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80HD

ADHD - An explorative research

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Abstract

ADHD, attention deficit hyperactive disorder was first described as such in the diagnostic and statistical manual of mental disorders, the DSM in 1987. Since then the disorder has had great interest from research but also from society. The amount of ADHD diagnoses has increased every year since the disorder has been established by the American Psychiatric Association and is in recent years the most established mental illness among children and adults.

The goal of this paper is to explore how people diagnosed with ADHD subjectively define and experience the abstract object of ADHD.

Previous research focuses on mapping the problems and impairments resulting from this “illness”, to gain more insight into the differences between people diagnosed with ADHD, and people who do not possess the described symptoms, often focused on the problems people experience. Social constructionists look upon ADHD as socially constructed; a socially valued dysfunction, a deviant pattern of behaviour was once observed and categorised into what we now call symptoms. The word symptom demonstrates indication or evidence, and the abstract object takes on disease like properties. The object becomes reified, which means as much as become real. The result is that ADHD is seen as the cause of problems, instead of a group of problems that was once labelled ADHD.

The informants used for this research seem to have problems with controlling their impulses, which besides negatively influencing executive functioning, causes problems with social interaction. The informants often express feeling misunderstood by their environment, they feel different. They feel discriminated against by the structures of school, work and society as a whole which, they feel, impairs their abilities and misuses their talents. They express to feel at ease when they are fully occupied with something interesting and seem to call for understanding for their inabilities and space to develop their talents.

Keywords: adult, ADHD, qualitative, self, identity, stigma
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1 Introduction

1.1 Background
A few years ago, I started to develop an interest for ADHD. The inspiration for this interest was one of my best and oldest friends; I will call him Rob. Rob is fun to be with, energetic, musical, honest, sensitive, funny, and always ready to make me laugh until my stomach hurts and then some. Rob was diagnosed with ADHD since childhood. In his house, I found a magazine written for (young) adults with ADHD, and people living close to people with ADHD. In this magazine, the main problems with ADHD were described: having hard time planning, acting on impulses, not paying bills on time, problems with relationships, and the discussion if people with ADHD were safe to be driving a car. Nevertheless, there was also another angle: stories of creativity, of a different worldview, of ideas and possibilities. In this magazine I read, years ago, an article that described the hunter versus farmer theory developed by Thom Hartmann, writer of the Edison Gene. He describes people with ADHD-related symptoms as the hunters among our ancestors, the ones that were always up and about, fast to respond in threatening situations and always coming up with new ideas: an evolutionary advantage.

Rob is not my only friend who is diagnosed with ADHD. In fact, many of my best friends have been diagnosed with ADHD. What these people in my view have in common, and what I therefore ascribe to ADHD, is that they are creative, impulsive, sociable and energetic. They talk a fast and a lot, from one topic to another and show interest in how the world around them works. They often have grand ideas and strong opinions but are always willing to change their minds. They are open and honest. They also have problems. Problems planning daily activities, forgetting things, have messy homes and no structured administration. While most of my “normal” friends are making career, most of my ADHD friends still did not find their place, they have settled for a job, started their third study, receive invalidity benefits, or are on welfare in between jobs. Furthermore, I noticed quite a number of other people who have a hard time keeping pace with people diagnosed with ADHD, who are annoyed at being often interrupted, or who feel drained from energy after meeting up with a person diagnosed with ADHD. They seem to see and experience a more negative side of ADHD than I do.

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I hereby refer to people without an ADHD diagnose.
ADHD, the fastest growing mental disorder in the last 10 years, is characterised by problems with impulse control, concentration, and hyperactivity. ADHD is often presented as a neuropsychiatric disability; medication is offered to help suppress impulses and hyperactivity, and aid concentration problems while behavioural therapy is offered to help with executive functioning (Socialstyrelsen, 2014).

I envy the creativity, energy and social skills I see amongst my ADHD diagnosed friends. I recognise myself in some of the executive problems they have. Because I see a talent that seems not having the space to develop I want, in later life, to help young adults diagnosed with ADHD to come to their full potential. Rob once told me, “If you don’t have it [ADHD], you will never know what it is.”

1.2 Purpose and Research Questions

This study has a twofold aim:

1) To explore different views on what ADHD is, or contains, in order to see beyond the perception of ADHD as solely a mental illness, providing a more constructive view on ADHD.

2) To explore the meaning and experience of ADHD from an ADHDers\(^2\) point of perspective (inspired by Blumer 1986, p 73).

The main research question is:

- Do young adult ADHDers feel differentness\(^3\) from other people and if so, how do they experience and give meaning to this differentness?

I will attempt to answer the main question with help of the following sub questions:

- How is ADHD defined in recent literature?
- How do ADHDers define ADHD?
- How do ADHDers experience and respond to ADHD in everyday life?

1.3 Disposition

In order to understand how ADHD is defined in the wider world, the literary review will first present different contemporary views on ADHD, followed by recent studies of people

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\(^2\) From now on I will use the word ADHDer to describe a person that was diagnosed with ADHD.

\(^3\) Differentness is used as the state or result of being different.
diagnosed with ADHD, with focus on adult ADHD. In the theory, a constructionist perspective on mental disorders is applied to ADHD after which various symbolic interactionist concepts are presented that will be used to analyse the empirical material collected for this study. The choice of method will be explained and clarified. In the result, subjective accounts of several individuals diagnosed with ADHD will be presented and analysed separately. In the summarising discussion, in which I will attempt to answer the main research question, I will offer implications for further research.
2 Literary Review

This chapter will overview different perspectives on the symptoms and meaning of ADHD in order to expand the understanding for what ADHD is, after which it will outline several areas of previous research done about ADHD.

2.1 ADHD

ADHD was first defined in 1980 in the DSM-III. The DSM, the Diagnostic and Statistical Manual of Mental Disorders, is an authoritative guide for classifying and diagnosing mental disorders. The DSM view is offered here as representing the primary conception of ADHD out of a psychiatric point of view.

Attention Deficit Hyperactivity Disorder (ADHD) is described in the most recent DSM-V (APA, 2013) as a developmental disorder, relative to the development levels of the same age environment. The symptoms described need to be persistent and “maladaptive and inconsistent with developmental levels” and lead to significant impairment in functioning which should be present in two or more settings such as school, home and/or work (APA, 2013). Symptoms are understood as the cognitional/behavioural expressions reflecting the disorder. Impairment indicates the consequences of these expressions and reflects a below average functioning in several areas such as academic/ occupational, familiar, or cognition (Barkley, Murphy and Fisher 2008, p 133-134). For an overview of symptoms and presentation types see Annex I. According to Barkley, Murphy and Fisher (2008) the recent DSM criteria are designed for use with children and are insufficient for diagnosing ADHD in adulthood. A person can cease to meet the DSM criteria in adult life, but still experience developmental inconsistencies in comparison with their peers. (p. 60) Barkley, Murphy, and Fisher propose a revised set of symptoms designed on adults to better diagnose adult ADHD argued from a DSM-perspective. The core symptom of ADHD in adults are characterised by predominant inattentive symptoms and impairments of distraction, disorganisation, and impulsive decision-making. An overview of their revised set of symptoms is presented in Annex II. Barkley also argues that adults with ADHD have knowledge of what is social appropriate behaviour, but difficulties applying that knowledge in everyday life.

