a fully developed and accurate interpretation of experiences; and *conformability* which reflects the truth value of data and is achieved if the other three criteria have in turn been achieved (Sandelowski, 1993). As interpretive methodology has evolved, these criteria have generated considerable discussion as to their meaning and relevance for qualitative study. Ely, Anzul, and Friedman, Garner, and Steinmetz (1991) suggest that the concern with the criteria of trustworthiness is as much an attempt to link qualitative and quantitative methodologies as it is the value of the actual criteria. Others, such as Wolcott (1990), go so far as to suggest that validity gets in the way of the intent of interpretive work and suggest that the only measure of the success and quality of interpretive work is understanding.

For the purposes of this study, the question of plausibility was selected as a mirror against which to hold the quality of the data. Wolcott (1990) describes this question as one of *Is this a plausible interpretation?*, which implies an inherent vigor in the journey between life experience and text, but which also allows for the openness, multivocality, and questions that underscore hermeneutic phenomenology in the Utrecht and Van Manen approach to the articulation of human experience. Plausibility is guided by four questions that Moustaskas (1994) suggests facilitate the journey from the telling of experience to its writing:

1. Did the interviewer influence the conversations in such a way that the conversations no longer reflect the experience of the participants?
2. Is the transcription accurate and does it reflect the presentation in the conversations?
3. In the phenomenological reflection, what are the interpretations other than those offered by the inquirer that can be developed? Have these been articulated as possibilities?

4. Is it possible to go from the themes in the study to the transcriptions and account for specific contents and connections in the original examples?

Moustaskas (1994) posits a fifth and final question, regarding whether the experience is specific to the situation or generalizable into other, distinct instances. This question is not used, here, as it is generally inconsistent with a phenomenological framework that privileges the connections between the inquirer, the participants, and of each to the world. Phenomenological methodology seeks to rupture the closure, certainty, and conspicuous artificiality of generalization, aiming instead for the deeper understanding and wider horizons of intersubjectivity and further discourse. Ironically, as Sandelowski (1996) suggests, the turn away from a preoccupation with external validity inhering in phenomenological research may in fact strengthen the validity of phenomenological research in general.

The need for formalistic categories such as reliability and validity in empirical research arises in empiricism's operation within the confines of the natural attitude's general thesis – an artificial, highly developed theoretical standpoint that masquerades as everyday experience, eventually manifesting in the scientific need to verify the contents of experience by reference to categories external to it (Husserl, 1982). Walking on grass, according to the natural attitude, is concretely explicable only as a function of the gravitational forces exerted by rotating celestial bodies; the concreteness of the actually existing, *always and already there* experience of walking is, without prejudice, put aside and painted as a mere subjectivism incapable of self-affirming its own existence (Jardine, 1994). Objectivism thus arises, and in so doing, casts the long and unavoidable shadow of the natural attitude and its constructivist ontology across methodology as a general function, including methodology of a supposedly qualitative vintage. In a phenomenological study, the concreteness and explicability of a phenomenon is irrevocably tied

to its submersion within the wider social and historical contexture of things; it is thus subject neither to the decontextualization process of empirical methodology, nor to the violent assumption of the world as something that exists “out there,” objectively, and independently from the experiencer. Absent from the assumption of the world as riven between subject and object, phenomenology is in turn free from the formalistic shackles of methodological and analytical categories whose purpose it is to suture the ontological wounds that they themselves inflict. Thus, the freedom from formalism is the precise process by which phenomenological field methodology is brought into a state of what formal research would call validity – a strong coherence between the interior and exterior of a phenomenon, between its living by the participant and its interpretation by those who read of it. As phenomenology never tears the experiential threads that bind an experience to the world, rendering it real, it is not burdened with the need to repair those threads through the surreptitious importation of advanced, artificial constructs into the examination of the pre-theoretical (raw experience) (Smith, 1994; Jardine, 1994). Because of this context, it is possible to assume that the phenomena of adult students who are ADHD as articulated through this study will have significance and applicability to other experiences of adult students, ADHD, and adult students who are ADHD.

The Third-Party in Utrecht School Phenomenology

Phenomenology is, perhaps, the most splintered of the 20th century’s great philosophical programs, causing Ricouer to famously remark that, “Phenomenology is the history of Husserelian heresies” (1987, p. 9). In a historical sense, phenomenology’s most characteristic feature is the indelible egress each post-Husserelian phenomenologist claims to have achieved from the founder’s original method; resulting in a philosophical enterprise in which there is no standard and common research method or program, in which disparate points are taken for

departure, and in which some of the most basic and crucial assumptions about the method are regularly questioned as a matter of course (Zahavi, 2008). This sectarian nature of phenomenology stems from a seemingly infinite string of deviations from Husserl's original methodology – each successively claiming to detail the various theoretical and methodological inconsistencies in Husserl's corpus. According to their proponents, these inconsistencies supposedly render the original phenomenological enterprise, at best, unsuccessful in its attempt to resolve the tensions inhering in subjectivist philosophy from Plato to Kant, and at worst, an anticipatory but ultimately inert exercise in Cartesian internalism (Zahavi, 2008). Despite already assuming the status of a pivotal figure in continental philosophy during his lifetime, Husserl's most vociferous detractors were also his most ardent students. His most famous pupil, Martin Heidegger, had already begun his exit from the confines of Husserelian transcendental phenomenology prior to the publishing of *Being and Time* in 1927 – eventually coming to harbor the arguably uncharitable view that Husserl's phenomenology was little else than a methodologically-altered Cartesian internalism, one crafted to focus exclusively on the intentional, mental representational content and mechanisms of the transcendental ego's cognitive and perceptive states (Dreyfus, 1993; Dreyfus, 2000a; Dreyfus, 2000b). Hans-George Gadamer, a less well-known but nevertheless important student of both Husserl and Heidegger, using the young Heidegger as a cynosure, departed even more radically from Husserl, abandoning the methodological formalism of transcendental phenomenology in favour of a practical and practice-oriented hermeneutical phenomenology of everyday dialogue – presupposing and making use of Husserelian concepts such as *Lebenswelt* and horizontality, but largely renouncing methodologism in general (Gadamer, 1960).

It is this latter, more hermeneutic tradition of phenomenology that is used as the methodological backbone for the interpretation of third-party experience in this study – embodied in the Dutch or Utrecht School of Phenomenology, in general, and the practical phenomenological methodology of the human sciences of Max van Manen, in particular. This is a phenomenology that, in the words of Robert J. Dostal (2002), abjures the absolute, does not have a place for a transcendental ego, does not provide a treatment of philosophical method (*Methodenlehre*) except indirectly, and does not work toward a final foundation (*Letztbegrundung*). The primary feature of the Utrecht School scholars such as Beets, van de Berg, and Langeveld – and again, by extension, van Manen – was their steadfast ambivalence towards adhering to what would be considered specifically phenomenological rigor in the strictest philosophical sense (van Manen, 1984). These scholars objected to the reductionist view of phenomenology as a sharp and narrow typological orthodoxy, choosing instead to frame phenomenology as a practical and reflective method – one endowed with the generative power of evocation derived from its capacity to produce compellingly insightful, textual portrayals of concrete human phenomena. The concern, here, is tilted towards the seemingly mundane and banal trivialities of everyday life, over and above philosophical questions concerning indubitable knowledge or the conditions of possibility of phenomenological understanding. As a result, these scholars feel that third-party reports of the phenomenon of interest, "reveal their own thematic meaning-organization if we, as researchers, remain open to their guidance and speaking, their disclosure, when we attend to them" (von Eckartsberg, 1998, p. 29). The Utrecht School method does not take the reports of participants on face value alone, however, a point stressed throughout the breadth of this section: the experience of participants, as the experience of the researcher, must be situated and engaged, put to pressure, reduced under the vantage point of the

phenomenological method, subject to the same conditions of qualitative plausibility provided by Moustaskas (1994), and thematically developed as described in this chapter. It is indeed the point and purpose of the Utrecht School methodology to act as a synthetic, backing away from the strict formalism of transcendental phenomenology as such, while still retaining the search for what is essential in a given thing typical of phenomenology – appropriating the soft touch that may guide a participant’s experience from the dark, while denying the hard strictures which may deny it.

It is precisely this approach I attempt to emulate in this study, specifically intending to expose the heuristic worth inhering in the everyday experiences of adult students who are ADHD. In so doing, I rely not only the actionable, methodological prescriptions found in the work of Max van Manen (1984, 2000), David Smith, (1994) and David Jardine (1994), but additionally adopt the general thrust of the Utrecht School’s phenomenological approach: one of privileging the pursuit of the mundane over the apodictic, while still making use of properly phenomenologic tools and concepts where appropriate. This Dutch outlook most lucidly manifests itself in the detailed methodological programme found in this chapter, though its influence serves the methodological infrastructure for the work as a whole. In the first chapter, I employ the phenomenological reduction to first bracket my belief in the existence of a physiological aberration entitled, “ADHD,” and subsequently use that insight in Chapter Two in order to foster a questioning of the contours of the ADHD phenomenon that remain after the epoché. In Chapter Four, *The Student Project: Being ADHD*, I go on to explore, as van Manen prescribes, the experiences, assumptions, and preunderstandings of my participants with a conception of ADHD free from the positivistic shackles of medicalization in mind – detailing the at times mundane, the at times profound experiences emerging in that fact, and finally distilling

the meaningful commonalities shared amongst my participants in the policy programme values and theses of the adult student who is ADHD in Chapter Five, Possibilities. Throughout the breadth of the work, I attempt to dislocate the preconceptions through which ADHD had previously been engaged; and, despite not employing an archetypically or conventionally Husserelian methodology, “lift the content of the particulars from the burden of specificity,” as Smith (1995) suggests.

Connections

The transparency of connection between transcriptions and themes, as well as thick description (Lincoln and Guba, 1985), allows readers and other researchers to follow the logic used by the inquirer in an interpretive study. Audability, which is used to describe this process, is a further measure of the plausibility of a study (Moore, 1994). It includes strategies such as: detailing how the question addressed the inquirer, or how the inquirer first became interested in the phenomenon; including a description of the participants, and how they were selected (Sandelowski, 1993); engaging in conversations with participants whose experience is representative of the phenomenon; allowing the voices of the participants to come strongly alive in writing; supporting the themes with the voices of the participants; and achieving clarity in the description of phenomenological reflection (Moore, 1994). Within this study, these strategies are employed, described, and articulated in various portions of the text, and in particular this chapter.

The aims of phenomenology are that of deep understanding of experience and of telling the experience in such a way that the telling resonates with both those who share in the phenomena, and those who do not (Gadamer, 1989; Jardine, 1994). As such, the aim of this study is not the measurement of ADHD, either in frequency or intensity, nor is it the explication and explanation for various causes of the phenomenon. Instead, I was interested in and opened

up to the understanding and possibilities latent within the experience, seeking exploration, rather than definition in a quantitative or comparative sense. While, at times, I wondered whether a particular aspect of the phenomenon would be more or less for teen students, or for disordered in their elder years, or perhaps tinged by the sting of oppression, or race, or gender, these were and are wonderings that fall outside the scope of this study. And yet, a question arises: if all the permutations and winding roads of a phenomena remain untraversed, how does *merely* raising possibility allow us to move from the experience of the disordered in this study, to understanding the experience of the disordered in general? The answer lies again in the connection of hermeneutical phenomenology with the lifeworld in all its mundaneness and banality. As Sandelowski (1986) points out, and as I describe above, the question of external validity in a hermeneutic phenomenological study is always and already preempted by maintaining the connectedness of the phenomenon to its everyday familiar context. The racial and economic, the social and the cultural, the personal and the private, each and every facet of the experience is already implicated in a phenomenological study, already there. Parsing out the individual connections the experience has to each facet is thus a step backward – a regression back into the formalism of empirical research that disrupts the unbroken chain between subject and object central to phenomenological research. That a phenomenological researcher may not focus on each sliver of identity a participant may possess is not a methodological defect; rather, it is the express recognition that, while important, these identities may not be the concrete, animating force of an experience that drives its capacity to be grasped by those outside it. While further understandings of adult ADHD and the disordered would no doubt benefit from including aspects of this study in empirical research, perhaps examining whether the experience of ADHD

is intrinsically gendered, or whether socioeconomic status is contributive to feelings of seclusion, these questions remain peripheral to the explorative intent of this study.

Ethical Considerations

The Tri-Council Policy Statement on Ethical Conduct for Research Involving Humans was followed during this study.

All students were given or were sent a copy of an information letter (see Appendix A), outlining the intent of the study, its benefits, its potential detriments, and what would be required of them should they decide to participate. A template suggested by the Canadian Sociological Association was followed in obtaining consent (see Appendix B). Opportunity to read the letter of consent was given prior to participation; verbal clarification was given, as required, to the students; and students were asked if they had any concerns or questions about participation in the study prior to consent, and prior to each individual conversation. It was emphasized that the students could choose which aspects of their experience they wished to share; further, they were given opportunity, after review of the transcripts, to identify areas in the transcripts they would not wish directly quoted. Because of the close nature of interpretation, this opportunity was given to protect the privacy and identity of the students.

