

Crossing Borders: A Multidisciplinary Journal of Undergraduate Scholarship

Volume 3 | Issue 1

Article 1

2018

ADHD and The Deficit of Knowing: What?

Katie N. Schenk

Kansas State University, katelynschenk71@gmail.com

Follow this and additional works at: <https://newprairiepress.org/crossingborders>



Part of the [Child Psychology Commons](#), [Clinical Psychology Commons](#), [Cognition and Perception Commons](#), [Developmental Psychology Commons](#), [Nonfiction Commons](#), [Philosophy of Language Commons](#), and the [Philosophy of Mind Commons](#)



This work is licensed under a [Creative Commons Attribution 4.0 License](#).

Recommended Citation

Schenk, Katie N. (2018) "ADHD and The Deficit of Knowing: What?," *Crossing Borders: A Multidisciplinary Journal of Undergraduate Scholarship*: Vol. 3: Iss. 1. <https://doi.org/10.4148/2373-0978.1064>

This Article is brought to you for free and open access by New Prairie Press. It has been accepted for inclusion in Crossing Borders: A Multidisciplinary Journal of Undergraduate Scholarship by an authorized administrator of New Prairie Press. For more information, please contact cads@k-state.edu.

ADHD and The Deficit of Knowing: What?

Abstract

This research-based essay explores the author's experience with ADHD, as the essay's formatting and usage of space evolves into a visual representation of the ADHD mind and questions the human capacity to identify, label, and differentiate inaccessible experiences. The common, often misinformed understanding of ADHD is disputed through in depth analyses of various brain functions. In particular, the atypical development of the executive functions housed in the ADHD person's frontal lobe are explored through both contemporary research and personal experience, which are variously compared and contrasted to the supposed neurotypical experience. Consideration of ADHD's lifelong stigma emphasizes the emotional components of the disorder that rarely receive attention, despite being equally integral to the disorder as any other attentional or behavioral components. Various theorists and theories of literature are invoked in order to create a dialogue within the essay concerned with the acquisition of knowledge and the impossibility of certainty, which merges into the main narrative at the end to contemplate self-acceptance.

Keywords

ADHD, executive functions, brain development, mental health, childhood disorders, rejection sensitivity dysphoria, RSD, Theory of mind

ADHD and **The Deficit of Knowing**: What?

Many names have been employed to outline Attention Deficit Hyperactivity Disorder, none of which have been particularly useful in describing the developmental disorder's unseen nuance. The first few results of a quick google search will wrongly tell you that Dr. George Still was the first person to describe ADHD in 1902, calling it "an abnormal defect in the moral control of children." Regardless, ignoring the spuriousness of the claim to first, the behaviors that Still observed and recorded have not aged well. They contemporarily do not describe just ADHD;¹ rather, they detail ADHD plus a myriad of other behavioral and personality disorders, such as Conduct Disorder, Oppositional Defiant Disorder, and Antisocial Personality Disorder (Lange). Which is fine in a certain sense, as the further back in time you go, definitions are retrogressively more and more vague.

George Still's rendition of ADHD, however, was by all means not a progression but regression of clarity, because the disorder was first described—much more usefully—all the way back in 1798 by Alexander Crichton. Crichton did not exactly give it a name, though. He only referred to the disorder as "the incapacity of attending with a necessary degree of constancy to any one object"² (Lange), which, truly, is a compelling description. The vignette in his book "An inquiry into the nature and origin of mental derangement" is not too different from the modern understanding of ADHD (Palmer).

Kansas State alumnus, Katie Schenk, received a B.A. in English with an emphasis in creative writing in 2018. Her motivation for writing this essay came from a desire to reflect upon the deceptive mystery of ADHD and to explore the influence of her diagnosis on the formation of her person.

¹ Apparently the children that Still observed "seemed to take a delight in tormenting the other children" by destroying their toys and laughing at their grief, had a "complete lack of natural affection" towards even their parents, and would set cats on fire.

² "TIOAWANDOCTAOO Disorder" just never caught on, I guess.

Other names that have been used to describe ADHD include “hyperkinetic reaction of childhood” (Epstein and Loren), “hyperactive child syndrome” (Lack), and “clumsy child syndrome”³ (Sugden). Judging from those names, it would seem only children could suffer from this amorphous disorder. Indeed, until about the 1990’s it remained a prevalent idea that children grew out of ADHD (Barkley). However, recent studies have been showing that around 50-66% of children with ADHD will retain diagnosable symptoms of the disorder into adulthood (“Epidemiology: age”). Unfortunately, most of the general population is still stuck in the pre-1990’s; ADHD is still seen as a childhood disorder. Who can blame the “general population” though? “Attention Deficit Hyperactivity Disorder” is hardly any more helpful than “hyperactive child syndrome” in describing what the disorder is.

With a seeming incurable proclivity to better and better mediocre names, ADHD’s boundaries were once more redefined by the DSM a few years ago, and the extraneous usage of “ADD” was discarded.⁴ It is all called ADHD now, regardless of if you were or weren’t hyperactive as a child. The typically imagined “hyperactivity” is only a secondary manifestation of the **real** symptoms of ADHD, meaning hyperactivity may or may not be observably present (Barkley). Hyperactivity and a perceived attention deficit are only the most easily recognizable

³ Clumsy child syndrome has become its own recognized disorder. Thankfully, the name was changed and it is now called Developmental Coordination Disorder (Kirby).

⁴ Similarly, Inattentive-type, Hyperactive-type, and Combined-type ADHD was introduced in the 4th edition of the DSM in 1994 and more or less retired by the 5th edition in 2013, because the underlying causes of each “type’s” symptoms were present in every ADHD person, to some degree. Now, ADHD diagnoses are referred to as “inattentive-presenting,” and so on, because referring to them as distinct types when underneath there really wasn’t a difference didn’t help anything or anyone. No one really knows how to define ADHD yet (Epstein and Loren).

characteristics. “ADHD” certainly appears to describe a *child* with the disorder quite well,⁵ but the self-reflection and cognizance of adulthood that typically combs through the tangles plaguing the ADHD childhood can’t comb through the knots underneath those tangles. “ADHD” cannot describe those knots, and it is arguably the knots themselves that are the **form** of the disorder.

And the biggest knot is the brain itself.⁶ The ADHD central nervous system works differently than a neurotypical’s (Dodson). It functions perfectly well, but we aren’t taught how to engage it the right way. Any attempts at “fixing” our central nervous systems to work like a neurotypical’s only creates the illusion that *we are* broken.