An alternative perspective on ADHD, as mentioned earlier, is the hunter versus farmer theory developed by Thom Hartmann in The Edison Gene (2003). He sees upon ADHD symptoms not as a dysfunction, but rather as a set of important features, or traits, that came in handy for the hunter-type among our ancestors. He advocates for a different view on ADHD where the
emphasis should not lay on the problems ADHDers experience, but how to highlight and develop their strengths. He is not alone. Mark Patey and Jeremiah Johnson (2013) do not deny that ADHD has its difficulties, but they try to find ways to “magnify the gifts and manage the curse”. Stephen Tonti (2013) suggests we should not look upon ADHD as a cognitive disability, but instead see ADHD as a cognitive difference. Barbara A. Mather (2012) and Hallowell & Ratey (2005) also advocate for reframing ADHD as a difference versus a disorder. They call for more attention for individual character strengths, such as creativity, out-of-the-box thinking, imagination and intelligence, novelty seeking and multitasking (Weiss 2005), as opposed to focusing on the negative unmanageable symptoms.

2.2 Previous Research

Study regarding ADHD focuses mainly on individual and social impairments that could be associated with the disorder as it is described in diagnostic manuals such as the DSM-V: Mental illnesses such as ADHD are measured relative to the environment, indicating difference or impairment in comparison with others and most studies of ADHD revolve around comparison with a non-ADHD control group.

Recent research revolving around ADHD concentrates on establishing ADHD related symptoms. Several studies have found problems with response inhibition, which is a psychological term for poor impulse control, more often in ADHD diagnosed adults than in control groups (Murphy, Barkley & Bush, 2001; Nigg, 2001). Also problems with memory, with sustaining attention and executive functioning (Barkley & Bush, 2001; Fuermaier et al., 2014), as well as risk-taking behaviour and novelty seeking were behaviours that were more often observed in adults diagnosed with ADHD (Brod et al., 2012; Jacob et al., 2014). Furthermore, White and Shah (2011) have found creativity, divergent thinking, and elevated idea generation among ADHDers in comparison with a non-ADHD control group.

Another area on which recent study focuses is the area of social and interpersonal functioning. Most of the research done in this area is focused on the social functioning of children with ADHD. These children tend to be more socially engaged but are rated as less liked by their classmate peers (Buhrmester, Whalen, Henker, MacDonald & Hinshaw, 1992; Grenell, Glass & Katz, 1987); they are more often socially rejected and have fewer close reciprocated friends.

4 Talcott Parsons (1964) claims: “What persons are can only be understood in terms of a set of belief and sentiments which define what they ought to be. (p. 22)”
The strongest predictor of peer rejection in children with ADHD is the display of verbal and physical aggression (Erhardt & Hinshaw, 1994; Hodgens, Cole and Boldizar, 2000). However, children with ADHD tend to be unaware of their unpopularity and rate their peers as more liked than is retorted (Hoza et al.). Heiman (2005) shows that children with ADHD do not report to have fewer close friends than their non-ADHD counterparts do, but this can relate to their definition of a close friend. Where more non-ADHD children characterise their best friends as emotional supportive, ADHD children more often define a close friend as a companion to share in activities. Even though children with ADHD generally show no lack in social interest, they often show difficulties in adjusting their behaviour to others (Nijmijer et al., 2008). These difficulties are also reflected in symptoms described in the DSM-V such as “runs about excessively,” or “interrupts or intrudes upon others” or “does not appear to listen,” (APA, 2013).

ADHD in adulthood is often associated with academic underachievement, more police contact and substance abuse (Young, Toone & Tyson, 2003). On a social level, adults with ADHD report to view themselves as less skilled when it comes to regulate their behaviour (Shaw-Zirt, 2005; Friedman et al., 2003), despite the fact that they appear to have more sensitivity towards social rule violation (Friedman et al., 2003). They have greater friendship problems, i.e. more difficulties initiating and sustaining relationships than their non-ADHD counterparts (Young, Toone & Tyson, 2003). Older adults with ADHD appear to be more often divorced or never married, have a smaller friends- and family network and experience more loneliness in comparison with adults without ADHD. However, they engage more in recreational activities than their non-ADHD counterparts do. (Michielsen et al., 2013)

Recent study regarding ADHD focuses mainly on individual and social impairments that could be associated with the disorder as it is described in diagnostic manuals such as the DSM-V. In order to gain more insight into the problems and impairments of people with ADHD, often comparison is made with a control group of people who do not have this disorder. Furthermore, most of the studies available focus on negative aspects and life-outcomes of ADHD. How do people diagnosed with ADHD subjective relate to negatively being categorised as different?

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5 Note that verbal and physical aggression are not symptoms described by the DSM-V to typify ADHD.
3 Theory and Concepts

The following chapter is divided into two parts. First, a constructionist perspective applied to mental disorders is presented in order to fulfill the understanding of what ADHD is out of a theoretical point of view. Secondly, several connecting symbolic interactionist concepts and terms are presented that will be used further down to analyze the empirical material.

3.1 Social Constructionism

In The Social Construction of Reality: A Treatise in the Sociology of Knowledge, Berger & Luckmann (1966) present the concept of social construction. Reality as we know it derives from a social system of interaction, and depends on the social context surrounding us. Through social interaction that takes place in everyday life, we make agreements about how reality works and through repetition grow accustomed to these agreements and adopt them as knowledge.