To further protect privacy during transcriptions, each participant was assigned a code number to be used on recordings, on the transcripts, and the sheets detailing the demographic information. Recordings, transcripts, and notes about conversations were kept in a secure place during and following the study. I chose pseudonyms for each of the participants with no connection to their actual identities, or that were similar to or reflective of their own names. I similarly used pseudonyms for the names of family members, when necessary, and made changes to any revealing demographic information

During conversations around experiences of deep meaning to the participant, it is possible for the participant and the inquirer to reach a point where either, or both, is challenged to continue. I was particularly aware that experiences of frustration, of emotional disconnect, and the deeper sense of insight afforded to the participants in the process of re-living them, could bring with them tears, silence and, at times, engender a strong desire to stop the conversation altogether. Due to my own experiences within the question at hand – indeed, the questions in these conversations themselves stem from my own sense of consternation – I felt a great deal of empathy for my participants; an empathy that extended into a deep appreciation that there was a potential for these conversations to reverberate and linger within the participants' lives, past the brief period we spent together. Had the emotional disruption of their participation in this study been that severe, I was prepared to refer the participant to a mental health professional; the need for referral did not arise, but all the students in the study spoke openly of their sharing as a cathartic, releasing, and positive experience. At last, they felt, they had time to speak to someone who would listen, who would share in their frustrations, and who would not trivialize their concerns. Perhaps it was an opportunity to say what was heard in their hearts, but seldom finds its way into words.

Reflection Begun

The process of phenomenological study is a journey, a search for meaning, connection, and paths among the phenomenon itself; it is an epistemological, and to a certain extent, ontological confrontation with various methods of methodology, which are themselves more philosophy than research method. This chapter particularly articulates this journey, with the aim of making transparent the phenomenologic orientation, the methods of inquiry, and analysis, strategies for verification, and the ethical concerns involved in this study. More importantly, the

students themselves are presented, for it is their experience that makes the journey and the story worth telling.

What, though, of other stories? Of students and inquirers? Literature provides a guide to the collective experiences of others and provides other ways of knowing the experience of adult students who are ADHD.

CHAPTER THREE

OTHER PATHS OF EXPERIENCE

The page is long, blank, and full of truth.

– Jack Kerouac

The role of literature in phenomenology is one of composition, rather than dictator: as Van Manen (2001) suggests, the path in phenomenologic inquiry begins with where and how the question addresses us. Literature provides another source of experience and knowing, providing an epistemic space in which the intensely personal and familiar may be considered, and put in context – it speaks softly to us in phenomenology, connecting us with the residue emerging from the collective experience of others. Rather than serving as the silo through which all inquiry must pass, exploration of literature in a phenomenologic study merely acts as a guide, or cynosure: it walks beside the coming to the question, nudging gently at the significance and relevance of studying adult students who are ADHD.

The Emergence of the Adult Student who is ADHD

Although it has long been known that attention-deficit/hyperactivity disorder (ADHD) often persists into adulthood (1, 2), adult ADHD has only recently become the focus of widespread clinical attention (3–5). As an indication of this neglect, adult ADHD was not included in either major US psychiatric epidemiological survey of the past two decades, the Epidemiologic Catchment Area Study (6) and the National Comorbidity Survey (7). Attempts to estimate adult ADHD prevalence...yield estimates in the range 1–6% of the general population...An important limitation is that the DSM-IV criteria for ADHD were developed with children in mind and offer only limited guidance regarding diagnosis among adulthood. Clinical studies make it clear that symptoms of ADHD are more heterogeneous and subtle in adults than children (32, 33), leading some clinical researchers to suggest that assessment of adult ADHD might require an increase in the variety of symptoms assessed (34), a reduction in the severity threshold (35), or a reduction in the DSM-IV six-of-nine symptom requirement (36). To the extent that such changes would lead to a more valid assessment than in the current study, our prevalence estimate is conservative (Kessler, Adler, Barkley, *et al.*, 2006, p. 1).

Even as recognition grows that childhood and adult ADHD are diagnostically and experientially distinct (Kessler, Adler, Barkley, *et al.*, 2006; Rosenfield, Ramsay and Rostain, 2008; Bramham, Gray, Young and Rose, 2008; Weyandt and DePaul, 2008; Wilens, Faraone, and Biederman, 2004; Faraone, *et al.*, 2000), the shift towards a broader acceptance of the idea is glacial. A likely explanation for the medical community's tepidity regarding adult ADHD is the asynchronous relationship between the emergence of the disorder and the clinical criteria with which it is recognized. Though the concept of a psychiatric and/or neurologic condition called

ADHD first emerged in Still's work in 1902 (Still, 1902), the clinical acceptance that an adult version may exist, even as an extension of the childhood version, is nascent. The first literature to recognize the persistence of ADHD symptoms into adulthood arrived in 1976 (Weyandt and DuPaul, 2008), a full 74 years into the diagnostic trajectory of the childhood derivation. By the time this recognition arrived, ADHD as a pathological condition had matured into a phase where rampant over-diagnosis of an *en vogue* disorder, as much as true psychological dysfunction, was responsible for the disorder's high prevalence amongst school-age children. In an effort to ensure that affirmative diagnoses were provided only to those with classic, clinically verifiable symptoms, the psychiatric community developed more stringent criteria for the assessment of childhood ADHD: diagnostic criteria were refined, and a positive diagnosis required the persistence of six out of nine symptoms for at least six months (DSM-IV, TR). While the maturation of an ADHD ideology continues to broaden and deepen our understanding of childhood ADHD, that understanding has come at the high cost of nearly precluding developmentally adjusted criteria from being introduced for adults – ensuring that adult ADHD as a phenomenon, and a clinical lens through which to manage it, have progressed largely discontinuous to one another.

While the detrimental effects of this staggered development are numerous, perhaps the most troubling is the lack of consensus regarding who or what constitutes an adult who is ADHD, in the first place. In a short-term, questionnaire based analysis, Kooij, *et al.*, (2008) compared the relative efficacy of four diagnostic methods contemporarily used to assess the severity and persistence of symptoms in adults who are ADHD. A targeted sample of 120 adults, presenting with a clinical diagnosis of ADHD, were asked to self-complete the Conners' Adult ADHD Rating Scale (long version) (CAARS-LV; Conners, *et al.*, 1999, as qtd. in Kooij, *et al.*,

2008), the Brown Attention-Deficit Disorder Scalet (BADDS) (Brown, 1996 as qtd. in Kooij, *et al.*, 2008), and the DSM-IV based ADHD Rating Scale (Kooij, *et al.*, 2005; Kooij, *et al.*, 2004). Following the self-report rating scales, the participants were administered the structured interview of the Diagnostic Interview Schedule-IV, section L (DIS-L), in order to confirm their initial diagnosis. The results of this study hint at the perhaps arbitrary and confused nature of current diagnostic models for adult ADHD. The agreement between informants (parents and spouses), clinicians, and patients was sparse, with the CAARS-LV missing 39.1% of diagnoses; the ADHD Rating Scale producing a false negative rate of 20.3%; and the initial clinical diagnosis being false in 13% of cases (Kooij, *et al.*, 2008, p. 456). These findings are consistent with McCann and Roy-Byrne's study (2004), in which the authors compare the diagnoses of three self-report scales for adult ADHD (the Adult Rating Scale (ARS), the Symptom Inventory for ADHD, and the Attention-Deficit Scales for Adults (ADSA)) to the results of a clinical assessment. The authors found an unusually high false positive rate for each self-report scale; hypothesizing that symptom thresholds, lowered to accommodate for age- and developmentally-related changes in behaviour, are responsible for the scales' unreliability (McCann and Roy-Byrne, 2004, p. 180). Kooij, *et al.*, conclude that self-report scales are "questionable because of possible recall bias and underreporting of symptoms" (456), itself a consequence of the poor self-evaluation and self-reflection capabilities of adults and adolescents who are ADHD (446). At the epicenter of the diagnosis problem lies the question underpinning the present study, *What is ADHD?* The work of Kooij, *et al.*, (2008) and others (Barkley, 1997; Danckaerts, *et al.*, 1999; Ratey, Hallowell, and Miller, 1994) in assessing the diagnosis and prevalence of adult ADHD, while helpful, also has the insidious effect of reinforcing preconceived notions of adult ADHD. Though these authors make pains to differentiate between the childhood and adult manifestations

of the disorder, they nevertheless implicitly accept the notion that, at base, adult ADHD is merely the perseverance or extension of the childhood version's symptomatology. Instead, establishing that adult ADHD is wholly idiosyncratic requires sketching the phenomenon for one's own; rather than merely tracing the collective experiences of childhood ADHD onto the contours of adult ADHD, with minor modification.

Though pressing for a clearly demarcated pathology called, "adult ADHD," falls in line with the gross medicalization of disorder generally, the lack of a consensus diagnosis for ADHD, and therefore of mainstream acceptance for the phenomenon, comes associated with a host of its own inimical effects. From a structural-societal standpoint, an uncertain diagnostic landscape for adult ADHD prevents these adults from obtaining adequate support, psychiatric care, or accommodations in the school and workplace. In a 2009 conspectus on the issues of ADHD in the workplace, Eric Patton (2009) explains that, despite ADHD qualifying as a mental disability (Americans with Disabilities Act (ADA) of 1990), human resource professionals, employers, and managers of employees who are ADHD are reticent to provide accommodation for these adults. Patton explains that, due to the lack of a clear definition the disorder, "ADHD may not be recognized as a legitimate ailment for adults" (p. 327). The invisibility of ADHD is dually confounding in the context of workplace accommodations: when it is not recognized, employers and colleagues, "often attribute the negative or inconsistent behavioral patterns to poor character, low motivation, or willful misconduct as opposed to the behavior's neurological basis" (p. 338); when the workplace and worker do recognize the ADHD, organizations may attempt to:

inoculate themselves by either refuting the claim that ADHD limits a major life activity related to work or by demonstrating that a worker's ADHD (due to absenteeism, the

inability to complete tasks, or the inability to get along with others) no longer makes him or her qualified for the position (p. 337).

Beyond structural impediments to obtain accommodation in the workplace, the diagnostic and definitional uncertainty surrounding ADHD is also deleterious on the individual mental, emotional, and cognitive health of adults who are ADHD. Rucklidge (1997) found that the presence of ADHD symptoms, without an appropriate diagnosis, can lead to “low self-esteem, hopelessness, and underachievement” (as qtd., in Bramham, Young, Gray, and Rose, 2008, p. 493). The work of Bramham, Young, Gray, and Rose (2008) builds off and corroborates these findings. Using a qualitative method, these authors coupled semi-structured interviews with a comprehensive psychiatric exam to produce a written account of the experience of receiving a diagnosis of adult ADHD – expressing a number of lifeworld themes and existentials discussed in the coming chapters, including the pain of the generally dismissive attitude toward ADHD. The participants describe being regularly told that they were “lazy,” “arrogant,” “stupid,” “problem children” (495); that they were subject to unfair and unfavorable comparisons with unaffected peers (496) and, most of all; that they were forced to internalize their condition as peers, teachers, and parents constantly reinforced the idea that their behaviour was trivial and voluntary (496). Though not a panacea, the participants in Bramham, Young, Gray, and Rose’s study feel that an affirmation of their ADHD is indeed both relieving and liberating:

This relief and elation also stemmed from the fact that the diagnosis provided an opportunity for them to relocate blame for their previous difficulties and failures. It enabled them to shift from an internal attribution that they were solely responsible for their problems to an external attribution whereby ADHD was an explanation for their difficulties:

Until I knew about this condition, I assumed that everything was part of my personality. And I guess one of the things it gives you is an awareness of how many things that you convince yourself are conscious decisions are in fact nothing of the kind (2008, p. 496).

While the medical community's obsessive preoccupation with medicalizing disorder and regulating behaviour via diagnosis is troubling, the trend possesses the virtues of its faults: defining a disorder has an almost automatic legitimating function, thereby increasing the awareness of its existence and the acceptance of its symptomatology as non-voluntary behaviour. As the work of numerous researchers suggests (Kessler, *et al.*, 2010; Kooij, *et al.*, 2008), however, current diagnostic criteria for adult ADHD are inaccurate and unreliable. We should therefore view current rating scales, assessment methods, and so on, as helpful in the short-term, but as arguably arbitrary and in need of serious refinement in order to be useful in the long-term support and management of adult ADHD.

Being a Student, Too

Perhaps owing to the symptoms of ADHD running counter to the obligations of studentship more than work-related activities, the relationship between ADHD and being a student is arguably the most well studied component of the ADHD phenomenon. Unfortunately, a paucity of a data exists on the experience of ADHD in the university setting, with most studies instead focusing on the phenomenon through a largely medical lens. These studies detail strategies of intervention and behavioral modification (Rosenfield, Ramsay and Rostain, 2008; Bramham, Gray, Young and Rose, 2008; Weyandt and DePaul, 2008); epidemiology according to various factors (Garnier-Dykstra, *et al.*, 2010; Grenwald, 2002; Carlson, *et al.*, 1992); levels of parent and teacher stress and perception (Greene, *et al.*, 2001; Fournier, 2001; Anastropoulos,

Guevremont, and Shelton, 1992; Vance and Weyandt, 2008); and educational achievements, and workplace and academic functioning (de Graaf R, Kessler RC, Fayyad J, *et al.*, 2008; Biederman *et al.*, 1997; Heiligenstein, Guenther and Levy, 1999). The lack of experiential information aside, these studies remain of unquestionable academic worth, inasmuch as they provide an inroad to, and substantiation for, the at times disabling effects of ADHD explored in this study.