With that in mind, the question is asked: what makes something a disability? Who says what is or isn’t normal? Well, the answer is pretty rational: the majority decides what is normal — what’s average. And that’s fair, from a definitional standpoint. But what if a certain disability is normal?⁷ The Social Model of Disability tells us that “disability is caused by the way society is organized, rather than by a person's impairment or difference” (“The Social Model of Disability”). Gray areas exist in that model, but its purpose is to remove barriers that prevent

⁵ I have three memories from second grade. The first is a short one: looking up from what was inside my desk to suddenly realize that everyone but me had gotten up to go to circle-time, and who knows for how long I had just been sitting by myself. I don’t know how something like this could happen, but the shock, fear, and confusion I felt provided me the vivid flashbulb memory. Was this such a common occurrence with me that the teacher had given up trying to captivate my uninhibited attention? It’s more likely than you may think, though in the end I can’t say for sure either. The pool of good and passionate teachers that can be chosen from is not always as abundant as necessity calls for, and following directions has always been a weak point of mine.

⁶ ADHD is a global disorder (Barkley), which is a disorder that impacts every part of the brain and leaves no part of the person’s life unaffected. If you were to try “curing” them, you might as well just dump out their brain and start over with a new one. That’s what it would take.

⁷ Deafness is a disability in that a deaf person does not have the ability to hear, but deafness becomes a “disability” in that they can’t function on the same level as “normal people” only when they are interacting with the hearing majority — suddenly, once they interact with hearing culture, not having the ability to listen for audio cues and spoken language becomes a “disability.” Being deaf or hard of hearing while in the deaf community is not a “disability,” because there is no need for them to hear. Deaf culture accounts for those disabilities (i.e. unable to hear) and they *function* just as well as a hearing person.

disabled people from participating in society, like adding wheelchair ramps next to stairs or braille underneath signs.

I don't remember what point I was leading up to other than my previously made point about the ADHD central nervous system not being broken. Maybe I wasn't leading up to anything. Well, Dr. William Dodson agrees, anyway:

People with an ADHD nervous system know that, if they get engaged with a task, they can do it.⁸ Far from being damaged goods, people with an ADHD nervous system are bright and clever. The main problem is that they were given a neurotypical owner's manual at birth. It works for everyone else, not for them.

The owner's manual Dr. Dodson is referring to are the different major motivators for neurotypical brains and ADHD brains, as one of the responsibilities of the central nervous system is motivation.⁹

⁸ Then the problem becomes overdoing it. Often times when I communicate with someone over text about a subject that I find interesting, I'll veer off into a discussion with myself on the topic. I will literally spend hours typing out a response to someone that stopped being a response to *them* after the first 15 minutes of writing. Talking to me is like maneuvering through land mines, with the triggers being a comment that piques my interest.

⁹ "Central Nervous System" is just an esoteric way to say brain. The brain is responsible for motivation, but also for everything else. Kind of diminishes my point when I say it like that.

INTEREST

Of course, everyone is motivated by the topics that interest them. But the ADHD brain has a little quirk that many lovingly refer to as hyperfocus. It is exactly what it sounds like—imagine your mind is like a whiteboard¹⁰ that you use to write important thoughts down. Erase everything on it. Now take a permanent marker and write the same topic or idea over and over and over again until there is no space for another word on the whiteboard. That's hyperfocus. Anything motivating enough can trigger hyperfocus. It can sometimes be a double-edged sword, but hey, I think swords are pretty cool too.¹¹

NOVELTY

The chronically under-stimulated ADHD brain constantly seeks out novelty. Once something becomes predictable then it is just as easily tossed aside as it was picked up. A truly bizarre event to witness is an ADHD person snapping out of their hyperfocus when they reach a certain point of diminishing returns and the novel becomes old.¹² It can be pretty disappointing when you're the one experiencing it, too. Committing to a new interest is tricky business when you have ADHD. Do I like this thing because I like it or because it's new? Hard to say.

¹⁰ This is not my metaphor. But I don't want to get too ahead of myself.

¹¹ I hyperfocus on swords maybe once or twice a year. I just think melee weapons are neat.

¹² For so long I wanted to learn Japanese. I knew I had what it took to become fluent in the language, because the passion I felt was so *real*. I taught myself the alphabets on my own, and even bought textbooks to teach myself. Progress was slow, but I was undeterred. Then, I finally was able to start taking Japanese classes at my university! My classmates and I increased and increased our proficiency together. For me, studying in and of itself was a reward—especially that uncomfortable feeling you have when switching from a foreign language back to your native language because your brain is still thinking in the wrong language mode. After two years of intensive classes and achieving “mid-low intermediacy,” a thought occurred to me: I don't like ambiguity. Actually, having to rely on a language that you only have a moderate grasp on is horrible; fluency does not mean you can communicate as well as everyone else, and it especially does not mean you can communicate as well as you would in your native language. This thought occurred to me that I really just prefer my native language, and like that, it was all gone. In an instant. The passion dried up. I wasn't sad, though I did feel concerned at my inability to know myself. Mostly, I was just ready for the next thing to catch my interest and move on.

CHALLENGE

One time I spent an hour strategically duct-taping a fleece blanket on the window around the A/C unit in a certain way so that it kept out the draft. No one was impressed by my contraption but me.

URGENCY VS IMPORTANCE

on importance

Consequence and reward work differently in the ADHD brain. Specifically, they don't. At least not in the same way. A neurotypical central nervous system is largely motivated by three things: primary importance (things that need to get done), secondary importance (things that are important to the people around them), and consequence/reward (Dodson). Alexander Chricton observed this difference in motivation: "Every public teacher must have observed that there are many to whom the dryness and difficulties of the Latin and Greek grammars are so disgusting that neither the terrors of the rod, nor the indulgence of any kind in treaty can cause them to give their attention to them."¹³ This difference in central nervous system activity can have devastating consequences on the ADHD person.¹⁴ Curricula are structured around the importance of certain subjects and topics, of which are decided on by a secondary party. In order to help along the

¹³ It's not like I didn't follow directions on purpose. That's what it looked like, though. Most of the time I wanted to follow directions just as badly as the person in charge of me wanted. However, my goal was usually not their goal because I usually didn't remember what their goal was in the first place. I just frantically read the situation and formed my actions to what seemed necessary. My goal was to avoid disappointment. I learned fear instead of tenacity—the brain learns what works, not what is good or even particularly useful, after all. Like the evolution of lactose intolerance.