A constructionist perspective on mental disorders argues from the idea that mental disorders, as well as psychological normality, are socially constructed. “Abnormal and normal are constructs people invented as a way to understand and explain certain forms of human experience. (Rasin & Lewandowski 2000, p. 18)” Mental disorders should be seen as concepts, which are rather constructed or invented rather than revealed or discovered (Rasin & Lewandowski). Maddux and Winstead (2008) view mental disorders, such as ADHD, as “abstract ideas that are not scientifically constructed but instead are socially constructed” (Maddux & Winstead 2008, p. 11), which reflect personal, cultural and professional values. The assertion that mental disorders such as ADHD are invented rather than scientifically discovered does not deny the difficulties people experience, but it stresses that mental disorders do not exist and possess properties like physical objects do (for example viruses). According to Maddux and Winstead, the construction of psychopathology starts with an observed pattern of behaviour that deviates from the norm, or which identifies a human imperfection. This pattern is defined by a group with influence and power and is given a name, often, as is the case with ADHD, an abbreviation. In addition, the disorder seems to develop disease-like entities. Knowledge about the disorder spreads; people start to believe they might have “it” and call for a treatment. Scientific methods are applied to study “it” and the more “it” is studied, the more “it” is regarded as a real thing. The disorder becomes reified, which means that we regard the abstract object as a real thing with properties and proposed scientific ways of measuring.
Trudy Dehue (2012) defines reification of mental disorders as to see the disorder as a thing that exists apart from and prior to its criteria. In the example of ADHD, this will mean that someone would say, ‘I often have a hard time focusing because of my ADHD.’ The disorder seems to lead to the symptoms described, instead of being a label for a pattern of behaviour. Dehue prefers the word criteria to symptoms. She argues that the symptoms described are nothing more than criteria someone has to answer to in order to receive the diagnosis. She states that the criteria are agreements, not symptoms. She views diagnostic manuals, such as the DSM-V, as label-books that describe the norm, the way a person is supposed to be. She advocates in her book Betere mensen (2014) for the preservation of variation in types of people, and criticises the way science categorises people after deviant behaviour and how these variations are labelled as an illness that need to be cured.

3.2 Symbolic Interactionism

According to Blumer (1986), the nature of symbolic interactionism revolves around three core principles: First, we behave towards objects based on the meaning these objects have for us. Secondly, this meaning first emerges out of social interaction with others, and thirdly, these meanings are further negotiated (selected, modified, refined, regrouped etc.) in interpretive processes with others and with ourselves (p. 2). Objects, explained by Blumer an “anything that can be indicated or referred to” (p. 11), can be divided into three categories: physical objects (such as a sofa or a cup of tea), social objects (for instance roommates or a father), and abstract objects (such as values or ideas, for example honesty or relaxation) (p. 10). We must look, Blumer continues, upon all objects as social creations. All definitions, interpretations, categorisation etc. of all objects are derived from social interaction. Furthermore, the meaning of objects is not static but there is an ongoing interactive process of redefinition and reinterpretation of objects and their meaning. As the meaning of an object changes, our behaviour will as well.

3.2.1 Self

Because we can look upon ourselves as an object, we can reflect upon ourselves as we reflect upon other objects. Through self-interaction we can see ourselves, respond to what we see and possibly negotiate a new view. This view of ourselves that we form through self-interaction influences the way we choose to act or behave.

We do not only reflect back to ourselves through self-interaction but also through the eyes of the other. Before we act, we can see upon this action through the perspective of the other and
predict the consequences of our action. Charles Cooley (1922) uses the term the “looking
glass self” to describe the imagination we have of other people’s judgement of our
appearance, which result in some sort of self-feeling: pride or shame (p. 184). The view of
ourselves through the eyes of the other and the imagined self-feeling of pride or shame
influences the way we see ourselves and thus the way we choose to behave and present
ourselves. The observation and interpretation of the imaginations we have of other people
should be, according to Cooley, the main objective of sociological study (p. 121).

Our behaviour is not solely influenced by what we imagine the others judgement will be but
also how we interpret the action of the other during interaction. Mead describes two kinds of
interaction, the conversation of gestures and the use of significant symbols. Blumer translates
these two types into non-symbolic and symbolic. Non-symbolic interaction is a direct
spontaneous response to gestures of the other whereas symbolic interaction involves a process
of interpretation and definition. The same kind of distinction, between spontaneous response
and internalised definition is reflected in how Mead divides the self: On the one hand, there is
the “me,” the already negotiated and internalised concept we have of ourselves and on the
other hand, there is the “I,” the spontaneous unpredictable immediate response to our
environment (Mead 1977, part VI). We are not just beings who simply respond to what
happens around us, but we constantly reflect on what we see and guide our behaviour and
concept of self on that interpretation.

3.2.2 Identity

The term identification is used by Richard Jenkins (2008) to describe the process of making
sense of ourselves in relation to others. Our social identity is understood as the dialectic
between the self-image and public image: the relation between the definition of self and the
definition awarded by others. We identify ourselves primarily in terms of similarity and
difference, through attaching or rejecting categories, characteristics, or the values and beliefs
of a group. While group identification is a product of aware collective internal relationships of
similarity, categorisation is a question of collective external definition. Even though group
identification always implies a certain degree of categorisation, categorisation does not
necessarily lead to group identification. We need not be aware of the categorisation by others,
but categorisation does influence the response and expectations of others towards us and will
therefor influence our concept of self. The consequences in relation to the concept of self of
these external definitions by others could be far-reaching. If we are authoritatively labelled
then internalisation of this label may occur. Identity is not just a matter of individuals and
relationships between individuals but also involves reference to institutions: an established way of doing things, a taken for granted, “way things are done” on which individuals orient and reflect their behaviour.

### 3.2.3 Stigma

When someone shows to possess “an undesired differentness from what we had anticipated” (Goffman 1997, p. 73), do we speak of a stigma. Character flaws, such as mental disorders indicate, draw attention and sets the stigmatised apart. A person with a stigma is regarded as not quite human, even regarded to represent a danger, and is therefore often discriminated against, impairing life chances. Furthermore, Goffman describes when talking about stigmatised people that they often maintain an image of themselves as a “human being like anyone else, a person therefore, who deserves a fair chance and a fair break” (p. 74) and that it are the perceived standards of society that make the stigmatised fall short of what they ought to be.

Link & Phelan (2001) suggest we speak of stigma when four interrelated components happen together: The first component involves the distinguishing and labelling of differences. The second component is to link these differences to culturally undesirable characteristics i.e. to negative stereotypes. The third component involves the separation between the labelled “them” and the unlabelled “us”, and the forth component is that the labelled person experiences loss of status and individual or structural discrimination.

The more a stigmatised person feels discriminated against, or devalued by their environment, the more they feel threatened by social interaction. In their modified labelling theory, Link et al. (1989) suggest that the stigmatised use various strategies to respond to the stigma and cope with the threat of social interaction. First, they can attempt to keep their stigma a secret for the environment, secondly, they can withdraw from or limit social interaction, or lastly, they can attempt to change the other’s view on the stigma. Furthermore, Snow & Anderson (1987) imply the stigmatised engages in “identity talk” to negotiate a positive personal identity in order to maintain a sense of self-worth.