Trouble Afoot

Despite the lack of consensus concerning precisely who and what adult ADHD is, there is no disagreement that the confirmation of ADHD, whether via self-report or clinical assessment, comes encumbered with decreased success and performance in the university setting. The pernicious effects that ADHD has on adult students are numerous and multifactorial, becoming the most consistent aspect of the university experience for most ADHD students. In a comprehensive literature review, Weyandt and DuPaul (2008) vividly detail the adversity many students who are ADHD face – concluding that, while the body of data concerning adult students who are ADHD is small, it is consistent in its description of the bleak outlook for college students who are ADHD:

college students with ADHD tend to have significantly lower GPAs, report more academic problems, and are more likely to be placed on academic probation than students without the disorder. Studies also reveal that college students with ADHD are less likely to attend and graduate from college than control subjects [Wolf, 2001; Murphy, *et al.*, 2002]...The underlying factors that contribute to academic failure in college students with ADHD are poorly understood, but may be related to impaired organizational skills, study skill deficits, deficits in executive function, and other cognitive deficits...students

who self-reported high symptoms of ADHD...are less organized, less methodical, employed fewer self-control or self-disciplinary behaviors, and procrastinated significantly more than their low-symptoms peers [Biederman J., Monuteaux M., Mick E., *et al.*, 2006] (p. 313).

Although adult students who are ADHD seem at risk for the negative effects discovered by Weyandt and DuPaul as a general population, an interpretive, qualitative work by Meaux, Greene, and Broussard (2009) suggests that robust peer support networks may assist in preventing these negative outcomes. Employing in-depth, qualitative interviews and a descriptive methodology, Meaux, Greene, and Broussard, interviewed 15 students aged 18-21, with a positive, clinical diagnosis for ADHD. The authors found three recurrent themes in the experience of the students: (1) gaining insight into ADHD; (2) managing life; and (3) utilizing sources of support (p. 251). The section describing the third theme, arising from the participants' description of peers, parents, and most particularly teachers, suggests that the existence of these support networks may be an important way to minimize or mitigate damage from the symptoms associated with ADHD. Unfortunately for adult students who are ADHD, the judgment, censorship, and misunderstanding of peers and professors often presents as a wellspring of self-conscious doubt and frustration for these students, rather than a source of support. Though I briefly described my own experience with judgment in Chapter One, studies in the field of education indicate that my experience is not solitary. These studies suggest that ADHD carries the meanings described in the previous chapter not only for clinicians, the medical community, and employers, but also for educators. Greene, *et al.*, (2001), in a questionnaire-based study assessing teacher stress levels according to the Index of Teaching Stress (ITS; Greene, Abidin, and Kmetz, 1997), report that teachers find students with a positive diagnosis of ADHD "four

times as ‘stressful’ to teach” (p. 283), while treating students who are ADHD “negatively” almost twice as much as non-ADHD students. Others such as Vance and Weyandt (2008), in their study on professor perceptions of college students who are ADHD, claim that these sentiments are relatively common in the context of higher education. In a questionnaire-based study of 253 college professors of varying faculties and levels of educational attainment, only half (58.9%) of the participants felt that ADHD is equivalent to other learning disorders; 48.6% assumed that college students who are ADHD have a lower grade point average than non-ADHD college students; 29.6% agreed that a student who is ADHD is more stressful to teach than a non-ADHD student; and 25.7% agreed that faculty should not accept alternative assignments from students who are ADHD (p. 305). Combined with an inherent predisposition for behaviours that complicate a student’s daily activities (Meaux, *et al.*, 2006; Meaux, Greene, and Broussard, 2009; Weyandt and DuPaul, 2008), the absence of supporting networks of family, peers, and professors may have negative consequences on a student who is ADHD’s psychological health. In furthering their developmental findings on college students who are ADHD, Weyandt and DuPaul (2008) reveal that students who are ADHD, “relative to students without the disorder, reported higher...[levels of]...depression... obsessive compulsive disorder, interpersonal sensitivity, anxiety, hostility, paranoid ideation...[and]...psychoticism (p. 315).

As in the workplace, the sting and stigma of *being ADHD* as an adult student reveals itself in contradiction – chiefly, the inherent contradictions found in the invisibility of mental disorder. As Rosenfield, Ramsay, and Rostain (2008) describe in their case study of a young adult who is ADHD, Ralph, ADHD’s invisibility traps the disordered into a cycle of shame and advocacy. Without appropriate treatment, an adult who is ADHD, whether diagnosed or not, will attempt to develop (mal)adaptive coping strategies which often fail, causing peer networks to

explain their behaviour in reference to, “character flaws, laziness, or other pejorative explanations” (p. 472). The adult who is ADHD is therefore compelled to internalize these mistakes, excuse their behaviour, and feel the intense humiliation involved in being, “an embarrassing underachiever” (p. 474). The struggles that Ralph endures with his wife, who wishes to divorce him, in the workplace, where he frequently fails, and in his social life, where he is awkward, are emblematic of the struggle for adults who are ADHD – both generally, and for adult students who are ADHD, more specifically.

Summary

In conclusion, a review of the literature suggests that studies related to both being adult and ADHD, as well as being an adult student who is ADHD, are limited in spite of several demographic, case, and developmental studies, and of statistics that suggest adult ADHD is one of the most prevalent mental disorders for adults. The studies that specifically address being an adult student who is ADHD are restrained in scope and consideration, and have tended to isolate the psychosocial and physical aspects of being an adult student who is ADHD, at the expense of the experiential aspect. The single study focusing on the daily experience of adult students who are ADHD – the qualitative, interpretive interview study, conducted by Meaux, Greene, and Broussard (2009) – itself had a number of limitations. Chief among them, the authors limited the age of participants to the 18-21 range, required that participants clinically verified as ADHD prior to high school, and used a consistently unreliable and arbitrary rating scale to designate who is and who is not, “ADHD.” These limitations prevent the Meaux, Greene, and Broussard work from divesting itself of medical and psychiatric overtones, and driving to the key question addressed in this work, *What is adult ADHD?* Other studies that emphasized similarly limiting criteria may well be out of step with demographic changes in adult ADHD prevalence, or fail to

reflect the experience of being an adult who is ADHD, or an adult student who is ADHD, where it is found. Findings from the studies covered in this review tended to be helpful in providing context, but ultimately inconclusive and contradictory in determining what constitutes the lived experience of adult students who are ADHD in the first place – suggesting that there is a need to first articulate and define that experience prior to measurement, the purpose of the present work.

Studying the experience of adult students who are ADHD from the perspective of students themselves, from the interior of the phenomenon, may assist student development program workers, university faculty, and educators not only to understand what it is like to be an adult student who is ADHD; but also, through understanding, to develop even greater sensitivity to the kinds of support, the issues, the trials and triumphs, and the meanings that sustain these students in their uniqueness and in their connectedness with their own phenomenon.

In the next chapter, the student project – the work of commitment and thoughtfulness that expresses the experience of being an adult student who is ADHD – is articulated and explored. The hope is that my exploration that will assist adults who are ADHD, adult students who are ADHD, the disordered generally, and all those who intersect with these individuals to locate and understand the uniqueness of the disordered experience.

CHAPTER FOUR

THE STUDENT PROJECT: BEING ADHD

*I wasn't scared; I was just somebody else, some stranger, and my whole life was a haunted life,
the life of a ghost.*

— Jack Kerouac

The search for meaning in a hermeneutic phenomenologic study is as much the consideration of questions arising, as it is the articulation of the clearly demarcated eidetic residue found in Husserl's descriptive phenomenology (Jardine, 1994). As Bergum (1997) suggests, the writing of hermeneutic phenomenology involves sometimes overlapping themes that reflect the ambiguity and complexity with which we find our everyday world, and in this study, the lived-in world of adult students who are ADHD. This chapter is the collection of words that, at best, approximate the commonalities that I have found in conversation with students; these include, though are not limited to, temporality (lived time), corporeality (lived body), and relationality (lived relation), along with the situations, concerns, and meanings that provide a basis for understanding the world as a *lived-in* sort of thing (Benner, 1994; Van Manen, 2001).

The Student: Being ADHD

The word *project* is most commonly used as a noun, denoting “a large or major undertaking, particularly one involving considerable money or personnel.” The noun *project* connotes an *object*, something that is worked at, by an altogether separate being, specifically for the purpose of completion. But project is used also as a verb, from the Medieval Latin *projectum*, “to extend,” and the Latin *projectus*, past participle of *proicere*, “to throw forward, to impel.” It is these dual meanings that Heidegger means to capture when he deems Dasein a, *geworfener Entwurf* (thrown project) (1988, p. 31): a being which on the one hand finds itself irreversibly thrown into a meaningful history, and on the other, involuntarily tasked with constructing its life in this situation. For Heidegger, an understanding (*Verstehen*) of one’s life consists in the practical matter of revealing oneself as thrown (*Geworfenheit*), and in so doing, finding that we are always and already involved in the project (*Entwurfe*) of our lives.

In my conversations with students, I was struck by the extraordinary intuition with which these students grasped the thrown-ness and the projects of constructing their lives with ADHD, as well as their level of involvedness in them. Being an adult student who is ADHD is, for them, a plan or a project that they have no choice but to complete. Some, like Samantha, even likened being an ADHD student with an aspect of school itself.

Well, I think it is sort of like being in high school, when you write essays. Who wants to write about the fur trade, or Upper and Lower Canada in Social Studies? Or Napoleon, or whatever. Nobody wants that. But I treated them...I treated those essays as serious projects, and I would write them my way even if I didn't choose them.

For Samantha, the significance of not choosing to *be* ADHD, yet choosing an activity (university) that her ADHD uniquely confounds, imparts being a student a significance that may

separate it from other undertakings. Samantha's continuance – in the face of an essay she has no desire to write; and a life she has but no choice to live – is reminiscent of the inherently limited character of *Geworfenheit* (thrownness) for Heidegger's Dasein. Samantha always and already finds herself thrown into a certain materially and historically, politically and educationally conditioned milieu – a milieu and personal history, of course, that is temporally open to the future in a phenomenological sense, but one that is also inextricably determined by the past (Heidegger, 1962). Samantha's manifold of possibilities is intrinsically limited by the history she finds herself thrust into. A thrown history, crippled further by a limited experience of time that is inherent in being ADHD, presents contradictory meanings that weigh heavily on all the participants: while they find themselves in a world with adult expectations, a world that one's personal history ought to have prepared one for, the students find it difficult to divest themselves of the ADHD behaviours that defy and break these expectations. Once again, the ontic distance between past and present that engenders the possibility for an ontological future is compressed for the disordered, and the maturing time of childhood is now indistinguishable from the adulthood they inhabit. Chase explains what the lack of preparation – of temporal distance – means for an adult student who is ADHD.

...when it's high school, you muddle through. At 15, everyone misbehaves and I suppose it'd be difficult for a teacher to tell the difference between someone who has ADHD and someone who doesn't. So there isn't much pressure to change, because everyone thinks you're acting out, or maybe high, whatever the case. But in university you want to do...you're really expected to do so much more than muddle through. Now it's up to me, as if I had all the important life skills from high school, like it prepped me. It didn't.

The deep concern of Samantha and Chase about the project of being a student reflects the level of self-awareness about their thrownness, and, perhaps, the limited nature of the ADHD experience, that the students in this study possess. Judgment of those who are ADHD, and in particular, their adequacy or inadequacy as academic performers, is the burden that is attached to ADHD-students by peers, professors, and society-at-large; a burden that is made more difficult in that the metrics we use to measure the success of university students have the expectations of adulthood baked into them. The ADHD student is thus presented with a matrix of expectations confounded by the same temporal nearness that colours their everyday experience – one that draws together their actual behaviour, and the expectations of behaviour appropriate for an individual their age. Samantha acknowledges the conflict between her ADHD and the cultural mandates of responsible adulthood, and the difficulties it imposes for the understanding of her own life, in furthering her analogy of the relationship between essays and being an adult student who is ADHD. In each, there is always a pressure to edit, to make it right.

I am either doing this correctly, or I'm not. Either way I'm not going to destroy myself over my own behaviours. And when I wrote an essay, I would write an essay, I would sign the pledge, and I would hand it in. I would never re-read it. I would be re-reading it as I wrote it, but I have never sat down and read one of my essays from start to finish. Never. Not one essay I ever wrote.

For Raoul, the oldest participant in the study, the presence of a past that seems too near stings the greatest.

It is important for me to do it right this time, to soak in the information...reading, you know, doing lots of work, being dedicated, so that the problems that I encountered might be erased over.

Raoul's pensive language reflects his concern for judgment, the *getting it right*, that characterizes his experience in his second student project. The child and previous degree that Raoul carries are the material reminders of the past that hinders for the individual who is ADHD; if not in practice, then in the principle of constant reminder. Raoul's projection in the future, his thoughts and desires, his plans for his son, are burdened by the problems he acknowledges were present in the completion of his first degree. In speaking about his more practical second effort, he expresses a deep concern about the inescapability of these problems, and hopes aloud that his confrontations with procrastination, with time, are addressed in the *right way* – for himself, but for his son, too. An obsolete form of *project*, “to put before oneself in thought or conceive,” is an apt adjunct to the Heideggerian concept of projection and thrownness in Raoul's life. Raoul dedicates himself to the thrown quality of the work of school, while attempting to grapple with what being an adult student who is ADHD means for him. The consciousness, purposiveness, and looking outside for guidance of his work splits Raoul between the subjectivity who intuitively goes about the tasks in front of him, which consists in being a student, and as Gadamer (1996) describes, the objectivity, or “awareness of my aims and projects,” (p. 165), which consists in the apprehension of being at all.