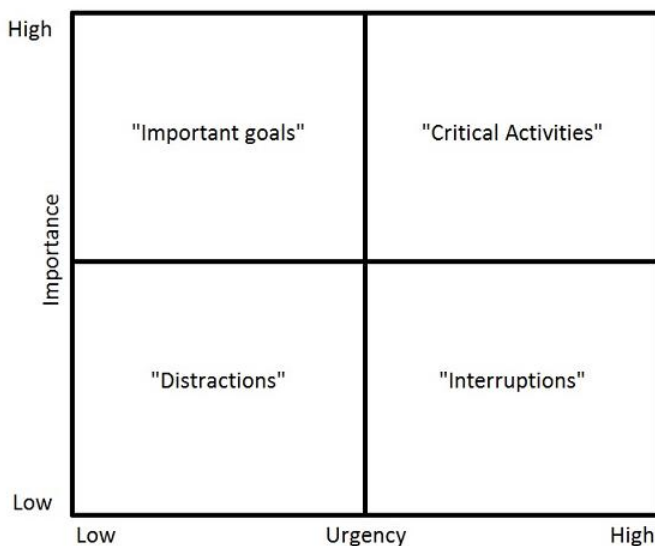
¹⁴ About one third of ADHD adolescents will drop out of high school—almost twice as many as those without a disorder (Breslau), and only 5-10% of those with ADHD will complete their college degree (Barkley). 5.4% of the population has a graduate degree, but only 0.06% of those with ADHD have one (Kuriyan).

students who may not be fully motivated exclusively by the importance of getting good grades, success is thankfully rewarded with candy, too.¹⁵

on urgency

Urgency is like off-brand importance. Unless you have ADHD, in which case you might say that importance is just off-brand urgency. Jessica McCabe, the creator of the Youtube channel “How

Figure 1: Urgent/Important matrix



to ADHD” intelligently describes the differences between urgency and importance by use of an Eisenhower matrix in her video “How to Prioritize When You Have ADHD: The Matrix.” In the video, she defines urgency as “requires immediate attention, has immediate consequences” and importance as “whatever helps us achieve our important or professional goals.” A task is either important

or unimportant, and urgent or not urgent, creating a two by two matrix (Cummins). A both important and urgent task would be something such as a paper due in a couple hours.¹⁶ An important yet not urgent task might be starting a new workout regimen. As Jessica says, “no one is going to give you until Tuesday to eat a vegetable.” An urgent yet unimportant task would be spending an hour taping up your window so you can sit underneath it without getting cold.

¹⁵ I remember the moment I realized candy meant nothing to me, and was consequently freed from all half-heartedly put together games of jeopardy for the rest of my school life. Third grade.

¹⁶ And often times this is the only way an ADHD person can get something important done—procrastination.

The evolution that merits the human brain superior to all other brains in the animal kingdom rests in the executive functions, defined as “a set of processes that all have to do with managing oneself and one's resources in order to achieve a goal. It is an umbrella term for the neurologically-based skills involving mental control and self-regulation” (Cooper-Kahn, Dietzel). Only until about 25 years of age do these executive functions reach full maturity in a typical brain (Blum). ADHD, however, causes slower brain development,¹⁷ which is why a 10 year old with ADHD will often have the maturity of a seven year old¹⁸ (Barkley). A meta-analysis in 2004 asserts that “one of the most prominent neuropsychologic theories of [ADHD] suggests that its symptoms arise from a primary deficit in executive functions,” particularly inhibition, vigilance,¹⁹ working memory, and planning.²⁰ The study suggests that executive functioning deficits are “neither necessary nor sufficient to cause all cases of ADHD,” but “appear to be one important component of the complex neuropsychology of ADHD” (Doyle). It is disputed what a comprehensive list of the “executive functions” should look like, though each list typically describes all the same functions, only categorized in different ways.

¹⁷ The last place to finish developing is the frontal lobe (Blum), but ADHD affects more places than just the frontal lobe. But the frontal lobe is the most interesting part to talk about, and I didn't want to research all the different parts of the brain like the caudate nucleus or whatever a voxel-based MRI is. The brain talks to every part of itself though, so it is a little in-comprehensive of me to pretend I only needed to research the frontal lobe. I've got a problem with vigilance when I'm not interested.

¹⁸ Dr. Russell Barkley talks about the 30% rule: an ADHD child (specifically an unmedicated one) will typically be 30% behind their peers concerning brain development. Putting them on medication bridges the gap in 80% of cases, however.

¹⁹ See?

²⁰ Recently, some doctors have been pushing to redefine ADHD as a spectrum disorder, rather than a black and white “you have it or you don't” disorder. A spectrum disorder does not necessarily refer to autism, although ADHD *is* much more similar to autism spectrum disorders than one might think.

Understand that this essay does not comprehensively deconstruct the brain of ADHD. That is not my goal here, nor should it be yours.²¹ I can't tell you what my **real** goals for this essay actually are though,²² because I'm not sure what they are. I mostly only know what they aren't.

²¹ Or do what you want. The importance of author **intent** has become debatable ever since New Criticism hit the literary theory scene—it's called the "Intentional Fallacy." Not "**intentional**" as in you are purposefully creating a fallacy, "intentional" as in "the fallacy of intention." I forget that every time I see the term, which I think is incredibly ironic; according to New Criticism, I can't know (or rather, shouldn't bother trying to know) what Wimsatt and Beardsley's **intentions** were when they created that term, so I am forced to rely on context clues. But the context clues in the grammatical choice of "intentional fallacy" rather than "fallacy of intention," I think, makes most people initially misunderstand what the term means.

²² Maybe you don't care about author intent or even the essay itself, just your personal response to it. I never liked phenomenology much for that reason, though I understand its usefulness—it's like small talk with yourself, exploring areas of your experience that desire further exploration before moving on to other theoretical structures, helping you to then dig into places outside your own psyche. Phenomenology just seems too **solipsistic** for my liking, and it freaks me out on an existential level. You can do you though.

Inhibition & Regulation

Dr. Russell Barkley, a leading researcher of ADHD, argues that “hyperactivity” and “attentional deficits” misnominalize the disorder’s true **form**. Those two characteristics may indeed be present in the ADHD person, but are not the disordered point from which ADHD springs forth. This is made clear when observing ADHD in adulthood, as Barkley first explains that hyperactivity in adulthood presents itself “inwardly,” rather than outwardly as it does in childhood, that instead “there is a restless quality to their *cognition*” (emphasis added). He concludes

Inhibition and Regulation

that “hyperactivity is of no diagnostic value in adulthood,” but rather it is the failure of inhibition and regulation that truly characterizes “ADHD.”