This study will focus on the subjective experience of living with ADHD through examining the meaning of the object of self in relation to the meaning of the object of ADHD. It will explore how the meaning of ADHD is renegotiated in adult life and in what extend ADHDers identify with the label of ADHD. Do adult ADHDers feel stigmatised and if so, how do they
respond to the stigma? How do they deal with the differentness from their environment, established by the ADHD diagnose, and the (imagined) responses from others?
4 Method

Qualitative research has become the usual way of gaining knowledge in the social sciences. The goal of qualitative research is to question common assumptions through a better understanding. In order to deduce understanding and explanation of society it is vital to come close to the people involved, to understand the world from their point of view. In order to gain understanding for how people perceive and give meaning to their reality and how their actions are influenced by these ideas, the most obvious technique would be to talk to them (Kvale & Brinkman, 2009 p. 15). Because this study focuses on how people experience their hypothetical differentness from other people in their environment, a qualitative interview approach grounded in phenomenology is chosen the most suitable. It is the social reality, how interviewees perceive the phenomenon of ADHD, which is the focus of this study.

4.1 Selection

The inspiration for this study grounds on ADHDers in my personal environment, therefor have I searched for interviewees in my personal group of acquaintances and friends. In this way, I used myself as the main informant for what Aspers (2011) describes as the snowball-selection, where the network of one person is addressed to find additional study objects (p. 95). An advantage with snowball selection is that the researcher has easy access to the field. However, a vulnerability of this selection procedure is that the network that is studied is a specific network, with possible similar assumptions. On the other hand, in order to maximise the variation in study objects have I attempted to select people with different backgrounds and who move in different friend groups. I have sent out emails and personal Facebook messages to people I knew were diagnosed with ADHD.

As it turned out, the respondents to my call for study objects were young adult males between the age of 22 and 35, living in the Netherlands. I chose to actively exclude all accounts revolving around (self) medication partly because of ethical considerations and partly because the discussion about ADHD-medication is irrelevant to this present study.

4.2 Ethical Considerations

The report for good research practices from Vetenskapsrådet describes three relevant concepts that should be considered when doing research: secrecy, anonymity, and confidentiality. Before the interviews, the informants received an introduction letter (see Annex III) in which I explained the purpose of my research and that their accounts will be treated with confidentiality, anonymity, and respect. In the beginning of the interviews, I made it again
clear that I will guard for my informant’s anonymity and a de-personalisation of their accounts (VR 2011, p. 67), which means that I will, as much as possible, avoid disclosing personal stories that can identify any individual’s personal identity. I repeated that they are free to terminate the interview at any time, that they are free to leave questions unanswered, and that they can withdraw statements. At the end of the interview, I have inquired again if there were any statements that they wish to withdraw or if there were any sensitive, personal parts in the interview that they do not feel comfortable with disclosing to others. After the interviews were transcribed, I send the transcriptions to the informants with the question if there was anything they wanted me to leave out of the interview.

In order to keep my informants anonymity, I present the informant’s personal details, such as their age, and occupation as a group before I present them with their pseudonyms and personal accounts.

4.3 Material

The interviews followed a thematically structure based on narrative interviewing. As Becker (1998) explains, a narrative approach focuses on “stories that explain what it is” (p. 57). “It” in this case is ADHD. A thematically open structure revolves around having a conversation between interviewer and interviewee where both are producing and constructing the interview material (Aspers p. 144). In the case of the interviews conducted for this study, I, the interviewer was not so much aiming to have a conversation in words, as well as in silence or repeating sentences or words the informant had mentioned before. The interviewee was leading the direction of the interviews, however, the interviews revolved around various preset themes. In order to understand what ADHD means to the informants I designed an interview guide, which I only used as a guideline for the interviews. Silence was most often utilized to give the informants more time to reflect over what they had said, and to give them the room to break the silence with meaningful information (Kvale & Brinkman, 151,152). In the beginning of the interview, I told each of my informants I was writing my bachelor thesis about ADHD and that I was curious about how they experience their life while having ADHD. I told them I was once told, “If you don’t have it, you will never understand it,” and that I needed their help to figure out what ADHD is, for them. I explained the interview structure was open structured and that they were allowed and encouraged to talk freely. I started my interviews with the question “When were you diagnosed and why?”, and towards the end of the interviews I asked the question “So, what is ADHD?”
Most of the questions asked were asked after a long silence; when the informant seemed out of words. Some of my questions were follow-up questions in order to get clarification, personal opinions, or examples. Themes I based my questions on were not in particular order:

- Impairments and symptoms of ADHD
- Situations in which my informants were most bothered by ADHD-related symptoms
- Situations in which ADHD-related symptoms were most absent or even convenient
- How they experienced ADHD in a social context (with (girl-) friends, colleagues, fellow students etc.)
- Solutions of ADHD-related problems
- What is ADHD?

Three of the informants were interviewed in person at their homes; three of them were interviewed over Skype because of geographical reasons. The interview lengths varied between 50 minutes to 90 minutes. The interviews were recorded on a laptop and transcribed in word documents in full in their original language. I excluded the introduction talk and small talk afterwards from the transcription, as well as when the interview went off topic, though I wrote down key words that describe the off-topic segments. Because all of my informants live in the Netherlands, the transcribing was done in Dutch and quotes used were translated into English in which I attempted to stay as close as possible to the feeling of the original account.

4.4 Analysis

After the interviews were transcribed, they were read and re-read to familiarise myself with the material. I summarised the accounts per subject in the margins in order to discover common themes. I deductively coded the full material, i.e. highlighted relevant quotes, after the above-mentioned themes such as symptoms and impairments, situations, social context and solutions, after which I inductively coded/ highlighted the material after additional themes. For the presentation of the material, I have selected individual accounts that showed similarity with other accounts of other informants. All relevant empirical material was translated into English. The themes presented are the themes that could be analysed with the previous mentioned theories.
The fact that I interviewed only people out of my environment of course has consequences. Even though the informants do not interact with each other on a regular basis, and some of the informants do not know each other at all, all of them are connected to me in a certain way. It could be said that the informants used for this study do not reflect a random sample of people diagnosed with ADHD. I do not claim this. I am aware that the informants are my acquaintances and in some cases even friends, which could have consequences for a similar ways of looking at the world. However, the acquaintanceship, in my view, also positively influenced the openness of the accounts. I am also aware that I cannot draw general conclusions based on the accounts of these six informants. However, the focus of this study is on common themes expressed by the informants and I deemed those overlapping accounts as reliable enough to draw general conclusions in the last chapter (see Chapter 6), and use the accounts as a base for offering suggestions for further study.
5 Result

In this chapter, I will present the outcome of the interviews to gain deeper understanding into how the informants describe the subjective experience of ADHD. After introducing the informants I will present common components of ADHD that were described by all or most of the informants. Next, I will present how the informants experience ADHD in a wider context, i.e. the incomprehension of their environment and society as a whole. Following I will apply the previous presented theories of self, identity and stigma to gain deeper understanding and explanation of the subjective accounts. The focus in the following part is on common descriptions throughout the six, different accounts.