There isn't a project I've received that is more interesting and challenging than being myself in this arena...multifaceted...intellectually...emotionally...and in a way politically challenging. I have to learn to be a student, while learning as a student. That's the biggest job. (Raoul).

The Four Lettered Label: A Diagnosis of a New Life

For adult students who are ADHD, the ongoing navigation of their student project is sometimes a process of realization, of coming to understand, positively so, their limitations; for

others, the coming-to the realization has involved the tears and consternations associated with disappointment. For some of the students, the presence of a diagnosis has signified the absence of possibility for a normal adult life, a choice they themselves did not make; for others, the presence of a diagnosis has signified the *Punctum Archimedis* about which their introspection and self-assessment turns. For all the students, it is also a reminder of the end and of a beginning, for the appearance of their ADHD diagnosis signals the end of one life (as normal) and the beginning of the next (as abnormal). For the adult student who is ADHD, the end begins to etch a deeper awareness than the beginning, for it is the end of their normality that brought them closer to the involuntary, perhaps false, beginning of being a disordered individual. The lack of choice seems, at first, for those who were diagnosed as small children, as a rational, appropriate choice made by a thoughtful parent, or clinician; but a cloud of immediacy, of haste, then consumes it. For those who were diagnosed as teenagers, or even as adults, there is less resignation to the possibility of disorder and abnormality.

When I was given my diagnosis of ADHD, I was referred to a child psychiatrist in the first semester of my freshmen year in high school – primarily because of my disruption and inattention in class, when I attended at all. The first question that the *child* psychiatrist asked was whether or not I thought I had ADHD. He was surprised and dismayed that I did not; I was surprised and dismayed that he thought I should. Our family physician had inquired to my parents about ADHD when I first met him, around the age of ten, and gently advised that I “see someone.” My parents appreciated his honesty and their respect for choice, but remained comfortably tolerant of my behaviour until the question of *What to do with Kenton?* arose with the first brushes of high school. My ADHD assumed a rough and complicated texture the moment it touched me, in that the potential damage to myself, to my parents, and to my future

was now named and continuously in front of me; extending forward into the concern that the possibility of deviation, of *disorder*, brings.

The question of mental disorder tugs at the emotional resources of society and community. How do we better support the adult who is ADHD as she encounters difficulty coping with work, or school? What choices do we give her in scientific scrutiny? Canu, *et al.*, (2008), in discussing the social appraisal of adult students who are ADHD, suggest that those who are ADHD conceal their diagnostic identity because, “the mere association with ADHD in emerging adulthood is stigmatizing” and may lead to negative social assessments at work, and in school (p. 705). If the lack of choice in receiving a diagnosis does not remove the responsibility of consequence, or the burden of stigma from those who are ADHD, does the ADHD individual benefit from the knowledge that she, *has it*? Do, or should, those who are ADHD have a choice as to whether and how their disorder will be scrutinized?

Making Time: Being a Student

A word of the faith that never balks,

Here or henceforward it is all the same to me, I accept Time absolutely.

It alone is without flaw, it alone rounds and completes all,

That mystic baffling wonder alone completes all (Whitman, 1998, 23).

For Kenji and Raoul, who received their diagnoses at 18 and 24, respectively, there is acknowledgment of the life-after-ADHD, and an attempt to remove themselves from the hostility of time. They press for the opportunity to experience a life without the presence of a diagnosis; they press for the freedom to explore their disorder, now present. There is a mindfulness of

temporality in Kenji and Raoul's decisions – as they age, and deliberately choose to seek psychiatric help, they seek to break free of the deterministic shackles of a personal history. Kenji and Raoul shift and adjust themselves, seeking an opportunity to *make time* and prepare for being a student in the wider context of being disordered. The sense of time for Kenji and Raoul, while still always there, is perhaps no longer bounded by the demands of everyday teenage survival, such as figuring out who they might be as a person, separate from the continual drag of a diagnosis' weight. For these students, there is a recognition that involvement in the everyday tasks of living, and living with ADHD, might not have given them the time to reflect on what was happening with themselves, or what it means to be disordered. There is a deep concern that they may not have had a sufficiently deep emotional reservoir to cope with being ADHD, and the responsibilities of understanding that label, when they were younger.

[individuals who receive a diagnosis early] ...seem as if they are more focused on day to day sort of things – not coping with what it means to have 'this mental disability' or that. When you're older, when you know who you are, what you've come from, you have time to sit back and think and talk about it. I was able to think more freely about myself because I was not confused about who I was. I was more concerned about how much the ADHD had played a role in my life, what I can do about it, treatments and so forth, practical things that you can worry about when you're older. (Raoul)

When you're five, six, whatever, however old kids are when they find out about this...you're worried about stuff that little kids worry about. Harassing my brother, riding my bike (laughs). I don't think I would have known or cared what [having a diagnosis] meant. (Kenji)

Being older and ADHD not only means creating the time and space necessary to introspect, but also perceiving the compressed nature of ADHD temporality differently. There is a tacit, almost unspoken acceptance for Raoul and Kenji that frustrating moments and events that arise in their ADHD are, perhaps, not tied to the greater moments and events that define who they are; for the others, the constant *being-with* the stigma and altered behaviour of others associated with ADHD, needles its way into the core of their behaviour. Is it that receiving a diagnosis later in life provides the epistemic freedom to explore the new possibilities of being disordered? Donis, *et al.*, (2004) relay the feelings of an older woman diagnosed with psychosis who echoes the possibility *for* possibility:

I feel that if I survive it I've been through a very privileged experience and that I can actually make something of it...I will have had a rare experience to get to know myself better and gain more insight, more wisdom. (White British woman, 51, bipolar affective disorder) (179).

The experience of this woman, in concert with the participants in this study, suggests that receiving a diagnosis connects us with our past, through introspection, but also renders us capable of accepting that our disordered future and past need not be identical.

I hope that by being older...I might be able to ascertain which things are because of my ADHD, and worth making issues out of...and things maybe not or things to let go, because in the great span of everything, you have to look at how important it is. I think as a younger person, even as a teenager...I would have made issues out of everything.
(Raoul)

I'm trying to be more patient with myself, I guess. I see how I act as maybe a whole part, rather than just a little small piece. I take everything and I break it down into those

pieces, you know, but I see it as part of a bigger picture. I'm just trying to live my life, gain some new experiences, and I find it's how I'm starting to look at things. (Kenji)

While experienced in the now, events and moments are placed within a *broader frame of reference* (Raoul) for Kenji and Raoul, as there is a recognition that room for self-doubt and critique is sparse; there is no time or need to consider how life may have been without a diagnosis. For Raoul, in particular, there is little time to pursue other opportunities, there are no moments to spare, but there is time to reflect on what is important.

...younger students...a lot of them have more time than they can use to pursue opportunities. Someone like me doesn't. And because of that, I think I tend to focus more on the greater picture because [the knowledge of ADHD] was brought home to me at a time when I was already seasoned. When you're young, a teenager, you have that stupid sense of immortal. Oh, I have 5, 10, 15 years to figure this out. I may not have the rose coloured optimism of someone who knows [about their ADHD] early on, like I can beat this no matter what, but I like to think I have a deeper, richer appreciation of how it fits into my life and what the future can hold.

The temporal distance between living as disordered, and being named as disordered, has changed the context in which Kenji and Raoul perceive their own behaviours: day-to-day frustrations assume less the perpetual annoyance that trivial, nagging reminders of a disorder bring, and perhaps more the transcendental value of finding meaning in who they are. The acknowledgment of these students of their unreadiness to bear the heavy burden and high emotional costs of being identified as disordered, has an honesty. The further shift to consider, with candor, the positive and negative consequences of being ADHD, represents a conscious realization of what was, what is, and what that means to their lives and student project. It is a sense of *being ready*, of its being

time, to move away from the unencumbered freedom that not needing to be introspective brings; and a realization that they must make time to study the contours of a life that they find themselves thrown into.

I already had all that freedom to go about life unaware....doing whatever I wanted. I had my fun – I did all those wild and crazy things that I wanted to do. I don't feel that I have missed anything, not knowing [about ADHD]. At the same time, the clock is ticking. I know now, what to look for, what to do and what not to. There's no excuses (Kenji).

I don't know if I would have taken as much time to think as I have (Raoul).

The concept of readiness is by its nature both temporal and connective: it implies a meaningful relationship between an antecedent and a consequent, between something that was or is, and the thing to come. Being ready is thus a familiar context in the lives of adult students, and in the lives of those who are disordered – two states of being constituted by the uncertain transitional fluxes of moving from child to adult, and from normal to disordered. In the lives of Kenji and Raoul, the student project is the convergence of these two ontological rivers, and for them, *being ready* involves the worldly objectivity of being adult crashing head on with the embodied subjectivity of being disordered. Kenji and Raoul have thus developed a keen sense of moment, despite their ability to place time within a whole continuum. Time is expressed as a fragile suspension of experience in which, similar to multiple photographs that catch each angle of an interaction, the relationship with their disorder becomes highlighted and preserved. Levinson (1986) suggests that the willingness to be completely immersed in the moment is the process of becoming older and recognizing that life is not infinite; moments in life will not linger in perpetuity. Kenji and Raoul may be willing to involve themselves in the moment, but are they able? As it is in my experience, the peering light of an impeded future often comes associated

with the dragging weight of a *past that is difficult to ignore* (Raoul). This realization is acute for the older students in this study, as they find life to be temporal and fleeting. Raoul suggests that the temporality and finiteness of life means that there may be little time to practice being a student, practice being a father, and practice being himself; there is only one, limited opportunity to complete life's tasks.

Maybe too, I realize time isn't there. I don't have more time to practice again, or maybe try school again five years from now, or try again with my Esosa. As a teenager, I was more relaxed, and calm. Nothing bothered me....Now, I've got things to do. There's no time to waste. And, you know, at a younger age...well, I had all kinds of time to waste and it just didn't matter.

The older students in this study come to their disordered relationship with a developed sensitivity to the future, already aware of how closely life is attached to death. For Kenji and Raoul, the temporality of ADHD is attached to the realization that life has become shorter, and there is the sense that immortality lost is what distinguishes being older and being younger. Kenji and Raoul have a kind of moral acceptance of the vulnerability and decay of expectations, of the future, and of their body that hastens the consideration of choices. There is concern, too, for how the relationship between themselves and their disorder will ripen as their body decays and fades. For Kenji, the possibility of his mind being young, immature, and unprepared while his body is becoming older compresses the future even farther into the present, a presence that arrives with worry and feelings of failure; for Raoul, the possibility of being unaccomplished by the time his son is older is frightening, and he worries about how he will free his son from the burden of disappointment that saddled me. For both, there is much work to do, and there is little time.

There is Little Time

I laugh at what you call dissolution,

And I know the amplitude of time (Whitman, 1998, 21).

For the students in this study who received their diagnoses as children, whose ADHD is for them neither deliberative nor voluntary, the burden of diagnosis carries with it a sense of immediacy – of constantly being there. There is little time to reflect.

I thought I was normal most of my life. I was normal for a long time, and when I figured out I was something else, and snapped out of it, understanding ADHD was not number one on my list. But even without constantly dwelling on my own labels, I've always felt a bit of resentment for my Mom. You're ten, no idea what's happening, and then you're in therapy...and then on medication, and these treatments...I'm not Andrew anymore, I'm 'ADHD' and I have no fucking clue what that even meant, I still don't. Yet it's been there for nine years and appears with me everywhere I go (Andrew).

Is Andrew's life as being ADHD indeed the consequence of an impossibly non-consensual decision made by his mother, something thrust upon him? Or, is the stinging resentment bubbling through his voice a portent of his emergence as an adult – the swell of emotions associated with the consideration of a past that has been painfully neglected? In either instance, Andrew's words express an awareness of the seemingly inescapable immediacy of his ADHD and, perhaps, an increasing desire for other sources of meaning in his life. For the students who, like Andrew, received their diagnoses as young children, the awareness of their ADHD brings a weariness of *what has been done to them* (Samantha), and a thoughtfulness about the other

possibilities of their childhood. For some of these students, the decision of being ADHD, made for them, has brought pain and disappointment. The decision changed the child's life before the child experienced it: they have not chosen disorder, but disorder has readily chosen them.

At what point in the lives of the disordered, if ever, do we stop holding our past? When does it stop holding us? For myself, and the participants in this study, there is a process of grief inherent in the act of reflection, as the possibilities of our childhood obviated by the presence of ADHD are considered as the death of a version of ourselves. duBose (1997) suggests that grief is best interpreted as a, "lived loss," (p. 370) something we inhabit and that inhabits us – something that changes the lifeworld and our orientation to it. The grief that comes along with the reflection on our past weaves its way into the aberrant experience of time characteristic of ADHD, exacerbating and intensifying it, and ensuring the present never escapes the felt gaze of the past. And so it is also paradoxical, as the feeling of grief and reflection on the past of childhood is a graduation in our relationship with disorder; but just as grief separates and individuates, it breeds an unbreakable connectedness with our past through reflection. The possibilities for childhood are both gone, and always there, and the entire experience is immediate.

For Chase, enrollment in Child and Youth Studies was meant to lessen this immediacy, creating separate spaces for himself and for his disorder: knowledge of ADHD as simply some thing or another, separate from his experience, would introduce the comforting distance that abstraction affords. Understanding might therefore replace resignation, and willfulness would arise where insouciance once stood.