In a Reddit comment that received over 3000 up-votes and 20x Reddit Gold²³, u/TheBananaKing describes the relationship between inhibition and attention: “ADHD is about having broken filters on your perception. Normal people have a sort of mental secretary that takes the 99% of irrelevant crap that crosses their mind, and simply deletes it before they become consciously aware of

²³ Meaning, twenty people saw that comment and paid money for the comment to essentially have a higher visibility.

Inhibition/Regulation

it. As such, their mental workspace is like a huge clean whiteboard, ready to hold and organize useful information.”²⁴

That “mental secretary” works as the

regulation, or inhibition, of attention. If you

have ADHD, any and all stimuli go on that mental

whiteboard to be dealt with by you. The important

My favorite joke goes like work often gets put off

this: “A horse walks into a bar. The bartender to the side while you individually

asks the horse if it's an alcoholic inspect the importance of each new

considering all the bars he frequents, to which incoming item being furiously

the horse replies ‘I think not!’ written down on the increasingly chaotic

and POOF!

The horse disappears.

²⁴ The rest of the comment is profoundly insightful as well, and I highly recommend reading it.

Inhibition Regulation

whiteboard.

Barkley gives the example,
ADHD “you and I both hear the sound in the kitchen. The
This is the point in time when all
the person is *compelled* to philosophy react students begin to
I’ve taken to it,²⁵” stimulant medication
in order to giggle as they judge its
are since I was familiar with the irrelevance
five years old accordingly. Properly regulating attention
philosophical proposition ‘I think,
therefore, I don’t feel I am.’ at home
But to explain becomes impossible when the concept
the beforehand is trivial
and putting meaning inside my head
without it. I’m not me without it. ful
Descartes before the horse.’” default into the same mental queue awaiting
That seems to make some manual
people uncomfortable—relying on chemicals to be you. I always just figured
that my entire brain is discernment.
made up of chemicals, so why does it matter where it got them? They’re
just imported neurotransmitters.

²⁵ I hate movie theaters, because I’m not allowed to talk in them. If I can’t verbalize my thoughts while watching a movie then I’ll unintentionally start daydreaming, and suddenly find myself with no idea of what’s going on. I’m not a big fan of movies in general for this reason.

Humans

Shift and Initiation

have the ability to

weekend,

shoves it in with the

but

The joke is in the rest of the gears, explanation.

both initiate and

most annoying

because I

jamming

willfully shift from

instances of locked-

was not ready to

everything.²⁷ Other

one task to another

up brain-gears, for

recall that

times, though, the

(Cooper-Kahn). The

me, is if someone

information...I

ADHD person can

ADHD brain,

asks me a question

can't. In that

take a succession of

however, often gets

that I *know* I know

moment, I can't

cognitive leaps

stuck in a certain

the answer to, but I

remember anything

without realizing

mode of thought.²⁶

just can't make my

I'd ever done in my

they have left their

Switching gears to

brain remember. I'm

entire life. This is

conversation

something that

talking questions

not hyperbole. My

partners in the

which the change

like "what did you

brain refuses to shift

dust.²⁸

was not intrinsically

do over the

temporal gears. So

an in depth explanation

motivated

weekend?" Of

instead of trying to

of the initial joke, and then hit

sometimes just

course I know what

shift, my brain takes

'em with the

won't happen. The

I did over the

the new gear and

real one.

²⁶ The ability to hyperfocus comes from an impairment.

²⁷ As u/TheBananaKing again so eloquently puts, "Perhaps you're getting an idea of why we tend to have an 'oh fuck' expression on our face whenever you interrupt us in the middle of something."

²⁸ Imagine that thoughts are thin strings. They go everywhere, but the mind can take those strings and twist them all together into a thick rope that is then lassoed on to an end-goal, such as communicating an idea or creating a product. The rope just needs to be followed in order to achieve that end goal. The ADHD mind does not twist ropes, but weaves netting. It is unclear which path is the most efficient, or sometimes even which paths lead to the end-goal at all. The weaved strands are much more fragile than a single rope, and because of this they can often snap unexpectedly. Depending on how sturdily the netting was weaved, the ADHD person may or may not be able to grab on somewhere else and pull themselves back up.

It is a common experience for people who are only diagnosed with ADHD as adults
Schenk: ADHD and The Deficit of Knowing: What?
to question or even mourn the life they

could have had, had they been diagnosed and
received treatment as children instead.

That's a funny
idea to pin down,
isn't it? It's
assuming you'll
think the second
joke is funnier
than the first. We
live our lives on
so many
assumptions, it's
hard to know
which ones are
okay to have. We
just assume the
world exists, after
all. "Cogito ergo
sum," am I right?

All we can ever know for certain is our own mind.

To be
forced
to
question
your
identity
like that

What would that make you?

I've never had anyone try to convince me to share my medication with them. I'm kinda bummed out by it, honestly. I thought for sure my college life would involve me staying off an imposed "drug dealer" role. I thought I would get to have some of those inner crises about choosing between my morals and money. But no one has ever asked me for drugs. And I wouldn't have given them either, but it would have been exciting to decide that I wouldn't, you know? High school made me think peer pressure was going to be a bigger deal

All that bridges the gap from my mind to the
world are my senses, and really, how
do you know your senses are accurate?
Psychosis proves that the brain is capable of
sensing stimuli that do not "exist."

We are unlike any other species because we can wait for our gratification; we understand time, and time management—organization,²⁹ planning, goal setting, persistence (Barkley). The mind moves through time in order to make judgements and hierarchalize sub-tasks to complete a larger goal. Consequence and reward embedded even into the distant future motivates us. We

²⁹ My second second-grade memory is of my desk. I remember it better than I remember the inside of the classroom: separated into two sides—the right side stacked with books with their spines facing the wrong way so I couldn't read them, and the left side a cluster of bent folders, folders ripping at the seam, papers that should be in folders, papers I should have thrown away months ago, and a stray book that got pulled from the other side and drowned. It was my favorite way to organize—and yes, that was organization. Every once in a while the teacher would make us clean out our desks, and every time I ripped out the left side then I would discover a wall of crumpled paper insulating the back. One time I found a library book that I hadn't returned. I didn't remember checking it out or why I chose it, but it was there.

will accept immediate suffering if it means greater future comfort.³⁰ We even learn from events that happen years ago.