5.1 Informants Introduction

The informants are men between 22 and 35 years old. All six informants live in the Netherlands, in three different cities. None of them hang out on a regular basis. Two of the informants have regular jobs, two of them study, one full time and the other part-time, and two of the informants are currently in between jobs. Oliver, Calvin, and René were diagnosed with ADHD when they were around 12 or 13 years old on advice of parents or school. Patrik, Johnny, and Anders were diagnosed with ADHD in later life, after high school at their own accord. Each of the informants described different components of ADHD as the centre of their ADHD, and they all defined ADHD in a different way, i.e. they gave diverse answers to the question “what is ADHD?” which I asked each of the informants towards the end of the interview. These personal differences are present below.

- Calvin put an energy surplus at the core of his ADHD and said that for him ADHD is that other people sometimes are bothered with his (energetic) behaviour.

- Oliver put disorganisation at the core of his ADHD and answered that in his view ADHD was a collective noun for fun but forgetful people.

- René described the core problem he experienced that he related to ADHD as an absence of continuity in his life and defined ADHD as having new thoughts that ask for his attention every 10 seconds.

- Johnny puts a total lack of planning at the core of his ADHD and defines ADHD as incapacity to deal with too much choice and information.

- Patrik explained the main problem with ADHD as the incapacity to focus for hours on end in class and sees ADHD as a side effect of a different brain system.
Anders’ described the core symptom of ADHD as the incapacity to engage in anything that does not interest him and sees ADHD as a variation of personality.

5.2 Components

Even though the informants placed slightly different components at the core of their experienced ADHD, they also described several similar ADHD-ascribed symptoms and their consequences. The most common problem referred to was a difficulty planning ahead for the future, with a variety of alleged causes and outcomes. Another component mentioned by all of the informants was the need to be interested or fully engaged in order to maintain focus and concentration on the task at hand. Some of the informants also mentioned elevated energy-and sensitivity levels, whose accounts are listed here as well.

5.2.1 Planning

Johnny puts impulsivity, which he describes as “living in the now,” as the main cause for not being able to plan, to make appointments or commitments to others. He said in the moment of making the plans, he sincerely believes he will stick to the plan, “I really mean it at that moment, and I’m dead serious about my commitment. But the next day everything looks different.” Oliver mentioned he does not like the process of making appointments with friends because he said, “I don’t know how I will feel about it next week.” René explained, “I just think it is hard to. Things I have decided on one moment, to think about them the same way the other moment. So, the feeling that I have no control over the next moment. How can I make decisions for the future if I decide to do something else 10 minutes later?”

5.2.2 Interest

Another recurrent theme, which each of the informants discussed was the difficulty doing something that did not trigger their interest. Or, as Anders put it: “My diagnosis was based on that I, on the one hand, am totally incapable doing things that do not interest me. So If I don’t like what I’m doing, I just don’t seem to be able to do it.” Patrik agrees and said,” If I’m doing something I find interesting or fun then, er, then I can easy spent., then I’m not bothered by it.” René talked about his current study, electrical engineering, and the math being difficult, “so horribly difficult, but cool when I finally get it. I never knew I could do that, with my head. As long as you’re interested I guess.” In addition, Calvin said, “School was, well it wasn’t challenging enough. In preschool, I was ahead with subjects as math and science and when I got to high school, they went over things I heard before so I could not keep my focus. Nothing new came in, nothing interesting, so I did not enjoy it.” Anders sums
up: “I need something to interest me. It does not necessarily need to be fun. It needs to be interesting and challenging and then I can put in all my energy into something.”

5.2.3 Engaged
Each informant seems to function best, i.e. experienced less impairments with ADHD related symptoms, when fully occupied. Calvin works in construction, “It is hard work, and asks a lot of energy. It is physical work, much running about, so I don’t really have the chance to get rowdy, because I can dispose of my energy. That’s relaxed.” Oliver enjoys sailing on a professional basis: “Working seven days a week, 12 hours a day following a strict regime and schedule, that I enjoy! I thrive well under that structure.” René told me, “As soon as I got the routine, if I master what I do, then it becomes a challenge to take up more tasks. At one point I was working over 50 hours a week, on irregular hours and thrived with it. Then I suddenly had time for friends and dishes and stuff.” And Patrik said: “For example, making theatre, sitting in a small room without windows for weeks, I love that. All the time hassle, always problems, things that do not work, I love that. (…) For that matter, I’m also, I think I’m good at acting in stressful situations. I think if all hell breaks loose, you should call me. I’m the one to take adequate decisions.” Johnny also said, “I function well under pressure and stress, step on the gas, excitement, tension. That’s why I enjoy the army.”

5.2.4 Energy
Calvin explains his ADHD as “I just have more energy than others,” and René said, “I always feel the need to move and shout about.” Patrik explains, “I cannot sit still for long, I will start to wobble,” but also “But it is not that I constantly feel an oversupply of energy or something, I’m actually very lazy too.” Anders said “On the other hand, a sort of hyperactivity, in a sense that I’m always restless.”

5.2.5 Sensitivity
“I think we are also more sensitive, we experience things more intense,” Oliver explains, “when I walk through town there is so much to see, the people, the windows, the colours.. It can be too much sometimes.” Johnny said, “I think because the world moves so fast nowadays, choices need to be made so quickly. There is too much choice. ADHD is that it is all too much; it is too much of everything. (…) But that is also ADHD: everything is all or nothing.” René agrees when he says, “It is full-on or full off with me.” Anders explained, “…enough is never enough. It can always be more, be bigger, faster, harder, wilder, quieter, softer, it can always be more. Like there is also the need to always shift back the boundaries.”
René mentions he ascribes his sense of humour to ADHD. “If you think very fast like I do, and that does not have to be better thinking, but then... I just see jokes everywhere. There is nothing better in life than laughing and making other people laugh.” Oliver looks upon his sensitivity also as an advantage, “because you are more observant or sharper to what other people feel, I think that is in my case very true: I’m sensitive to other people, a kind of social intelligence perhaps.” Johnny ascribes his tendency to entertain people to ADHD “If I’m fit and happy I’m the man of the party you know. I like to entertain people.”

5.3 ADHD in Context

The informants did not only elaborated on individual symptoms and impairments of ADHD. In addition, incomprehension from their environment was often mentioned, as well as a reflection on the functioning of society as a whole in relation to ADHD and how ADHD stands out in nowadays society.