I didn't really think I was in a position until now to even begin to understand it...if there was a difference between me and it. I wasn't ready, or willing maybe. I was enjoying life and didn't see it as necessary. It was not that I never wanted to understand,

I just didn't need it yet. Now I have this sense of, maybe this name or label, maybe it does not represent who I am. The more I learn, the more I'm learning about myself.

Disorder is no longer ordinary, it has taken on the nature of extraordinary; and Chase is beginning to unpack the baggage of living as ADHD, probably for the first time. The difficulty with which Chase engages his personal history is especially frustrating for him. He was 5 years old and unconcerned the first time he heard the term, 'ADD.' *I figured okay...I'm not sure what this means, but the attention and concern made me feel important.* He still pauses in consternation when he speaks about his childhood; he is educated, now, and has gained insight into *the things I do*, but feels he was forced to relinquish the opportunity to *be myself and normal, separate from having ADHD*. Chase laughs at who he was, how he behaved, and he attempts to find the humour in himself now – but even through the smile, it is clear in all of our interactions that he mourns the loss of his experience *as a normal kid*. Chase has given up hope that he will hold a version of himself that is all his own; even the hope gleaned from his education never lasts. Chase's eventual confrontation with himself, with his disorder, has arrived, and without obvious space in his life.

Eighteen years, 4 of this degree, and I am still whipping myself for not being able to distinguish what is Chase, and what is ADHD. If I had known that it would be this difficult and this was going to be the only chance I would ever have, I would never have accepted it so easily. And nobody ever told me I had the option of declining medication or seeking more help, something different. When you're that young, you are taken for granted and floored with information. You just...you go through whatever you are told, and by the time you are old enough to have your own opinions, you don't have much of an opinion left. Anyways, once I got into my classes and deeper into my program, it was a

shock...I began to worry. I was 19 and not for a second had I considered what my diagnosis meant, what ADHD actually was, nothing. I thought, oh my God, what if something is actually wrong with me?

For Samantha, even the first considerations of her disorder arrive years after she initially accepts it. Unlike Chase and Andrew, she has no thoughts of trying any further interventions in an effort to become normal; she has little belief that she will actually experience normal, or ever has.

It has been three years in school without trying [to be normal]. When I was in my teens, I became self-conscious a few times during that period, but I pushed through. At that point, I decided I was going to go through the roller coaster ride of being myself and felt that I was going to have to understand who I was...instead of changing who I was. I had been told I would never do well in school without medical intervention...the same Dexedrine prescription everyone else was given...it was a shock. But I do know I can't focus on it all at the same time, I decided I would have to make a choice...and of the three things in my life, one of them was going to have to go, whether that was my friends or boyfriends, whether it was school, or whether it was the career I'm trying to build. I worked and went to school, and the choice sort of made itself.

The experience of being different, or *out of tune*, does not change the way Samantha feels about herself in a perceived sense. She says she is *living the same as everybody else my age*, but, through her willed confidence, I hear a weariness in her voice and press the conversation further. Samantha admits that, despite accepting her difference, her fear of being *out of tune* is a turn to the sense of discord that being different from others brings. There is a worry, for Samantha, that being disordered as she continues to age means that others will be unwilling, or unable, to *relate*

to her – to share their stories. There are differences, Samantha knows, in the way that the non-disordered relate to the disordered; there are barriers between the non-disordered and the disordered, and walls that come so easily between us, perhaps because of the continuous fear or concern with what is different from ourselves. There is, perhaps, for the adult who is ADHD, the added censure for being *out of tune*, *out of step*, or old enough to know.

For the students in the study who received their diagnosis as children, the labeling, stigma, and trouble that comes along with being disordered has shaped Andrew, Chase, and Samantha determinately; the difficulties of the life project and the student project are, for them, the inseparable and indistinguishable reminders of the disorder that is *always there*. For these students, even Samantha, the pain involved in the realization of *what is now* blocks the consideration of *what could have been*. Consideration of what was revolves around the duality of what has been lost and what has been kept; of relationships and hopes formed and then, perhaps, lost forever. The absence of normality has been a painful presence, and yet, the possibility of being normal, the what if, comes encumbered because these students feel their lives no longer have the space that is needed for change – they have mourned their childhood, themselves, and assume their history has determined their future. They yearn and press to make space, as they begin to consider whether their lives can be made ready. Perhaps, too, they must begin to consider whether there is space enough for more than one version of themselves, because the presence of a revised self is the constant reminder of the self we have left behind.

For the adult students, this realization of a compressed time comes to necessitate careful and deliberative decision-making; decision-making around how to get it right, how to get in step and in tune. There are faults here, mistakes in abundance; but there is consideration, too.

Because it's like, this life is short and I, you know, just can't imagine not making plans, or at least trying. I feel like what I have is so fragile and there's already some pressure, maybe a little scrutiny. Every decision I make is magnified and I really feel some need there....like I need to make something of myself with the time I have. I need to deal with what I have to get what I want. (Chase)

Goals for themselves, and for the navigation of their disorder, are carefully and specifically articulated by the disordered; like the tasks Eurystheus gave Hercules, the simple tasks of travelling their projected life can, at times, seem impossible for the students in this study, and require great deliberation. Whether simply as human beings in relationships with others, or as achievers socially, educationally, and economically, the disordered have goals and desires that require purposeful choices about how to reach beyond the compressed past and present to the promise of their future. The desired milestones and achievements of the disordered are circumspectly molded in the present through careful behaviour; activities and friendships, classes, and jobs are mindfully selected because of how they will bring about the outcomes and goals that have been chosen. Despite the contraction of past into the present for these students, there is a constant forward thought that resides in each moment of opportunity.

I just make the conscious decision to be school and life focused, I guess. I'm here for a very good reason, and that means I need to make conscious efforts to make it there. But it's hard, making sure I get to the places and do the things I need to do. This thing I have isn't the easiest to deal with. (Samantha)

[school]...Is just as much about learning how to function as an individual for me, so I need to put myself in the positions where I can learn those skills. From the moment I started to understand how and where ADHD effects my life, I have tried to put myself in

positions where I'll be equipped to deal with it. I may not have been prepped for that, all of it when I was younger...but, I, you know, I need to do what I can now. (Chase)

I have no problem coming up with what I want for myself in 5 or 10 years...Making a plan. It's getting there that's the problem I suppose. (Andrew)

Perhaps, as some of the students suggest, this planning for the future is a compensation for the experiences and values that they feel their ADHD robbed from them – a means by which the past can be, in a sense, uncoupled from their present and future. For Andrew, there is the ongoing presence of bitterness and frustration with a diagnosis he feels came too early, if it was needed at all; and so there is also a determination, one meant to ensure he will not ultimately be a victim. He will choose a path for himself and shape his future in a tapestry that is woven from the life he chooses, not the life that was chosen for him. For Samantha, there is a sense that she values the independence and everyday competence that characterizes her transition from child to adult, and that she wishes to stitch those values permanently into her life. For Chase, there is an awareness that he has struggled to achieve the modest successes of his life; he is mindful, now, that success comes only with conscious effort and planning. With Chase, with Andrew, and with Samantha and the others in the study, the word *conscious* comes through readily in their conversations and is reflective of the overall thoughtfulness and presence of mind these students possess. The Latin roots of *conscious*, *knowing oneself*, is an apt reference for how the life and student journey of the adult student who is ADHD occurs largely in the mind: it is there that disorder and its symptoms, the means by which they experience it and, perhaps, most importantly, overcome it, reside. The adult student who is ADHD is a thinking student, one who draws on the knowledge she has gained from the cumulative wisdom of her own knowing, her own work, her own education, her own disorder, and what she has gained (or lost) in

relationships with others. The experience gained through the journey of their disorder has shown these students what provides and what removes; it has shown them what is good, and what it is not; and, so, it has too provided them with a vision and view of what needs to be done that may ironically be clearer than it is for the non-disordered.

And yet, the possibility for success and a break from the tenuous bonds of a personal history is haunted by the specter of failure. How can we tell these students that it is appropriate to mourn lost dreams – and lost selves – and how do we support them meaningfully in the realization that their student project may never have the *right* outcome? How do we help them move beyond the self-condemnation that Thoits (1985) tells us is constant and ready to bear in those with mental disorders? Perhaps, as researchers, listeners, and those in the education community, we allow our responsibilities to end too soon: the interactions that the classroom and university foster provide a foundation for the perseverance of the disordered, but their student project does not end when the essay is due. Disorder is an ongoing conflict and collision with the self and with others, and with the mirror of oneself that this conflict produces. Who is there to support and teach when the reflection is *just not right*?

The questions that we can ask firm and detached, safe from the vantage point of research, involve practices that are important to the disordered and to their health – they encompass the pressure the disordered feel to do it right. Mitchell (1992), in reflecting on Parse's living-health theory, suggests that health is a, "process of living what is important in daily life according to...each individual's...meanings, hopes, and dreams" (p. 104). Inasmuch as these students – and the disordered more generally – invest many hopes and goals in the navigation of their student project, we must be sensitive to how the success of this project, however the student defines it, affects the student's health. We need to turn a compassionate gaze to the disordered, and deeply

see the relationship between their lost dreams and their overall quality of life; indeed, we need to be concerned for all those who invest heavily in the completion of their life project.

Being Adult, Being ADHD

For some students, the realization that ADHD will permanently imbrue their adulthood comes with decision-making. Samantha and Chase have read, and they consider the consequences to their lives; the literature reminds them they are different, deviates from the norm, because of their disorder. The literature also cautions Samantha and Chase about the flaws that emerge in the workplace, in the marriage, and in the friendships for adults who are ADHD – they are worried, because these flaws have already begun to show. Raoul knows about the limits of his mind not from the study of science, but from experience and the study of his own life. He is matter-of-fact. He has *more limitations than I count...you don't have the same sense of optimism, the I can do whatever I put my mind to feeling anymore*. For some, Raoul's realization might be an admission of defeat; for Raoul, it is an indication that he finally comprehends the contours of his own existence.

Throughout Andrew's time in university, the judgment of others is constantly present, and troubling. The judgments remind him that he is different, ADHD, and a disruption to the class.

You know, just more trouble, more risk to be in the class is how [professors] viewed me. I have no problem admitting I was sort of around that level of trouble and more work, but not so far past, that society or a TA or a professor, whoever would think I was out of line. Society, in general, views people who act like me, especially once you hit 18 in a whole different light than before you're 18...I know that's how people feel. 'Oh he shouldn't do that, you know. Why does he interrupt, bang on his desk, chew his pencil. He's disrupting

me, disrupting everyone, you know? I know he can control it.' I've heard comments from day one in being here...people don't view the way I act as the right thing to do.

The participants in this study often spoke of the criticism, the knowing and hostile looks, and the censure they experienced because their behaviour often deviates from normative standards set by society. The possibility of judgment is always present, and they recognize it as part of their coming to know themselves as adults. Raoul, like Andrew, experiences the censure and doubt of others. His twenty-one year-old friend tells him that, at times, Raoul is by far the oldest person in his class, but behaves as if he is the youngest. Raoul laughs and says that he cannot help it, *being the oldest member of Esosa's kindergarten class*; but later, he thinks *maybe I need to be more mature*. He considers what he can bring to the classroom because of his ADHD, and how it might be different from his peers, and settles for his ability to spur creative and challenging dialogue in a way that might not be possible without his disorder. For Raoul, the question of disorder extends beyond just the classroom, and its problems, to the inevitable effect it will have on his child; he worries that a lack of greater maturity might impede him in the workplace, and thus impede his attempt to provide financial security to his Esosa. Raoul resolves the question of *What should I do about my disorder?* by considering the beneficence of his circumstances with a close and supportive family member, but what of students who have less confidence or may lack the support to overcome their perceived encumbrance? The community, as Rusch, *et al.*, (2010) suggest, can be harsh and unforgiving in its assessment of those with mental illnesses and disorders, owing to widespread meritocratic views of personal responsibility, culpability, and work ethic. Their stance resonates with that of Vance and Weyandt (2008), who suggest the need for educators to create a university environment that supports and understands those students who are ADHD, rather than judging those who fall outside the acceptable parameters of the

student project as unfit, bad, or unworthy. Opinions of the disordered in both the general and academic community seem to hinge so flimsily on meritocracy, suggesting that judgments of good and bad, fit and unfit, worthy and unworthy, fall within the social womb, rather than within the absolutes of science.

In Andrew's mind, the difference between the social and scientific view is very clear. Science muddles about in the dysfunction of the ADHD brain, worrying about the risk and detriments the ADHD pose to themselves; society muddles about in the social dysfunction of the ADHD person, worrying about the detriment you pose to those around you. In the academic community specifically, there is concern that as an ADHD student, you will not be able to satisfy the responsibilities being a student places on you.

...I have definitely had professors and TAs that view it that way...I won't be able to complete my work, and if I can't, I don't deserve more time for it...you know, as if I'm completely incapable. I'm a child. What I've seen most of all though is the comments that come out when I've been involved in some kind of dustup, or argument...whether it was with another student, a TA, or a professor, whatever. Then it's all my fault...my responsibility for what happened.

The implication of Andrew's professors that he is a social burden justifies the looks and the questions; and the cacophony of debate over whether or not Andrew can control his behaviour effectively hides Andrew himself, silencing his voice and trivializing the self-advocacy in which he is constantly involved. The call of the disordered, of those students who are ADHD, is for understanding and compassion for their condition, rather than the condemnation that judges age and context.