The problem that occurs in the ADHD brain, here, is “time blindness” (Barkley).

Everything is either now or not now. Goals become overwhelming, because to complete a long term goal requires countless sub-groups of goals and each of those goals requires a progression of individual tasks.³¹ Instead of immediately seeing the general timeline, a goal is condensed down into a single moment in time—rendering it wholly impossible to achieve.

To fluidly³² move the mind through time is called foresight and hindsight. A person with ADHD, however, particularly a child, will not recall the relevant past. They have very weak hindsight, and with no hindsight there will be no foresight. The result creates an inconsideration of consequence. Paired with a brain starved of dopamine, risky behavior runs rampant³³

(Barkley).

I can't know. There is no way to know. I think, but that's it.

³⁰ So as the cliché goes, all good things come to those who wait, and our ability to do so strengthens with our developmental age. A study once had young children wait in a room with a marshmallow on the table in front of them, and the researchers told them that if they can wait for ten minutes without eating it then they'll get a second marshmallow (Mischel et al). I **doubt** I even need to say what the results were.

³¹ When I am particularly struggling to complete something, I'll make myself a special to-do list that focuses on a single goal, or end product. I will think through what the hierarchy of tasks for that goal is, and write down all of them. It is very common for me to have a to-do list starting with the tasks “take book out of backpack” and then “open book to correct page.” This is called “task analysis,” which is a foundational component to occupational therapy. I'm embarrassed to admit it, but if I need to I'll give myself a break after doing just those two things in my task analysis. Whatever it takes to achieve.

³² Imagine thoughts are drops of water, and the mind is an ocean. When I take my medication, I have a bucket that I use to scoop up water and take it wherever I want. If I forget to take my medication, I have lost my bucket. I'm still able to sit at the water's edge and hold water in my cupped hands, though. If I'm careful not to spill anything, I can walk slowly with that water somewhere nearby. Sometimes if I'm in too much of a hurry or if I need to use my hands for other things, all I can manage to do is get my hands wet.

³³ You are three times more likely to be dead by the age of 45 if you have ADHD (ADDitude editors). One study found that the rate of premature death in those with ADHD increases the later in life one is diagnosed, and especially so for women (The Lancet). Despite early diagnosis and treatment being so important, the same article from the ADDitude editors states that “40% of youth with diagnosable (but not necessarily diagnosed) ADHD symptoms don't get treatment.”

Have I thought myself into existence? I had never intended to ask these questions. It is a no-turning-back question yet it has no answer. Perhaps it is not even a question at that point, then.

Impulsivity characterizes ADHD. Not just impulsivity of behavior, though, as Barkley asserts that “you cannot be impulsive in your behavior and not be impulsive in your emotions. If you are *wrong* impulsive in one, you *must* be in the other.” Emotional regulation, just like any other kind of regulation, is a bigger challenge for *you and only you* are only an ADHD person than *can’t ever be won’t ever be* a neurotypical person. By emotional dysregulation I mean outbursts of anger, *wrong wrong wrong* getting too excited, being unable to *stop stop* feeling an emotion, and *stop* expressing emotions too quickly.³⁴

Emotions can’t be *your excuse* ignored *rightfully* in an ADHD diagnosis. Barkley criticizes *diagnosis*, “until 1976, emotion was part of ADHD, but *what else* the DSM parsed it aside and made it an *associated problem* *child in some people*. It isn’t *your fault*. It is as much a core feature of this disorder *you didn’t know* as is any other symptom in the DSM.” If someone is diagnosed *wrongly* with ADHD, there is an 80% chance they *know* have another co-morbid disorder and a 50% chance they will have a second co-morbid *failure* disorder; common co-morbidities include depression, anxiety,³⁵ bipolar disorder, oppositional defiant disorder³⁶ (Barkley). All are largely based in emotional regulation.³⁷ Really, it shouldn’t be much of a

³⁴ According to Barkley, 50-70% of all ADHD children will be rejected by close friends before 2nd grade. Attention issues put no strain on a childhood friendship...but uncontrollable emotion does. Children will forgive everything and anything except for anger and hostility.

³⁵ I am perpetually grateful I was born right when I was. Just a couple decades earlier and I would have had to take MAOI antidepressants, rather than the contemporary SSRIs. MAOIs are what gave antidepressants such a bad rep. They suck. Also, the therapy is better in this century. I sure am grateful to you for getting the ball rolling, Freud, but no thanks.

³⁶ Also, substance abuse disorders; people with ADHD are much more likely to form addictions. I’ve known this for a long time. The only alcohol I have ever ingested was a half-sip of elderberry wine (don’t worry! I was 21). It was gross. Regardless of regrettable wines, I don’t drink because I am afraid of becoming an alcoholic—it runs in my family. Denial runs in my family, too. Alcohol with a propensity for both depression and addiction just sounds like a bad combination to me.

³⁷ Yes, even ODD. The first four of eight symptoms listed in the DSM for this disorder are of emotion—frustration, staying in control of anger. Barkley even says that “everybody with ADHD is automatically sub-clinically ODD. [...] It’s only gonna take one more symptom to cross the diagnostic threshold.”

surprise to learn about the emotional side of ADHD, but the disorder is almost exclusively described in terms of academic success—or lack in character thereof.

ADHD, however, is not a mood disorder. A mood disorder generates too much emotion; ADHD fails to regulate behavior into acceptable nothing is accept normal emotion. Barkley further explains that what are they supposed to think that you did it on purpose “the feeling you’re having is normal. That you did it on purpose are not moderating it, is not.” Probably unsurprisingly, you mess up the simplest tasks that anyone could emotional sensitivity and self-esteem issues plague anyone could most of the ADHD population.³⁸

A new acronym has started circulating but you never learn through certain ADHD communities called RSD: Rejection Sensitivity to have any self compassion Dysphoria (Dodson). I brushed it aside and let it go the first time I heard it—I always knew I always knew I was overly sensitive, but I wasn’t going to give myself an out to not be emotionally responsible³⁹ for myself. “Dysphoria” means unbearable—I can bear rejection. It’s not like I expect people to *accept* everything I do. I wouldn’t grow as a person if I never had to face rejection—and I have faced it and it was always fine. Eventually, I have never in my life used my ADHD as an

³⁸ When I was diagnosed with ADHD in Kindergarten, my mom asked my also ADHD diagnosed four-years-older sister to explain what it meant to me. My mom made sure to keep track of the conversation just out of earshot as she sent my sister into the foyer where I was playing.