5.3.1 Environment

Many of the informants experienced incomprehension from their environment when explaining they are diagnosed with ADHD. “People,” Johnny said, “People don’t understand. If I tell them, I have ADHD, they say well, just do this and this. People always know better. But they do not understand. We do and then we think, or something. Always, never-ending. They don’t understand. And I get that. I would love to.. Be like people around me, just normal, living a 9 to 5 life and be fine with that. But that doesn’t work for me, I did not find my way yet.” And Calvin said “At my previous work they did not know how to... They did not understand ADHD and always looked at me funny when I had one of my energetic crazy moments. (...) I only explain to others that I have ADHD when they seem to be bothered by my behaviour.” Anders also talks about his work,” Despite all the efforts that I do to explain it and to limit the effects ADHD has on my work and colleagues, they are unable or unwilling to understand.” Patrik never explains to others he has been diagnosed with ADHD “If someone says ‘I have ADHD’, I can say ‘me too’, but in no other situation do I think it adds any value to tell anyone.” Calvin even answered the question of “what is ADHD?” with “That other people are bothered with my behaviour.” ADHD expresses itself, in case of Calvin, mainly in an energy surplus. He states several times that he does not see his ADHD, “I just have more energy than others,” as a problem but that he is bothered by the fact that people in his environment are bothered with his behaviour.
5.3.2 Society

“In earlier days it was simple” Johnny said, “You were the son of a farmer, so you became a farmer. And you would make cheese your whole life. Now, you have so many choices and information and such, and then those few people who don’t know what to do with that stand out, so to speak. There is too much choice.” Anders notes likewise that in earlier days people were trained to take on a trade; become a joiner, a tailor, or a brewer for example. In his view the disappearance of these kinds of trades, make people with ADHD related problems stand out. And Oliver also noted that when in school, ADHD related problems stand out.

“I think ADHD is an expression of... well, of other people’s problem.” Anders states, “I think ADHD is the symptom of the problem. The problem is the incapacity of society to give room to variation. We like to think we live in an individualistic society where everyone can find their place. But the space in which we allow for variation, in which we give room to individual choice and aspects, is very narrow (...) Variation? Great! As long as you adapt. As long as you fit in into how we like see the world and ourselves. I think that is the problem. And I get burdened with this problem because it is easier for people to put the problem on one person then it is for them to try to live with it.” René mentioned something similar, when he said, “sometimes I think it is more other people’s problem than it is mine, I’m just more rowdy than other people, but I constantly have to make sure no one else is bothered by that.” And Patrik sets out, “I think that the symptoms on which you are diagnosed, are more a sort of side effects of what it [ADHD] actually is, maybe (...) a different brain system of something. And those side-effects need to be get rid of, by putting pills in people for example (...) because the school works like that, and the world works like that, I guess.” And Calvin also said, “The school system does not work for me. I need to be stimulated in a different way. More practical I think, more productive, more goal-directed. But because I work different I don’t get that chance. If I want something, I need to behave the same as everyone else and if I don’t fit in that box, I’m different. Then I have ADHD.” René said “you need to work with what you got, not only focus on the things I’m not good at” and Anders sums it up at follows: “I think society should provide sufficient margin to variation. I don’t want to say that everyone should be allowed to do whatever they feel like, but I think we can come up with structures in which people like me can contribute to the whole, using my intellect, my interests, and my quirkiness.”

The informants express impulsivity, novelty seeking, and a need to be interested in the activity at hand as core components of how they experience ADHD. The positive aspects
described are mainly social skills, the will to entertain or a certain social intelligence. The informants point out that ADHD related problems are situational and they describe times when they are not bothered by ADHD related symptoms. Apart from described problems with executive functioning, they describe problems with comprehension of their environment. Furthermore, some of them express a more wide societal problem that does not account for their different way of thinking which makes them feel that they are not given a chance to develop their talents or pursue their interests. Also, the wider societal problems with institutionalising are mentioned, the way society works makes their problems stand out.

5.4 Analysis
The informants define their ADHD in the ways that they are different from people in their environment, or in ways, they are deviant from the perceived norm. They see the ADHD related symptoms as part of themselves, and not as an ascribed category, an external deficiency, or temporary defect for example. “I’m always very…” “Also, I have problems with...” “For me that is the case” or “I can’t speak of ADHD in general but I am always very…” ADHD and its symptoms are regarded by the informants as a part of who they are, as a part of their self. In addition, the informants indicate a difference with society as a whole, which is mainly expressed by criticising the way society works. The following analysis is broken down into analysis of the self, identity and stigma.

5.4.1 Self
A common theme observed throughout the interviews is the perceived limited control from the established “me” over the spontaneous “I.” The spontaneous “I” takes over in many situations, which makes it hard for the informants to execute plans that were made before. However, the informants seem aware of this limited control and seem to have internalised the spontaneous “I” in the negotiated self-concept of the “me.” With that said, each of the informants seem to have a part of them that they do not have under control, a part that drives them forward, that causes restlessness and unpredictability. If looking at the self in this way, it is not surprising that the informants express a calm or relaxed state when they are fully occupied with something. Only when the spontaneous “I” is under control, and each of the informants mention structure as the main ingredient, does the “me” feel at rest. Also, the theme of interest connects to this idea. If “as long as I’m interested”, is translated into “as long as I’m not bored”, then in boredom the “I” has much space to act, whereas in engaging in interesting activities the “I” is occupied and the “me” feels at rest and in control.
This perceived limited control over spontaneous actions makes it difficult to apply Cooley’s through the looking glass self. Because the informants often respond before they think, before they reflect about how the other will judge their act, they only reflect over their action afterwards. Cooley mentions a self-feeling of pride or shame that results from the reflection on other people’s judgement. Even though the informants talk fairly little about emotions, this reflected self-feeling sometimes comes back in the accounts. Johnny for example, when he explains he has a hard time following through on commitments, expresses he does not want to be that way. Patrik, when he explains he has a hard time following through with things that do not interest him expresses “feeling bad about yourself” after describing the process of postponing an assignment too long and therefore not have it done properly. René explained feeling guilty after reflecting back on his adolescent life where he emptied all his resources, physical, mental, and financial and appeared never have listened to advice from friends or family. Oliver mentioned self-disappointment when he reflects back to his high-school time where he, as he said “always struggled to follow the stream, do the same things people around me did, and then constantly end up in disappointment.” All of the informants do express feeling misunderstood by their environment, people in their environment don’t understand why the informants not just do what seems trivial to people in their environment. And with that, the informants also express the failures in their life and how they have the feeling their performances do not reflect their talents. The informants do reflect in the eyes of the other, and see themselves as not good enough.