Perhaps we need, as members of a social and educational community that scrutinizes, supports, and judges students, to move away from the tendency to reduce adult students who are ADHD to their biological parts and limitations. As Parse (1981, 1998) suggests, the reduction of the person invites dissection and judgment, often by experts, rather than consideration of the whole person in vibrant, daily interaction with her values, priorities, and dreams. Sometimes, for the disordered, the dream of normalcy becomes submerged in the text of the experts and in the context created for her, socially. Parse admonishes this approach, and instead, invites us to honour the rights of the individual, and within the context of the students of this study, to choose what is important to themselves as the authors of their own student projects. Simple measures such as showing concern for the student herself, and her wishes and needs, conveys a sense of valuing the difficult decision she has made to pursue education in the face of disorder. The relation in which the disordered stands to their disorder needs to be considered inviolable, and more importantly, inseparable from their conducting in the world; these students mature into a relationship with themselves arduously, and through great deliberation. The connections between the student and life projects that these students forge are not casual, and we must respect that their embodied subjectivity is appropriate for the university setting, even if their biological dysfunction is limiting in terms of developing into, 'typical students.' In mentioning the combats and contentions involved in being an adult student who is ADHD, we must not forget to tell the student that even those who are disordered have the potential to be successful students, too.

Lived and External Experience: Deviation Begins

The students in the study face not only the judgment of their community and friends, but also the judgment of modern psychiatric practice. For some, the experience of being considered aberrant in the university setting harkens to their initial diagnosis, rendering the years of

attempted normalcy and coping largely irrelevant – now, as before, they encounter the hostile reality of being differentiated, or as Samantha says, *being different in paper and in person*. For Kenji, the lived, subjective experience of his own behaviour differs from the view that he confronts as a medically disordered person.

They told me I was [ADHD]...my doctor said you're going to go on medication, you'll probably need it...I looked at him and said, I'm not that bad...if I was to label myself, I would say I was a very moderate case of ADHD.

The realization that others are so compelled to medicalize their behaviour is shocking and worrisome for some, because while they may have carefully considered the extent of their idiosyncrasies in the context of the experience of their own lives, they have not considered how that experience presents to the world. Their lived experience does not match the external, objective criteria and classifications to and into which the medical community assigns and places them. They want *to be as normal as...could be and feel as good as...could be* (Chase); they do not think of themselves as deviates, or in the clearly demarcated and measurable symptoms of the DSM.

You go to a special doctor and that's how I related to being [ADHD]...I'm in the hyperactive-impulsive subtype...they measure my symptoms every year or so. I don't think I'm a subtype at all (Andrew).

The concern associated with disorder and with being identified as such seems to cut between lived experience and the object mind, heightening awareness of the disordered brain and its functions. The behaviour of the adult student who is ADHD is dislocated and detached from the greater contexture of their life experience; what is left is only an object person, a container

whose contents are bludgeoned open for science to scrutinize. For Chase, the process is disembodied, as he takes on the language of science.

I went to [my university's] Student Development Center, wanting to speak to them about exam accommodations...and immediately you realize they want to pigeonhole and document you, like, not to be rude, but almost like you're an immigrant...that is not a pleasant experience. Your last diagnosis has to be past a certain date, you need this signature and that form, you can only have this much help...you can't score higher than this on a test, only certain learning disabilities qualify...you have to fall into all these diagnostic criteria I had been learning in class. It took me more than an hour just to sit and listen, figuring out whether or not I even qualify. It was all over the place.

For Chase, the encounter with disorder that he suffered during diagnosis comes again during his search for accommodation: the offices of the student development center begin to function like a mirror to the walls of the clinician's office, and he is once again confronted with the assumptions that others have about the disordered. The pairing of youth and disorder is disquieting for those who interact with the adult student who is ADHD, as the word, the concept of disorder brings with it a social assumption of decay and age – a vision of what our elderly relatives with dementia look and act like, and what they can do. The aberrance of ADHD time is once more presented to the student, but in this instance it is imposed from others, externally, as assumptions about the nature of disorder saddle the students with the stigma of age. For all the students, the gap in age-as-experienced and age as seen by others – both in the medical and university communities – is troubling and profound, perhaps more so because it has the dual effect of reminding them of the diagnosis and past that is always there. Chase articulates that the judgments and assumptions of others are like *being hit with a brick or a two by four plank*, as he

is stung with the consideration of what these assumptions mean for him and his future relationships with the community. Chase is also bothered by the agency-robbing effect that the constant dialogue about his disorder brings, one that rives him between the subject self and the object body. He thus lies between the cold rationality of being a condition and a risk – one that may not even qualify for assistance – and the normalcy and banality with which he lives his life. He senses the limits imposed on him in a way that most students never will, but recognizes that as an inevitable consequence. *What am I going to do if I decide to get a Master's and I really need help?* In his words, he will *have to deal*.

For some of the students, supposedly objective scientific scrutiny reveals itself as, at times, an arbitrary affair. Samantha offers insight into how scrutiny separates mind and body, and how science places a wedge between the disorder and the person.

In psychiatry, you have all the tests so there's a lot more to it. It's not so much you perceive it, because you might not feel any different, but everyone is telling you that you need this, this, and this because you have ADHD. The possibility of x number of symptoms causing trouble in your life is there. What's funny is that it's sort of society or psychiatry that's specifying the age limit for when these things go from normal behaviour to abnormal because you're an adult. It's not as if a switch flipped when I turned 18 and I began feeling differently in my body than I did the second before...so I never felt that I had it in the beginning.

When speaking about their experiences with the medical field, the students communicated the bruteness and crudity of psychological practice in a painfully lucid way; in their mind, little effort was made to honour the unity of mind and body during the process of scientific identification. These students express in their experiences the precision and object-making

language of science, one that gives no quarter to the subjects of its analysis; in the words of Gawande (1999), medicine presses hard. After scrutiny, and objectification, the disordered is in effect detached from and left outside their own body – the process of being opened up, examined, renders the embodiment of their subjective experience impotent. There is a struggle as the disordered reconciles embodied experience with scientific reality.

The Lasting Fatigue

A variety of studies on adult ADHD specifically, and ADHD more generally, suggest that tiredness and fatigue are commonplace in the lives of the ADHD. They are variously attributed to the little-understood neurological underpinnings of ADHD resulting in the physical reverberations of disrupted sleep patterns, meal patterns, and changes in lifestyle that these reverberations beget (Biederman, 1993; Faraone, *et al*, 2000; Bramham, Young, Gray, and Rose, 2007; Garnier-Dykstra, 2010). The adults who are ADHD in Faraone’s overview expressed overwhelming fatigue, while the adults in the Bramham, Young, Gray, and Rose study experienced an often profound tiredness, lack of sleep, and general feelings of lethargy.

For the students in this study, the experience of fatigue is both a constant companion and reminder of the socialized reflection of their disorder. The infirmity of their tired mind, wrought by seemingly endless days of insomnia, clashes with the perception of ADHD that the community holds; as their day struggles through another sleepless night, the questions presuppose the energy and rambunctiousness they often do not possess. *Shouldn’t you be, like, bouncing off the walls? (Andrew)*. There is a social perception of ADHD that brings into contrast the lassitude of the ADHD experience and the supposed vim and ardor of youth, communicating to the disordered that the gap between perception and behaviour is somehow another personal failing. Tiredness and fatigue are assumed to be the weighty burden of age and of the elderly, in

particular; they are not equated with youth, or ADHD, or with the energy that those who are ADHD are assumed to be brimming with. Andrew, for example, says his classmates claim *you should have more energy*. Raoul says that *the energy and vitality that you hear about in ADHD, they just don't belong to me*. Samantha suggests that, when she was younger, the energy may have been there in spades, *but I change just like anyone else does*.

The socialization of ADHD exposes the gap between the perception of ADHD in the community as a disorder of unbridled energy, and the actual experience of the disordered; it is, perhaps, also a tacit and hidden acknowledgement of the work that being ADHD entails. Whatever acknowledgement rests in the surprise of those with whom the ADHD interact, it is an incomplete portrait of the persistence of fatigue that the students in this study endure. The tiredness comes with changes in body rhythms and with ways of managing each day; it comes with the nighttime tossing that turns mental faculties on edge, stretching their mental and emotional energies to the threshold of their capabilities. There is a sense from these students that conservation, rather than expenditure of energy may be common to the experience of the adult student who is ADHD.

...I wonder what it is like to have that ability to, to for example sleep at the drop of a hat, wake up in the morning and get things done. I often like to think that once I get some sleep, some rest, I'll deal with this or I'll deal with that. And at one point, maybe I could. Now, with Esosa, it's less dealing and more pushing through on the day-to-day (Raoul). Doing the night thing gets harder...it's hard to recover when it's a been a few days, and then you fidget and move, and bother people, whatever, because the focus is gone (Andrew).

Oh, I come from school and work, and I'm so bagged. I go lay down first thing (Kenji).

Tiredness itself is expressed as a deep weariness in which time and experience are slowed, sometimes painfully.

Yes [I wish ADHD was actually like that], usually at about 6 o'clock in the morning when Esosa wakes up saying, 'Daddy, time to get up.' I think, 'God, no. I don't have the energy for this. I just don't.' Or I pick him up from his grandmother's at the end of the day and he wants to play...all Daddy wants to do is lay on the couch and nap. 'Daddy is really tired, Sos.' 'You tired, Daddy?' 'Yes, Daddy needs sleep. No, no, no don't jump up on Daddy. He needs sleep.' (Raoul).

For Raoul, the tiredness brings with it a desire to hold his son, enclosed quietly on his lap, signaling a return to an earlier time when his disorder lay sheltered within, rather than challenging, the body and life in which the disorder is held. The pull of the disorder on Raoul's life is a powerful energy that is sometimes overwhelming and is, in itself, exhausting. Samantha is caught by the isolation and fatigue that the continuous presence with her disorder brings, and by the need to take time to be by herself. Fatigue and frustration meet together in Samantha's isolation; time is long.

To be honest, I find the days long. It is just that, even if I wanted to, I don't have the opportunity to go to the mall, or out with friends, whatever. But it ends up that I'm by myself all the time...It's not even that it's bad or anything, it's just that I get a buildup of frustration, because [the fatigue] is always there.

Samantha, faced with the limits of her own energy, moves toward choices in her life that escape the pressing immediacy of the fatigue, of the tiredness, and of the suffocating nature of time that underwrites it all. For Samantha, the continual drag of fatigue in her first life as a student often means not having a second, outside the work of school; she is certain she would not have the

energy. As much as she tries, she cannot accommodate the possibility of wakefulness in another life.

For all the students, the mirror the community holds reflects the palest version of themselves; it is flat and closed in, bordered by a frame of assumptions that limits their experience in life and in their student projects. They are trapped between the stigmatizing association with disorder, with its implications of decay and age, and the socialized portrait of ADHD, with its implications of boundless ardor. Laozi tells us that even the longest journey begins with but a few humble steps, yet what is the recourse when our navigation seems painfully limited? The students in this study strive for the goal of a seemingly normal adulthood, and find only the confounding nature of a disorder that will not let go; they strive to live in the moment – as adults, but those who are still young, still vital – and find only the demarcating stain of age and disorder. Where will these students go? Where ought they? And more importantly, who among us will assist them in getting there? These questions bring into focus the arbitrary disconnection between normal and disordered, and fray the thin stitches that hold together our notions of community and of ourselves. As a society, we impress upon our youth the sanctity of the individual, insisting that the seeming incompatibility of the individual and the community are reconciled through effort and recognition. Yet, how easily we abandon our commitments when the individual does not fit neatly into the paradigm we have constructed. The adult student who is ADHD finds themselves both circumscribed within the diagnostic and conceptual boundaries of medicine, and set outside the social boundaries of acceptable behaviour – we allow them neither the freedom of individuality, nor the comfort of community.

Horizons

Through conversations and relationships, meaning is created and extended (Parse, 1998), support and criticism are given and received, and stories are shared. Through sharing stories, students are judged and affirmed and threads are woven into the story of the student project. Through relationships and conversations, adult students who are ADHD come to understand what disorder means, which at times means aloneness and a lack of synchronicity with their world. Yet, disorder at times means the courage to move beyond the advice and supposed protection of friends, family, and clinicians – lifting their student project beyond the limitations imposed upon them.

Despite the frustrating, ever present nature of the past for the adult student whom is ADHD, a willing, striving, pushing determination came frequently to the fore in these conversations. Faced with the burdens of stigma and of age, of communal perception and of an impeded future, the students in this study resist the limitations that too often extinguish possibilities for the disordered. Determination alone is insufficient, however; a sobering reality reflected in the self-awareness of Raoul's concern for *getting it right*, or Samantha's self-conscious uncertainty about *being out of tune*. If the portrait of the adult student who is ADHD is painted with the colours of a hostile and limited temporality, we as the community must focus our efforts on extending the experience of the disordered – relaxing our expectations so that the disordered might breathe, that their past and future may no longer be an unshakable albatross. Above all, we must recognize the importance and profundity emerging from the stories of those who are ADHD, and those who are disordered; we must, too, begin to recognize these experiences themselves as foundational.

In the final chapter, I attempt to do so, stitching together the experiences of being an adult student who is ADHD, into theses of being an adult student who is ADHD. These points of intersubjectivity attempt to capture, with a compassionate heart but honest mind, the breadth of the ADHD experience: one that embraces the messiness, complexity, and contradictions that hold these students up and toward the world. The final chapter also acknowledges the circularity of questioning and asking, refining and remaking the questions that underwrite this work – acknowledging that the questions arrive more fully only as the answers themselves emerge. In response, answers to these questions are attempted, and policies and programs that may assist the disordered are put forward.