“You know you have ADHD just like me, right, Katie?” She started her sentence mid-walk to where I was seated, doing something, who knows what. Her tone implied that we both knew the answer, but neither of us knew how to hold a more salient conversation.

“Yeah.”

“And you know how you’ll just be sitting in class and thinking to yourself ‘I’m so stupid. I’m never going to understand any of this. Everyone understands it all except for me, because I’m just so stupid. I hate myself so much.’? That’s what ADHD is. Do you know what I mean?”

“No.” Perhaps Kindergarten is too young to have a damaged self-esteem. I don’t remember this conversation today, but my mom never forgot.

³⁹ Not sure why I thought the two were mutually exclusive.

excuse⁴⁰ for how I act, and I am never as good as anyone else could have done not going to start. If I am too hurt by something, that better than your fault your fault you you won't it's on me.⁴¹

But Dr. Dod ever be like them and just remember remember remember remem son claims that “almost 100% o ber what's important to to to to think you did it on f people with ADHD experience purposeful actions that I don't want to be purposefully remembering rejection sensitivity,” and I can't how many how many how many times did you did you did you pretend I am not a part of that shouldn't blame yourself for everything is your fault “almost 100%.” I was treated for severe social phobia everything is your fault as a teenager—who would believe me if I'd said I didn't “anticipate rejection—even when it is anything but certain” (Dodson)? Two main

⁴⁰ I often struggle differentiating between excuses and explanations for myself. The “make an effort, not an excuse” version of those inspirational posters plastered all around schools seemed to know more about what was acceptable or not than I did, after all.

⁴¹ I had a crush on the same boy off and on from 6th grade to high school graduation. I was never even friends with him, though he was always at least one or two friendships removed from my own group of friends. We both played the saxophone in band, though belonging to different families, so I would usually overhear his conversations. He was just popular enough that the other actually popular kids would often talk to him.

“Hey, what song are we about to play?” a flautist asked him.

I don't remember what music we played in 7th grade. Probably Tchaicovsky or whatever.

“Oh, I hate that one! Where is my folder?” Her body twisted around both ways checking underneath her chair.

“Wait, oh! My folder is right here.” Right on her lap, with the flute case resting on top. “Aaah, my music isn't in here though!”

“No, it's right there on your stand. Look.” His patience was somehow already running out—by being forced to be a spectator, I guess.

“Oh!” she laughed. “Oh my gosh.” She was embarrassed.

“What is wrong with you?” he said.

“I'm sorry!” More laughing. “My ADHD is just really bad today!”

“... You have ADHD?” he said. It wasn't really a question.

“Yeah, I forgot to take my meds today.” One last laugh, to prove it wasn't a big deal.

He couldn't even give her the decency of a verbal insult. He just scowled at her. I had never yet seen the mention of ADHD receive such a dehumanizing reaction. What was wrong with me?

ways of coping with RSD are identified by Dodson, which he says are not mutually exclusive: become a people-pleaser⁴² and your fault fault by default because because it d/or stop trying.⁴³

The sum of the brain doesn't work to be better not do it again again and structural differences are all so obvious obviously obviously inferior attempts in ADHD often make it difficult for them to connect and to connect and see to accurately perceive themselves. Instead of being able to self-assure themselves, that it's always been like this this it's environmental affirmation can not it's not not you it's who you are it's not you but who you play a huge role in an AD always always you always always mess up what you don't understand HD person's confide anything would anything would anyone would be angry at what you did to nce. Dr. Willia deserve it deserves you to it being there is enough of it being there m Dodson believes that for many ADHD people, aren't any reasons for why for why is it it isn't "it isn't until something goes wrong enough to be the reason for enough of the time that it takes to fix that they are able to see and understand what was obvious to everybody else. what was obvious to everybody Then, they come to believe that they can't trust their own perceptions of what is going on.⁴⁴ They lose

⁴² My sister was diagnosed with OCD while in grad school. However, the full truth is that she had likely lived with OCD her whole life as a coping mechanism for her ADHD: correct mistakes before anyone finds them, fixate on trivialities because anything could be your downfall. It's all or nothing. Succeed or fail.

⁴³ I gravitate towards the latter when faced with new or otherwise "threatening" situations. I stop applying myself—if I fail, I would rather fail because I didn't try than fail because I tried and wasn't good enough. At least if I don't try I can lie to myself "well, I'll just try harder next time. Shame I didn't realize how demanding the task was right from the beginning, otherwise I might have been able to do it." I was a B student all my life because I was afraid of trying to be an A student. I never want to ask for help even when I need it, because I know how likely it is that I just forgot or didn't hear certain directions—I choose failure over success in those instances, because success means accepting someone's potential disappointment or frustration at my inability to follow those, surely, simple directions. Even if the person is perfectly accommodating, I might fixate for days or even weeks on what they might have *actually* been thinking about me but were too kind to let on about. Shutting down is easier.

⁴⁴ I often have to stop and ask myself if something is actually my own opinion, or if I just adopted the opinion of someone else because I wasn't confident. In an opinion. I genuinely trick myself into feeling what the other person said they felt, even if it was all entirely inconsequential. If I happened to express my opinion first before hearing their differing one, I backpedal. I don't do it on purpose. It just happens sometimes.

self-confidence. Even if they argue it, many people with ADHD are never sure that they are right about anything.” Thus, an over-reliance on feedback,⁴⁵ but not all feedback is good. You don’t know you don’t know you don’t belong there shouldn’t be or reflective of reality. You shouldn’t blame your fault deserves fault because because you deserve to feel this reality. For everything goes the wrong way to the end goal is escape before anyone sees your presence was never there are not enough to nothing happened to be feeling worse and worse and worse and worse and worse reasons for hurting so much worse and worse from not enough effort to say you tried everything you can’t do gets put on to other people don’t see your worth the time to even think about if you could just put in more effort won’t fix you can’t be fixing your brain is the problem can’t be solve your own issues instead of waiting for the days are too much to handle your own insecurities aren’t an excuse to be kind to yourself for once please just be hurt it hurts

⁴⁵ My last 2nd grade memory takes place in a mysterious circle-time that I hadn’t listened to the teacher explain, but I saw that everyone was taking their red “STOP” folders with them, so I did too. (The red “STOP” folder always stayed at the base of the left side of my desk-cubby. I don’t remember why it was called the “STOP” folder, but I know we also had a “GO” folder. That one was green.) I don’t remember listening to the teacher explaining *something* to us, but I usually didn’t need to listen, I just had to copy the actions of the people around me. They all opened up their “STOP” folders and dumped everything out—their stacks of papers were all about as thick as a pencil, but mine was as thick as maybe two or three regular spiral notebooks. I did not care enough to notice the discrepancy, but one of my classmates did. “Woah!” she said.