5.4.2 Identity

Identification involves a process of establishing similarity and difference in relation to others around us. The informants explain ADHD in ways that they feel they are different from other people. Not only executive difficulties such as organising and planning (which all six of the informants directly mentioned), and the sense that they have a harder time than others processing the amount of stimuli around them (noted by Calvin, Oliver, René and Johnny), but also a different way of thinking and learning was expressed. Seldom is a similarity with other people diagnosed with ADHD expressed, i.e. the informants rarely speak in terms of “we” or “us.” The common categorisation of being diagnosed with ADHD does not seem to lead to group identification. The informants did not only describe how they were different from others but also described how they were different from the categorisation. René and Calvin for example made clear that, in spite of what he often heard and read about boys with ADHD, that as a child they was never aggressive. Patrik underlines he never interrupts
people. All of the informants express that they do not have more trouble than other focusing or concentrating when engaging in something they find interesting. A few of them even mentioned “hyperfocus” to describe the state of being absorbed with the activity at hand. They express their problems are situational dependent. The informants also explained themselves with reference to institutions, i.e. the way things are done, and the way that the informants feel they do not “fit in.” This is reflected back in several accounts in which the informants indicate that they felt that ADHD was more other people’s problem then their own. René expresses the frustration with having to be sure no one was bothered by his behaviour and Calvin also expressed that he did not mind having ADHD but that he was bothered with other people sometimes not appreciating his behaviour. Anders also expressed that, in his view, the problem of ADHD was the incapacity of society to deal with variation of personality.

5.4.3 Stigma

The four components of stigma described by Link & Phelan (2001) are reflected back in the accounts of the informants. First, the labelling of differences is done as soon as the disorder was diagnosed. This cultural created categorisation, once labelled, sets people apart and creates a taken for granted and fixed division between the stigmatised and the “normal.” The informants have accepted the label and thereby the notion that they are different from others. This difference is mainly explained in negative terms, in problems or difficulties. The informants associate particular differences with socially disvalued attributes, covering the second component of stigma. The third component of stigma described by Link & Phelan is the separation between “us” and “them.” They suggest that the main evidence of efforts to separate the stigmatised from the “normal” is to ascribe the label that come with the human difference as something the person “is,” as opposed to something, a person “has.” At no place in the accounts do the informants speak of being ADHD, they always use the verb have when describing the label. Nevertheless, as was indicated before, the informants have accepted the difference [ADHD] as a part of who they are, more than an ascribed category or temporal difference. Additionally, the informants describe a separation between “them” and “me” when describing incomprehension from their environment. Status loss and discrimination then, the forth components of stigma, is something that is evident throughout the accounts. The informants indicate they are different from others but that they do not feel they are accepted

6 The non-stigmatised.
the way they are. Some of them criticise the school system because it does not account for people that work in a different way. School is an important area because school results and performance influence further occupational life. Also the fact that some of the informants express that they have to adapt to the standards of society instead that society could find ways to deal with their different way of being indicated a notion of feeling discriminated against.

None of the informants indicates a state of feeling threatened by social interaction as is described in the modified labelling theory of Link et el. (1987). Even though they can be seen as stigmatised, and they experience certain degrees of discrimination from their environment, they seem not to withdraw from social interaction, nor go to extend to keep their stigma a secret from their environment. Some of the informants express they decide not to tell others they are diagnosed with ADHD but the secrecy seems to depend more on the perceived incomprehension that follows than it has to do with hiding their diagnose and thus avoid stigmatisation. Some of the informants engage in what Snow and Anderson call identity talk by stating the problem of ADHD as other people’s problem or on how nowadays society works.

Nevertheless, to accredit the criticism of school system and the functioning of nowadays society expressed by the informants as identity talk, or an attempt to escape the stigma seems short-sighted. Even though each of the informants is diagnosed with the “mental disorder” of ADHD, and each of them clearly expresses a problem with executive functioning, it seems, out of the subjective accounts of my informants, that none of the informants sees themselves as possessing a disability. Instead, they express a will to be able to be the person they are, and call for support from their environment, or different social structures to enable them to develop their talents. This view expressed by the informants used for this study, corresponds with the views on ADHD as presented earlier as ‘additional perspectives.’

The informants have described the way the look upon ADHD, they describe ADHD mainly in the ways they are different from other people or society as a whole. A core component seems to be impulsivity, which has consequences for their social relationships and executive functioning. The positive aspects described are mainly social skills, the will to entertain or a certain social intelligence. The informants describe incomprehension from their environment as disturbing, and some of them express dissatisfaction with the way things are done and standards of nowadays society, which makes their problems surface, and stand out. Mead’s concept of “me” and “I” was applied to understand the core component of the problems with
impulsivity. Jenkins identity concept was used to show the informants do not only reflect on their immediate environment, but also to the categorisation of ADHD and institutions. The informants described all four of the components of stigma, but none described a withdrawal from social interaction following the stigma. The informants seem to be aware of the social construction of ADHD, which is reflected in the accounts that call for an understanding from their immediate environment and society as a whole.
6 Summarising Discussion

In the following chapter I will offer a summary of the present study in reference to the earlier mentioned twofold purpose and research questions. The chosen theories and method are reviewed and implications for further research are suggested in correspondence with the present study’s findings.

Attention Deficit Hyperactivity Disorder is assessed relative to environment, indicating differentness from the environment. Most of the research done after ADHD, which are shortly reviewed in this paper, focus on the difference between people meeting the criteria of the ADHD diagnose in comparison with a control group which does not show the ADHD-typical symptoms. The focus of diagnostic manuals, such as the DSM, on the negative symptoms of ADHD is increasingly being criticised and recent research seems to shift focus towards more positive aspects of ADHD. People with ADHD have shown to have problems with memory, executive functioning and response inhibition, but also appear to have increased creativity, divergent thinking and social interest.

The social construction of mental disorder theorises ADHD as socially constructed, indicating psychological abnormality reflecting professional, personal and cultural values. Mental disorders do not describe who a person is, but how he or she deviates from a social norm or ideal. Only when a deviation is socially disvalued, do we talk about a disorder. The more a disorder is reified, the more it takes up disease-like properties and will be treated as such. However, ADHD is mainly regarded an illness because we behave towards it as if it is an illness. Recent literature argues against this view and call for a reframing of ADHD as a difference. It seems that, in accordance with the constructionist perspective on mental disorders, the stigmatisation of people with ADHD depends on modern societal beliefs of what a person ought to be. The increasing attention for establishing mental disorders in general and ADHD specific (as the fastest growing mental disorder in the last 10 years), and with that the call for treatment, reflect a narrow societal space for preservation of variation.

The main purpose of the study was to explore the meaning and experience of ADHD out of an ADHDer point of perspective through finding answers to the research questions of subjective definition and experience of ADHD.

The informants interviewed for this study in order to answer these questions gave different definitions, and indicated slightly different components as what they saw as the core of their ADHD. All of the informants expressed problems with executive functioning and most of
them expressed impulsivity as the core cause of problems associated with ADHD. The known problem with keeping focus, the attention deficit, seems out of the accounts of the informants to be situational. Each of the informants indicated they seem to have less or no ADHD-related problems when fully occupied under a strict regime of structure, or when they are engaging in something they deem interesting. Even though the informants can feel impairment in their lives from ADHD-related problems, none of them seem to express a general feeling of being disabled, or possessing a deficit.