CHAPTER FIVE

POSSIBILITIES

I was surprised, as always, by how easy the act of leaving was, and how good it felt. The world was suddenly rich with possibility.

— Jack Kerouac

Words end, while conversations do not. With each conversation, we transcend what we have known before as co-creators of new understandings and possibilities (Parse, 1998). Gadamer (1989) speaks of horizons of meaning wherein experiences and language meet in the probability of possibility. The conversations with adult students in this study are not the manifestations of a parsed and objective scientific language; they are part of a complex and uniquely dialogic understanding that emerges precisely and only in the providence of fully considering disorder, as it is. They are a call to further possibilities in understanding being disordered, and in particular, being disordered as an adult student who is ADHD.

Conception

Several years ago, I began a mock proposal for a methodology course in my master's program. I had chosen the topic of adult students who are ADHD, primarily because it interested me as an individual who, it would seem, falls squarely into that category; and secondarily, because a proposal explicitly dependent upon methodology fit more neatly into the parameters of the assignment. During my research for the proposal, I found a number of references to the injurious effects that ADHD posed to the lives of adults, and to adult students. I discovered that, if I was to consider myself an adult student who is ADHD, I was not alone. The tendency toward recognizing the persistence of adolescent into adult ADHD was growing, but despite an extensive search of various databases, I found a dearth of information about the experience of being an adult student with ADHD. My attention was caught; the seed of a research question was being sewn.

I completed a type of self-referential analysis as part of the requirement for that assignment, a portion of which is included in the first chapter. As I continued to relocate the locus of my disorder from the immediacy of my lived experience, into the thoughtfulness of written reflection, I began to comprehend my total immersion in the experience of ADHD. My attitude toward my own disordered embodiment changed irrevocably: crass simplification and a jejune sense of entitlement were replaced by self-realization, now present and inescapable. The experience of time and space had changed, now; the disorder was my space, and my time. *Time is longer mine to shrink and expand. I can no longer escape my disorder.*

The question of being an adult who is ADHD is beginning to grow in its consideration, but like the fetus developing in a womb, it is only now beginning to take structure. Studies are beginning to emerge around the psychology of being an adult who is ADHD, a phenomenon not

yet properly considered an important social trend. The studies draw heavily on what is available from general considerations of adolescent ADHD, and tend to strike an epistemological divide between adolescent and adult ADHD as objects of knowledge – producing a limited understanding of adult ADHD, in particular, but extending the boundaries of what is known about ADHD, in general.

Research into the experience of the adult student who is ADHD, however, has been reminiscent of the story of the blind men discovering the elephant. One feels the elephant's trunk and shouts that he knows what the elephant is like; another feels the elephant's tail and declares that this is what the elephant is like, and so on. All are parts of the whole, but none is the whole. As Gurweitz (1967) points out, all knowing is mediated by perception and, of that reason alone, we cannot hope for any other than a perspective that is limited by our own history, context, and experience. Beginning with the most limited perspective, however, is akin to beginning with the toes of the elephant: it may take a long time, if at all, to fully understand the body, which is the largest component of the phenomena itself. Why, then, ask whether adult students who are ADHD have more social supports, or if adult student ADHD is different than its adolescent derivation, before you ask, *how is it to be an adult student who is ADHD?* A thoughtful, deliberative consideration of this perspective led to the contemplation of the phenomena of being an adult student who is ADHD itself, *What is the experience of being an adult student who is ADHD?*

The Lived in Bed

The intent of this study was to investigate and to discover what it was like to be an adult student who is ADHD, with guiding question that involved the students' experiences with being a student, being ADHD, being adult, and in relationships with others.

The students came to the study via a diverse array of circumstances, and each was given a letter of information explaining the intent of the study. The guiding questions were introduced and explored within the context of in-depth conversations with five students, all of whom identified as having being diagnosed as ADHD. The conversations included questions that established demographic information, such as age, age of diagnosis, enrollment in university, and student status.

In conversation, Kenji shared that he was only a part-time student, and thus, his lifeworld more intimately obtains in being an adult, than a student. Should his experiences be included in the study? Acknowledging the possibility of not including Kenji necessarily and simultaneously involves the consideration of the question, *what is being an adult student who is ADHD?* Is it different from being just ADHD, or just a student? Raoul, whose first student project began ten years prior to this study, intuitively understands that the ontological nature of disorder is such that the being and doing takes precedent over, *the is* – to be disordered is a process which unfurls over space and time, without a *telos*. For Andrew, the *being of* the student project is irreversibly bound to the undulations of tribulation and triumph: his personal history swells and ruptures with the pains inherent in self-advocacy. Chase, as he assumes the language with which his discipline grounds him, suggests that being a student occurs only within context of *doing student*. If being a student is at its core performative, as Chase suggests, then to whom do we assign the starring role in instances of adult students who are ADHD? The student, or the ADHD? The internal negotiations of these questions define Chase's experience in his student project; so, too, do they define Samantha's, and Andrew's. These questions are Kenji's, and Raoul's. They are mine.

Disorder and Practice

The implications for psychiatric and educational practice from the study are threefold. *How do we conceptualize being an adult who is ADHD, in general?*, *How do we care for and educate these individuals?*, and, *What societal changes do we need to facilitate that will support these individuals' desire for education, regardless of the extent of their disorder?* The movement from interpretation to practice is not one of presumption, but rather, a consideration of possibilities for practice, education, and research. It is a resistance to an apathy toward praxis that can, and often does, disarticulate the continuity of the participants' experience from the research itself. It is a call to continue the dialogue of understanding and connection, so that the experience of adult students who are ADHD is understood from its broadest social context.

Within the context of psychiatric practice specifically, and of the consideration of disorder more generally, there is a tendency to regard disorders as episodic – which is to say, that disorders are a type of involuntary and transient circumstance that, in the hopes of medicine, only temporarily encroaches on an otherwise healthy mind. The view that disorders themselves are constitutive gains little traction within the psychiatric community, and thus the extent to which we consider them *as part of* an individual is limited to episodes themselves; chiefly when behaviours explicitly symptomatic of the disorder, or related to it, disrupt the “normal functioning” of the individual. This conceptualization of disorder leads to the implementation and development of psychiatric health and student development programs that tangentially support adult students who are ADHD through the experience of being *in school*, but that offer little insight into, or support for, the ways that the disorder *is* the student's life. Perhaps it is because the medical community fetishizes the classification and reduction of the symptoms

manifest in a disorder: as the mitigation of the disorder itself assumes preeminence, the individual becomes a bystander, and this approach merely implicates the one in the other.

Within the context of educational practice and the university system, the ill and their illness are not seen as distinct, but seamless components, of a single entity; but rather as characteristics that are tangentially and accidentally related to one another in circumstance. University systems tend to advocate a reactive approach to mental health, in which the capacity of the system to assist the disordered is relegated to the extent to which the disordered are functional academic units, rather than persons. The flaws in this approach are numerous. The disordered do not begin having questions and needs the instant they enter the university, and these needs and questions do not stop they instant they exit; they have needs and questions that evolve within the context and capacity of their lives as social beings. Proactive approaches to establishing mental health and student development programs for adult students who are ADHD will recognize the experience of the disordered themselves as foundational, and that *being disordered* consists in a continuum that extends beyond exclusively academic activities. To support this continuum, both educators and program developers alike need to understand how it is to be disordered, how it is to transition from being a child to an adult within the continuum of disorder, and the calls that emerge from both. What does it mean to be, *inattentive*? What are the social aspects of ADHD, with respect to relationships with professors and peers? What does it mean to have a set of behaviours that inherently challenge the status quo? What does it mean when the goals and outcomes of the disordered do not match those mandated for them within the university system? What is it that we do, as members of this system, which perpetuates the systematized judgment that condemns adult students who are ADHD as a whole? Services and programs need to move beyond a crude psychologism and fetishism for symptoms, and instead

consider the development of initiatives that see being disordered as a continuously evolving experience. There is perhaps a need, for example, to offer relationship coaching to adult students who are ADHD, in order to ensure their performance beyond the classroom.

For the adult student who is ADHD, psychiatric practice, educators, and student development programs need to take into account the thoughtfulness of the adult student and their deep commitment to the student project – expressed in the near-constant trepidations about whether *they are ready*, or are *doing it right*. If the participants in this study are at all indicative, the adult student who is ADHD is anxious for information about disorder and will be an eager recipient of what is available. She may not, however, be comfortable sharing problems and challenges; and so the mental health officer, or program director, or especially the educator, may need to reach out to the student preemptively, affirming what the adult student is doing to positively contribute to their student project. Within the context of the academic community *writ large*, programs that focus initially on providing information for adult students who are ADHD may assist the students to become the resources for health that they desire; these programs may also provide opportunities to build disordered networks, thus assuaging the at times crushing sense of difference and aloneness that they experience. These programs could incorporate information and activities that promote mental health practices and address the concerns that the adult student who is ADHD expresses about their disorder – concerns about failure in the class and in relationships alike.

The issue of student fatigue needs to be carefully considered by psychiatric practice and the mental health care system, generally. The university system of meritocracy and exceptionalism certainly allows for the emergence of bright and capable students, but its relentless drive toward the regimentation of a standard, scheduled pedagogy may also push those

who find organization difficult toward the margins. Can we consider the possibility of providing adult students who are ADHD, and the disordered more generally, visiting services that go into the students' home to assist, when needed? The practice of going into the home to provide care has roots deeply embedded within the nature of medicine itself, but the practice is becoming exceedingly rare in all but rural areas; while in urban centers, the practice has become the exclusive domain of those who care for the elderly or severely retarded (Lamb, 1984). Establishing student development programs and psychiatric practices that involve visitation is a tacit acknowledgement that the *student*, or *patient*, is also *human*: that they live, subsist, in a world that is extensive beyond their limited and controlled participation in the classroom or clinical setting. These practices and programs may need to consider ways that are sensitive to the relation to space that adult students who are ADHD possess, and how it may be different from those students who are not disordered. If the structure (rigid and regimented) and location (the very environment that flusters them) of student development programs are, themselves, inimical to the disordered, these programs in particular need to develop systems that alleviate the pressures that adult students who are ADHD face – giving the oft-troubled minds of these students an opportunity to rest mentally, and emotionally.

Providing information, education, and respite, and assisting to establish disordered networks for adult students who are ADHD, acknowledges the adult student as an important resource for mental health. While the students in this study showed courage and insight in relation to their lapses into what they saw as behaviour potentially degradative to their student project, they need support and nurturing to remain pulled back from the precipice of failure. Proactive student development programs, which could be mounted through the Internet, may

assist to keep them away from the edge by providing in-time support. These students want to do learning right; they are listening and receptive.

Finally, psychiatric practice, and the constituents of the student support framework within universities, needs to be compassionate in assisting the disordered to understand that, despite the obvious impediments, disordered students may be highly successful as well. The adult student who is ADHD comes carefully and willfully to the decision to pursue an education in the face of obstacle, and she often finds the experience of being scrutinized and objectified disembodied. The decision that she has made needs to be respected first in the loci of her objectification – the school and psychiatric communities – for she will meet enough condemnation and judgment elsewhere in her life. Plainly, she does not need the critical scrutiny of those whose profession it is to enlighten and assist her. These students are self-aware of their decision to pursue an education, knowing the difficult implications with which it comes. What they need is not the constant reminder of difficulty, but the opportunity to speak about the meaning of these decisions, and an affirmation of respect for how that meaning is bound up in their student project.

Disorder and Psychiatric Education

ADHD is frequently a prominent topic in psychiatry and psychology curricula, predominantly from the perspective of interacting with children in the clinical setting (Bender, 1997; Dendy, 2000). Adolescent ADHD is presented as a challenge to the clinician, since the child who is ADHD is considered the instantiation of archetypically bad or undesirable childhood characteristics.

With a trend towards recognizing that adolescent ADHD persists into adulthood, and thus that adults who are ADHD may rival their adolescent counterparts in numbers alone, there is a

need to reconsider the emphasis on adolescent ADHD in the psychological academe. The unintended consequence of psychology's preoccupation with adolescent disorder is that, when they are conducted at all, analyses of adults who are disordered become circumscribed within the conceptual and methodological parameters established by the adolescent variant. Adults who are ADHD are thus considered worthy objects of research only to the extent to which their disorder is a chronological extension of its genesis in adolescence. There is therefore a need to present adult ADHD as constituting a wholly idiosyncratic experience of disorder, as the continued focus on adolescent ADHD perpetuates the notion of the adult who is ADHD as a condition or deviation – a notion that practically translates into the stigmatization of the adult who is ADHD as difficult, childlike, and disruptive.

Adult ADHD must also be presented as a seamlessly embedded moment in the larger and uninterrupted continuum in the life of the disordered, with content directed towards the activities and concerns that adults who are ADHD have – whether or not these concerns are neatly paradigmatic. Curricula content, for example, often focuses on the appropriate and inappropriate behaviour the five, or ten, or fifteen year old who is ADHD might display, but rarely engages the psychology student in how the fifty year old who is ADHD might behave, or why they might behave in that fashion (Bender, 1997; Dendy, 2000). Adult ADHD needs to be recast as a project for life, and its own internally valuable resource; demanding that we move away from the limited conceptualization of ADHD as a narrow episode of care with which psychology and psychiatry practitioners intersect. An approach which neither grossly trivializes, nor grossly medicalizes adult ADHD, demands a turn in the psychological academe that dissolves the boundaries between 'person' and 'disorder,' and that removes walls between the institution and the patient.