“What?” My body straightened backwards from its private, hunched over position. I was marveling at the archeological progression of time that I could see in my stack of papers—the top of the stack had smooth-textured papers, while the bottom of the stack felt soft like tissue paper.

“You have so many!” Her eyes kept flitting from the folder to me, as if she were marveling at my audacity to break some kind of rule. And honestly, there might have been a rule telling us to systematically throw away certain papers from the folder, because that is the only realistic explanation I can come up with for why seven year old me somehow collected five times the amount of paper than my classmates.

“Oh.” I looked around the room at my other classmates. “I do have a lot of papers.”

“Hahaha!” I remember that she laughed. She laughed at the absurdity of my red “STOP” folder and at my complacency of it.

“Haha, yeah. I don’t know!” I closed my “STOP” folder, hoping no one else would see it.

How do you explain ADHD to your child? How do you advise them on what to say to others about their ADHD when you aren't there?

“Just tell them you have a hard time remembering things,”⁴⁶ my mom told me after some thoughtful hesitation.

“Oh. Okay. When do I tell them that?”

“Don't tell any adults about it unless they ask you.” No hesitation in that answer.

“Why?” Even as a Kindergartener I could sense some agitation in her voice.

“Because a lot of people don't understand what ADHD is.” When you've seen medical professionals' attitudes towards your child flip to treating them like an imbecile after seeing “ADHD” on their chart, selectivity in confidence becomes a higher priority—when you know people in your own family have criticized other parents with an ADHD child, saying it's just a problem with discipline, saying their child just “needs to spend a weekend with us and they'll shape up.”

“Can I tell my friends about it?”

“You can tell people like Claire and Matthew. Just be careful.” Children are easy to confide in, because they don't know that challenging a diagnostic claim is even an option.⁴⁷ But children also can't keep their mouths shut. And, aye, there's the rub.⁴⁸

⁴⁶ Working memory, another executive function, is an issue with ADHD. If I don't take my medication then sometimes I will forget what I am saying in the middle of a sentence. I'll forget what the question was in the middle of answering it. It is definitely comical in theory, but in practice it is very distressing. There's no way to gracefully stop in the middle of a desperate run on sentence and admit you can't remember why you were talking in the first place.

⁴⁷ I've never had anyone openly dispute my diagnosis to my face. But I've heard people talk about other people “with ADHD” behind their backs and dispute it then, after they've waited for the safety of an echo chamber. Sometimes I wonder if I should have interjected. But I suppose I was stuck in that same echo chamber, too.

⁴⁸ I try to put *Hamlet* easter eggs in my essays when I can, hoping that it will somehow someday prompt someone to ask me about the play. Come find me and talk to me about [Hamlet](#). Please.

Having ADHD is a secret. Pretend you are ashamed of it if it happens to come up in conversation. That way, people are less likely to think you made it up⁴⁹ if you pretend that you don't understand what it means to have your "learning disability,"⁵⁰ as if it proves some evil doctor smacked the label on you without explaining why.⁵¹ Maybe I was just raised to be overly protective of who I confide my disorder in, but the **unreadable look** others give after revealing careful information to them is not a face I like to be burdened with. Maybe I'm seeing rejection where it isn't. Maybe I like pretending it's a bigger deal than it is.

I do at times feel envious of those who can instinctively orient their mind towards the path of least resistance, but despite that, I don't think I have ever envied a brain without ADHD. It's not so much that I think having ADHD is better, I just don't know what it's like to not have

⁴⁹ Even people legitimately diagnosed with ADHD will be skeptical of someone's diagnostic claim. Just as OCD is flanderized and subsequently flaunted as just being too organized, ADHD is flanderized into, well, hyperactivity and difficulty paying attention. Or maybe flanderized into the antithesis of "OCD." It happened to come up in conversation with a girl I had been friends with for about a year that she had ADHD, and I asserted my mutual diagnosis. She very tactfully jumped right into the **real** questions that both of us were wondering:

"Oh wow, really? When were you diagnosed?" She asked with such genuity that I didn't realize what her probable intentions were until after it was over.

"All the way back in Kindergarten, actually. My sister has ADHD too, so because there was the genetic factor I was able to be diagnosed that early," I said. ADHD is about as heritable as height (Vanbuskirk). Similarly, many adults are only diagnosed with ADHD until after their children are diagnosed.

"Oh, cool! I was diagnosed in 3rd grade." Usually ADHD won't be diagnosed until around that age. It's often unclear if the child actually has the disorder or if they're just immature, which is fair. "Do you take medication for it?"

"Yeah, I've taken medication since Kindergarten—I take Vyvanse."

"What?! Me too! We're like twins!" she exclaimed, then added, "I've never actually met someone who has ADHD." I was taken aback. How many people had she met before that claimed to understand her, only to realize they didn't understand at all? I had never considered how much I took a sibling with ADHD for granted; I've never felt alone.

"Do you want to get together sometime and, I dunno, talk about our feelings and mutual experiences with it?"

"I would love that."

⁵⁰ ADHD itself is not a learning disability. Although, co-morbid learning disabilities can be common, like dyslexia or dysgraphia.

⁵¹ I mean, technically, I was only in kindergarten so I really *didn't* understand what it meant. But that doesn't lend itself to the mental image I'm trying to create. I'm willing to bet the woman who came to observe me in class wasn't evil though, so it's still applicable.

it. It's not like my ADHD is ever not there. **I don't know how to know anything else.**

Metacognition is the closest I can get to peeking in the ADHDless brain, but even so the medium remains as my own mind and no one else's. **These are all questions that have already never been answered before. Since antiquity, this is nothing new.** And why should I want a different mind anyway? I would no longer be the mind that wanted a new one in the first place.

The hypothetical doesn't make enough sense without further development anyway. What *is* ADHD, and what would it mean to get rid of it? Is it hyperactivity and sometimes being distracted? Whose definition are we using? The constantly changing parameters of the disorder's definition tell me I shouldn't hold my breath for an answer. No, I know, the hypothetical erases the **essence** of the disorder, the **form**, it is not about the words used to describe it. That's exactly what I'm talking about. How can I even entertain the hypothetical when I do not know what the true **form** of the disorder is? What parts of me are the ADHD and what parts are actually me? Is the ADHD not me? I have no frame of reference; the words can only ever gloss over the meaning. They're just the **shadows** on the cave walls.