It seems that the impulsivity described by the informants is the main ingredient of creating executive functioning problems, and can lead to social problems. I applied Mead’s notion of the spontaneous “I” and the stabilised “me” to gain insight in this problem. The informants express a limited sense of control over their future self, unless their “me” is occupied and knows what the “I” in the future needs to be doing. The informants reflect back on themselves through the eyes of others and experience feelings of shame. However, it seems that when they reflect on themselves through the eyes of the self, the feelings of pride rise when talking to me about their achievements. Even though the informants are officially categorised under the label of ADHD, they do not immediately express group affiliation, and some even go to extend to explain how they are different from their categorisation. The informants do express feeling stigmatised but even though they struggle for acceptance from their environment, none of them actively withdraw from interaction.

All of the informants stated a certain criticism to (nowadays) functioning of society. They do not see themselves as lesser people, but are bothered by the fact that society appears to see them as such. The classification of having a mental disorder makes my informants feel different from people around them, which could foster the constant reflection against society. The “blaming of society” can be seen as identity talk, a shifting of responsibility away from the diagnosed in order to maintain a sense of self-worth, but it can be argued that the classification of people who seem not to work within the societal structures is a shifting of responsibility from society to the individual.

The open structure of the qualitative interviews conducted for this study has given me a greater insight into how different the informants define ADHD, and how important they deem societal structures in maintaining a positive image of themselves. I deem the open narrative structure of the interviews as reflecting the subjective experience of the informants and in this way, I avoided my pre-knowledge and opinions to intervene with the accounts. The open
structure of the interviews did show some disadvantages when it came to analyse the material with the chosen theories. This resulted in that some of the empirical material presented was not analysed at all, or that I was forced to exclude parts of the empirical accounts that might have been interesting to mention in order to gain greater insight into the subjective experience of ADHD. Time limit prevented me from changing or adding theories that allowed me to present and analyse more of the empirical material. The fact that the informants for this study see the problem of ADHD mainly as, and I will quote Anders here again, “an incapacity of society to give room to variation,” is something, for example, that I wish I had time to develop more.

Also, the informants used for this study are all acquaintances of the writer, and even though this had had advantages when it came to the openness of accounts and availability, do I understand that the image of ADHD presented could be regarded as one-sided. The informants all stem from the same network of people, and possibly reflect similar thoughts about the world. If another group of people diagnosed with ADHD were interviewed in the same way, would I still see the same common themes? It would be interesting to interview different groups of people (different age groups, different gender groups, different cultures for example) in the same open narrative structure of interviewing in order to gain more insight into what ADHD is to the diagnosed.

Throughout the interviews I noticed that the ADHD related problems described by my informants, seem to be situational and absent, or less bothering, or even an advantage when fully engaged with something interesting. Maybe not fully described in the presentation of the interviews, but to me it has come forward that

- Social understanding and support
- “Structure (structure, structure!)”
- Something that triggers interest

are the main ingredients for making the informants used for this study feel at rest and least bothered by their ADHD-related symptoms. The ‘treatment’ of ADHD could be further investigated along these lines.

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7 Rene, 2014
Another interesting idea that came forward out of the interviews is the decrease of ADHD appropriated jobs, such as tailors or blacksmiths for example. It seems my informants want to be occupied with something active, something physical. At the same time they want to use their head and be able to explore the talents they believe they possess. It seems that present-day societal structures limit the utilisation of the described more positive traits of the ADHDer. Thought could be given into developing structures, school- and work structures for example, that regard for a less narrow norm of people.

Instead of classifying people after difficulties and focus on the problems that people experience in life, why not shift the focus to abilities, talents, and strengths and, furthermore, on the circumstances under which one can develop and express one’s individual talents?
7 References


Michielsen, M., Comijs, H., Aartsen, M., Semeijn, E., Beekman, A., Deeg, D., & Kooij, J. (2013). The Relationships Between ADHD and Social Functioning and Participation in Older
Adults in a Population-Based Study. Journal Of Attention Disorders. doi:10.1177/1087054713515748


DSM-V Criteria of Symptoms for Diagnosing ADHD.

For making a ADHD diagnose, children should meet at least six symptoms as described below.

Inattentive presentation:

- Fails to give close attention to details or makes careless mistakes
- Has difficulty sustaining attention
- Does not appear to listen
- Struggles to follow through on instructions
- Has difficulty with organization
- Avoids or dislikes tasks requiring a lot of thinking
- Loses things
- Is easily distracted
- Is forgetful in daily activities

Hyperactive-impulsive presentation:

- Fidgets with hands or feet or squirms in chair
- Has difficulty remaining seated
- Runs about or climbs excessively in children; extreme restlessness in adults
- Difficulty engaging in activities quietly
- Acts as if driven by a motor; adults will often feel inside like they were driven by a motor
- Talks excessively
- Blurts out answers before questions have been completed
- Difficulty waiting or taking turns
- Interrupts or intrudes upon others

Combined inattentive & hyperactive-impulsive presentation:

- Has symptoms from both of the above presentations.
Annex II

New symptoms of ADHD in adulthood.

For making the diagnose, someone needs to meet six out of nine symptoms.

- Is often easily distracted by extraneous stimuli
- Often makes decisions impulsively
- Often has difficulty stopping activities or behavior when he/she should do so
- Often starts a project or task without reading or listening to directions carefully
- Often shows poor follow-through on promises or commitments made to others
- Often has trouble doing things in their proper order or sequence
- Often has difficulty engaging in leisure activities or doing fun thing quietly
- Often has difficulty sustaining attention in tasks or play activities
- Often has difficulty organizing tasks and activities
Dear …

As you might know, I’m writing my bachelor thesis about ADHD at the Sociological Department of Uppsala University. I am looking for accounts of personal experience of living with ADHD and now I am looking for people who want to share their story with me. The interviews will be conducted over phone or over skype and will last 30-45 minutes.

Participation is, of course, voluntary and you have the freedom to withdraw participation as well as single statements from the research at any time. Your accounts will be treated will full confidentiality: only I will listen to the interviews and read the full transcriptions which are going to be anonymised, not only through the use of pseudonyms but also other clues such as places might be changed. The interviews will only be used for this particular research. I will guard your anonymity and not exclude any personal stories without your consent. If you so wish, you can read the thesis-draft before I submit it.

It would be lovely if you could take the time to be interviewed by me about how you experience ADHD and how ADHD-related symptoms influence your social life.

You can contact myself or my supervisor, Hedda, if you have any questions.

Thanks in advance!

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