Disorder and Research

Though the notion of adult ADHD as a distinct disorder is nascent, and the state of research in this area is therefore in its methodological infancy, the potential for robust work to emerge is tremendous. Profound and unanswered questions emerge from this study; questions that are, of their own merit, worthy of further consideration.

Is self-doubt an enduring quality for all adult students who are ADHD? If so, does that hold for all adults who are ADHD, whatever? In this study, the tendency of the participants to engage in reflective self-deprecation came frequently to the fore. Extending this question into its own full, complete analysis might yield significant information about self-doubt in the disordered, when it is most prevalent, among which age group(s) of adults, and what characteristics it assumes.

What is the nature of disordered conversations? What do the disordered in general, and adult students who are ADHD in particular, talk about? How do these conversations vary with age, vary with the experience, and what is the meaning inferred from these conversations by the disordered?

What impact does being designated as *disordered* or *ADHD* have on conversations or social connections at school? School-related studies currently focus on the academic-retarding effects associated with being identified as an adult who is ADHD, but how does the social environment in the class foster or inhibit comfort for these adults? This may be of particular interest in considering not only adult students who are ADHD, but the disordered more broadly, as adults students who are ADHD invest themselves deeply in social interactions within the classroom setting. Understanding how to support these students may help to alleviate the

polluted social ecosystem which contributes to their relatively (to their non-ADHD peers) sub-par performance.

How does the process of self-identification as being ADHD differ from age group to age group of adults who are ADHD? What influences the coming-to-terms inherent in this process? In this study, the chronological gap from the youngest to the oldest participant was, with respect to all possible gaps, rather narrow – and the qualifying factors for selection (being an adult who is ADHD, and a student) were deliberately though similarly restrictive. How does Raoul's experience of self-identification, for example, differ from a carpenter who receives his diagnosis at 50, or a musician who received her diagnosis at 9 and is now 39? Do the measurable lifestyle changes that typically occur with age alter the perception of the simultaneity of *being disordered* and *identifying as disordered*?

How does perceived age affect decisions about being a student? Is embodied age a more significant factor in what we choose to do than biological age?

What is the influence of social labeling on what we do as adults who are ADHD? Studies thus far have forged tangential links between stigmatization and academic/workplace performance (Canu, *et al.*, 2010), but few have investigated how the self-perception of stigma unfolds and factors into the daily activities of adults who are ADHD.

How does social support differ through the various phases of disorder? Are there differences in who and what adults who are ADHD perceive as sources of social support, and do these adults perceive these sources as being dynamic and changing?

What is the experience of the parents of adults who are ADHD? While the consideration of this study is firmly that of adult students who are ADHD, and thus the emergent themes from this study are typically 'adult,' these participants remain children. Do they remain children, in

their parents' eyes, to a greater degree than their peers or siblings, due to their disorder? How is the work of parenting an adult who is ADHD different from a non-disordered adult, if at all?

Disordered Theses

The existentials that I discovered in my introspection, those of lived time, lived human relation, and lived corporeality, rose to the surface of conversation frequently in this study. In my conversations with students, I saw these themes intertwining themselves in the “intricate unity which we call the lifeworld” (Van Manen, 2001, p. 105) of the adult student who is ADHD – and used them as starting points, or foundations, to craft the theses of the Adult Student who is ADHD.

For the adult student who is ADHD, decision making around persevering as a student, and the being and doing of disorder, occupies time (*lived time*) in a way that the students in this study perceive as being different from their non-disordered peers.

The disordered hold spaces of abnormality dear to them; these spaces, secluded and dark, nurture a secure portrait of themselves. To expose their disorder to the searing light of public judgment requires a deep consideration of whether or not the nurturing space of their disorder can accommodate a portrait of themselves that is insecure, that is opened up, and that is, perhaps, unsustainable. Choosing is therefore integral to disorder; and these choices often involve the careful consideration of what harms and removes, and what enables and provides. These decisions are thoughtful, reflective, deliberative and, at times, nonintuitive: despite appearances to the contrary, injudiciousness and indifference do not characterize the phenomena of being an adult student who is ADHD. There is a need to get it right, and little is left to chance or opportunity. The desperation inherent in the *need* to get it right raises concerns about what occurs when the student's

achievements do not fit within the identity that they construct for themselves; the preoccupation with leaving little to chance reveals a self-awareness of age, an understanding they are, ‘old enough to know.’

Time is experienced as a portent of failure by the adult student who is ADHD (*lived time*); time is fully experienced, but this experience is also limited.

The adult student who is ADHD constructs time within a broader continuum; one in which everyday banalities and a grander scheme are not so much disparate metrics of a lived time, but are rather alternating pearls on the seemingly infinite string of events that constitute their disorder. While experience and maturity bring to these students a perspective of time that is patient and thoughtful, time for them remains irrevocably hostile. Their daily lives are a matrix of events that serve as constant, nagging reminders of a perceived inability to plan and organize, to allocate personal responsibility and decisions. Time is the horizontal limitation that demarcates the boundaries of disordered experience.

Adult students who are ADHD do not see themselves as external disorder (*lived corporeality*). The perception of disorder occurs initially through the eyes of the psychiatric community and pushes at the arbitrary disconnection between normal and abnormal, ordered and disordered.

The first encounter with disorder is in the school, and the clinician’s office, dissected by guidance counselors or psychiatrists. Yet, disorder is relational and social (*lived relationality*); it is neither biological, nor medical. The disordered never experience the misfiring of synapses, or the inappropriate balance of hormones, but rather the misfiring of comments or the inappropriate fixation to an object. Hence, studies that focus merely on the social manifestations of hypothesized and perhaps arbitrary physiological

aberrations do not go far enough. Relational and social disorder is the experience of adult students who are beginning to move away from the medical community's fetish with diagnosis, and into the community where they see the socialized reflection of their disorder.

Adult students who are ADHD are tired (*lived corporeality*).

Perhaps it is the intersection of schoolwork and the work of school that disorder hampers, or perhaps it is simply that honesty comes with a feeling of security, and with it, an open acknowledgement that being a disordered student is fatiguing work. Regardless of its roots, adult students who are ADHD express a fatigue that is unique to their experience.

Being an adult student who is ADHD involves changing relationships and isolation (*lived relationality*).

Students are in relationships with their children, their parents, their friends, their professors and peers, and their significant others. These relationships, though rarely mentioned in studies on adults who are ADHD, are significant and revealing instances of disorder. If a relationship is a dialogue and a conversation, the adult student who is ADHD plays both the speaker, and the silenced, at different times. The rapid flow of ideas and speech in one context gives way to the crushing inability to vocalize in another; and the non-relational aspect of this change gives way to a sense of isolation in general. For the adult student who is ADHD, it is often about pushing the words, but not the conversation.

Friends and peers are significant participants in conversations about disorder (*lived relationality*).

Adult students who are ADHD find it difficult to sustain and, sometimes, find meaningful relationships because their tendencies and interests are out-of-step and out-of-time with

students in their own age group. School and work conversations become difficult as the adult student recognizes that peers and colleagues do not share, nor understand, her difficulty with certain tasks and passionate preoccupation with others. Student peers are uncertain of what to expect from the adult student who is ADHD; does she know more, or the same? Student peers become a network for the adult student who is ADHD only if the concerns of school are similar; the anxiousness inherent in the meeting of deadlines and writing of essays become a starting point in conversation. The conversations start, but for most, the conversations do not finish – the adult student who is ADHD is reluctant to reveal the extent of her worries and anxieties.

The manner and means by which adult students who are ADHD perceive their disorder is significant to their student project (*lived relationality*); either as a source of affirmation, or disappointment (with the former of which being unanticipated).

For some, the manner in which they intellectually orient themselves to themselves, specifically, and to their disorder, more broadly, affords them the confidence and permission to engage openly with the non-disordered world; for others, the orientation they assume to their ADHD is a signpost to memories they would rather forget.

The experience of being an adult student who is ADHD is a complex unity of becoming and being, one that includes the experiences and meanings latent in the *being and doing* of childhood, adulthood, and studentship alike (*the intricate unity*).

Although I anticipated that the students might focus on activities exclusive to *being a student*, the conversations invariably included a more expansive list of concerns: they spoke about life-before-diagnosis, about life-after-diagnosis, about what it means to be an adult, and even about what it means to be a child. For the adult student who is ADHD,

being disordered is not an episode, not an arbitrary delineation of before-after, or then-now, but it is rather an ongoing and intersubjective experience of meaning.

Reflections

In coming to the end of this study, a philosophical and emotional wound that bleeds deeply with questions is now open; partially because the journey of stories shared was often rough and rigid, and partially because the ache of stories not shared cuts from within. I was deeply moved by the stories that the students shared, and honoured by their willingness to share them. I was surprised by how being an adult student who is ADHD and disorders are defined, and the ways in which the meaning of both was extended by these students. The life before and the life after diagnosis assumes for these students an irreplaceable importance, an importance that ruptured the meaning I had ascribed to their experience. I was also intrigued by the breadth of the disordered experience that emerged, some of which overlaps with previous studies, while some of which goes beyond what has been previously articulated. I am cognizant, now more than ever, that the social, political, cultural, and emotional context of our lives constitutes the ways in which we experience affected meaning; a means of approaching the world reflected in the predominantly phenomenological methodology of this study. These influences have also continuously sought not only to construct the *what is* of being disordered, but the *what ought to be*.

In reflecting at the end of the study, there are questions I wished I had asked, and moments I wished I had held for a little longer. These stories have now come and gone, ephemerally; but perhaps they lie in wait, hoping for someone else to capture them. *Tell me more about your conversations. How is your conversation with your friend different from that with*

your parents? How does disorder look? With luck, further studies will ask these questions, and new participants will answer them.

The Question Opened

Jardine (1994) explains that phenomenological reduction does not actually take us anywhere; it leaves us right in the middle of things. Then, might you ask, why do phenomenology?

As Parse (1981) offers, reality is always co-created in dynamic interaction between others and our environment. And so phenomenology offers an understanding of reality that is co-created with others and reflects a response to a question that has fully addressed us. Van Manen (2001) says that presenting research through reflective text is, “not to present findings, but to do a reading (as poet would) of a text that shows what it teaches. One must meet with it, go through it, encounter it, consume it, and as well, be consumed by it” (p. 152). It is my hope that through the text of the adult student who is ADHD, you will have the opportunity to experience what I have experienced: that you might find meaning in disorder through the experiences of others who pained to share it; that my work brings to you, through reading, and through writing, and through listening, a deeper understanding of what it means to be an adult student, what it means to be ADHD, and what it means to be an adult student who is ADHD.

I've got this life that I am trying to live here, and add to that the howling of a young child and don't even get me started...That Esosa might be like me is my greatest fear and my greatest inspiration. I've got this whole dichotomy of who I am, an entire child's worth, just dropped into my life and it's my responsibility to do something with that. I hate roller coaster rides and I can almost go on one (Raoul).

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Appendix A (Letter to Potential Participants)

Dear _____,

Further to our conversation, this letter will share more fully about your possible participation in the proposed research study.

The purpose of the study is to explore the experience and meaning of being an adult student who is ADHD. This is of particular interest to me as a student and adult who lives as ADHD.

You will be asked to meet with me for at least two interviews or conversations, at a time and place that is convenient for you. The first conversation will last about one to one-and-a-half hours. I will be interested in your perceptions and experiences as an adult student with ADHD. The conversation will be tape recorded with your consent.

Participation in the study is voluntary and you may withdraw at any time.

All of the information will be kept confidential. Your name will be changed for any information developed from the study.

The study is being conducted by Kenton Engel, a graduate student in the Faculty of Sociology at Brock University. If you have any questions about the study, please feel free to call me, Kenton Engel, at (905) 328 0452. If you wish, you may call my supervisor Murray Smith, at (905) 688 5550 ext 4370.

Thank you for indicating your interest in participating in this study.

Sincerely,

Kenton Engel, Investigator

Appendix B (Informed Consent Form)

Study: A Mind of Its Own: The Lived Experience of Adult Students who are ADHD.

Investigator:

Kenton Engel, B.A. (Hons)

Brock University

Phone: (905) 328 0452

Supervisor:

Dr. Murray Smith, PhD

Professor, Faculty of Sociology

Brock University

Phone: (905) 688 5550 ext 4370

The purpose of this study is to gain knowledge about the experience and meaning of being an adult student who is ADHD. A minimum of two interviews or conversations will be required. The first interview will last about one-and-a-half hours. The interviews invite you to share your experience as an adult student who is ADHD. Discussion will center on what it is like to be an adult student and your thoughts around this experience.

There may be no direct benefits to the participants of this study, but the information that is gained will potentially contribute to improved educational practice and to help others understand the experiences of students who are ADHD.

I agree to an interview, and I understand that the interview is subject to digital recording. I understand that the researcher will erase these recordings once the completion of this study is complete. I understand that the researcher will not use my name in any publication.

I understand that I am free to choose not to answer any question if I prefer to do so. I also understand that participation in the study is voluntary and that I may withdraw from the study at any time.

The research gave me the opportunity to ask any questions about the study, and all questions have been answered to my satisfaction.

THIS IS TO CERTIFY THAT I, _____ (print name) consent to be a participant in this study.

(signature of participant)

(date)

(signature of witness)