Look, my point is that I don't care—I'm just saying the hypothetical doesn't make sense. This isn't some manifesto about learning to love **yourself** despite the issues that you have. I mean, you should, but that's not what this is. I guess it's just fun for me to **define** terms that are ambiguous.

Works Cited

- “ADHD, by the numbers.” *ADDitude*. New Hope Media LLC. <https://www.additudemag.com/the-statistics-of-adhd/>.
- Barkley, Russel. “The 30 Essential Ideas Everyone Needs to Know.” *Center for ADHD Awareness Canada*. Lecture. <http://adhdvideosandinfo.blogspot.com/p/blog-page.html>.
- Barkley, Russel et al. “International Consensus Statement on ADHD.” *Clinical Child and Family Psychology Review*, Vol. 5, No. 2, June 2002. <http://www.russellbarkley.org/factsheets/Consensus2002.pdf>. Accessed 22 October 2018.
- Blum, Robert et al. “Adolescent Maturity and the Brain: The Promise and Pitfalls of Neuroscience Research in Adolescent Health Policy.” *The Journal of adolescent health: official publication of the Society for Adolescent Medicine*, 2009. 45.3: 216–221. PMC. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2892678/>. Accessed 4 June 2018.
- Breslau, Joshua, Elizabeth Miller, W-J Joanie Chung, and Julie B. Schweitzer. “Childhood and Adolescent-onset Psychiatric Disorders, Substance Use, and Failure to Graduate High School on Time.” *US National Library of Medicine National Institutes of Health*. 2010. <https://www.ncbi.nlm.nih.gov/pubmed/20638079>. Accessed 22 October 2018.
- Chricton, Alexander. “An inquiry into the nature and origin of mental derangement: comprehending a concise system of the physiology and pathology of the human mind and a history of the passions and their effects.” 1798.
- Cooper-Kahn, Joyce, and Laurie Dietzel. “What is Executive Functioning?” LD Online. WETA, 2018.

- Cummins, Marla. "Figure 1: Urgent/Important Matrix." *Marla Cummins ADHD Coach and Productivity Consultant*, Marla Cummins, 25 June 2014, <http://marlacummins.com/adhd-and-using-the-urgent-important-matrix/>. Accessed 30 May 2018.
- Diagnostic And Statistical Manual of Mental Disorders : DSM-5. Arlington, VA :American Psychiatric Publishing, 2013.
- Dodson, William. "How ADHD Ignites Rejection Sensitive Dysphoria." *ADDitude*. New Hope Media LLC. <https://www.additudemag.com/rejection-sensitive-dysphoria-how-to-treat-it-alongside-adhd/>. Accessed 4 June 2018.
- Dodson, William. "Secrets of Your ADHD Brain." *ADDitude*. New Hope Media LLC. <https://www.additudemag.com/secrets-of-the-adhd-brain/>. Accessed 23 January 2018.
- Doyle, Joel et al. "Validity of the Executive Function Theory of AttentionDeficit/Hyperactivity Disorder: A Meta-Analytic Review." *Society of Biological Psychiatry*, 2004. http://psych.colorado.edu/~willcutt/pdfs/willcutt_2005_bp.pdf. Accessed 4 June 2018
- "Epidemiology: age." *ADHD Institute*. Shire, 2018. <http://adhd-institute.com/burden-of-adhd/epidemiology/age/>. Accessed 2 June 2018.
- Epstein, Jeffery N., and Richard E. A. Loren. "Changes in the Definition of ADHD in DSM-5: Subtle but Important." *Neuropsychiatry* 3.5 (2013): 455–458. PMC. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3955126/>. Accessed 10 May 2018.
- Fastbraiin Staff. "Understanding and Unraveling the Similarities Between ADHD and Autism." *Fastbraiin*, 4 August 2017. <https://fastbraiin.com/adhd-and-autism/>. Accessed 26 May 2018.

- Kuriyan, Aparajita B. et al. “Young Adult Educational and Vocational Outcomes of Children Diagnosed with ADHD.” *Journal of Abnormal Child Psychology*. 41(1):27–41, 2013. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3505256/>. Accessed 22 October 2018.
- Lack, Caleb. “Attention-Deficit/Hyperactivity Disorder (ADHD).” *Abnormal Psychology: An e-text!*. Tangient LLC, 2018. <https://courses.lumenlearning.com/abnormalpsychology/chapter/attention-deficithyperactivity-disorder-adhd/>. Accessed 2 June 2018.
- Lange, Klaus W. et al. “The History of Attention Deficit Hyperactivity Disorder.” *Attention Deficit and Hyperactivity Disorders* 2.4 (2010): 241–255. 30 November 2010. *PMC*. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3000907/>. Accessed 10 May 2018.
- Mischel, Walter et al. “Cognitive and attentional mechanisms in delay of gratification.” *Journal of Personality and Social Psychology*, 1972. 21(2), 204-218.
- Palmer, E. D., and Stanley Finger. “An early description of ADHD(Inattention Subtype): Dr. Alexander Crichton and the “Mental Restlessness” (1798).” *Child Psychology and Psychiatry Reviews*, 2001. https://www.researchgate.net/publication/231944353_An_Early_Description_of_ADHD_Inattentive_Subtype_Dr_Alexander_Crichton_and_'Mental_Restlessness'_1798.
- Sugden, Kirby et al. “Children with Developmental Coordination Disorders.” *Journal of the Royal Society of Medicine*, 100.4 (2007): 182–186.
- TheBananaKing. Comment on “People with ADHD, what ADHD is like, how does medication affect your ability to work and how soon does it take its effect?” *Reddit*, 2013. https://www.reddit.com/r/explainlikeimfive/comments/16joxj/people_with_adhd_what_adhd_is_like_how_does/c7wnp37/

The Lancet. "People with ADHD are twice as likely to die prematurely, often due to accidents."

ScienceDaily. www.sciencedaily.com/releases/2015/02/150225205834.htm (accessed October 18, 2018).

"The Social Model of Disability." *Scope About Disability*. <https://www.scope.org.uk/about-us/our-brand/social-model-of-disability>. Accessed 30 May 2018.

Vanbuskirk, Sarah. "When ADHD Is All in the Family." *ADDitude*. New Hope Media LLC. <https://www.additudemag.com/is-adhd-hereditary-blog/>. Accessed 4 June 2018.